

# Report to Congress on Head Start Monitoring



**FISCAL YEAR 2008**



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

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## INTRODUCTION

The purpose of Head Start monitoring is to assess grantee compliance with requirements governing Head Start programs, including those specified in the Head Start Act (original authorizing legislation in 1965 and its subsequent amendments, most recently in 2007), Head Start Program Performance Standards, and other applicable Federal, State, and local regulations. The Head Start Program Performance Standards include education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, and other standards related to enrollment, recruitment and selection, and program design.

Section 641A of the Head Start Act requires that each Head Start grantee receive a full on-site review at least once every three years and that new grantees receive a full on-site review immediately after completion of their first year of providing Head Start services (and at least every three years thereafter). Follow-up reviews must be conducted for grantees that fail to meet program requirements that were identified during the Triennial or First-Year review. Except for new grantees, Head Start grantees are reviewed on a rotating triennial basis, and approximately one-third of all grantees are monitored each year. Reviews are conducted by a team of reviewers knowledgeable about Head Start and led by a Federal Team Leader (FTL). To assess grantee compliance, review teams use the Office of Head Start (OHS) Monitoring Protocol, which employs a systems approach as a framework for assessing program services and quality.

OHS continuously revises the Head Start monitoring process each fiscal year to foster evidence-based, quality programming; improve efforts to measure quality; address program integrity; and to reflect the higher standards expected of programs. Accordingly, new monitoring tools will help assess programs in areas most important to program goals. The current monitoring protocol collects data on multiple aspects of Head Start program operation, which include Program Management, Health Services, Safe Environments, Nutrition, Early Childhood Education, and other Head Start service areas. We are considering the addition of new assessment instruments in the monitoring process, which will provide OHS the opportunity to examine other critical data, including teacher-child interactions. ACF recently has increased its focus on strengthening the program integrity of Head Start programs. For example, we have increased oversight and reviews of programs with identified risk factors; started to conduct more unannounced monitoring visits; and established a web-based hotline for impropriety to be reported.

Section 641A(f) of the Head Start Act requires a summary report be published at the end of each Federal fiscal year on the findings of monitoring reviews and outcomes of Quality Improvement Plans. This report describes such findings and outcomes for Fiscal Year (FY) 2008. Beginning with a brief overview of Head Start program services, the Monitoring Report is organized in the following framework:

- ▶ Monitoring of Head Start grantees;



- ▶ Head Start monitoring reviews conducted in FY 2008;
- ▶ Compliance status of grantees reviewed in FY 2008;
- ▶ Overall analysis of findings for grantees reviewed in FY 2008;
- ▶ Analysis of noncompliant and deficient grantees in FY 2008;
- ▶ Deficiencies requiring immediate corrective action;
- ▶ Analysis of findings and Performance Standards cited in FY 2008;
- ▶ Corrective actions and their outcomes;
- ▶ New directions in monitoring.

A glossary of key terms appears as an Appendix to this report.

## I. Head Start Program Services

Head Start, created in 1965 and authorized under the Head Start Act (42 USC 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages three to five) and their families, with a special focus on helping children develop the early literacy and numeracy skills they need to succeed in school. In 1994, Head Start was authorized to serve children birth to three in response to mounting evidence that the earliest years matter a great deal to a child's growth and development. Early Head Start provides services to infants and toddlers, from birth to age three, as well as to pregnant women.

Head Start promotes school readiness by enhancing the social and cognitive development of children through educational, health, nutritional, social, and other services. It also recognizes the important role of parents and encourages them to participate in a variety of activities and experiences that support and foster their children's development and learning, and helps them progress toward their educational, literacy, and employment goals. Head Start also requires programs to provide opportunities for parental involvement in the development, conduct, and governance of local programs through participation in policy groups (e.g., Policy Councils).

Head Start is administered by the Office of Head Start (OHS) of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). Grants are awarded through the ACF Regional Offices and the Office of Head Start's American Indian-Alaska Native and Migrant and Seasonal Programs Branches directly to local public agencies, private organizations, Indian tribes, and school systems for the purpose of operating Head Start programs at the community level.

## II. Monitoring of Head Start Grantee Organizations

The purpose of Head Start monitoring is to assess grantee compliance with all requirements governing Head Start programs, including those specified in the Head Start Act, Head Start Program Performance Standards, and other applicable Federal, State, and local regulations. The



Head Start Act mandates that each Head Start grantee receive a full on-site monitoring review at least once every three years, that each newly designated grantee be reviewed after the completion of its first year (and then at least every three years thereafter), and that Follow-up reviews be conducted for all grantees that “fail to meet the standards.” Reviews were conducted by a team of reviewers knowledgeable about Head Start and led by a Federal Team Leader (FTL). Each review was guided by a standard Protocol, which reviewers used universally to assess compliance with program standards and regulations.

## **1. Basic Mechanics of the Monitoring Process**

The monitoring process used a comprehensive approach to confirm that grantees complied with Federal legislative, regulatory, and program requirements. Triennial or First-Year on-site monitoring reviews were conducted by a team of qualified non-federal consultants supervised by a FTL. Prior to the start of the fiscal year, OHS sent a global letter to all grantees scheduled for a First-Year or Triennial review. Then, 30 days prior to the on-site review, grantees were sent written notification of the specific date of the review. Soon after this official written notification of the review date was received, the FTL contacted the grantee to begin scheduling on-site activities. Prior to the on-site review, team members reviewed grantee documents posted on line.

Generally, Head Start monitoring reviews were scheduled for a four- to five-day period and were conducted by teams of seven to eight reviewers. While every review was conducted within the framework of the Protocol, larger grantees, including those with delegate agencies and with complex program designs (e.g., grantees with both Head Start and Early Head Start programs) sometimes required larger review teams. A category of the very largest grantees, considered “super grantees,” required both substantially larger review teams and longer review periods. Smaller grantees allowed for smaller teams of reviewers.

Once on site, the review team initiated the information collection process, which was supported by the Protocol, checklists, and the Office of Head Start Monitoring Software (OHSMS). Review teams relied on multiple modes of inquiry—interviews, observations, documentation review, and analysis—to consider grantee compliance with program requirements. The FTL facilitated nightly team meetings to discuss and document preliminary findings, and to identify areas requiring further exploration. The on-site review culminated in the development of a preliminary report of findings. At the conclusion of the on-site review, the FTL reviewed the totality of evidence, made preliminary decisions of noncompliance, and submitted the preliminary draft report to OHS.

## **2. Exception-Based Reporting**

OHS utilizes a system of exception-based reporting to comply with the Federal mandate to inform grantees of deficiencies that should be corrected (Section 641A(e) of the Head Start Act, as amended 2007). Fundamental to the exception-based reporting process was the collection, verification, and substantiation of evidence from multiple sources to support findings of noncompliance. Review teams conducted interviews with program staff, policy council and



board members, and others; observed children and teachers in their natural settings; and reviewed program documents and materials, as well as children's files to assess compliance with Head Start requirements.

Team members were encouraged to share information on a routine basis through the monitoring software, team meetings, electronic mail and telephone communications throughout the day. Based on the analysis of the evidence and the team's recommendations, the FTL rendered preliminary decisions regarding grantee compliance with a set of program requirements. An initial finding identified by the review team was referred to as a *preliminary area of noncompliance* (PANC).

To support each preliminary area of noncompliance, the review team was required to cite at least one Head Start requirement and provide sufficient, well documented evidence and descriptions of the problem cited.

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

**Deficiencies.** The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:

- (A) *Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:*
  - (i) *A threat to the health, safety, or civil rights of children or staff;*
  - (ii) *A denial to parents of the exercise of their full roles and responsibilities related to program operations;*
  - (iii) *A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;*
  - (iv) *The misuse of funds received under this subchapter;*
  - (v) *Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or*
  - (vi) *Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;*
- (B) *Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or*



*(C) An unresolved area of noncompliance.*

Examples of common deficiencies constituting a “systemic or substantial material failure of an agency in an area of performance,” also known as a “failure to perform,” include failure to establish and implement procedures for ongoing program monitoring or failure to conduct a criminal background check. In the health and safety area, an example is the failure to develop and implement within 90 days of a child’s entry into the Head Start program a follow-up plan to ensure that any necessary medical treatment has begun. Some deficiencies might require immediate corrective action, such as improper storage or preparation of food or failure to ensure proper supervision of children at all times.

**Areas of Noncompliance.** The Performance Standards, at 45 CFR 1304.61(a), authorize OHS to determine, on the basis of the review, if grantees have areas of noncompliance that do not constitute deficiencies, but must, nonetheless, be corrected. Examples of common noncompliances are associated with failure on the part of a grantee to: assure that each staff member has an initial health examination; perform annual performance reviews of each Early Head Start and Head Start staff member; include in the community assessment an estimated number of children with disabilities; and, provide for the maintenance, repair, safety, and security of all facilities, materials, and equipment.

Findings of a review, as required in the Act, were to be presented to the Head Start agency in a timely, transparent, and uniform manner that can assist with program improvement and be used by the agency to inform development and implementation of an appropriate plan for training and technical assistance.

### **3. Emphasis on Continually Improving Program Monitoring**

Over the last few years, OHS has improved its monitoring system to ensure national consistency and objectivity in grantee assessments across regions, provide grantees with monitoring findings in a transparent and uniform manner, and provide a national system for collecting, maintaining, and analyzing data related to the monitoring process. Key recent improvements, primarily initiated in FY 2006 and FY 2007, are described briefly below. This section is followed by a description of key changes to monitoring procedures or systems specifically initiated and made effective in FY 2008.

**Established National Schedule of Monitoring Reviews.** OHS established and assumed oversight for a new centralized process for scheduling and planning all Triennial and First-Year reviews in FY 2006. A national pool of FTLs was created to supervise Triennial and First-Year reviews. OHS established a general rule that this national reviewer pool would be scheduled to lead review teams outside of their home region in an effort to minimize any perception of subjectivity and to increase national consistency in Head Start monitoring. Also to increase comprehensiveness in the review process, OHS directed that for Triennial or First-Year reviews, grantees with delegate agencies were required to have data collected from every delegate (e.g., staff positions, service plans, self assessment).



**Professionalized the Reviewer Pool.** OHS has devoted considerable effort over the last several years to ensure that each review was staffed by individuals knowledgeable about Head Start programs. This effort included, in particular, establishing specific content area qualifications, and assuring minimum standards for experience and educational requirements of reviewers. With the objective of continuing to strengthen the integrity of the reviewer pool across the monitoring process, OHS implemented a number of policies and procedures to guide assignment of individual reviewers, pre-review preparation of reviewers, and post-review learning and improvement. Individual reviewers were assigned to review teams under a new governing framework that limited the number of reviews that reviewers employed by a Head Start grantee or delegate agency could participate in each year and prevented reviewers from reviewing programs within their home States.

To further prepare reviewers, OHS established a pre-site process for providing review team members with a standard set of grantee documents for review in advance of the site visit, available via the Web. OHS also established weekly pre- and post-review team briefings. Through post-review briefings, OHS could identify quickly what processes needed to be strengthened or where additional supports were required to facilitate the reviewer's work while on site.

**Implemented New Monitoring Software.** To facilitate the collection, aggregation, analysis, and reporting of monitoring data and to improve the detail, specificity, and clarity of review reports, OHS developed and launched new application software to manage more effectively the monitoring system and produce reports on the nation's Head Start agencies and programs. The new system:

- ▶ Standardized report writing processes and the Head Start Review Report;
- ▶ Ensured that grantees received Head Start Review Reports that documented the findings of the on-site review in a clear, consistent format organized to facilitate decision and action;
- ▶ Facilitated the review process by providing ready access to: all program monitoring instruments and tools, including service area protocols, core questions, the full set of standards, and other monitoring tools; report information, and information regarding corrective actions, strengthening OHS management of follow-up review activity;
- ▶ Provided a centralized repository of review information for enhanced data aggregation, analysis, and reporting.

Increased automation of the monitoring process, as well as standardization of the Head Start Review Report, established a foundation for a performance-based management system that moved OHS forward on the principles of quality assurance, accountability, and continuous quality improvement.

**Centralized Quality Control and Finalization of Review Reports.** OHS moved toward ensuring national consistency across monitoring reviews and reports by centralizing the quality control and compliance determination processes. This change shifted responsibility for the





form, content, and issuance of monitoring reports from individual Regional Offices to OHS' central office. OHS assumed responsibility for the quality assurance process to ensure that Head Start Review Reports submitted by review teams following the on-site review met rigorous standards for accuracy, clarity, and legal soundness. Centralization of quality control and the heavy emphasis on evidence-based findings provided increased consistency in the quality, detail, specificity, and utility of Head Start Review Reports, as well as increased timeliness in issuing monitoring review reports to grantees, thereby enabling grantees to take corrective action and bring their program into compliance more quickly.

***Implemented a Desk Review as a Method of Follow-Up.*** Effective in FY 2007, a Program Specialist, operating from a Regional Office and having oversight responsibilities for a caseload of grantees, may request a Desk review be conducted as a method of follow-up for any grantee with areas of noncompliance where correction of such findings can be verified by a review of that grantee's appropriate program documents. A Desk review of program documents enables the Program Specialist, rather than an on-site review team, to verify that grantees have taken appropriate corrective action. The Program Specialist initiates a Desk review in the OHS Monitoring Software for a particular grantee by selecting which areas of noncompliance require confirmation as having been corrected. Prior to initiating the Desk review, the Program Specialist collects sufficient evidence (e.g., documents, pictures) to support the request. Each request for a Desk review must be approved by the Regional Program Manager, who reviews the evidence for sufficiency and can approve, deny, or request additional information of the Program Specialist. When appropriate, a Desk review method of verifying corrective action, in place of an on-site follow-up team, enables OHS to increase efficiencies and decrease costs.

#### **4. Key Changes in Program Monitoring Effective in FY 2008**

OHS continued its enhancement and expansion of the monitoring system in FY 2008 by planning and implementing several program and procedural improvements. The refinements made to Head Start program monitoring in FY 2008 were guided by OHS' broad use of data to inform continuous quality improvement of the system and Head Start reauthorization in December 2007.

With the introduction of the OHS Monitoring Software in FY 2006 and the collection of two years of monitoring data, OHS broadened its use of data in FY 2008 to monitor performance and inform decision making, both in terms of establishing metrics to measure how the process itself is working, as well as to track that performance over time. These data informed a number of enhancements made throughout the year. In addition, a number of requirements in the 2007 Head Start Act reauthorization were immediately incorporated into the FY 2008 monitoring process, including, for example, rewording of eligibility questions to reflect new categories of eligibility.

***Refined the Monitoring Protocol.*** The Monitoring Protocol, designed to guide a more focused, efficient and comprehensive assessment of grantee compliance, significantly contributed to the enhanced consistency and accountability of the overall OHS Monitoring System (OHSMS). First released for the FY 2007 monitoring season, this integrated Protocol is



comprised of compliance questions that cover all program service areas and management systems. Each compliance question is directly linked to a regulation; therefore, any review activity including interviews, observations or document reviews relate to a clearly defined performance requirement. A “guidance prompt” beneath each compliance question helps the reviewer further understand the question and the particular evidence sought. Requiring review teams to adhere to a uniform and defined set of compliance questions increases focus, efficiency, fairness, and comprehensiveness of the scope of the review.

During FY 2007, Federal Review Team Leaders and reviewers provided OHS with continuous feedback on the Protocol’s effectiveness in monitoring grantee compliance. Head Start grantees also provided valuable feedback on the quality and conduct of the more than 800 reviews throughout the year. In preparation for the FY 2008 monitoring season, targeted focus groups with Federal Review Team Leaders and reviewers with expertise in all protocol areas were held to identify strengths and weaknesses in the Protocol’s content and process. Data from these focus groups were used to refine the Protocol content. Refinements based on feedback from these experts included the addition of compliance questions to each Protocol section to address ongoing monitoring. This change facilitated data gathering about every component of the grantee’s ongoing monitoring system.

The most significant change to the Protocol in FY 2008 was an addition to the Education and Early Childhood Development Services section of the Protocol to include improved classroom observation guidance that led reviewers through observations in six substantive child development topic areas: teacher interactions and strategies; language and literacy; math and science; social and emotional development; physical development; and curriculum integration.

OHS conducted an informational webinar for all grantees scheduled to be reviewed in FY 2008. This webinar provided helpful background and specific guidance to grantees about OHS expectations and plans for monitoring reviews, and grantees had the opportunity to ask questions with answers posted online following the webinar.

***Increased Emphasis on Pre-site Review Planning.*** In FY 2008, OHS continued to emphasize the pre-site visit planning stage. In addition to changes implemented in FY 2007, including increased pre-site conversations with the grantee and the pre-site availability of grantee documents, OHS required that all team members read these documents, to help ensure their familiarity with the grantee and improve the efficiency and effectiveness of the on-site phase of the review.

## **5. Reauthorization of the Head Start Program**

On December 12, 2007, several months into the FY 2008 monitoring season, the *Improving Head Start for School Readiness Act* was signed into law, reauthorizing the Head Start program through September 30, 2012.<sup>1</sup> Two provisions and a modified definition of “deficiency”

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<sup>1</sup> The Head Start Act of 1998 (Public Law 105-285) was amended by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134).



established by the new law were incorporated into both program operations and the monitoring process soon after its enactment. First, OHS moved immediately to include the new eligibility requirements, including authorizing Head Start and Early Head Start grantees to serve up to 35 percent of their enrollment with children from families with incomes below 130 percent of the Federal poverty line. When able to demonstrate sufficient cause, OHS also began permitting a grantee to reduce its funded enrollment, after submitting a proposal to its Regional Office for review and approval.

Many of the provisions in the new law, however, required additional time for review to determine whether additional guidance to grantees, or issuance of regulations prior to incorporating the new requirements in the monitoring system, was necessary. OHS encouraged all Head Start programs to read and become familiar with requirements in the new law and to regularly review the Policy Clarification website at Head Start's Early Childhood Learning and Knowledge Center (ECLKC), as it unveiled guidance on the new requirements throughout FY 2008. Additional provisions will be incorporated into the monitoring process in the future as appropriate.

### III. Head Start Monitoring Reviews Conducted in FY 2008

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2008, specifically addressing the following questions:

- ▶ How many and what types of monitoring reviews were conducted in FY 2008?
- ▶ Which reviews are the focus of this Report to Congress?

#### **How Many Total Monitoring Reviews Were Conducted In FY 2008?**

OHS conducted a total of 974 monitoring reviews from October 1, 2007 through September 30, 2008. A conducted review is defined as a review for which OHS had selected and deployed a team to review a grantee within the fiscal year.

Reviews conducted by OHS consist of four primary types: *First-Year*, *Triennial*, *Other*, and *Follow-up*. First-Year reviews are reviews conducted on grantees after one year of operation, while Triennial reviews are conducted once every three years throughout a grantee's life cycle. First-Year and Triennial reviews are therefore routine monitoring reviews conducted at planned and scheduled periods. Other reviews are non-routine in nature, and typically are triggered by a potential operational issue or concern in response to which OHS conducted an out-of-cycle review. Grantees found to be noncompliant or deficient in Triennial, First-Year, or Other reviews underwent Follow-up reviews. Beginning in FY 2007, OHS also began utilizing a *Desk* review, which enabled OHS to follow up on certain grantees that had findings in their Triennial or First-Year review without having to deploy an on-site review team.



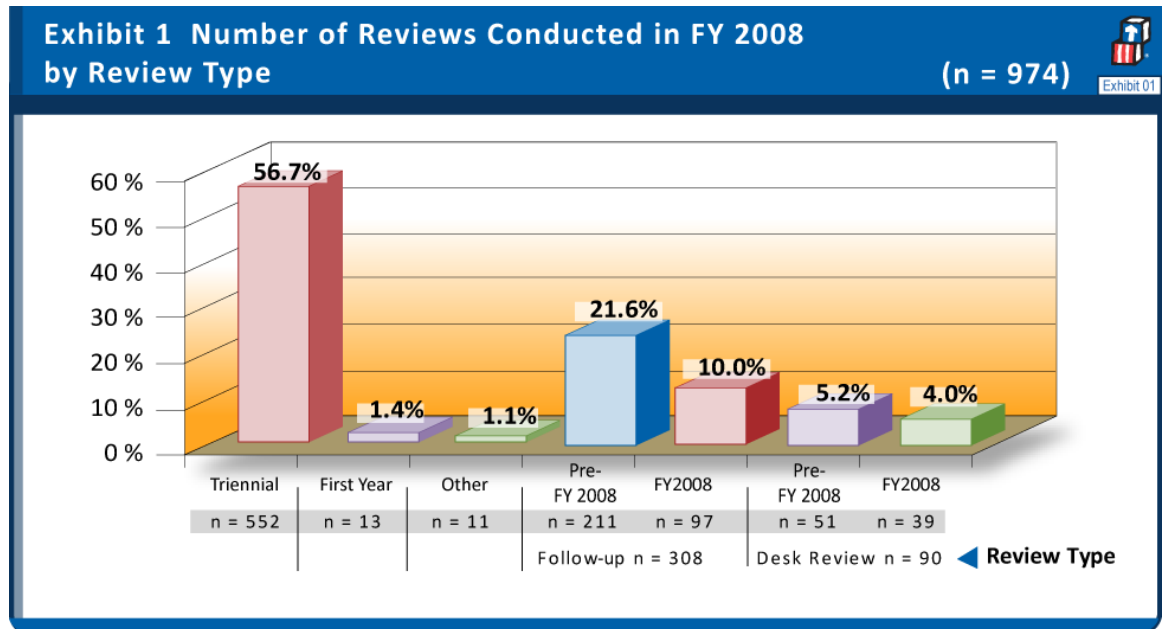
The 974 total reviews conducted in FY 2008 included the following (Exhibit 1):

- ▶ 552 Triennial reviews
- ▶ 13 First-Year reviews
- ▶ 11 Other reviews
- ▶ 398 Follow-up reviews, including:
  - 308 Follow-up reviews conducted by an on-site review team
  - 90 Desk reviews conducted without an on-site review team.

Of the 308 Follow-up reviews conducted in FY 2008, 97 reviews were conducted on grantees whose Triennial or First-Year review also occurred during FY 2008 (i.e., October 1, 2007–September 30, 2008), while 211 reviews were conducted on grantees whose Triennial or First-Year review took place prior to FY 2008 (i.e., prior to October 1, 2007). Likewise, of the 90 Desk reviews conducted in FY 2008, 39 reviews were conducted on grantees whose Triennial or First-Year review also occurred during FY 2008, while 51 reviews were conducted on grantees whose Triennial or First-Year review took place prior to FY 2008.

The 974 total number of reviews conducted in FY 2008 is somewhat lower than the total conducted in FY 2007, when 1,107 total reviews were conducted; a total of 804 reviews were conducted in FY 2006. While more Triennial reviews were conducted in FY 2008 than in FY 2007 (552, compared with 466 in FY 2007), significantly fewer Follow-up reviews, including Desk reviews, were conducted in FY 2008 (398, compared with 630 in FY 2007), which is, at least in part, driven by the fact that a comparatively higher proportion of grantees undergoing monitoring reviews in FY 2008 were found to be fully compliant (without any findings) than during the prior year.

OHS conducted Triennial reviews on approximately one-third of its grantees in FY 2008. OHS also conducted 398 Follow-up reviews in FY 2008, including 308 conducted by an on-site review team and 90 conducted via a Desk review.





### Which Reviews Are The Focus Of This Report To Congress?

The focus of the Annual Head Start Monitoring Report to Congress for FY 2008 is on the cohort of grantees that underwent Triennial and First-Year reviews in FY 2008 that were completed, or for which Review Reports were issued, by March 15, 2009, as well as all Follow-up reviews on these FY 2008 for which Review Reports were issued by March 15, 2009, including Desk reviews.<sup>2</sup> Outcomes of Follow-up reviews conducted on grantees that underwent Triennial and First-Year reviews in FY 2008 are presented later in this report. This report does not track and report follow-up activity, including Desk reviews, on grantees whose initial Triennial and First-Year review preceded FY 2008.

## IV. Compliance Status of Grantees That Underwent Reviews

At the end of the monitoring process, a Head Start Review Report was issued to each grantee to indicate the grantee's status in terms of its compliance with Head Start program requirements. The grantee's status is a function of the final determinations made by OHS on each of the preliminary findings documented by the review team during the on-site review. Each finding documented by a review team during a review, and subsequently validated by OHS, may be one of two types: noncompliant or deficient.

If the Head Start Review Report issued to the grantee contained one or more noncompliant findings, but no deficient findings, the grantee was given a status of **noncompliant**. If the Head Start Review Report contained one or more deficient findings, the grantee was given a status of **deficient**. In addition to deficient findings, a deficient grantee may also have had one or more other findings that were noncompliant. Preliminary areas of noncompliance that were identified by the review team while on site, but corrected by the grantee while the review was in progress, were not included in the Head Start Review Report, although they were maintained electronically in the grantee's history. To ensure that findings were addressed and corrected, Follow-up reviews were scheduled and conducted for any grantee found to be deficient or noncompliant. Under certain conditions, such as when written documentation can be provided to prove the finding has been corrected, OHS conducted a Desk review, rather than an on-site review, in order to establish that the grantee corrected the findings.

This section presents an analysis of the compliance status of grantees that underwent monitoring reviews in FY 2008. The questions addressed in this section are:

- ▶ Which types of grantees were reviewed in FY 2008?
- ▶ What was the overall compliance status of grantees following reviews in FY 2008?
- ▶ How did compliance status for grantees that underwent Triennial reviews compare

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<sup>2</sup> Grantees that underwent Other reviews in FY 2008 are not included in this analysis.



with grantees that underwent First-Year reviews in FY 2008?

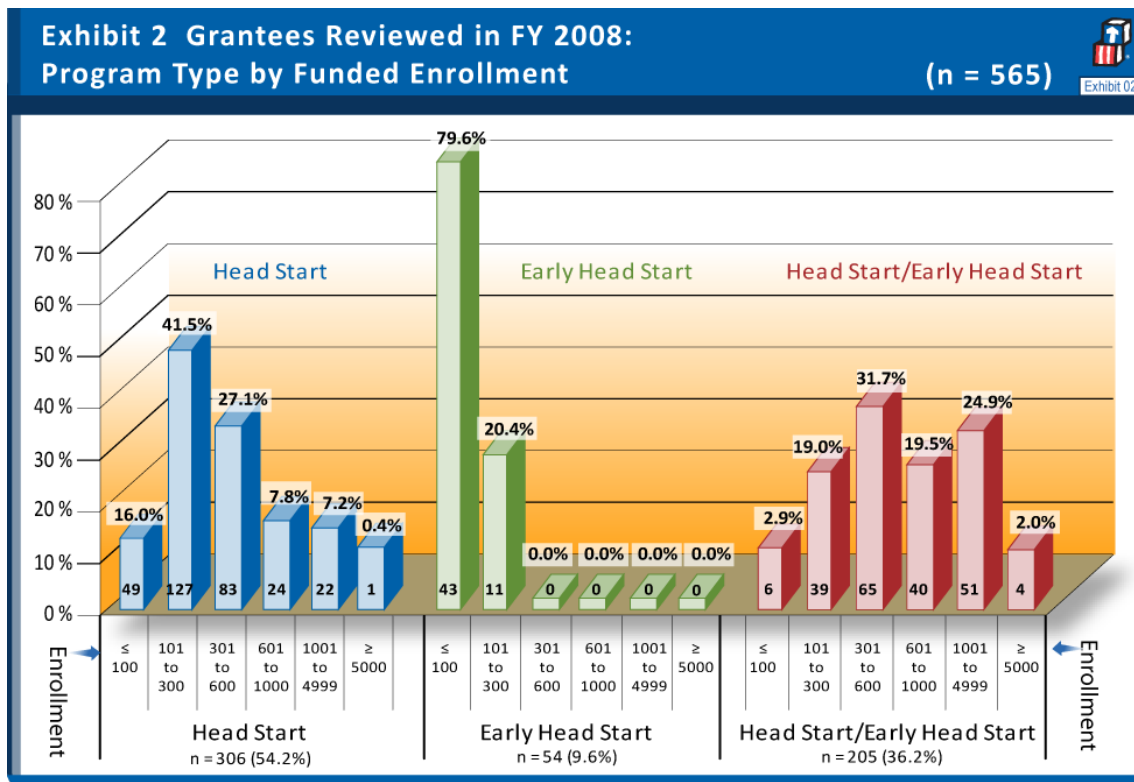
- ▶ How did compliance status compare by grantee type in terms of whether they provided Head Start services only, Early Head Start services only, or both services?
- ▶ How did compliance status of grantees compare for grantees by funded enrollment?

### Which Types Of Grantees Were Reviewed In FY 2008?

OHS conducted Triennial or First-Year reviews on 565 unique grantees of nearly 1,600 total grant-holding organizations nationwide in FY 2008; review results are available in this report for all 565. Exhibit 2 presents the distribution of these 565 grantees by program type (Head Start, Early Head Start, both Head Start/Early Head Start), as well as the distribution of grantees reviewed by their funded enrollment sizes within each program type. Slightly more than one-half of grantees reviewed in FY 2008 (54.2%) only provided Head Start services to 3-5 year old children, while slightly less than 10 percent of grantees served only the zero-to-three population (9.6%); approximately one-third of grantees (36.2%) operated programs that served both age groups.

Funded enrollment levels varied by program type. Grantees reviewed in FY 2008 that provided only Early Head Start services tended to be smaller, with a higher proportion of funded enrollments of fewer than 100 children and no programs serving more than 300 children. Exhibit 2 also shows that programs providing both Head Start and Early Head Start services tended to serve greater numbers of children than those providing only Head Start services, as would be expected given the broader spectrum of services provided.

One-half of grantees reviewed in FY 2008 served five-year-old children, while 10 percent of grantees served three-year-old children. One-third of grantees reviewed in FY 2008 served children in both age groups. Most programs serving three-year-olds served fewer than 100 children. Several programs serving both age groups have enrollments exceeding 5,000 children.





### What Was The Overall Compliance Status Of Grantees Following A Review In FY 2008?

A grantee’s status is determined by the type(s) of findings identified during a review, if any. A grantee with one or more areas of noncompliance but no deficiencies is considered noncompliant, while a grantee with one or more deficiencies is considered deficient (deficient grantees may have both deficient findings and noncompliant findings).

Nearly one-fourth of all grantees that underwent either a Triennial or a First-Year review in FY 2008 were found to be compliant with Head Start requirements (22.3%, 126). Most grantees that underwent either a Triennial or a First-Year review in FY 2008 were found to be noncompliant (72.9%, 412), with at least one area of noncompliance (ANC) cited in a review report, although nearly half of noncompliant grantees had only one or two areas of noncompliance (numbers of findings are described later in this report). Approximately one of every 20 grantees reviewed was found to be deficient in a Triennial or First-Year review in FY 2008 (4.8%, 27).

As indicated in Exhibit 3, the overall compliance status of grantees was relatively constant from FY 2007 to FY 2008, with grantees in both years nearly equally likely to be compliant following a review (22.0% in FY 2007, compared with 22.3% in FY 2008); grantees reviewed in FY 2008 were somewhat more likely to be noncompliant (one or more areas of noncompliance) and somewhat less likely to be deficient (one or more deficiencies). The share of grantees that were found to be deficient decreased significantly from FY 2006 to FY 2007.

The most common review outcome for grantees reviewed in FY 2008, as in both FY 2006 and FY 2007, was noncompliant. Detailed information on the specific types of deficient and noncompliant findings, as well as performance standards commonly cited in Triennial and First-Year reviews in FY 2008, is presented in Sections VII and VIII.

Exhibit 3 Review Outcomes by Fiscal Year						
Review Outcome	Fiscal Year					
	FY 2006		FY 2007		FY 2008	
	N	%	N	%	N	%
Compliant	40	8.3%	103	22.0%	126	22.3%
Noncompliant	283	58.9%	332	70.8%	412	72.9%
Deficient	158	32.8%	34	7.2%	27	4.8%
Total	481	100.0%	469	100.0%	565	100.0%

**Note:** Figures for each fiscal year include outcomes for Triennial and First-Year reviews only. Figures for FY 2007 include two reviews that were outstanding upon publication of the Monitoring Report to Congress for FY 2007.

Data on the outcomes of Follow-up reviews conducted on grantees that underwent Triennial or First-Year reviews in FY 2008, and were found in those reviews to be either noncompliant or deficient, are presented later in the report. These data are presented to illustrate the progress these grantees have made in moving toward compliance.

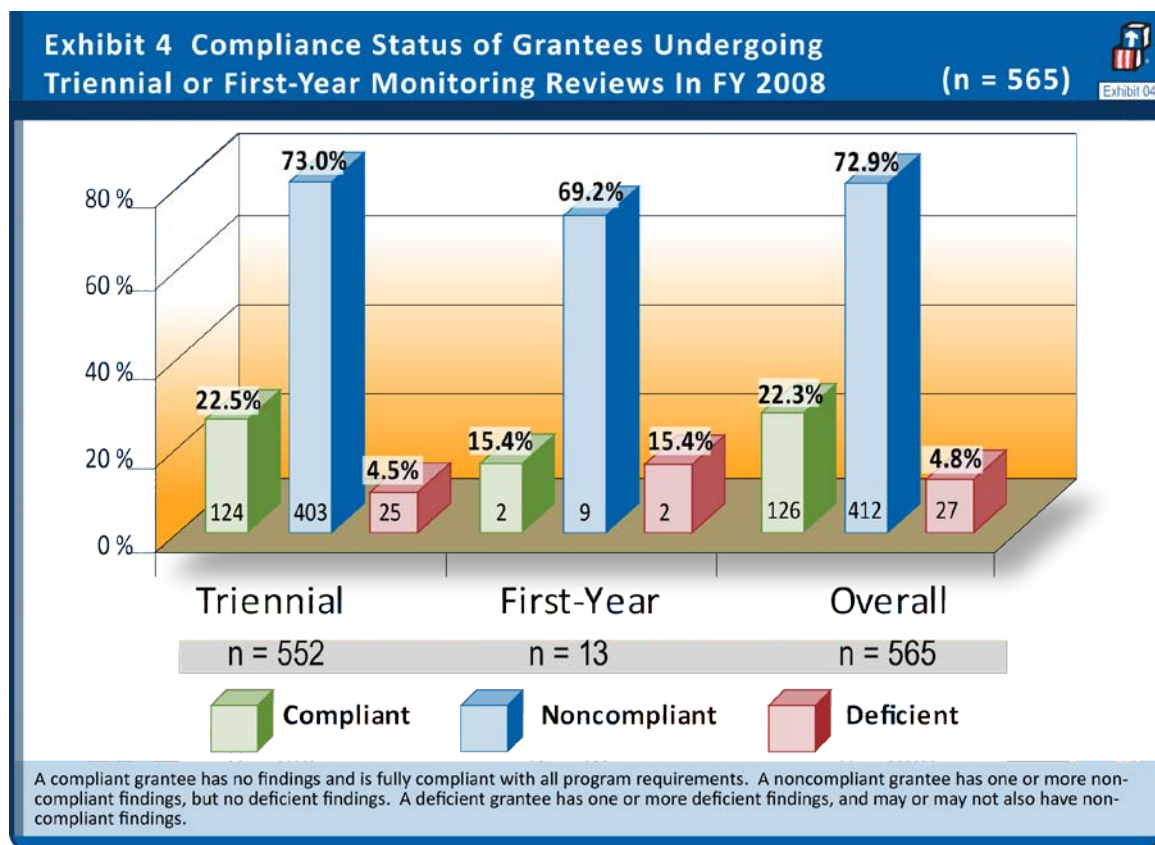


## How Did Compliance Status For Grantees That Underwent Triennial Reviews Compare With Grantees That Underwent a First-Year Review In FY 2008?

Exhibit 4 presents the compliance status of grantees that underwent a Triennial review in FY 2008 compared with grantees that underwent a First-Year review. Data for FY 2008 suggest that grantees that underwent First-Year reviews were likely to have more significant operational issues than grantees that underwent Triennial reviews. Grantees that underwent a First-Year review were more than three times as likely to be deficient than grantees that underwent a Triennial review in FY 2008 (15.4% compared with 4.5%, respectively). Though the number of First-Year reviews was significantly smaller, this finding will be considered for its potential implications on the nature and delivery of training and support specifically provided to new Head Start grantees.

Grantees that underwent a Triennial review in FY 2008 were somewhat more likely to be found compliant than grantees that underwent a First-Year review. As the exhibit demonstrates, approximately 22.5 percent of the 552 grantees that underwent a Triennial review in FY 2008 were compliant, while 15.4 percent of grantees (2 of 13) that underwent a First-Year review were compliant.

Of the 565 grantees undergoing reviews in FY 2008, 552 had Triennial reviews and 13 had First-Year reviews. Review outcomes suggest that new grantees undergoing First-Year reviews were less likely to be compliant than grantees undergoing triennial reviews.



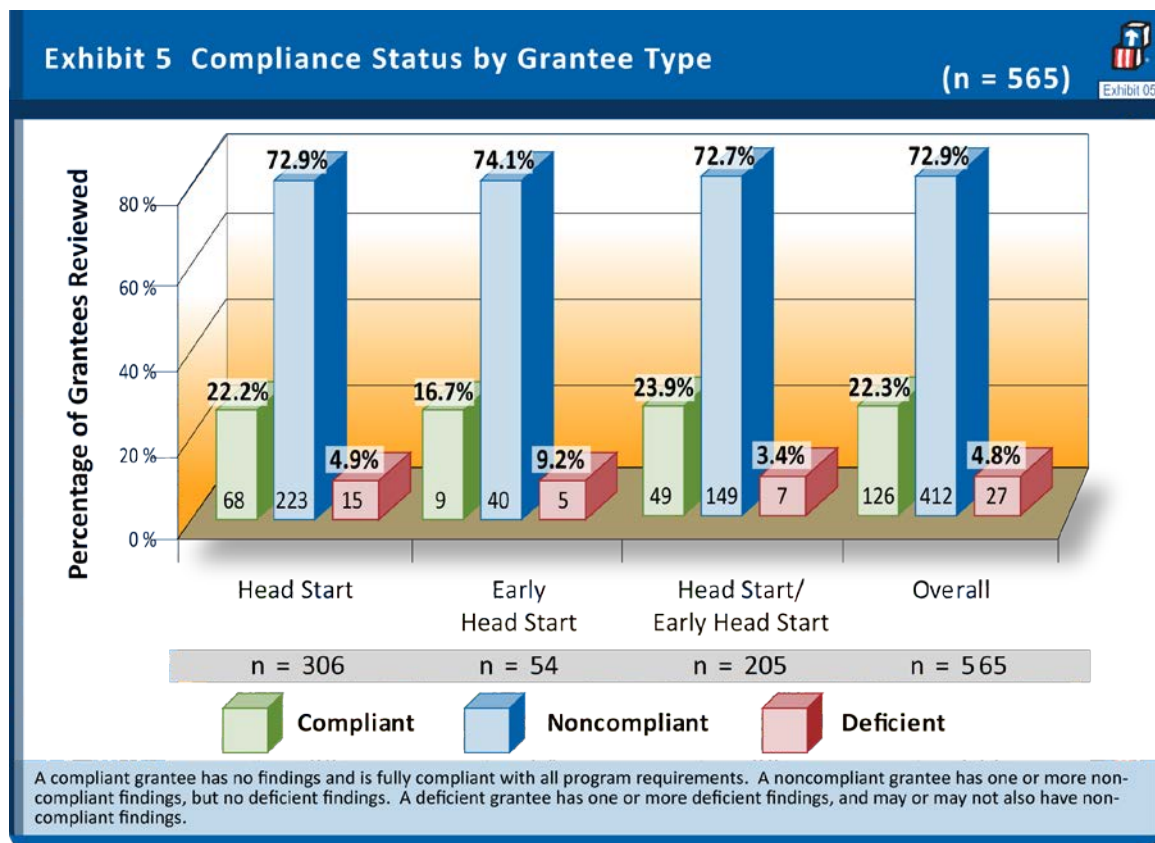




## How Did Compliance Status Compare For Grantees By Grantee Type?

Exhibit 5 presents the compliance status of grantees that underwent Triennial and First-Year reviews in FY 2008 by type of program. Data for FY 2008 suggest that grantees providing services only to the zero-to-three population were likely to have more significant operational issues than grantees providing services to four- and five-year-olds. Grantees providing only Early Head Start services to the zero-to-three population were nearly twice as likely to be deficient when compared with grantees providing only Head Start services or grantees providing both Head Start and Early Head Start services. As the exhibit indicates, nearly 10 percent of grantees providing only Early Head Start services were deficient in a Triennial or First-Year review in FY 2008, compared with less than 5 percent of grantees providing only Head Start services (4.9%) and grantees providing both Head Start and Early Head Start services (3.4%).

Review outcomes for FY 2008 suggest that grantees that provide services only to the zero-to-three population were less likely to be compliant than grantees that provide services to four- and five-year-old children.



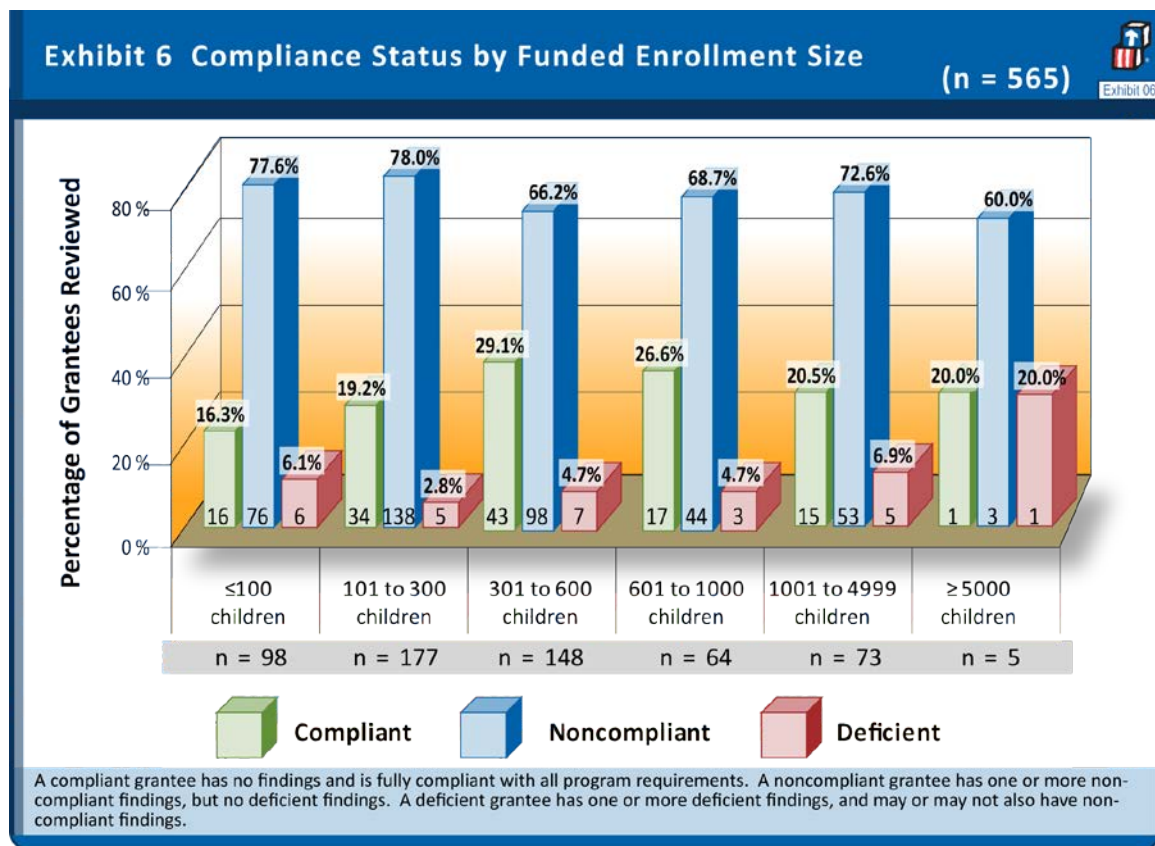


## How Did Compliance Status Compare For Grantees By Funded Enrollment Size?

Exhibit 6 presents the compliance status of grantees that underwent Triennial and First-Year reviews in FY 2008 by funded enrollment size. Grantees with very small funded enrollments, as well as grantees with larger funded enrollments, were likely to have more significant operational issues than grantees with funded enrollments of moderate size. As the exhibit indicates, grantees with funded enrollments of 300 children or fewer, as well as grantees with funded enrollments over 1,000 children, were somewhat less likely to be found compliant in their reviews than grantees with enrollments of 301-1000 children. Whereas 29.1 percent of grantees with funded enrollments of 301-600 children and 26.6 percent of grantees with funded enrollments of 601-1000 children were found to be compliant, the rates of compliance for grantees with both the very smallest and the very largest enrollments were lower. Grantees with funded enrollments under 100 children, in fact, were only about half as likely to be compliant as grantees with enrollments of 301-600 children (16.3%, compared with 29.1%).

Grantees with funded enrollments under 100 children also are more likely to be providing only Early Head Start services, and, as described earlier, were somewhat more likely to be found deficient than grantees providing only Head Start services.

Review outcomes for FY 2008 suggest that grantees with very small funded enrollments, as well as grantees with larger funded enrollments, were likely to have more significant operational issues than grantees with funded enrollments of moderate size.

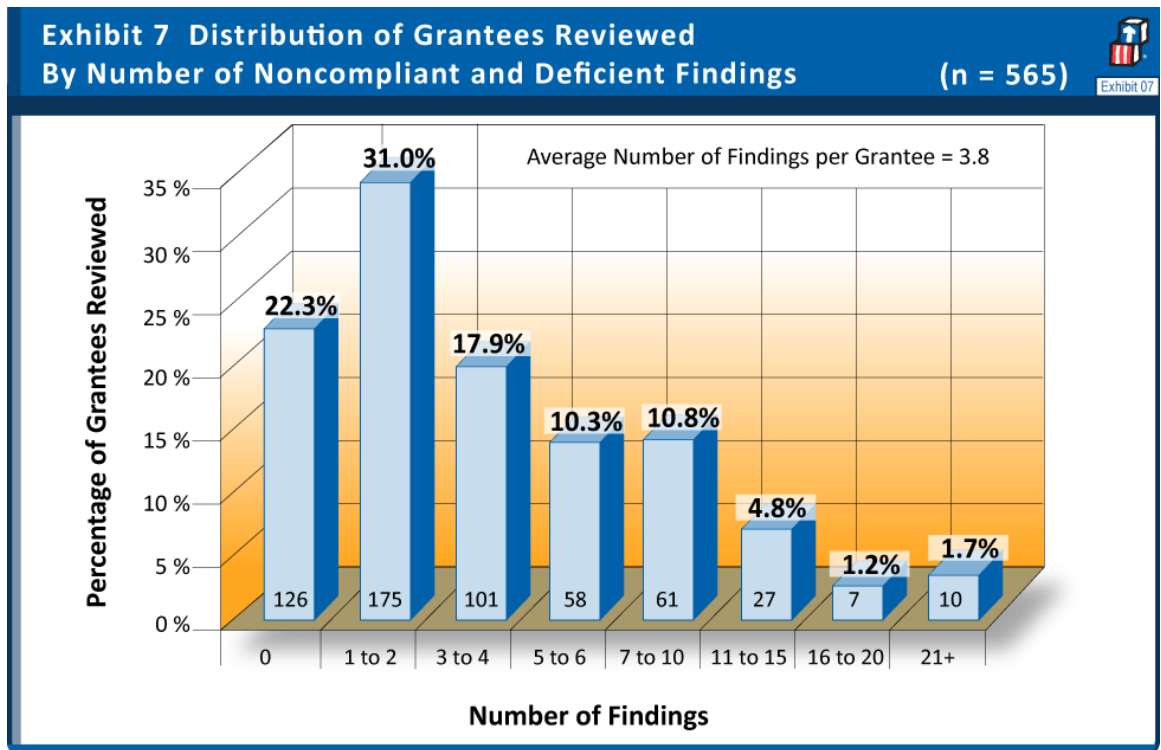




## V. Overall Analysis of Findings for Reviewed Grantees

Exhibit 7 presents a distribution of the 565 grantees that underwent Triennial and First-Year reviews in FY 2008 by the total number of noncompliant and deficient findings presented to them in their Head Start Review Reports. There were a total of 2,139 findings reported on 565 Triennial and First-Year reviews in FY 2008 (or 3.8 findings per review on average), 95.9 percent of which were areas of noncompliance (2,051), while 4.1 percent were deficiencies (88). The majority of grantees reviewed in FY 2008 had at least one finding (439 of 565, 77.7%); 126 grantees had no findings (22.3%). Nearly three-fourths of all grantees that underwent a Triennial or First-Year review in FY 2008 had 0-4 findings (71.2%); 44 grantees had more than 10 findings (7.7%).

There were a total of 2,139 noncompliant and deficient findings reported on 565 Triennial and First-Year reviews in FY 2008. One-fourth of grantees reviewed in FY 2008 had no findings (22.3%). The average number of findings for all grantees reviewed in FY 2008 was 3.8.





The average number of findings per grantee reviewed has been declining since FY 2006 (Exhibit 8). The average number of findings for the 565 grantees that underwent Triennial and First-Year reviews in FY 2008 was 3.8 per grantee, compared with an average of 6.5 findings per grantee in FY 2006 and 4.1 findings per grantee in FY 2007.

#### Exhibit 8 Average Number of Findings per Review by Fiscal Year

REVIEW OUTCOME	FY 2006	FY 2007	FY 2008
Average Number of Noncompliant Findings per Review	5.4	3.8	3.6
Average Number of Deficient Findings per Review	1.1	0.3	0.2
Average Number of Total Findings per Review	6.5	4.1	3.8
Number of Grantees Reviewed	481	469	565

Note: Figures for FY 2006 exclude outcomes for other reviews. Figures for FY 2007 include two outstanding reviews not available for inclusion in the Monitoring Report to Congress for FY 2007.



## VI. Analysis of Noncompliant and Deficient Grantees

This section presents data on noncompliant and deficient grantees reviewed in FY 2008. The analysis addresses the following questions:

- ▶ For how many noncompliances were **noncompliant** grantees typically cited?
- ▶ How does the number of noncompliances compare for **noncompliant** grantees by grantee type?
- ▶ For how many deficiencies and noncompliances were **deficient** grantees typically cited?
- ▶ For what types of deficiencies were **deficient** grantees cited?

### For How Many Noncompliances Were *Noncompliant* Grantees Typically Cited?

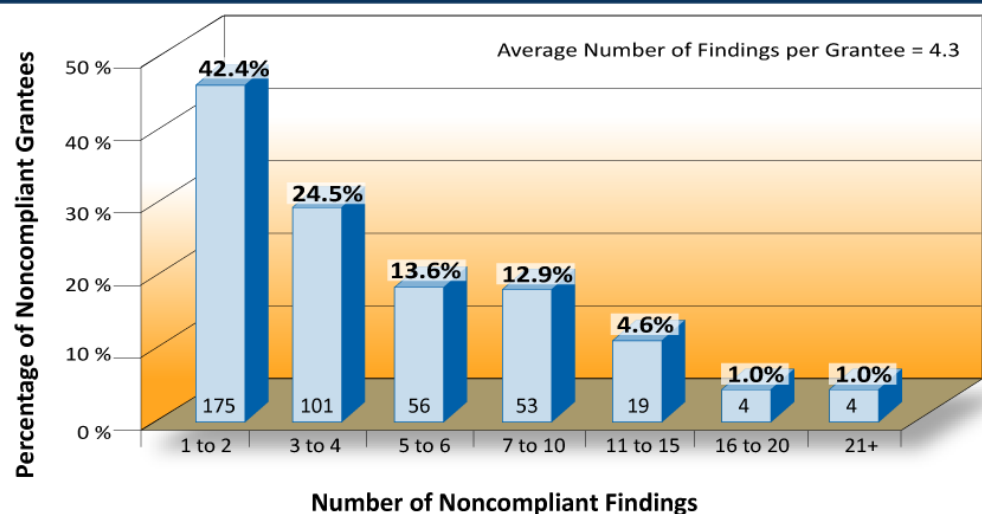
A total of 412 grantees, or 72.9 percent of all grantees reviewed in FY 2008, were found to be *noncompliant*. Exhibit 9 presents the distribution of these 412 noncompliant grantees by the number of noncompliances for which they were cited in Triennial and First-Year reviews. Nearly two-thirds of noncompliant grantees had 4 or fewer areas of noncompliance (276, 67.0%); nearly half had 1-2 areas of noncompliance (42.4%). Less than 10 percent of noncompliant grantees were cited for more than 10 noncompliances during reviews in FY 2008 (27, 6.6%).

The 412 grantees that were reviewed in FY 2008 and found to be noncompliant had a total of 1,760 noncompliant findings, or an average of 4.3 per noncompliant grantee.

Of the 412 grantees found to be noncompliant in Triennial and First-Year reviews in FY 2008, nearly half had two or fewer findings (42.5%). Very few grantees found to be noncompliant had more than 10 noncompliances.

**Exhibit 9 Distribution of Noncompliant Grantees by Number of Noncompliances**

(n = 412)



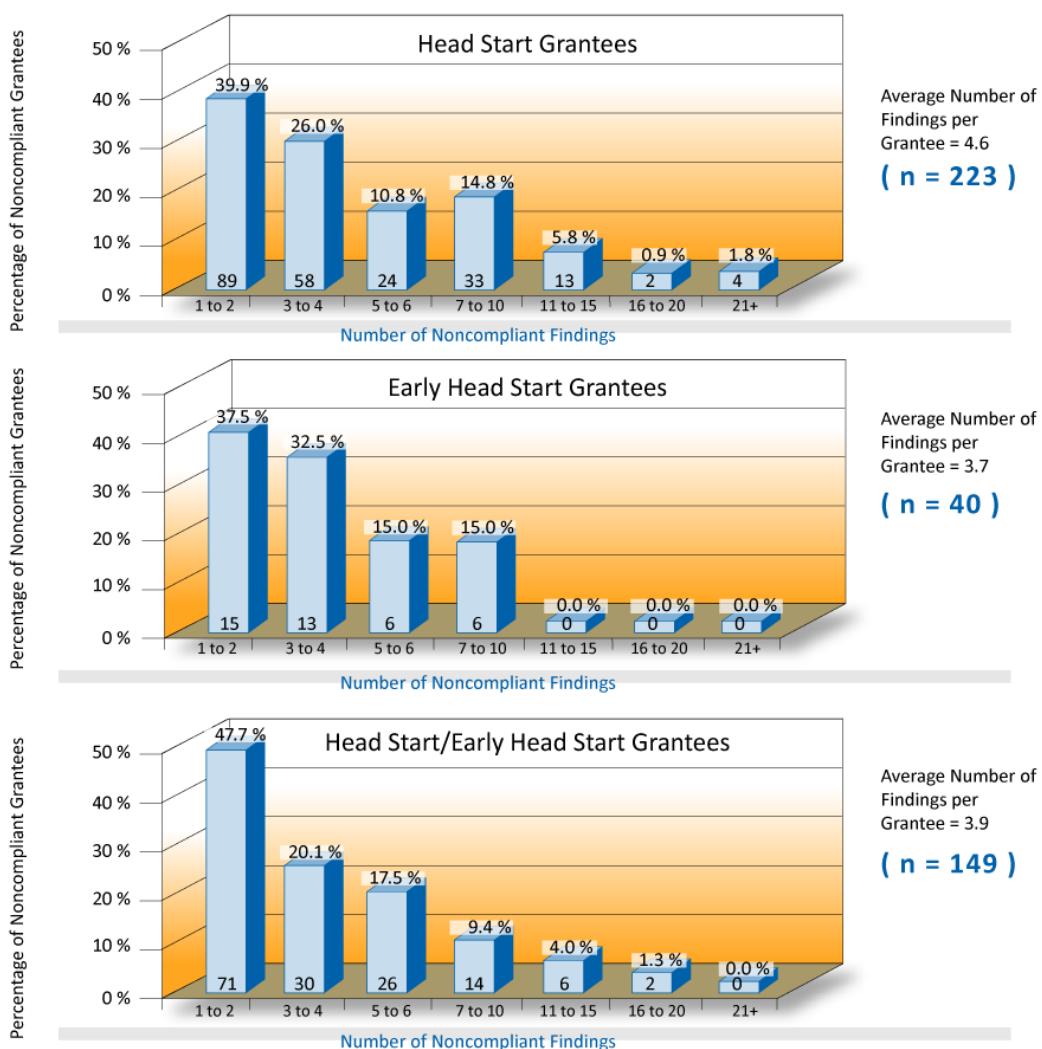


## How Did The Number Of Noncompliances Compare For Noncompliant Grantees By Grantee Type?

As presented in Exhibit 10, the distribution of *noncompliant* grantees by number of noncompliances was generally similar for Head Start, Early Head Start, and Head Start/Early Head Start grantees. About two-thirds of Head Start (65.9%), Early Head Start (70.0%), and Head Start/Early Head Start grantees (67.8%) had fewer than five noncompliant findings. None of the 40 noncompliant Early Head Start grantees had more than 10 findings, while 19 of the 223 noncompliant Head Start grantees (8.5%) and 8 of the 149 noncompliant Head Start/Early Head Start grantees (5.3%) had more than 10 findings (5.3%).

While grantees reviewed in FY 2008 that provide only Head Start services were more likely to be compliant than grantees that provide only Early Head Start services, Head Start grantees had somewhat more findings on average than Early Head Start grantees. Any difference, however, should be considered in the context that grantees providing only Head Start services are likely to be much larger programs in terms of funded enrollment.

**Exhibit 10 Distribution of Noncompliant Head Start, Early Head Start, & HS/EHS Grantees by Number of Noncompliances** ( n = 412 )  Exhibit 10

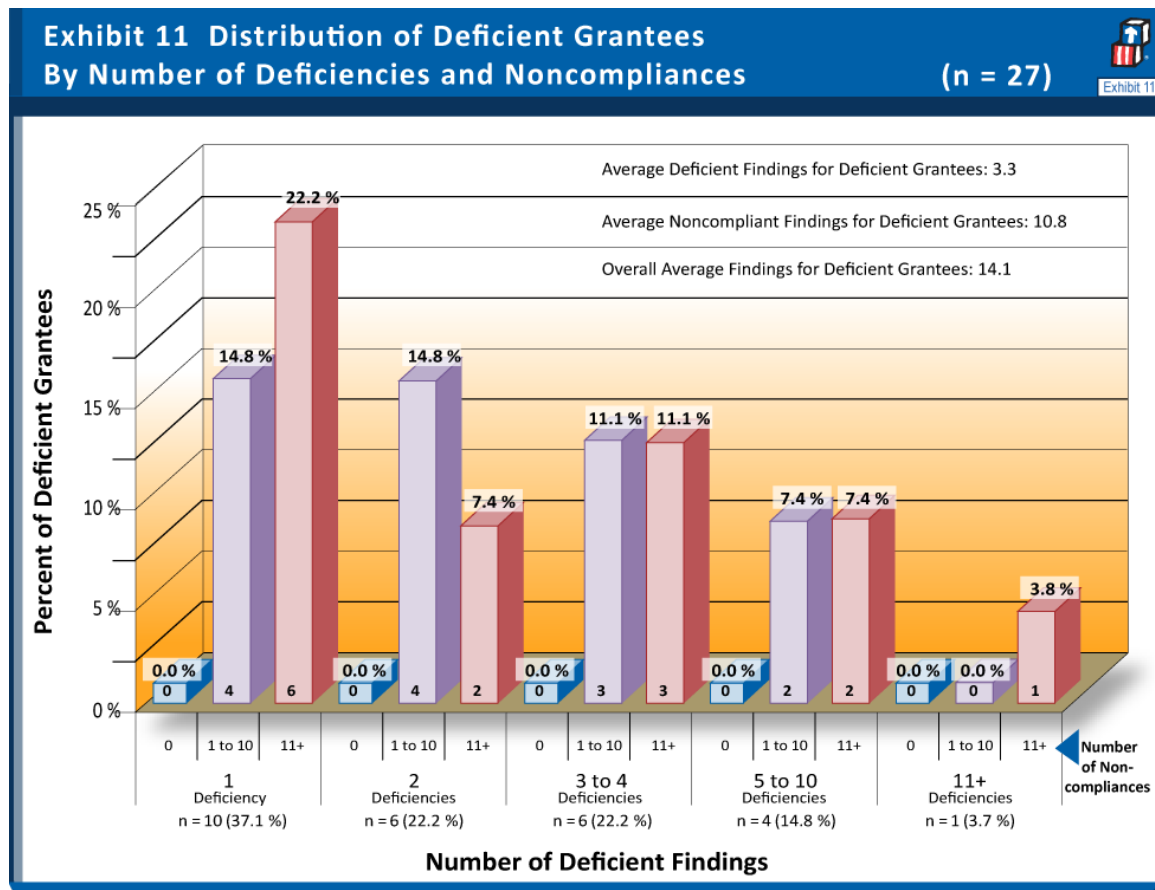




## For How Many Deficiencies And Noncompliances Were *Deficient* Grantees Typically Cited In FY 2008?

A total of 27 grantees, or 4.8 percent of all grantees reviewed in FY 2008, were found to be *deficient*. Exhibit 11 presents the distribution of grantees reviewed in FY 2008 and found to be *deficient* (27) by the number of deficiencies and noncompliances for which they were cited in Triennial and First-Year reviews. As the exhibit demonstrates, 10 of the 27 deficient grantees had only one deficiency (37.1%); more than half had two or fewer deficiencies (16 or 59.2%). Four of the 27 deficient grantees had 5-10 deficiencies (14.8%), while one of the 27 deficient grantees (3.8%) had more than 10 deficiencies.

Approximately two-thirds of the 27 grantees found deficient in a review in FY 2008 had two or fewer deficiencies (59.2%). The exhibit presents a distribution of the 27 deficient grantees by both the number of deficiencies they were found to have, as well as the number of noncompliances they were found to have. For example, a total of six grantees had a combination of one deficiency but also 11 or more noncompliances. One grantee had more than 11 deficiencies and also more than 11 noncompliances.



The relative numbers of deficient grantees that operate Head Start programs (15), Early Head Start programs (5), and both Head Start and Early Head Start programs (7) were too few in number for meaningful comparisons by program type.



## For What Types Of Deficiencies Were Deficient Grantees Cited?

Exhibit 12 presents the percentages of deficient grantees cited during monitoring reviews in FY 2008 for certain types of deficiencies, as identified in section 637 of the Head Start Act. For the purposes of Exhibit 12, deficiencies cited in FY 2008 are grouped together in two broader categories: “failure to perform substantially” and “threat to the health and safety of children or staff.” The first category, “failure to perform substantially,” includes the following deficiencies: (1) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (2) failure to comply with standards related to early childhood development services and health services, family and community partnerships, or program design and management; (3) misuse of funds; (4) loss of legal status or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; and, (5) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct the deficiency within the period specified. While some grantees had one or more deficiencies of only one type, others had one or more deficiencies of both types. If grantees had both a “failure to perform substantially” deficiency and a “health and safety” deficiency, they are represented in both columns of the exhibit.

Approximately three-fourths (20, 74.1%) of the 27 grantees found deficient in a Triennial or First-Year review in FY 2008 were cited for at least one “failure to perform substantially” deficiency. A grantee may be cited for a failure to perform substantially deficiency, for example, if it lacks a mental health professional on staff, which precludes the grantee from complying with the standards that require the services of staff in that capacity. A grantee may be cited for a failure to perform if the combined weight of multiple violations of Head Start requirements establishes a “systemic or substantial material” failure to perform in an area of performance.

More than one-third of deficient grantees (10, 37.0%) were cited for at least one health and safety violation. In FY 2007, 90.9 percent of deficient grantees were cited for at least one failure to perform substantially deficiency, while 9.1 percent of deficient grantees were cited for at least one health and safety violation. In FY 2006, 92.1 percent of deficient grantees were cited for at least one failure to perform substantially deficiency, 14.5 percent of deficient grantees were cited for at least one health and safety deficiency and 5.5 percent of deficient grantees were cited for at least one misuse of funds deficiency; one deficient grantee had a loss of legal status in FY 2006.

Health and safety issues in this area usually relate to a variety of conditions observed at centers, in classrooms, and on playgrounds during the review. Examples of health and safety violations that may require immediate correction include:

- ▶ Improper storage or preparation of food and milk
- ▶ Children’s access to storage areas and cabinets that contain cleaning materials, pesticides, and flammable liquids
- ▶ Infestation of bugs
- ▶ Facilities and playground hazards



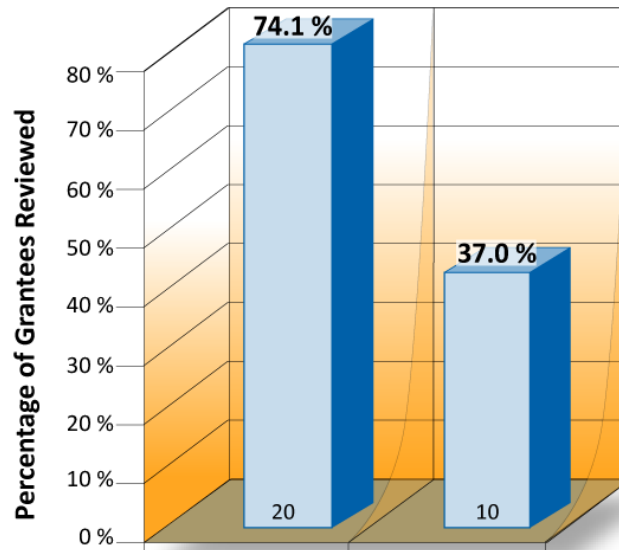


► Insufficient staff-to-child ratios or lack of staff supervision that endanger children

Grantees found deficient were most likely to be cited for “Failure to Perform Substantially,” with nearly three-fourths having at least one deficiency of this type. (20 of 27). Seven of the 20 grantees had only one “Failure to Perform Substantially” deficiency, while 13 had two or more such deficiencies. More than one-third of deficient grantees (37.0%) had at least one Health and Safety deficiency.

**Exhibit 12 Distribution of Deficient Grantees by Deficiency Type**

(n = 27)



Grantees with...	Failure to Perform Substantially		Health and Safety	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
1 Deficiency	7	35.0%	6	60.0%
2 Deficiencies	4	20.0%	2	20.0%
3 to 4 Deficiencies	5	25.0%	1	10.0%
5 to 10 Deficiencies	3	15.0%	1	10.0%
11 + Deficiencies	1	5.0%	0	0.00%
<b>Total</b>	<b>20</b>	<b>100.0%</b>	<b>10</b>	<b>100.0%</b>

**Number and Percentage of Deficient Grantees Cited for Each Type of Deficiency**



## VII. Deficiencies Requiring Immediate Corrective Action

Deficiencies identified during a review that pose imminent harm or danger to children and staff requires that the grantee take “immediate corrective action,” as specified in Section 637(2) of the Head Start Act. The Office of Head Start generally has required grantees to correct deficiencies requiring “immediate corrective action”, within 30 days of being identified.

Exhibit 13 provides information on corrective action timeframes for deficiencies found within FY 2008 Triennial and First-Year reviews regardless of review outcome. Grantees reviewed in FY 2008 had a total of 88 deficiencies. Of these 88 deficiencies, 17 were given 30-day corrective action timeframes (19.3%), while 66 (75.0%) were given 180-day corrective action timeframes. Most of the deficiencies given 30-day corrective action timeframes were Health and Safety findings (14 of 17). Almost all deficiencies given 180-day corrective action timeframes were Failure to Perform Substantially (65 of 66).

**Exhibit 13 Deficiencies on FY 2008 Triennial and First-Year Reviews by Finding Category and Corrective Action Timeframe**

Finding Category	Corrective Action Timeframe				
	30 Days	45 Days	60 Days	180 Days	Total
637(2)(A)(i) Health and Safety	14	4	1	1	20
637(2)(A)(ii) Denial to Parents of Their Roles	0	0	0	0	0
637(2)(A)(iii) Failure to Perform	3	0	0	65	68
637(2)(A)(iv) Misuse of Funds	0	0	0	0	0
637(2)(A)(v) Loss of Legal Status	0	0	0	0	0
637(2)(A)(vi) Failure to Meet Other Requirements	0	0	0	0	0
<b>Total</b>	<b>17</b>	<b>4</b>	<b>1</b>	<b>66</b>	<b>88</b>

The types of corrective actions grantees take to resolve deficiencies requiring “immediate” corrective action include, but are not limited to:

- ▶ Removing the immediate threat, e.g., placing locks on cabinets; removing and securing cleaning materials and other dangerous liquids from access by children; and, eliminating facilities and playground safety hazards.
- ▶ Ensuring proper supervision of children at all times.
- ▶ Implementing and enhancing ongoing monitoring procedures.

At the conclusion of the “immediate” corrective action period, OHS conducts a review to determine if the deficiency is corrected. If the grantee fails to correct the deficiency within the specified time period, OHS initiates the termination process or the grantee may relinquish the grant. If children or staff are determined to be in imminent danger and the problem cannot be corrected immediately, OHS may suspend the program and not permit it to reopen until the



problem has been resolved satisfactorily; during this time, OHS assigns an interim provider to operate the program so that services are provided still to the children.

## VIII. Analysis of Findings and Performance Standards Cited in Triennial and First-Year Reviews in FY 2008

This section presents data on the types of citations for which grantees were cited during Triennial and First-Year reviews in FY 2008. The analysis addresses the following questions:

- ▶ In which areas of the Protocol were noncompliant and deficient grantees most and least likely to have findings?
- ▶ How do noncompliant findings compare with deficient findings in terms of Protocol areas with which they were associated?
- ▶ On which Performance Standards were grantees most commonly cited in Triennial and First-Year reviews in FY 2008?

### **In Which Areas of the Protocol Were Noncompliant and Deficient Grantees Most and Least Likely to Have Findings?**

The 439 grantees that underwent Triennial and First-Year reviews in FY 2008 and found to be either noncompliant or deficient had a total of 2,139 reported findings. Of these 2,139 total findings, 2,051 were noncompliant findings (95.9%) and 88 were deficient findings (4.1%).

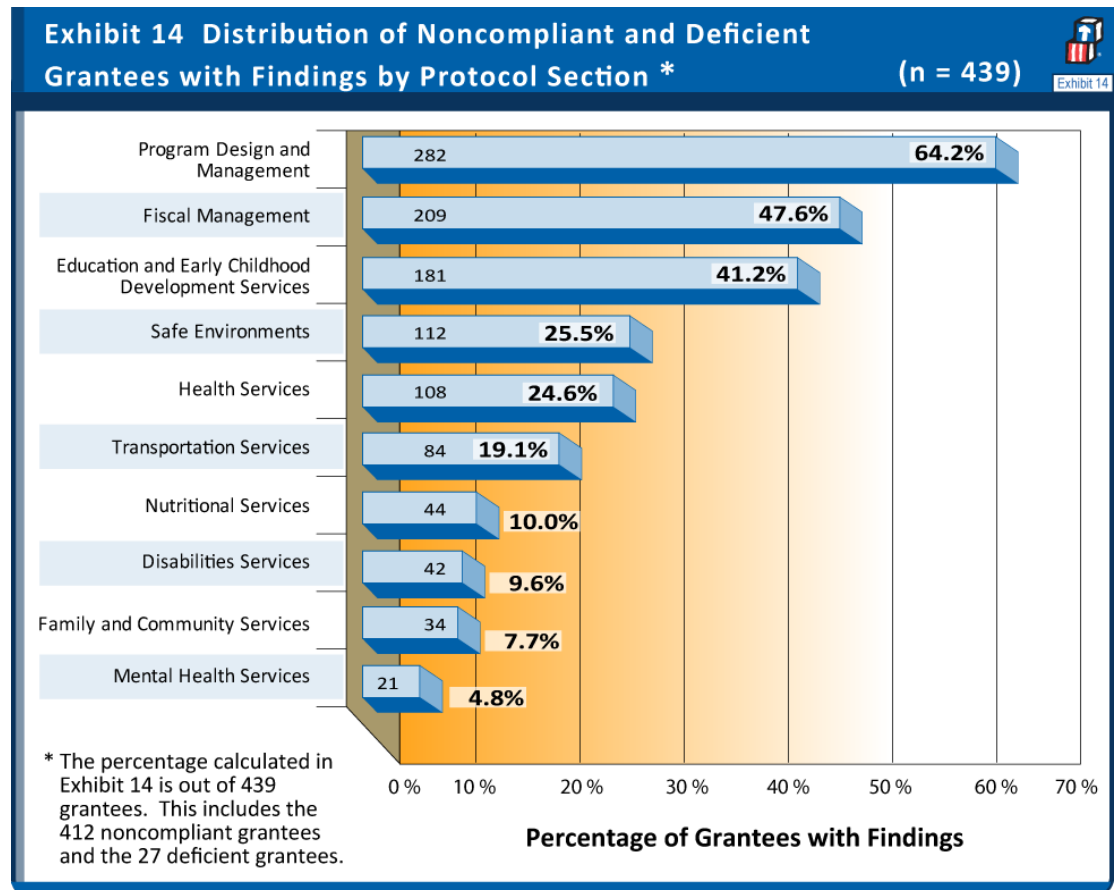
Exhibit 14 illustrates the areas of the Protocol where noncompliant and deficient grantees in FY 2008 were most and least likely to have at least one finding. As the exhibit demonstrates, nearly two-thirds of noncompliant and deficient grantees had at least one finding in Program Design and Management (64.2%), while nearly half had at least one finding in Fiscal Management (47.6%). Examples of findings in the area of Program Design and Management include: Failure to establish and implement procedures for ongoing monitoring; failure to include in the community assessment an estimated number of children with disabilities; and, failure to assure that each staff member has an initial health examination and a periodic re-examination. Examples of findings in the area of Fiscal Management include: Exceeding the 15 percent limit on allowable costs for program development and administration; failure to document valuation of personal service, material, equipment, buildings and land as a basis for cost sharing or matching; and, charging unallowable costs to the grant. The third most likely area of the Protocol for findings in FY 2008 was Education and Early Childhood Development Services (41.2%). Examples of findings in this area include: Failure to comply with requirements regarding teacher qualifications and failure to provide training for parents and children in pedestrian safety.

Noncompliant and deficient grantees were least likely to have findings related to their delivery of other direct services such as Mental Health Services (4.8%), Family and Community Services (7.7%), and Disabilities Services (9.6%). (Note that Exhibit 16 provides more detailed



information on the most frequently cited performance standards.)

Grantees found to be either noncompliant or deficient in Triennial and First-Year reviews in FY 2008 were most likely to be cited for findings in the Program Design and Management and Fiscal Management sections of the Protocol. Nearly two-thirds of the 439 grantees found to be noncompliant or deficient had at least one finding in Program Design and Management (282, 64.2%), while approximately half had at least one finding in Fiscal Management (209, 47.6%).



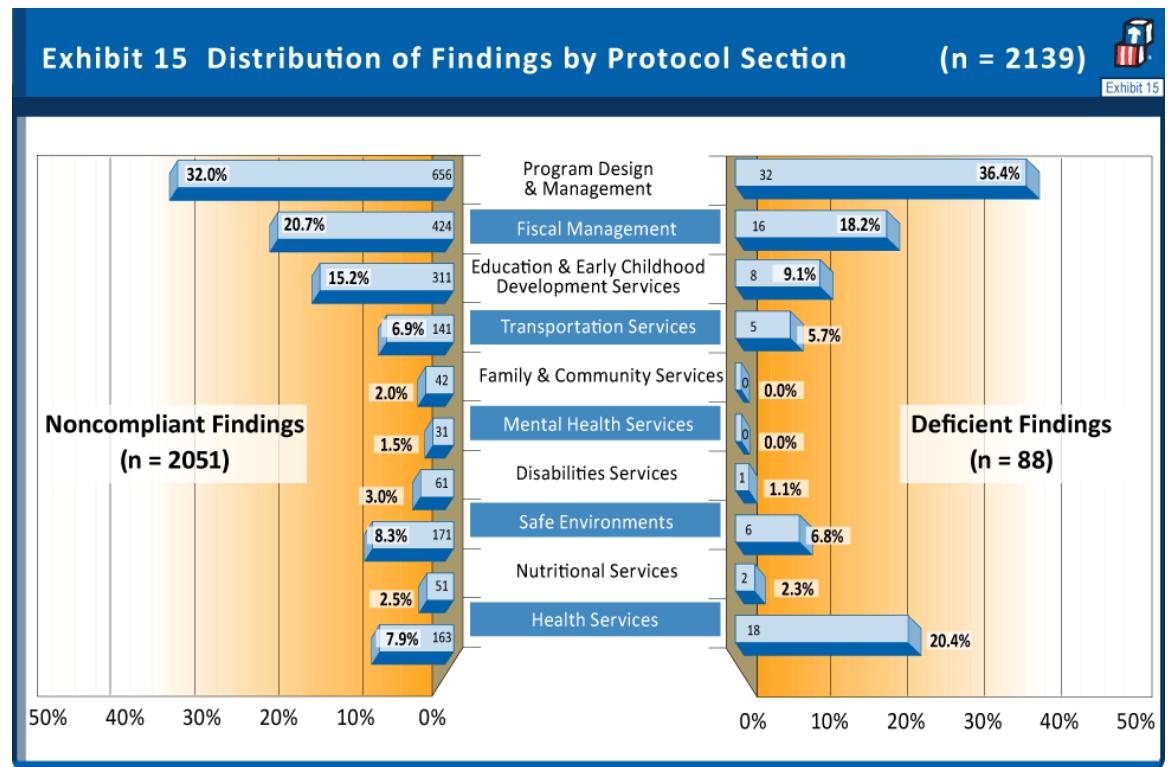


## How Do Noncompliant Findings Compare With Deficient Findings In Terms Of Protocol Areas With Which They Are Associated?

Exhibit 15 presents the distributions of total noncompliant findings and deficient findings in Triennial and First-Year reviews in FY 2008, respectively, across the 10 areas of the Protocol. As the exhibit demonstrates, there are similarities and differences in terms of the areas of the Protocol with which they tend to be associated. Both noncompliant findings and deficient findings were more likely to be associated with the Program Design and Management area of the Protocol than any other area. Approximately one-third of all deficient findings (32, 36.4%) and noncompliant findings (656, 32.0%) were associated with Program Design and Management. Together, Program Design and Management and Fiscal Management combined account for more than half of both deficient findings (54.6%) and noncompliant findings (52.7%).

On the other hand, deficient findings were considerably more likely than noncompliant findings to be associated with Health Services (20.4% of deficient findings compared with 7.9% of noncompliant findings.) Noncompliant findings were more likely than deficient findings to be associated with Education and Early Childhood Development Services (15.2% of noncompliant findings compared with 9.1% of deficient findings).

Both noncompliant and deficient findings were more likely to be associated with the Program Design and Management section of the Protocol than any other section, representing 32 percent of all noncompliant findings and 36 percent of all deficient findings. Deficient findings were more commonly associated with Health Services than noncompliant findings, while noncompliant findings were more commonly associated with Education and Early Childhood Development Services than deficient findings.





### **On Which Performance Standards Were Grantees Most Commonly Cited In Triennial And First-Year Reviews In FY 2008?**

Exhibit 16 presents the performance standards for which grantees were most frequently cited on noncompliant findings in Triennial and First-Year reviews in FY 2008, while Exhibit 17 presents the performance standards for which grantees were most frequently cited on deficient findings. Unless otherwise noted, the cited regulations appear in Title 45 of the Code of Federal Regulations.

As Exhibit 16 demonstrates, review teams cited performance standard 1304.51(i)(2) (monitoring operations) during reviews of 11.4 percent of grantees with at least one noncompliant finding (50 of 439 grantees) in FY 2008, followed by performance standard 1305.3(c)(3) (community assessment) and performance standard 1306.21 (teacher qualifications). Of the 10 performance standards for which grantees with at least one noncompliant finding were most frequently cited, five are contained in the Program Design and Management area of the Protocol, two are contained in the Education and Early Childhood Development Services area, two are contained in the Safe Environments area, and one is contained in the Health Services area. These were the same performance standards that were cited most frequently during reviews in FY 2007.

As Exhibit 17 demonstrates, review teams cited performance standard 1304.51(i)(2) (monitoring operations) during reviews of 37.0 percent of grantees with at least one deficient finding (10 of 27 grantees) in FY 2008, followed by performance standard 1301.31(b)(1)(iii) (criminal record check), performance standard 1304.51(g) (efficient and effective record-keeping), and performance standard 74.21(b)(3) (effective control and accountability for funds, property and other assets). Of the five performance standards for which grantees with at least one deficient finding were most frequently cited during Triennial and First-Year reviews in FY 2008, four performance standards, including the top four, are from the Program Design and Management area of the Protocol.



## Exhibit 16 Performance Standards Most Frequently Cited as Noncompliant

Rank	Performance Standard	Protocol Section	Standard Description	Grantees Reviewed With Noncompliant Citations	
				n	% (n=439)
1	1304.51(i)(2)	Program Design and Management	Must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations and of each delegate agency	50	11.4%
2	1305.3(c)(3)	Program Design and Management	Community Assessment must include the collection and analysis of: Estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies	48	10.9%
3	1306.21	Early Childhood Development Services	Must comply with section 648A of the Head Start Act regarding qualifications of classroom teachers	45	10.3%
4	1304.20(b)(1)	Health Services	In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures	42	9.6%
5	1304.53(a)(7)	Safe Environments	Must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment	37	8.4%
6	1310.21(a)	Early Childhood Development Services	Must provide training for parents and children in pedestrian safety	36	8.2%
7	1304.52(k)(1)	Program Design and Management	Must assure that each staff member has an initial health examination and a periodic re-examination	34	7.7%
8	1305.3(c)(2)	Program Design and Management	Community Assessment must include the collection and analysis of: Other child development and child care programs that are serving Head Start eligible children	33	7.5%
9	1304.53(a)(10)(x)	Safe Environments	Must ensure the selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children	31	7.1%
10	1304.52(f)	Program Design and Management	Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential within one year of the effective date of the final rule or, thereafter, within one year of hire as a teacher of infants and toddlers	30	6.8%

Note: Data are based on all grantees that had at least one area of noncompliance, including 412 noncompliant grantees, which, by definition, only had noncompliant findings, as well as 27 grantees that had both deficient and noncompliant findings, or 439 total grantees.



### Exhibit 17 Performance Standards Most Frequently Cited as Deficient

Rank	Performance Standard	Protocol Section	Standard Description	Grantees Reviewed With Deficient Citations	
				n	% (n=27)
1	1304.51(i)(2)	Program Design and Management	Must establish and implement procedures for the ongoing monitoring of their own Early Head Start and Head Start operations and of each delegate agency	10	37.0%
2	1301.31(b)(1)(iii)	Program Design and Management	Before an employee is hired, must conduct a State or national criminal record check	5	18.5%
3	1304.51(g)	Program Design and Management	Must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information and ensure appropriate confidentiality	4	14.8%
3	74.21(b)(3)	Program Design and Management	Recipients' financial management systems shall provide for effective control over and accountability for all funds, property and other assets	4	14.8%
5	1304.20(a)(1)(iv)	Health Services	In collaboration with the parents and as quickly as possible, but no later than 90 calendar days from the child's entry into the program, must: Develop and implement a follow-up plan for any condition identified ... so that any needed treatment has begun.	3	11.1%
6	1301.32(a)(1)	Fiscal Management	Allowable costs for developing and administering a Head Start program may not exceed 15 percent of the total approved costs of the program, unless the responsible HHS official grants a waiver	2	7.4%
6	1304.20(a)(1)(iii)	Health Services	In collaboration with the parents and as quickly as possible, but no later than 90 calendar days, must: Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected problem	2	7.4%
6	1304.50(g)(2)	Program Design and Management	Grantee and delegate agencies must ensure that appropriate internal controls are established and implemented to safeguard Federal funds	2	7.4%
6	1304.52(f)	Program Design and Management	Early Head Start and Head Start staff working as teachers with infants and toddlers must obtain a Child Development Associate (CDA) credential for Infant and Toddler Caregivers or an equivalent credential within one year of the effective date of the final rule or, thereafter, within one year of hire as a teacher of infants and toddlers	2	7.4%
6	1304.53(a)(7)	Safe Environments	Must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment.	2	7.4%
6	1306.21	Early Childhood Development	Must comply with section 648A of the Head Start Act regarding the qualifications of classroom teachers	2	7.4%
6	OMB Circular A-122, Attachment A, Paragraph (A)(2)(a), 2 C.F.R. Part 230 App A, Paragraph (A)(2)(a)	Fiscal Management	Costs must be reasonable for the performance of the award and be allocable thereto under these principles	2	7.4%
6	74.23(i)(2)	Fiscal Management	Cost sharing or matching, - The basis for determining the valuation for personal service, material, equipment, buildings, and land shall be documented	2	7.4%
6	74.28	Fiscal Management	Recipient may charge to the award only allowable costs	2	7.4%





## IX. Corrective Actions and Their Outcomes

Program improvement and corrective action activities are designed to strengthen Head Start grantee services by ensuring full compliance with Head Start requirements. All noncompliances and deficiencies must be corrected within the prescribed timeframe for correction as specified in the Head Start Review Report.

An on-site Follow-up review is conducted for all grantees that are determined to have deficiencies, and for most grantees that are determined to have one or more areas of noncompliance. Any area of noncompliance that was not initially identified as a deficiency, but which remains uncorrected within the timeframe specified by the HHS official or designee as determined by the Follow-up review, will become a deficiency.

Grantees with one or more deficiencies whose corrective action period exceeds 90 days are required to develop a Quality Improvement Plan specifying, for each deficiency, the actions that a grantee will take to correct the deficiency and the timeframe within which it will be corrected. In no case can the timeframes proposed in the Quality Improvement Plan exceed one year from the date that the grantee received official notification of the deficiencies to be corrected.

At the conclusion of the Follow-up visit, the Follow-up review team makes a preliminary determination as to whether a noncompliance or deficiency has been corrected, and submits the preliminary Follow-up review report for OHS review. Final determination regarding the status of a finding is made by OHS, with each finding determined to be corrected or not corrected. In cases where grantees are judged to have corrected all noncompliances and deficiencies, the program improvement phase ends and the grantee status is changed to *compliant*. If a grantee has more than one deficiency, and the deficiencies have different corrective action dates, multiple Follow-up reviews may be scheduled.

This section, which reports on follow-up activity that was conducted and for which review reports were issued to grantees through March 15, 2009<sup>3</sup>, addresses the following questions:

- ▶ What were the outcomes of Follow-up reviews on grantees found **deficient** in FY 2008?
- ▶ What were the outcomes of first Follow-up reviews and first Desk reviews on grantees found **noncompliant** in FY 2008?

As was true in FY 2006 and FY 2007, grantees with findings during Triennial and First-Year reviews in FY 2008 were successful at correcting findings at follow-up and becoming compliant.

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<sup>3</sup>To maximize the amount of data on corrective action included in this report, the analysis includes correction action activity for all grantees that received review reports of Follow-up reviews or Desk reviews prior to March 15, 2009. The analysis is therefore based on 291 total grantees, including 127 grantees with Follow-up or Desk reviews conducted prior to September 30, 2008, as well as 164 grantees with Follow-up or Desk reviews conducted in FY 2009.



## What Were The Outcomes Of Follow-Up Reviews On Grantees Found Deficient In FY 2008?

Of the 27 grantees found deficient in Triennial and First-Year reviews in FY 2008 (Exhibit 18), all 27 had been cited for both deficiencies and noncompliances (i.e., at least one of each). Of the 27 grantees cited for both deficiencies and noncompliances during Triennial and First-Year reviews in FY 2008, 7 grantees (25.9%) had been issued Follow-up Review Reports by March 15, 2009; follow-up review activity for the other 20 deficient grantees cited for both deficiencies and noncompliances were at various pre-completion stages.

Of the 7 grantees that had been issued Follow-up review reports, 4 had *all* findings (including both deficiencies and noncompliances) reviewed, while 3 did not have all findings reviewed.<sup>4</sup> Of the 4 grantees that had all findings reviewed in Follow-up reviews, all 4 had corrected all deficiencies and noncompliances and had become compliant.

Of the 3 deficient grantees that had a Follow-up review regarding only those findings for which the corrective action period had expired, 1 grantee corrected its deficiency, but another area of noncompliance was identified. The other 2 grantees were considered still to be deficient because their corrective action periods had not expired at the time of the Follow-up review and the grantees were still in the process of correcting the deficiencies.

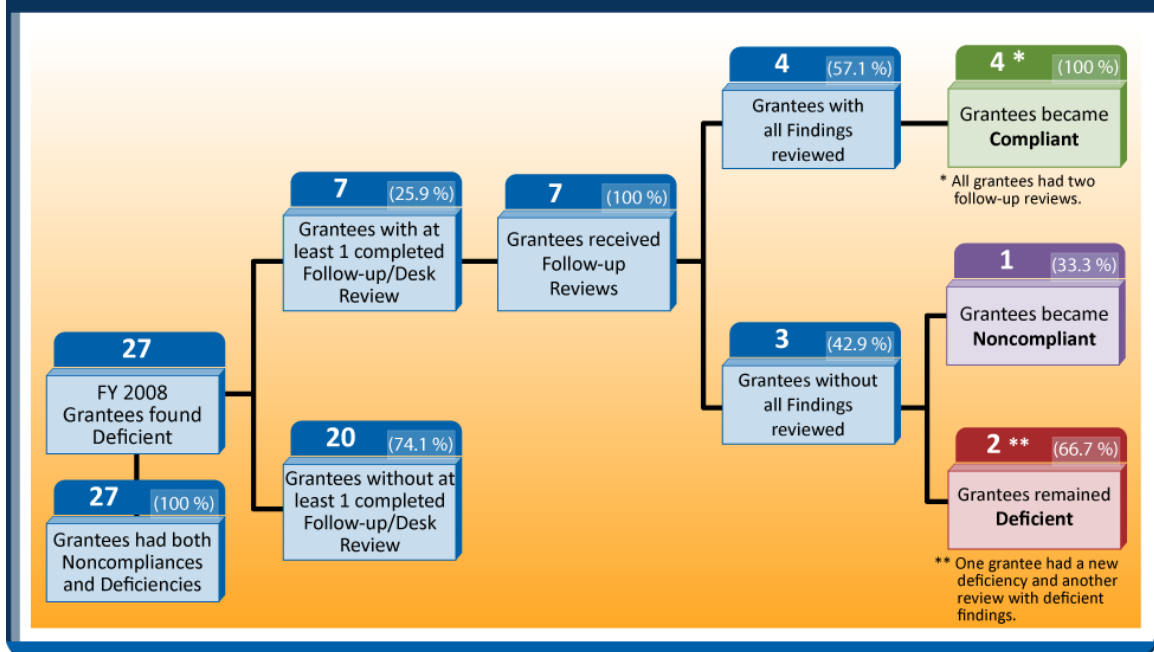
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<sup>4</sup> A Follow-up review is scheduled and conducted to confirm correction of noncompliances and deficiencies in accordance with the corrective action timeframes established in the initial review. Thus, a Follow-up review may be conducted during which some but not necessarily all findings are reviewed by the review team. For example, if a grantee has a finding(s) with a 30-day corrective action timeframe and a finding(s) with a 180-day corrective action timeframe, a first Follow-up review is typically scheduled and conducted to review and confirm correction of the finding(s) with a 30-day corrective action; a subsequent second Follow-up review is typically conducted to review and confirm correction of the finding(s) with a 180-day corrective action.



### Exhibit 18 Outcomes of Follow-Up Actions on Grantees Found Deficient in FY 2008

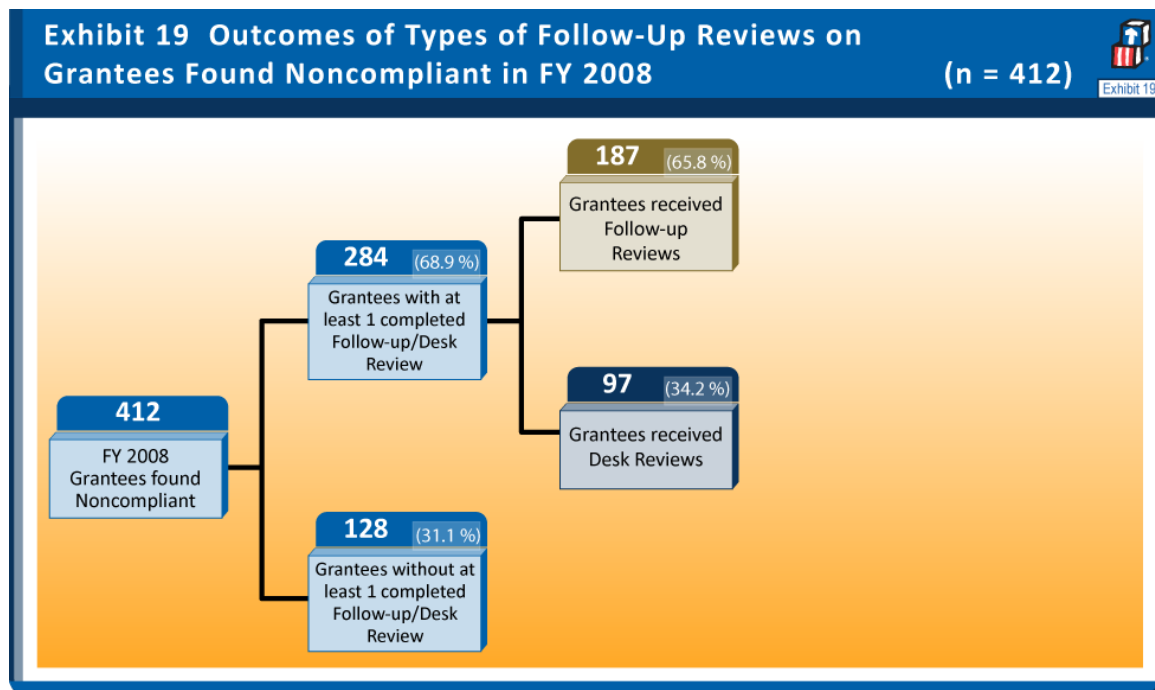
(n = 27)





## What Were The Outcomes Of Follow-Up Reviews and Desk Reviews On Grantees Found Noncompliant In FY 2008?

There were 412 grantees that were found noncompliant in Triennial and First-Year reviews in FY 2008. Of these 412 grantees, 284 grantees (approximately 69%) had either at least one completed Follow-up review or one completed Desk review by March 15, 2009 (Exhibit 19); follow-up reviews had not yet been scheduled and/or completed for the remaining 128 grantees as of March 15, 2009. Of the 284 grantees that had completed follow-up activity, 187 had undergone a Follow-up review (65.8%), while 97 had undergone a Desk review (34.2%). The following sections describe outcomes for these two subsets of noncompliant grantees.

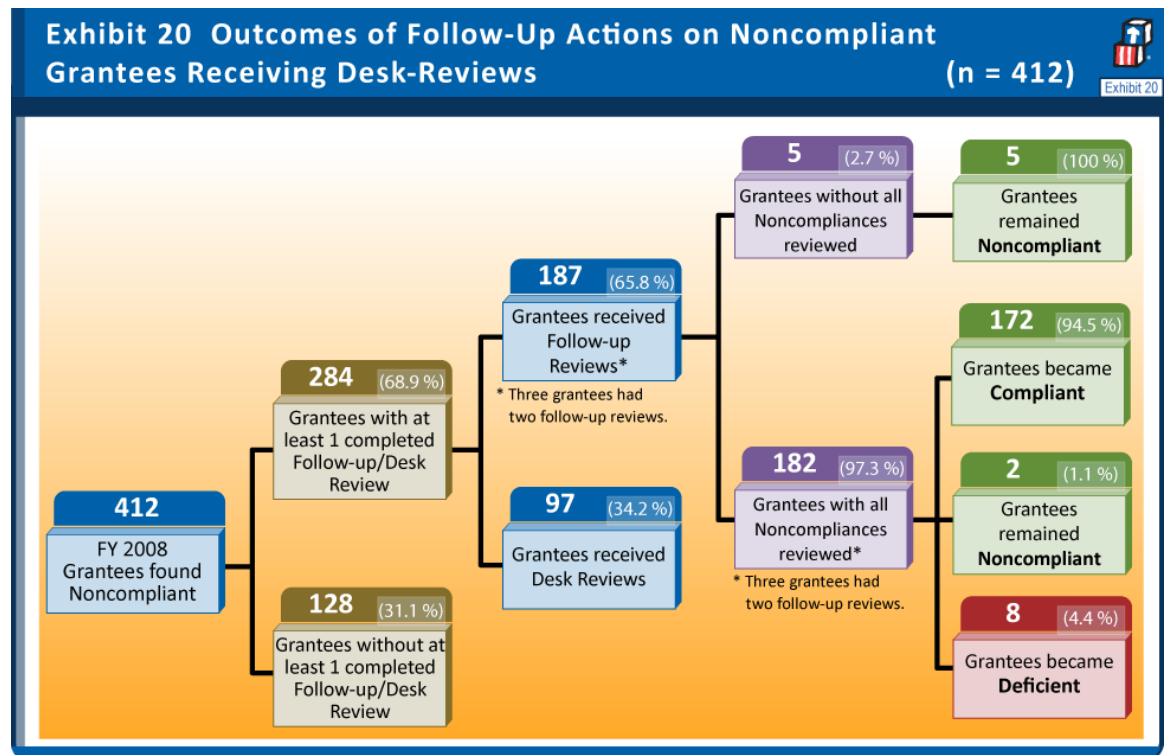




### Noncompliant Grantees Having Completed Follow-Up Reviews

Of the 187 noncompliant grantees that had a completed Follow-up review by March 15, 2009, 182 grantees had all noncompliances reviewed during the Follow-up (97.3%), while 5 grantees did not have all noncompliances reviewed (2.7%). As noted previously, sometimes multiple Follow-up reviews are scheduled because of the different time periods set for a grantee to take corrective action. Of the 182 noncompliant grantees that had all noncompliances reviewed at Follow-up (Exhibit 20):

- ▶ 172 corrected all noncompliances and became compliant (94.5%)
- ▶ 2 noncompliant grantees remained noncompliant (1.1%)
- ▶ 8 noncompliant grantees became deficient (4.4%)





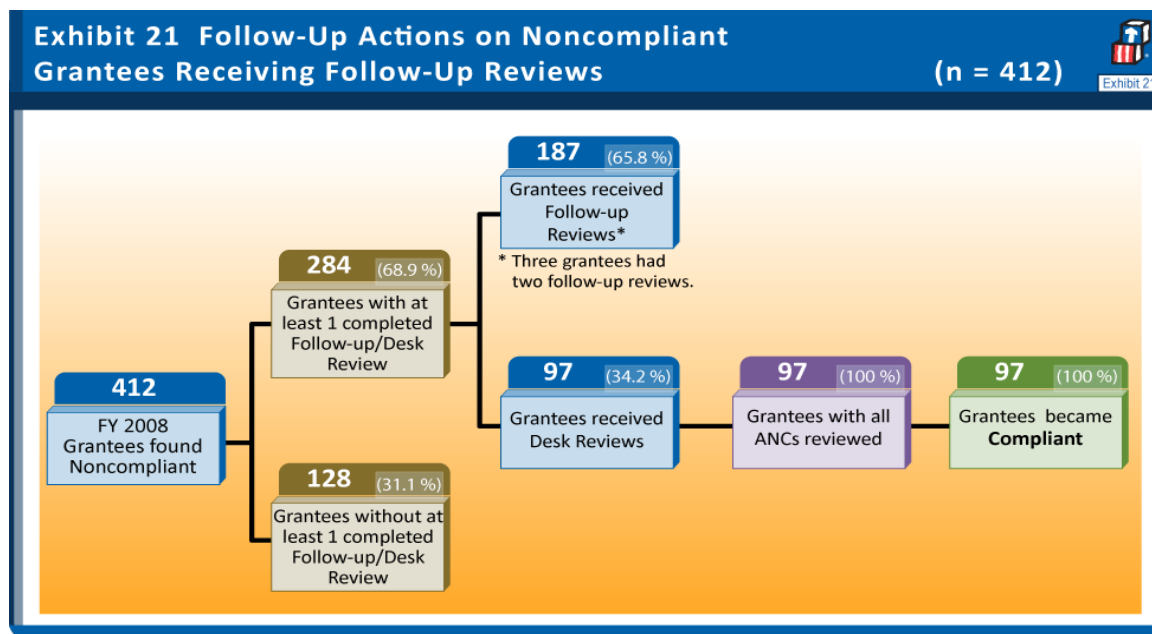
### Noncompliant Grantees Having Completed Desk Reviews

Of the 97 noncompliant grantees that had a completed Desk review by March 15, 2009, all 97 grantees had all noncompliances reviewed in the Desk review. Of the 97 grantees that had a completed Desk review in which all noncompliances were reviewed (Exhibit 21):

- ▶ All 97 grantees corrected all their noncompliances and became compliant.

**Summary of Follow-Up Results.** In summary, 279 grantees that were found noncompliant in Triennial and First-Year reviews in FY 2008 had either at least one completed Follow-up review or one completed Desk review by March 15, 2009 during which all noncompliances had been reviewed (182 via Follow-up reviews and 97 via Desk reviews, respectively). Of these, 269 grantees corrected all noncompliances and became compliant (96.4%). Of 7 deficient grantees, 4 had all noncompliances and deficiencies reviewed during Follow-ups; all 4 became compliant.

As was true in FY 2006 and FY 2007, the follow-up process in FY 2008, which included a Desk review method in addition to the more common on-site Follow-up review method, was successful in moving toward compliance those grantees that were found to be deficient or noncompliant in a *Triennial* or *First-Year* review.





## X. New Directions in Monitoring

During FY 2008, while preparing to implement other improvements to monitoring, OHS also assessed the impact on monitoring of both the Head Start Act, amended in December 2007, as well as Family Child Care Regulations, published in February 2008, and contemplated specific changes in policy and procedure for FY 2009 and beyond that would ensure compliance with new requirements. This section describes changes OHS made to the monitoring process in FY 2009 and FY 2010 in five areas, including: review teams, Monitoring Protocol and software, monitoring process, Follow-up reviews, and new or expanded legislative or regulatory requirements.

**Review Teams.** OHS tested two innovations that were designed to increase efficiency in the monitoring system by reducing the size of teams deployed on site for Triennial reviews. First, OHS tested having a Program Design and Management reviewer operate as a team member in an off-site capacity. Second, OHS tested a customized (or targeted) review, the intent of which was to tailor the size and composition of the review team to the specific needs of each grantee. OHS continued to explore ways in which technology could support review teams in the field and create opportunities for greater efficiencies of effort.

**FY 2009 Monitoring Protocol and Software.** In FY 2009, OHS implemented a number of changes to the Monitoring Protocol, and its supporting software, to continue to improve the quality of information collection, stimulate more comprehensive program analysis, and maintain transparency in the monitoring system. First, OHS added targeted questions to the Protocol to provide the reviewers with specific guidance regarding what to ask grantees, what to look for when reviewing documents, and what to observe during on-site visits to ensure thorough collection of the information needed for OHS to make a determination regarding each compliance question. Second, targeted questions were sorted into a set of Guides organized around the review team's key activities, including Guides for interviews, document review, and observation. Third, the Protocol's supporting software was enabled for electronic submission of both pre-site documents and evidence binders. In FY 2010, in response to the findings of a Government Accountability Office (GAO) investigation that Head Start programs conducted potentially fraudulent eligibility determination procedures and other types of misconduct, the Office of Head Start reviewed and revised the Enrollment, Recruitment, Selection, Eligibility and Attendance (ERSEA) section of the Monitoring Protocol to provide stronger guidance to on-site monitoring teams in the review of this area. The new Protocol and unannounced ERSEA reviews were piloted in July and August 2010 and will become a permanent part of the Protocol in FY 2011.

**Monitoring Process.** In FY 2009, OHS implemented several important changes to the monitoring process itself. First, the Monitoring Report format was modified to incorporate a grantee's performance-related strengths, as identified and supported by the review team. Second, to increase the consistency and appropriate application of the designation of a finding *corrected on site* (COS), OHS included such findings in the grantee's monitoring report, and



issued guidelines to review teams on how such findings should be handled specifically. Third, OHS implemented new procedures for creating, tracking, and correcting an *immediate deficiency*, which is reserved for issues that threaten either the health or safety of staff and children, or the integrity of Federal funds.

OHS also moved to reduce the number of findings identified during reviews that later are dropped for lack of proper evidence by addressing several areas of the process that needed improvement. OHS focused specifically on: 1) issuing findings that are substantiated by adequate evidence, 2) reducing mismatches between evidence provided and citations, and 3) increasing the rate of response from Federal Team Leaders to the Report Feedback Memo.

In FY 2010, OHS exercised its authority to conduct unannounced visits. Prior to this monitoring season, notice typically was provided to grantees before conducting monitoring or other on-site visits. The use of unannounced visits was increased to ensure that OHS is able to review how Head Start programs operate on a daily basis and to increase our opportunities to identify program integrity issues.

***Follow-up Reviews.*** Beginning in FY 2009, OHS assumed a central role in orchestrating and managing a national schedule of Follow-up reviews (as it currently does with Triennial and First-Year reviews) to ensure that grantees are correcting findings within prescribed timeframes.

To build on efficiencies of process begun during FY 2008, OHS continued in FY 2009 to use Desk reviews to review findings for which correction can be verified remotely through interviews and documents. Also beginning in FY 2009, OHS established that the due date for a grantee's Follow-up review would be the latest correction action deadline, and, going forward, Follow-up teams were required to review all findings during that inclusive review.<sup>5</sup>

***New or Expanded Legislative or Regulatory Requirements.***

In FY 2009, OHS incorporated into the Protocol all changes made by the 2007 reauthorization of the Act for which no regulatory action was necessary. For example, the new statutory requirements related to criminal background checks and professional development plans for full-time staff working with children (including a minimum of 15 hours of professional development for teachers each year) were added as compliance questions.

In FY 2009, OHS also began considering adjustments to the Protocol to account for Head Start Performance Standards that needed to be modified due to changes made by the 2007 reauthorization of the Act, including: modifications to alternative teacher credentialing and degree requirements; increased specificity describing program support and coordination with Local Education Agencies for transitioning children; a requirement that as a result of its self assessment each grantee submit an improvement plan approved by the governing body; and, increased specificity describing the operations and authority of the Policy Council. HHS expects

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<sup>5</sup> Grantees can have findings with different corrective action timeframes. In such cases, the due date for the grantee's Follow-up review will correspond not with the earlier corrective action timeframe, but with the later timeframe.





to publish proposed regulations on the Head Start Performance Standards in 2011.

In addition, during FY 2009 and 2010, OHS was developing proposed regulations to implement two requirements of the 2007 reauthorization of the Head Start Act: 1) the requirement that established Head Start grantees will be awarded grants for a five-year period and only grantees determined to be delivering high-quality services will be given another five-year grant non-competitively; and 2) the requirement for the Secretary to develop a designation renewal system to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program that meets the educational, health, nutritional, and social needs of the children and families it serves, and meets program and financial management requirements and standards. OHS issued proposed regulations that articulate the details of the proposed designation renewal system in September, 2010. Once the final regulation on the designation renewal system is issued and the system is implemented, HHS plans to revise its monitoring process as appropriate.

In addition to considering necessary adjustments to the current Performance Standards based on modifications made by the 2007 reauthorization of the Act, OHS began to consider other changes to align the Performance Standards with entirely new or expanded requirements. Some of these new or expanded requirements related to the following:

- ▶ Family assessment to identify needs and interests of parents
- ▶ Election of Policy Council and Policy Committee members by parents of currently enrolled children
- ▶ Delineation of governing body members, roles, and responsibilities
- ▶ Eligibility of children above poverty, homeless children, and children of military families
- ▶ Grantee submission to OHS of audit management letter and findings within 30 days

Family Child Care Regulations issued in FY 2008 created specific new requirements for the family child care (FCC) option, including with respect to safe environments for children, appropriate licensing of providers, and credentialing and degree requirements for FCC staff.

In addition, OHS began preparing grantees for future anticipated changes or enhancements to monitoring. These included:

- ▶ Piloting in FY 2009 of a standardized classroom observation instrument known as the Classroom Assessment Scoring System (CLASS), with program-wide implementation expected to follow in FY 2010.
- ▶ New requirements that grantees must:
  - Report to OHS annually on enrollment by eligibility category
  - Prepare an Annual Report to the Public

These improvements to monitoring reflect the agency's continued commitment to ensuring that the national monitoring system assesses the compliance of grantees in a uniform, thorough, and consistent manner.



## Appendix: Glossary

Term	Definition
ACF	Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) (includes the Regional Offices).
Actual Enrollment	<p>Actual enrollment means, with respect to the program of a Head Start agency, the actual number of children enrolled in such a program and reported by the agency in a given month.,</p> <p>Related Terms: Funded Enrollment and ACF.</p>
Area of Noncompliance (ANC)	<p>An Area of Noncompliance (ANC) is a type of review decision recorded in a complete Head Start Review Report that documents a grantee's lack of compliance with one or more Head Start program requirements. An Area of Noncompliance begins as a Preliminary Area of Noncompliance (PANC) identified by the review team in the field. A PANC becomes an Area of Noncompliance when OHS decides the PANC has sufficient evidentiary support to justify a noncompliance.</p> <p>Related Terms: Determination, Noncompliance, Preliminary Area of Noncompliance, Head Start Performance Standards and Head Start Program Requirements.</p>
Citation	<p>A citation is a performance standard referenced on a Preliminary Area of Noncompliance or an Area of Noncompliance.</p> <p>Related Terms: Area of Noncompliance, Preliminary Area of Noncompliance and Performance Standards.</p>
Completed Review	<p>A completed review is a conducted monitoring review of any type (triennial, first-year, other or follow-up) for which the Head Start Review Report has been officially received by the grantee.</p> <p>Related Term: Head Start Review Report and Conducted Review.</p>
Conducted Review	<p>A conducted review is a review for which the onsite monitoring visit has been completed but for which the grantee may or may not yet have received the final review report.</p> <p>Related Term: Head Start Review Report and Completed Review.</p>
Corrective Action Timeframe	<p>A Corrective Action Timeframe is the number of days a grantee is given to address all Areas of Noncompliance associated with a specific determination (deficiency or noncompliance). In FY 2008, deficiency determinations typically had corrective action timeframes of 30 days, if the deficiency was a health &amp; safety violation, or 180 days. The corrective action timeframe for a noncompliance determination in FY 2008 was 90 days..</p> <p>Related Terms: Deficiency, Noncompliance, Determination and Head Start Review Report.</p>



Term	Definition
Deficiency	<p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:</p> <p><i>(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i></p> <ul style="list-style-type: none"><li><i>(i) A threat to the health, safety, or civil rights of children or staff;</i></li><li><i>(ii) A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i></li><li><i>(iii) A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i></li><li><i>(iv) The misuse of funds received under this subchapter;</i></li><li><i>(v) Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i></li><li><i>(vi) Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i></li></ul> <p><i>(B) Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i></p> <p><i>(C) An unresolved area of noncompliance.</i></p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
Delegate Agency	<p>A delegate agency is a public or private nonprofit or for-profit organization or agency to which a Head Start grantee has delegated by written agreement the carrying out of all or part of its responsibility for operating a Head Start program or programs.</p> <p>Related Terms: Grantee and Head Start Program.</p>
Determination	<p>A determination is an Office of Head Start decision regarding a grantee's lack of compliance with State and/or Federal requirements. A determination is documented in the Head Start Review Report and is supported by one or more Areas of Noncompliance each citing one or more performance standards. There are two types of determinations: Deficiency Determinations and Noncompliance Determinations. A determination statement indicates the type of determination, the corrective action timeframe, the required corrective actions (Follow-up review and/or Quality Improvement Plan (QIP)).</p> <p>Related Terms: Deficiency, Noncompliance, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
Early Head Start Program	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services to children from birth to three years of age and services to pregnant women.</p>



Term	Definition
	Related Terms: Delegate Agency and Head Start Program.
Fiscal Year (FY)	Twelve-month accounting period (Federal FY 2008 began on October 1, 2007 and ended on September 30, 2008).
Follow-up Review	Return visits made to grantees to verify whether corrective actions have been implemented. Determinations in First-year, Triennial or Other reviews indicate whether or not a Follow-up review is required, and the timeframe within which the grantee must correct the Areas of Noncompliance. If the initial Follow-up review team identifies that one or more Areas of Noncompliance have not been corrected, the Office of Head Start (OHS) may decide a second Follow-up review is required. Less often, a third or fourth Follow-up review is conducted. Related Terms: Triennial Review, First-Year Review, Other Review and Monitoring Reviews.
Funded Enrollment	Funded enrollment is the total number of children that a Head Start (Early Head Start or Head Start/Early Head Start) program is to serve as indicated on the Federal Financial Assistance Award from ACF. Related Terms: Actual Enrollment and ACF.
Grant	A Federally funded monetary award that is provided to an agency to perform Head Start (Early Head Start or Head Start/Early Head Start) services either directly or through delegate agencies. Related Terms: Grantee and Head Start Program.
Grantee	An agency (i.e. public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families (ACF) to administer one or more Head Start programs (Early Head Start or Head Start/Early Head Start) or to oversee the programs administered by a delegate agency. Related Terms: Delegate Agency and Program Type.
Grantee Compliance Status	Grantee Compliance Status is the final determination made on the grantee by the Office of Head Start (OHS) based on the results of the on-site monitoring review. Grantees without areas of noncompliance are considered compliant. Grantees with noncompliances are considered noncompliant, whereas grantees with both deficiencies and noncompliances are considered deficient. Related terms: Areas of Noncompliance, Deficiency and Noncompliance.
Head Start Program	An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services. Related Terms: Delegate Agency and Early Head Start Program.



Term	Definition
Head Start Program Requirements	<p>The Head Start Program Requirements include the Head Start Program Performance Standards and applicable State and Federal laws to which all grantees operating a Head Start program must adhere. These include citations to the key Head Start regulations, 45 C.F.R. Parts 1301-1311 and 45 C.F.R. Parts 74 and 92. During the on-site monitoring review, review teams assess grantee's compliance with the Head Start Program Requirements.</p> <p>Related Terms: Head Start Program Performance Standards and Monitoring Reviews.</p>
Head Start Review Report	<p>The Head Start Review Report serves as legal notice to a Head Start grantee of the results of the on-site monitoring review. It provides the grantee with detailed information on the areas in which the grantee is not meeting Head Start program requirements. The Head Start Review Report also documents the corrective action timeframes that the grantee has to resolve the issues addressed in the report.</p> <p>Related Terms: Completed Review, Conducted Review, Corrective Action Timeframe, Deficiency and Noncompliance.</p>
HHS	<p>U.S. Department of Health and Human Services, which oversees the Administration for Children and Families (ACF).</p> <p>Related Terms: Administration for Children and Families (ACF).</p>
Monitoring Reviews	<p>Per Section 641A of the Head Start Act, grantees are required to receive a full-on-site monitoring review every three years (i.e. Triennial reviews) and newly funded programs are required to receive a monitoring review after their first full year (i.e. Regular First-year reviews) of providing Head Start services. Programs that are not in compliance with Federal Head Start regulations and requirements during the on-site monitoring review are required to have a Follow-up review to verify whether corrective actions have been implemented.</p> <p>There are four main types of monitoring reviews or review types: 1) Triennial, 2) Regular First-Year, 3) Other, and 4) Follow-up.</p> <p>Related Terms: Head Start Program Performance Standards, Head Start Program Requirements, Triennial Review, Regular First-Year Review, Other Review and Follow-up Review.</p>
Noncompliance	<p>A noncompliance is an area of noncompliance (ANC) citing one or more performance standards and related to a noncompliance determination in the completed Head Start Review Report.</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
Office of Head Start (OHS)	<p>Within the Administration for Children and Families in the U.S. Department of Health and Human Services (HHS), the Office of Head Start (OHS) serves as the principal advisory unit to the Assistant Secretary on issues regarding the Head Start program. OHS provides leadership, coordinates activities, develops legislative and budgetary proposals, and presents objectives and initiatives for the Head Start program. (OHS was formerly the Head Start Bureau.)</p> <p>Related Terms: U.S. Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF).</p>



Term	Definition
OHSMS Software	An integrated technology solution supporting a broad spectrum of monitoring review activities: pre-site planning and document-sharing, on-site review coordination and documentation, and post-review corrective action activities.
Other Review	<p>Alerted to a potential operational issue or concern with a grantee, OHS may resolve to conduct an out-of-cycle review, referred to as an Other review. Other reviews, unlike Triennial and Regular First-Year reviews, are non-routine in nature.</p> <p>Related Terms: Triennial Review, Follow-up Review and Monitoring Reviews.</p>
Performance Standards (Head Start Program Performance Standards) and other regulations	<p>Head Start functions, activities, and facility criteria required to meet the objectives of the Head Start program as they relate directly to children and their families. The Performance Standards, including 45 C.F.R. Parts 1301-1311 and 45 C.F.R. Parts 74 and 92, are one source for measuring grantee compliance.</p> <p>Related Terms: Head Start Program Requirements.</p>
Preliminary Area of Noncompliance (PANC)	<p>A preliminary conclusion of a grantee's failure to comply with a given Head Start program performance standard or regulation. This conclusion is based on evidence collected by the review team during the monitoring review. A PANC becomes an Area of Noncompliance in a final review report if OHS determines that the PANC has sufficient evidence and documentation.</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee and Head Start Review Report.</p>
Program Type	<p>Program type describes the category of services (i.e. Early Head Start or Head Start) that a Head Start program provides. There are three program types: 1) Head Start, 2) Early Head Start, and 3) Head Start/Early Head Start.</p> <p>Related Terms: Head Start, Early Head Start and Head Start Program.</p>
Protocol	<p>In Fiscal Year 2007, OHS introduced a new integrated monitoring protocol that was designed to assess the performance and compliance of Head Start grantees in a more focused, efficient, and comprehensive manner. The protocol focused on the delivery of services as well as the management systems that support services, accountability, and fiscal integrity. This integrated protocol contains a set of compliance questions that cover all program service areas and management systems. Each compliance question is directly linked to a regulation; therefore, any review activity including interviews, observations or document review relates to a clearly defined performance requirement. Requiring review teams to adhere to a uniform and defined set of compliance questions increases focus, efficiency, fairness and comprehensiveness of the scope of the review.</p>
Quality Improvement Plan (QIP)	<p>Once a grantee is determined to have one or more deficiencies, the grantee must submit for approval a quality improvement plan (QIP) to the Regional Office outlining the deficiencies to be corrected, the actions to be taken to correct each deficiency, and the timeframe for accomplishing the corrective actions specified. Excluded from this requirement are grantees required to correct a deficiency immediately or within a 90-day period.</p> <p>Related Terms: Determination and Deficiency.</p>



Regular First-Year Review	<p>Newly funded Head Start grantees are reviewed after their first full year of operation. These types of reviews are commonly referred to as “First-Year” reviews. After their first-year review, grantees will then be reviewed every three years.</p> <p>Related Terms: Triennial Review, Follow-up Review, Other Review and Monitoring Reviews.</p>
Review Decision	<p>Decision about a grantee’s compliance with applicable laws and regulations based on evidence collected during the monitoring review. (Review decisions include “no areas of noncompliance,” “areas of noncompliance,” and deficiency determinations.)</p> <p>Related Terms: Areas of Noncompliance, Deficiency, Noncompliance, Determination and Monitoring Reviews.</p>
Review Team Leader (RTL)	<p>Staff person who leads the monitoring review team. The team leader (or FTL) delegates tasks, assigns reviewers to complete sections of the Protocol, and facilitates and coordinates interaction between grantee staff and review team members.</p> <p>Related Terms: Monitoring Reviews.</p>
Reviewer	<p>Member of a monitoring review team who under the guidance of the monitoring review team leader gathers evidence through observations, interviews and document review to assess the performance of a Head Start grantee being reviewed.</p> <p>Related Terms: Monitoring Reviews.</p>
Triennial Review	<p>Head Start grantees undergo monitoring reviews every three years. These types of reviews are referred to as “Triennial” reviews.</p> <p>Related Terms: First-Year Review, Follow-up Review, Other Review and Monitoring Reviews.</p>