

# Report to Congress on Head Start Monitoring



FISCAL YEAR 2009



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

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## EXECUTIVE SUMMARY

**T**he purpose of Head Start monitoring is to assess grantee compliance with requirements governing Head Start programs, including those specified in the Head Start Act, Head Start Program Performance Standards (45 CFR Parts 1301-1311 and 45 CFR Parts 74 and 92) and other applicable Federal, State, and local regulations.

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) 2009.

Section 641A of the Head Start Act requires that each Head Start grantee 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 are found in the Triennial or First-Year review not to have met program requirements. Reviews are conducted by a team of reviewers knowledgeable about Head Start and led by a Review Team Leader (RTL), using the Office of Head Start (OHS) Monitoring Protocol, which employs a systems approach as a framework for assessing program services and quality.

The Head Start Act also mandates that a grantee determined to have a non-compliance or a deficiency must correct these findings. If an area of non-compliance is not corrected in the specified period of time, it becomes a deficiency. Deficiencies must be corrected: 1) immediately, if the Secretary finds that the deficiency threatens the health or safety of staff or program participants or the integrity of Federal funds; or 2) within a period not to exceed one year, under a Quality Improvement Plan. If the grantee does not correct the deficiency within one year, OHS initiates the termination process or the grantee may relinquish the grant. If children or staff members are determined to be in imminent danger with no immediate solution, OHS may suspend the program, assign an interim provider so that services are not interrupted and only permit the program to reopen when the problem has been resolved satisfactorily.

In Fiscal Year 2009, 986 unique Head Start grantees underwent Triennial (468) reviews; First-Year reviews (7); Other reviews (15), which typically are triggered when OHS becomes aware of a potential operational issue or concern and initiates a review that is outside the routine cycle; and Follow-up reviews (496). Review results were available for all 475 grantees that underwent Triennial or First-Year reviews.

Approximately one-fifth of all grantees that underwent either a Triennial or a First-Year review in FY 2009 were found to be fully compliant with all Head Start requirements (96 of 475, 20.2%). Most grantees that underwent either a Triennial or a First-Year review in FY 2009 were found to have at least one area of noncompliance (ANC) cited in a Review Report (357 of 475, 75.2%), nearly half of these grantees had one or two areas of noncompliance. Approximately one of every 20 grantees reviewed was found to have one or more deficiencies in a Triennial or First-Year review in FY 2009 (22 of 475, 4.6%).



As was the case in FY 2008, the most common noncompliant findings in FY 2009 were associated with grantees' failure 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 number of children with disabilities in the community assessment; and, provide for the maintenance, repair, safety, and security of all facilities, materials, and equipment. The most common deficiencies involve a threat to children's health and safety, critical issues related to program governance, a substantial failure to perform, misuse of Head Start funds, or loss of legal status.

OHS 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. For example, in FY 2009, OHS piloted the Classroom Assessment Scoring System (CLASS) instrument as a method of monitoring teacher effectiveness and classroom quality. In addition, OHS has increased oversight and reviews of programs with identified risk factors; and notified grantees that it will conduct unannounced monitoring visits.

In FY 2009, OHS continued its enhancement, expansion, and centralization of the monitoring system by refining the Monitoring Protocol; planning and implementing several procedural and systems changes and improvements that govern collection of data in the field and the issuance of Review Reports; and testing other innovations of process with respect to deploying review teams. Additionally, OHS assumed a central role in orchestrating and managing a national schedule of Follow-up reviews (OHS centralized the scheduling of Triennial and First-Year Reviews in 2006.) OHS also broadened its use of data in FY 2009 to improve the integrity, timeliness, and quality of information regarding grantee performance, as well as to track performance over time.

During FY 2009 and FY 2010, HHS was developing proposed regulations to implement two provisions 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 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. HHS issued proposed regulations that articulate the details of the proposed designation renewal system (DRS) in September 2010. On November 9, 2011 the final DRS was published in the Federal Register and it became effective on December 9, 2011. HHS plans to modify its monitoring system as appropriate based on the implementation of the DRS.

During FY 2010, while preparing to implement other improvements to monitoring, OHS contemplated specific changes in policy and procedure for FY 2010 and beyond that would ensure compliance with certain provisions of the Head Start Act that were established in the 2007 reauthorization of the Head Start Act, as well as Family Child Care Regulations (published in February 2008), and the American Recovery and Reinvestment Act (enacted in February 2009), which enabled program expansion. Changes to monitoring implemented in FY 2010 were made in five areas, including: Monitoring Protocol and software; system changes resulting from



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a Government Accountability Office (GAO) investigation; full-scale implementation of the Classroom Assessment Scoring System (CLASS) instrument; program expansion enabled by the American Recovery and Reinvestment Act (ARRA); and new or expanded legislative or regulatory requirements. OHS also expanded the use of unannounced reviews in FY 2011 to include approximately 10% of all grantees eligible for a Triennial or First-Year review.



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## I. Head Start Program Services

Head Start, created and first authorized in 1965 under the Head Start Act (42 USC 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages 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 performance and compliance with 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 and to facilitate, if warranted, program improvements. The Head Start Act mandates that each Head Start grantee receive a monitoring review at least once every three years, that each newly designated grantee be reviewed after the completion of its first year (and then at least every three years thereafter), and that Follow-up reviews be conducted for all grantees that “fail to meet the standards.” In FY 2009, reviews were conducted by a team of reviewers knowledgeable about Head Start and led by a Review Team Leader (RTL). Each review was guided by a standard Protocol, which reviewers used universally to assess program performance and compliance.

The following sections describe the basic mechanics of the monitoring process; a description of the exception-based reporting system OHS uses; significant steps OHS has taken over the last few years to improve how the process works; the effect of the 2007 reauthorization of the Head Start Act on monitoring; and key changes to monitoring that were made effective in FY 2009.

### 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 RTL. 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 RTL contacted the grantee to begin scheduling on-site activities. Prior to the on-site review, team members reviewed grantee documents posted online.

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 software. Review teams relied on multiple modes of inquiry—interviews, observations, documentation review, and analysis—to consider grantee compliance with program requirements. The RTL 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 RTL 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 findings that should be corrected (Section 641A(e) of the Head Start Act, as amended in 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 software application, team meetings, electronic mail, and telephone communications throughout the day. Based on the analysis of the evidence and the team's recommendations, the RTL rendered preliminary decisions regarding grantee compliance with 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 RTL identified a deficiency that required immediate corrective action, an HHS responsible official provided written notice of deficiency requiring immediate correction and the RTL 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 USC 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 from a review, as required in the Act, are to be presented to the Head Start agency in a timely, transparent, and uniform manner that can assist with program improvement and be used by the agency to inform development and implementation of an appropriate plan for training and technical assistance.

### **3. Major Efforts to Reshape and Improve Monitoring Since FY 2006**

Over the last several years, OHS has improved its monitoring system significantly 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, initiated over the period from FY 2006 through FY 2008, are described briefly below. This section is followed by a description of key changes to monitoring procedures or systems. These were initiated and made effective in FY 2009.

***Established National Schedule of Monitoring Reviews.*** In FY 2006, OHS established and assumed oversight of a new centralized process for scheduling and planning all Triennial and First-Year reviews. A national pool of RTLs 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. Additionally, in order 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.*** Over the last several years, OHS has devoted



considerable effort to ensuring 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. A new governing framework was established, which 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 what processes needed to be strengthened or where additional supports were required to facilitate the reviewers' work while on site.

**Implemented 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 application software in FY 2006 to manage more effectively the monitoring system and produce reports on the nation's Head Start agencies and programs. The OHS Monitoring Software (OHSMS):

- ▶ Standardized report writing processes and the Head Start Review Report;
- ▶ Ensured that Head Start Review Reports received by grantees document 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.

***Continued To Emphasize the Importance of Pre-site Review Planning.*** OHS continued to emphasize the pre-site visit planning stage as a critically important component of an effective review. In addition to changes implemented in FY 2007 and FY 2008, 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 ensure their familiarity with the grantee and improve the efficiency and effectiveness of the on-site phase of the review.

#### **4. 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" established by the new law were incorporated into program operations and the monitoring process. First, OHS immediately moved 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 up to 130 percent of the Federal poverty line. When a grantee was 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.

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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).



Many provisions in the new law, however, required additional time for contemplation, determinations as to whether or not additional guidance was necessary, and issuance of regulations prior to incorporation into the monitoring system. OHS encouraged all Head Start programs to read and become familiar with requirements in the new law and to review regularly 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 and FY 2009. Additional provisions will be incorporated into the monitoring process in the future as appropriate.

## 5. Key Changes in Program Monitoring Effective in FY 2009

OHS continued its enhancement, expansion, and centralization of the monitoring system in FY 2009 by refining the Monitoring Protocol; planning and implementing several procedural and systems changes and improvements that govern collection of data in the field and the issuance of Review Reports; and testing other innovations of process with respect to deploying review teams. Beginning in FY 2009, OHS assumed a central role in orchestrating and managing a national schedule of Follow-up reviews (OHS centralized the scheduling of Triennial and First-Year reviews in FY 2006). OHS also broadened its use of data in FY 2009 to improve the integrity, timeliness, and quality of information regarding grantee performance, as well as to track performance over time.

The following sections describe the major changes implemented by OHS for the FY 2009 program year, as well as other key activities related to monitoring initiated in FY 2009.

***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. 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 linked directly to a Head Start performance standard; therefore, reviewers evaluate any grantee information collected during the review activities against Federal regulations and Head Start Act requirements.

During FY 2008, 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 2009 monitoring season, targeted focus groups with Review Team Leaders, reviewers, and content area experts were held to identify strengths and weaknesses in the Protocol's content and process. Data from these focus groups were used to refine further the Protocol content and structure.

The most significant change to the Protocol and its supporting software in FY 2009 was the addition of targeted questions and guides 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. Targeted questions, which clearly define what information reviewers must collect, are organized into guides for each review



activity (interviews, observation, document review, etc.). While completing a review activity, reviewers enter responses to each targeted question in the guide for that review activity. These notes automatically appear beneath any relevant compliance questions in the software, allowing reviewers to use these notes as evidence to answer compliance questions. By requiring review teams to adhere to a uniform and defined set of compliance and targeted questions, the FY 2009 Protocol more clearly defines review activities and standardizes the set of information collected during each review, thereby increasing the focus, efficiency, fairness, and comprehensiveness of the review.

In FY 2009, OHS began requiring review teams to identify any program *strengths* for each grantee reviewed. Review teams identified strengths in two ways: providing Head Start directors the opportunity to identify their own program strengths and/or encouraging reviewers to identify program strengths through observations or other review activities. For each strength identified, reviewers collected supporting evidence and wrote strength narratives that were incorporated into the final monitoring Review Report.

In addition to strengths, the OHSMS was modified to enable reviewers to indicate *concerns*. When reviewers found an issue related to a specific targeted question, reviewers marked this in the software as a concern, which allowed the reviewer and the review team to track grantee issues and identify patterns. When a reviewer indicated a concern, but ultimately determined the grantee was in compliance with the associated performance standard, reviewers were required to indicate why the concern did not warrant a noncompliance.

#### ***Implemented New Procedure for Identifying and Creating an Immediate Deficiency.***

During an on-site review, a review team may observe conditions that are severe enough to constitute an *immediate* deficiency. In such circumstances, OHS is obliged to issue to the grantee a Notice of Immediate Deficiency, requiring either immediate corrective action, correction while the review team remains on site, or correction within an identified timeframe following receipt of the Notice (e.g., 10 days or 30 days). Reviewers are encouraged to raise with the Review Team Leader (RTL) any concerns that might trigger a Notice of Immediate Deficiency, and, in the process, be able to document fully the issue as well as articulate the risk it poses or the real or potential impact. Examples of immediate deficiencies include:

- ▶ *Fiscal* issues, such as evidence of fraud, misuse, or falsification of fiscal records;
- ▶ *Health* issues, such as evidence of mold, unsanitary conditions, contamination of food, or animal waste, or significant medical issues where follow-up care has not been provided;
- ▶ *Safety* issues, such as lack of criminal background check for staff, imminent risk of injury or death to children or staff, or observation of maltreatment or abuse of children.

In FY 2009, OHS implemented a procedure supported by the software to identify and create the immediate deficiency, and, once reported to OHS, facilitate subsequent steps. Upon discussion with the RTL, reviewers document evidence to support the concern and draft a preliminary area of noncompliance (PANC) in the OHSMS. Via the OHS Help Line, the RTL informs OHS that a potential immediate deficiency has been identified. OHS reviews the PANC to determine



whether it meets the criteria for an immediate deficiency. If substantiated by OHS, the Notice is generated automatically, signed, and delivered to the grantee. Next, the finding is subject to follow up by the review team in accordance with the terms under which it was issued.

***Included Findings Corrected On Site in the Review Report.*** Once a review team identifies a concern, the grantee is encouraged to take corrective action as soon as possible. In some instances, a grantee may be able to address and correct a concern while the review team remains on site. These kinds of concerns are referred to as findings corrected on site (COS). While findings corrected on site—if substantiated as actual findings following the review by OHS—had been excluded from the Head Start Review Report in FY 2007 and FY 2008, OHS began again to include such findings in the Review Report effective in FY 2009.

***Focused on Reducing the Number of Dropped Findings.*** Periodically, evidence collected by review teams is not sufficient to substantiate a finding. During the quality assurance process, if additional evidence cannot be obtained, the finding must be dropped. In FY 2009, OHS concentrated on reducing the number of findings identified during reviews that later are dropped by addressing several areas of the process that need improvement. Through training, increased communication with reviewers, and enhanced feedback, OHS focused specifically on: 1) reducing instances of contradictory evidence, or insufficient documentation of evidence; 2) reducing mismatches between evidence provided and citations; and 3) increasing the quality of feedback Review Team Leaders provide review team members regarding the materiality of the evidence collected.

***Piloted the Classroom Assessment Scoring System (CLASS) Instrument.*** Also in FY 2009, to meet requirements added in the 2007 reauthorization of the Head Start Act, OHS pilot-tested the Classroom Assessment Scoring System (CLASS) instrument as a method of monitoring teacher effectiveness and classroom quality. Developed by the University of Virginia and validated in over 2,000 preschool classrooms, CLASS is an observational instrument that assesses interactions between children and teachers in three broad domains, including emotional support, classroom organization, and instructional support.

In preparation for implementation in FY 2010, OHS conducted regionally-based trainings on CLASS for education managers and supervisors in Head Start programs serving preschool children ages three to five. The purpose of the training was to demonstrate how CLASS could be used to assess and improve preschool classroom quality, as well as to link the instrument with professional development. OHS also began certifying Education and Early Childhood Development Services (ECD) reviewers to implement CLASS during monitoring reviews through two-day CLASS sessions throughout the country. These sessions were designed to enable reviewers to practice using the instrument by observing and assessing videos of preschool classroom environments.

***Modified Procedures Governing Follow-up Reviews.*** Also effective in FY 2009, OHS established that the due date for a grantee's Follow-up review was the latest possible correction action deadline, and Follow-up teams were to review all findings during that inclusive review.<sup>2</sup>

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<sup>2</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 with the later timeframe.



To build on experiences initiated in FY 2008, OHS also expanded the use of Desk reviews in FY 2009 to review findings for which correction can be verified remotely through interviews and documents.

### III. Head Start Monitoring Reviews Conducted in FY 2009

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2009, specifically addressing the following questions:

- ▶ How many and what types of monitoring reviews were conducted in FY 2009?
- ▶ Which reviews are highlighted in this Report to Congress?

#### How Many and What Types of Monitoring Reviews Were Conducted In FY 2009?

OHS conducted a total of 986 monitoring reviews from October 1, 2008 through September 30, 2009. 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 performance issue or concern in response to which OHS conducted an out-of-cycle review. Grantees found to have noncompliances or deficiencies 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 986 total reviews conducted in FY 2009 included the following (**Exhibit 1**):

- ▶ 475 First Year and Triennial reviews, including:
  - 7 First-Year reviews
  - 468 Triennial reviews
- ▶ 15 Other reviews
- ▶ 496 Follow-up reviews, including:
  - 317 Follow-up reviews conducted by an on-site review team
  - 179 Desk reviews conducted without an on-site review team

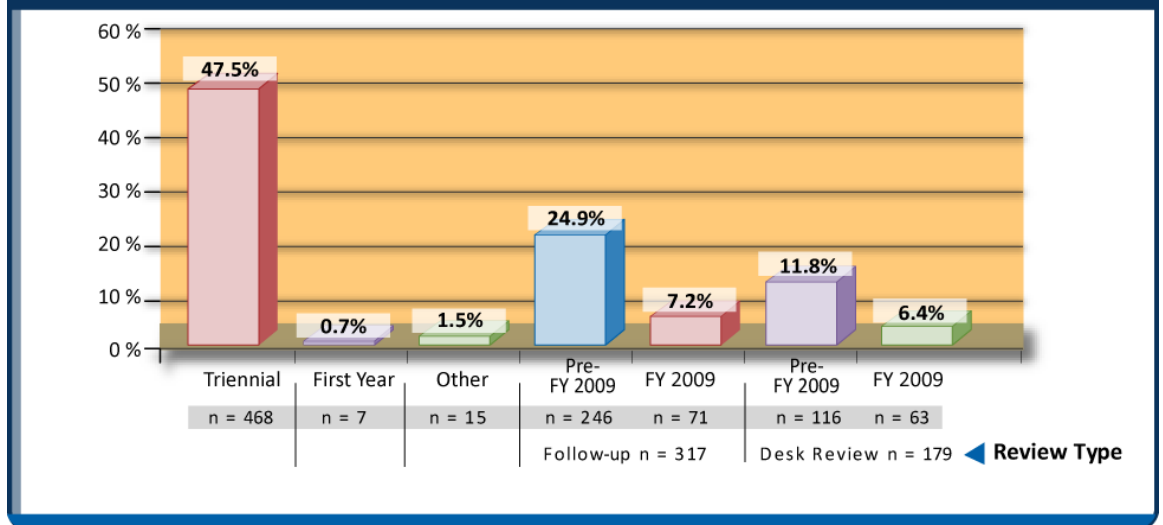
Of the 317 on-site Follow-up reviews conducted in FY 2009, 71 reviews were conducted on grantees whose Triennial or First-Year review also occurred during FY 2009 (i.e., October 1, 2008–September 30, 2009), while 246 reviews were conducted on grantees whose Triennial or First-Year review took place prior to FY 2009 (i.e., prior to October 1, 2008). Likewise, of the 179 Desk reviews conducted in FY 2009, 63 reviews were conducted on grantees whose Triennial or First-Year review also occurred during FY 2009, while 116 reviews were conducted on grantees whose Triennial or First-Year review took place prior to FY 2009.





### Exhibit 1 Number of Reviews Conducted in FY 2009 by Review Type

(n = 986)



The total number of reviews conducted in FY 2009 (n=986) is similar to the total conducted in FY 2008 (n=974); a total of 1,107 reviews were conducted in FY 2007, while 804 reviews were conducted in FY 2006. While fewer Triennial reviews were conducted in FY 2009 than in FY 2008 (468, compared with 552 in FY 2008), significantly more Follow-up reviews, including Desk reviews, were conducted in FY 2009 (496, compared with 398 in FY 2008). OHS expanded the use of Desk reviews in FY 2009, increasing in number from 90 in FY 2008 to 179 in FY 2009.

#### Which Reviews Are Highlighted In This Report To Congress?

This annual Head Start Monitoring Report to Congress for FY 2009 focuses on the cohort of grantees that underwent Triennial and First-Year reviews in FY 2009 and to which Review Reports were issued by March 1, 2010, as well as all Follow-up reviews on these FY 2009 reviews issued by March 1, 2010, including Desk reviews.<sup>3</sup> Outcomes of Follow-up reviews conducted on grantees with Triennial and First-Year reviews in FY 2009 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 2009.

<sup>3</sup> Grantees that underwent Other reviews in FY 2009 are not included in this analysis.



## IV. Compliance Status of Grantees That Underwent First Year or Triennial 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 "having one or more noncompliances." If the Head Start Review Report contained one or more deficient findings, the grantee was given a status of "having one or more deficiencies"; grantees with this status may have also had one or more noncompliant findings. 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 have noncompliances or deficiencies; under certain conditions, OHS enabled grantees to affirm correction of findings via a Desk review.

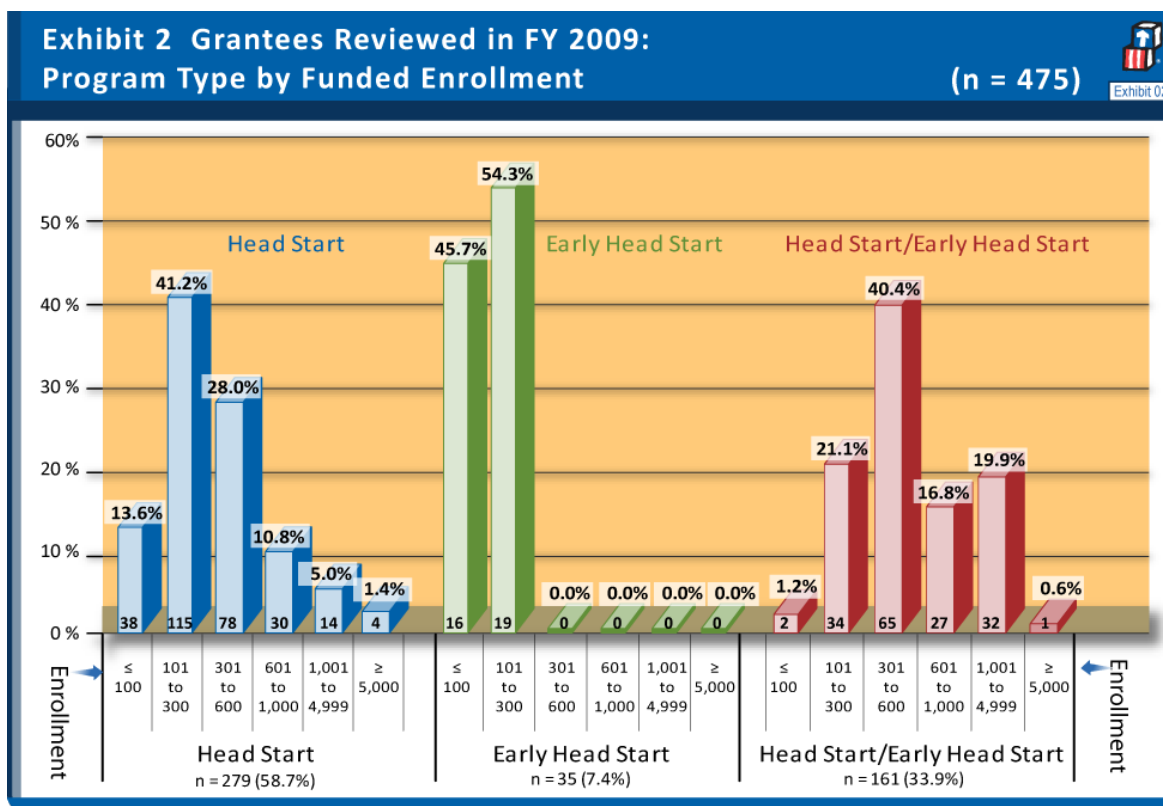
This section presents an analysis of the compliance status of grantees that underwent monitoring reviews in FY 2009. The questions addressed in this section are:

- ▶ Which types of grantees were reviewed in FY 2009?
- ▶ What was the overall compliance status of grantees following reviews in FY 2009?
- ▶ How did compliance status for grantees that underwent Triennial reviews compare with grantees that underwent First-Year reviews in FY 2009?
- ▶ 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 2009?

OHS conducted 468 Triennial and seven First-Year reviews on 475 unique grantees of nearly 1,600 total grant-holding organizations nationwide in FY 2009; review results are available in this report for all 475 grantees. **Exhibit 2** presents the distribution of these 475 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. More than one-half of grantees reviewed in FY 2009 (58.7%) provided only Head Start services to three to five year old children, while slightly less than 10 percent of grantees served only the zero-to-three population (7.4%); approximately one-third of grantees (33.9%) operated programs that served both age groups.



Funded enrollment levels varied by program type. Grantees reviewed in FY 2009 that provided only Early Head Start services tended to be smaller, with a higher proportion of programs with 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. By comparison, in FY 2008, grantees providing only Head Start Services were a somewhat smaller percentage of all grantees reviewed (54.2%), while grantees providing only Early Head services were a somewhat larger percentage of all grantees reviewed (9.6%).



## What Was The Overall Compliance Status Of Grantees Following A Review In FY 2009?

A grantee's status is determined by the type(s) of findings identified during a review, if any. As stated previously, a grantee determined to have one or more noncompliant findings but no deficiencies is considered to be a grantee with one or more noncompliances, while a grantee with one or more deficiencies has at least one deficient finding and may have one or more noncompliant findings.

Approximately one-fifth of all grantees that underwent either a Triennial or a First-Year review in FY 2009 were found to be compliant with Head Start requirements (96 of 475, 20.2%). Most grantees that underwent either a Triennial or a First-Year review in FY 2009 were found to have at least one area of noncompliance (ANC) cited in a Review Report (357 of 475, 75.2%), although nearly half of these 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 have one or more deficiencies in a Triennial or First-Year review in FY 2009 (22 of 475, 4.6%).

As indicated in **Exhibit 3**, the overall compliance status of grantees following a review was relatively constant from FY 2007 through FY 2009, with grantees slightly less likely to be compliant in FY 2009 than in FY 2008 and FY 2007 (20.2% were compliant in FY 2009, compared with 22.3% in FY 2008 and 22.0% in FY 2007). The most common review outcome for grantees reviewed in FY 2009, as in FY 2006, FY 2007, and FY 2008, was having one or more areas of noncompliance. The percentage of grantees found to have at least one area of noncompliance each year has increased since FY 2006 (from 58.9% in FY 2006 to 75.2% in FY 2009), while the percentage of grantees found to have one or more deficiencies each year has declined significantly (from 32.8% in FY 2006 to 4.6% in FY 2009). Changes in review outcomes occurred, in part, due to a statutorily prescribed change in the definition of a deficiency. Section 637 of the Head Start Act, as amended December 12, 2007, tightened the definition of a deficiency to three specific types of violations. The full definition of a deficiency, as defined in the Act, can be found in the Glossary.

**Exhibit 3 Review Outcomes by Fiscal Year**

Review Outcome	Fiscal Year							
	FY 2006		FY 2007		FY 2008		FY 2009	
	N	%	N	%	N	%	N	%
Compliant	40	8.3%	103	22.0%	126	22.3%	96	20.2%
One or more noncompliances	283	58.9%	332	70.8%	412	72.9%	357	75.2%
One or more deficiencies	158	32.8%	34	7.2%	27	4.8%	22	4.6%
<b>Total</b>	<b>481</b>	<b>100.0%</b>	<b>469</b>	<b>100.0%</b>	<b>565</b>	<b>100.0%</b>	<b>475</b>	<b>100.0%</b>

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



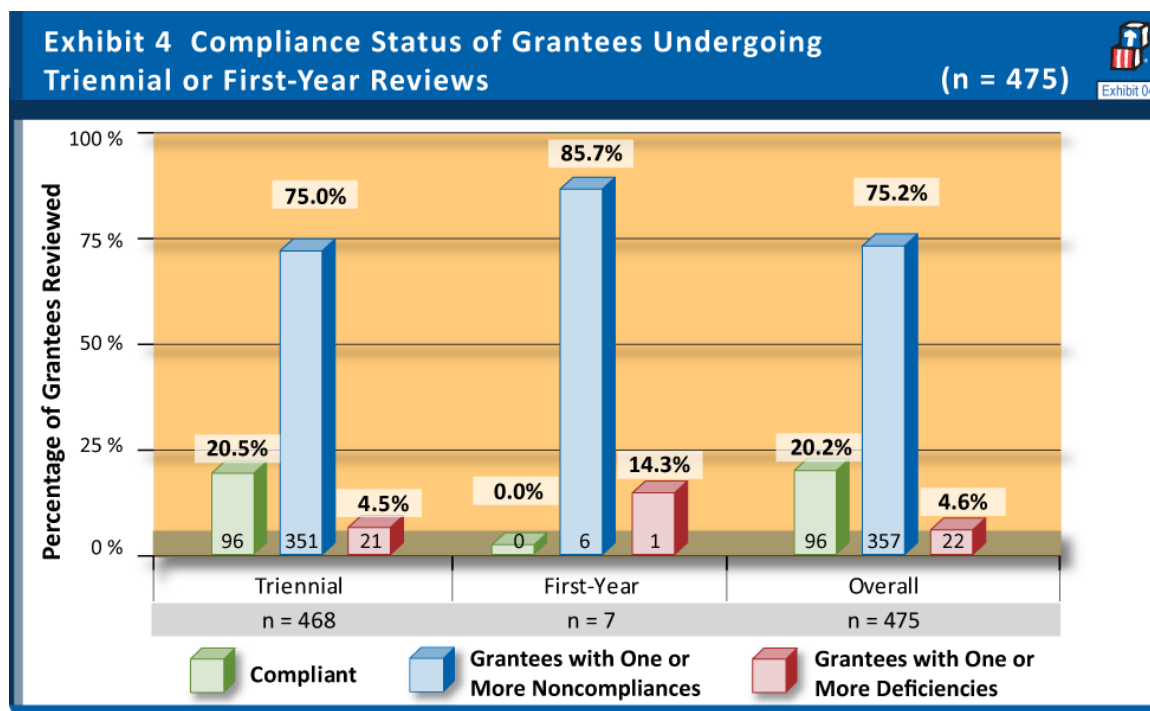
First-Year reviews in FY 2009, and were found in those reviews to have either noncompliances or deficiencies, are presented later in the report. These data are presented to illustrate the progress these grantees have made in moving toward compliance.

### How Did Compliance Status For Grantees That Underwent Triennial Reviews Compare With Grantees That Underwent a First-Year Review In FY 2009?

**Exhibit 4** presents the compliance status of grantees that underwent a Triennial review in FY 2009 compared with grantees that underwent a First-Year review.

As would be expected given their start-up status, and indicative of grantees that are still adjusting to Head Start requirements, data for FY 2009 suggest that grantees that underwent First-Year reviews were likely to have more significant performance issues than grantees that underwent Triennial reviews. Grantees that underwent a First-Year review were more likely to have one or more deficiency than grantees that underwent a Triennial review in FY 2009, though the comparison is based on only seven First-Year reviews, compared with 468 Triennial reviews (14.3% of grantees that underwent a First-Year review had one or more deficiency, while 4.5% of grantees that underwent a Triennial review had one or more deficiency).

Grantees that underwent a Triennial review in FY 2009 were more likely to be found compliant than grantees that underwent a First-Year review. As the exhibit demonstrates, approximately 20.5 percent of the 468 grantees that underwent a Triennial review in FY 2009 were compliant, while none of the seven grantees that underwent First-Year reviews were compliant. This general pattern was true in FY 2008 as well.

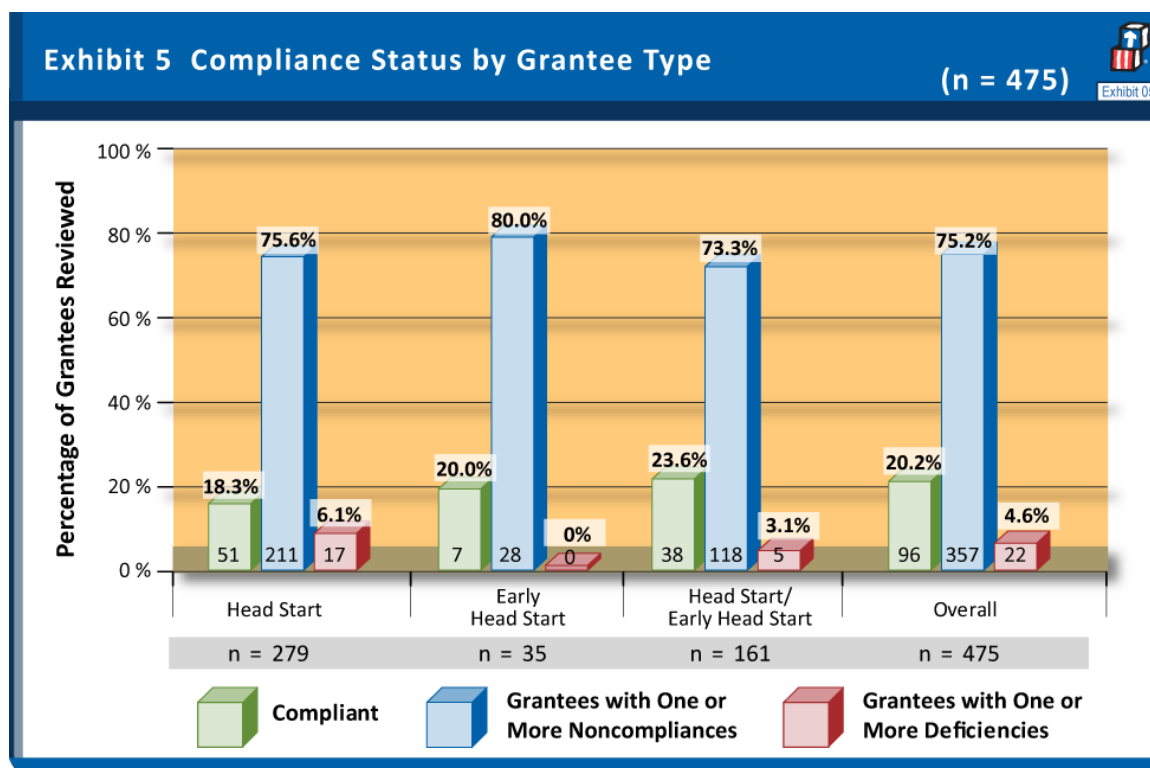


\*In this chart and all subsequent charts, grantees with the status “One or More Deficiencies” may have also had one or more noncompliant findings.



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

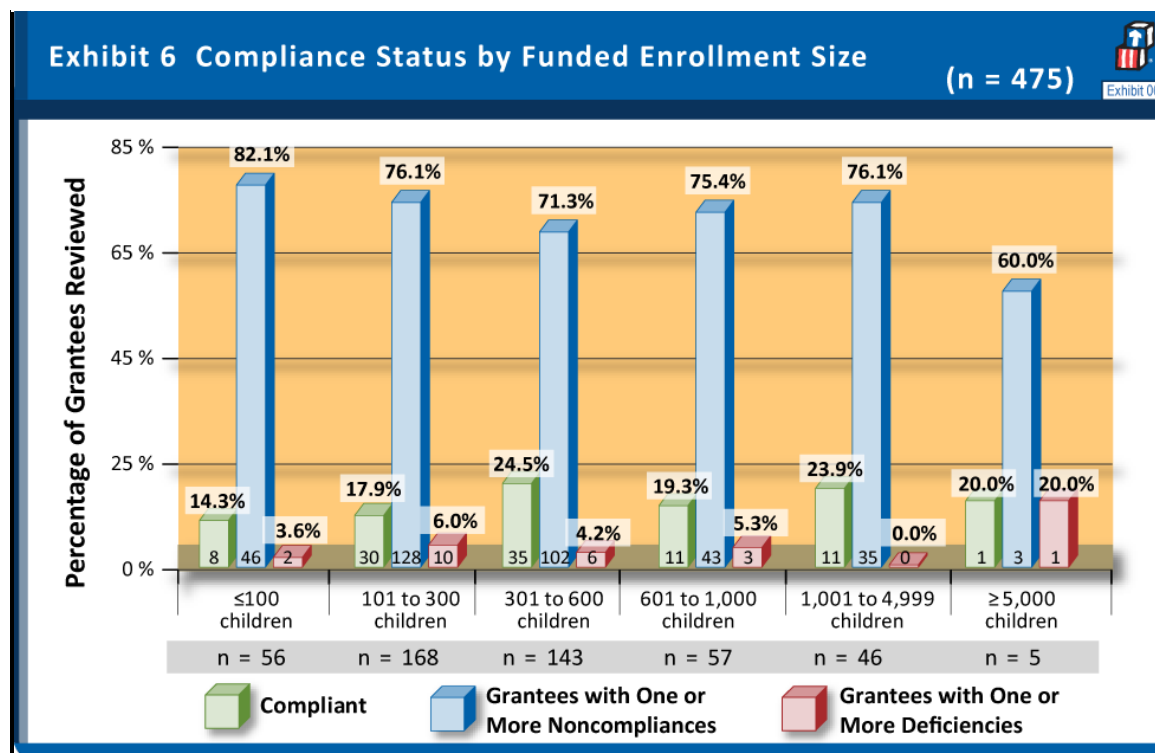
**Exhibit 5** presents the compliance status of grantees that underwent Triennial and First-Year reviews in FY 2009 by type of program. Data for FY 2009 suggest that grantees providing services to four- and five-year-olds were likely to have more significant performance issues than grantees providing services only to the zero-to-three population. Grantees providing both Head Start and Early Head Start services were somewhat more likely to be found compliant (23.6%) than grantees providing Early Head Start services only (20.0%) or grantees providing Head Start services only (18.3%). As the exhibit indicates, 6.1 percent of grantees providing only Head Start services were found to have one or more deficiencies in a Triennial or First-Year review in FY 2009, compared with 3.1 percent of grantees providing both Head Start and Early Head Start services; none of the 35 grantees providing only Early Head Start services were found to have one or more deficiencies in a Triennial or First-Year review in FY 2009. This pattern is reversed from FY 2008, when grantees providing only Early Head Start services were twice as likely as grantees providing only Head Start services to have one or more deficiencies in a Triennial or First-Year review.





## 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 2009 by funded enrollment size. Grantees with very small funded enrollments, as well as grantees with larger funded enrollments, were likely to have more significant performance issues than grantees with funded enrollments of moderate size (those smaller programs with more significant performance issues were more likely to be the smaller Head Start programs rather than the smaller Early Head Start programs, which, data suggest, tended to do better in FY 2009). As the exhibit indicates, grantees with funded enrollments of 300 children or fewer were somewhat less likely to be found compliant in their reviews than grantees with funded enrollments of more than 300 children. Whereas 24.5 percent of grantees with funded enrollments of 301 to 600 children were found to be compliant in their reviews, 14.3 percent of grantees with funded enrollments of 100 children or fewer and 17.9 percent of grantees with funded enrollments of 101 to 300 children were found compliant. The general pattern found in FY 2009 is consistent with data reported for FY 2008.





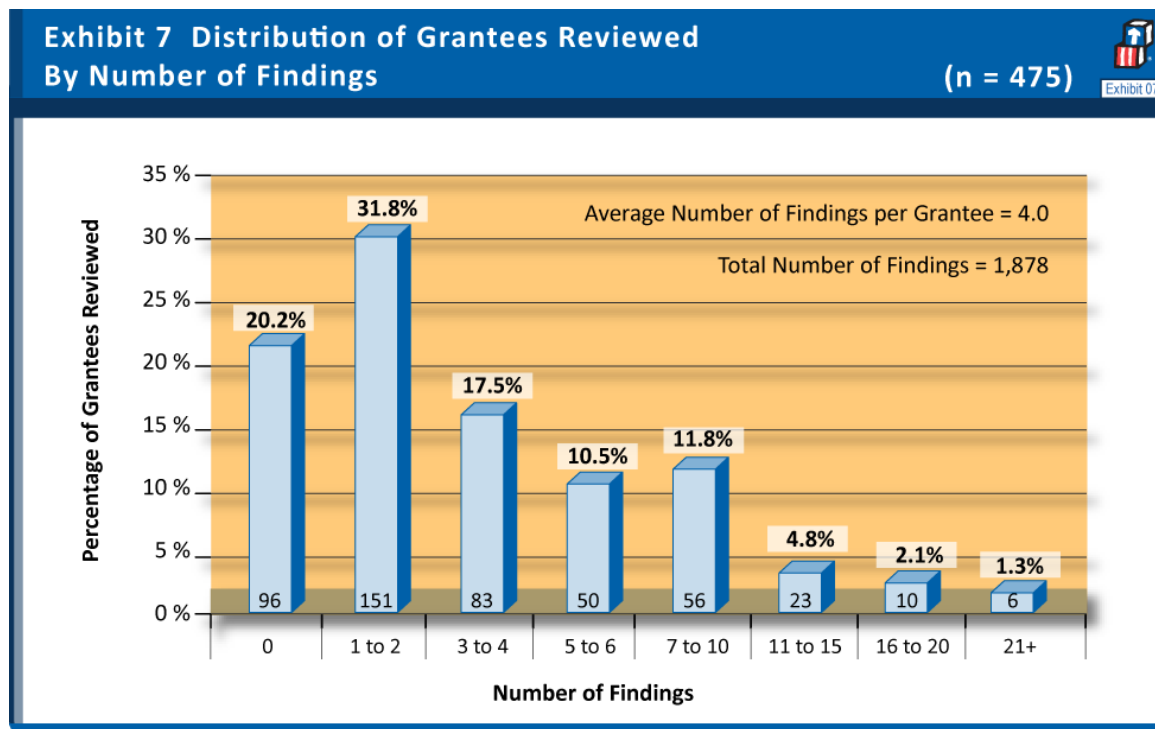
## V. Overall Analysis of Findings for Grantees That Underwent First Year or Triennial Reviews

This section presents an overall analysis of findings for all grantees that underwent Triennial and First-Year reviews in FY 2009. The questions addressed in this section are:

- ▶ For how many findings were grantees typically cited?
- ▶ How has the average number of findings per reviewed grantee changed over time?
- ▶ Were there differences in the average number of findings for Head Start grantees and Early Head Start grantees?

### For How Many Findings Were Grantees Typically Cited?

**Exhibit 7** presents a distribution of the 475 grantees that underwent Triennial and First-Year reviews in FY 2009 by the total number of noncompliance and deficiency findings documented in their Head Start Review Reports. There were a total of 1,878 findings reported on 475 Triennial and First-Year reviews in FY 2009 (or 4.0 findings per review on average), 98.0 percent of which were areas of noncompliance (1,840), while 2.0 percent were deficiencies (38). The majority of grantees reviewed in FY 2009 had at least one finding (379 of 475, 79.8%); 96 grantees had no findings (20.2%). More than half of all grantees that underwent a Triennial or First-Year review in FY 2009 had 0 to 2 findings (52.0%); two-thirds of all grantees that underwent a Triennial or First-Year review in FY 2009 had 0 to 4 findings (69.5%). Less than 10 percent of all grantees that underwent a Triennial or First-Year review in FY 2009 had 11 or more findings (8.2%).







## How Has The Average Number Of Findings Per Reviewed Grantee Changed Over Time?

The average number of total findings per reviewed grantee has been relatively consistent from FY 2007 through FY 2009, after a significant year-to-year decline from FY 2006 to FY 2007 (**Exhibit 8**). The average number of total findings for the 475 grantees that underwent Triennial and First-Year reviews in FY 2009 was 4.0 per grantee, compared with an average of 3.8 findings per grantee reviewed in FY 2008 and 4.1 findings per grantee reviewed in FY 2007; the average number of findings per grantee reviewed in FY 2006 was 6.5 findings.

**Exhibit 8 Average Number of Findings per Reviewed Grantee by Fiscal Year**

REVIEW OUTCOME	FY 2006	FY 2007	FY 2008	FY 2009
Average Number of Noncompliant Findings per Review	5.4	3.8	3.6	3.9
Average Number of Deficient Findings per Review	1.1	0.3	0.2	0.1
<b>Average Number of Total Findings per Review</b>	<b>6.5</b>	<b>4.1</b>	<b>3.8</b>	<b>4.0</b>
Number of Reviewed Grantees	481	469	565	475

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

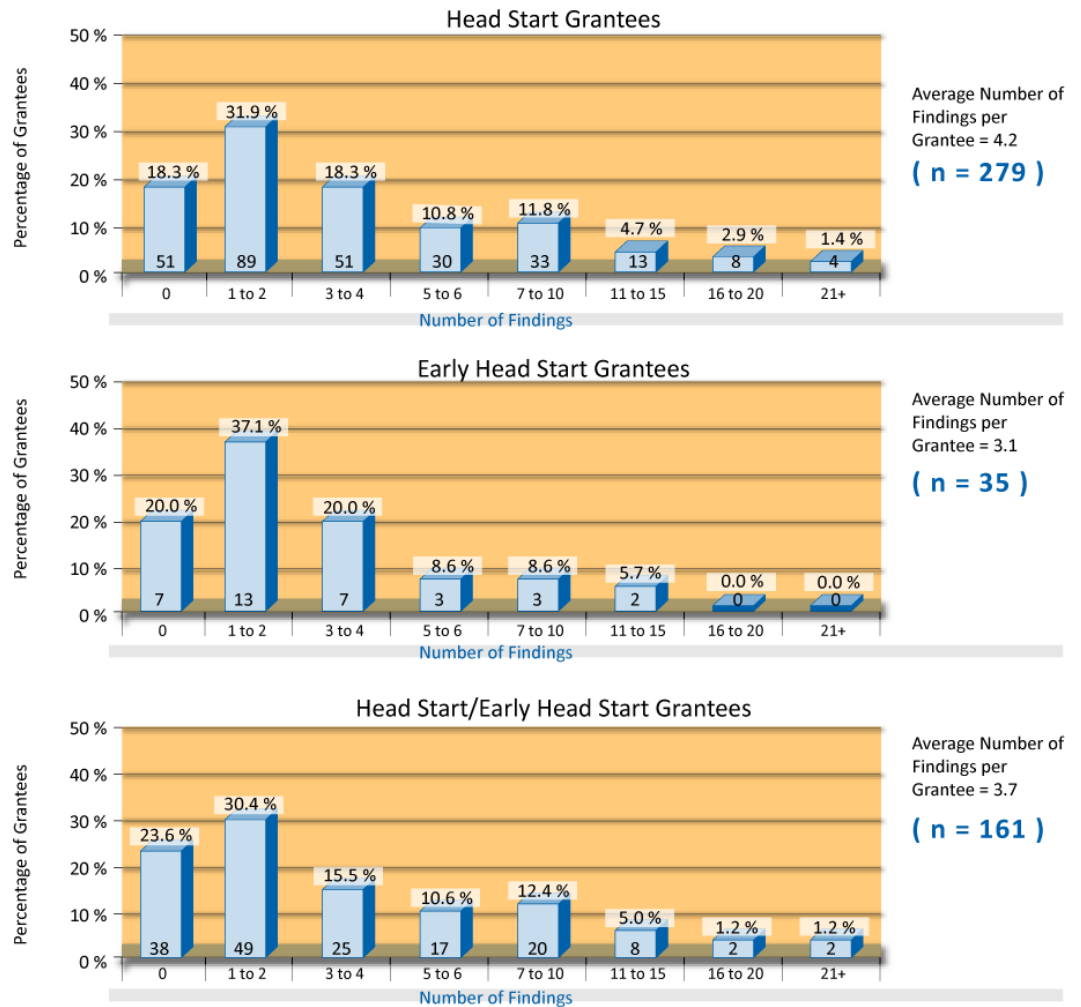
## Were There Differences In The Average Number Of Findings For Head Start Grantees And Early Head Start Grantees?

As presented in **Exhibit 9**, the distribution of grantees by number of findings generally was similar for Head Start grantees, Early Head Start grantees, and grantees that provide both Head Start and Early Head Start services. With an average of 4.0 findings per grantee for all grantees reviewed, the average number of findings for Head Start grantees specifically was 4.2 findings per grantee, while the average number of findings for Early Head Start grantees specifically was comparatively lower at 3.1 findings per grantee. The patterns of findings for those grantees that provide both Head Start and Early Head Start services generally reflected numbers in between Head Start only grantees and Early Head Start only grantees. For example, while 77.1 percent of Early Head Start grantees had fewer than five findings, 69.5 percent of Head Start/Early Head Start grantees and 68.5 percent of Head Start grantees had fewer than five findings. On the higher end of the distribution, 4.3 percent of Head Start grantees had 16 or more findings, compared with 2.2 percent of Head Start/Early Head Start grantees and no Early Head Start grantees.



### Exhibit 9 Distribution of Head Start, Early Head Start, & HS/EHS Grantees by Number of Findings

( n = 475 )





## VI. Analysis of Grantees with Noncompliances and Deficiencies

This section presents data on grantees who underwent First Year or Triennial reviews in FY 2009 that were determined to have one or more noncompliances and/or deficiencies. The analysis addresses the following questions:

- ▶ For how many noncompliances were grantees typically cited?
- ▶ For how many deficiencies and noncompliances were grantees with one or more deficiency typically cited?
- ▶ For what types of deficiencies were grantees with one or more deficiency cited?

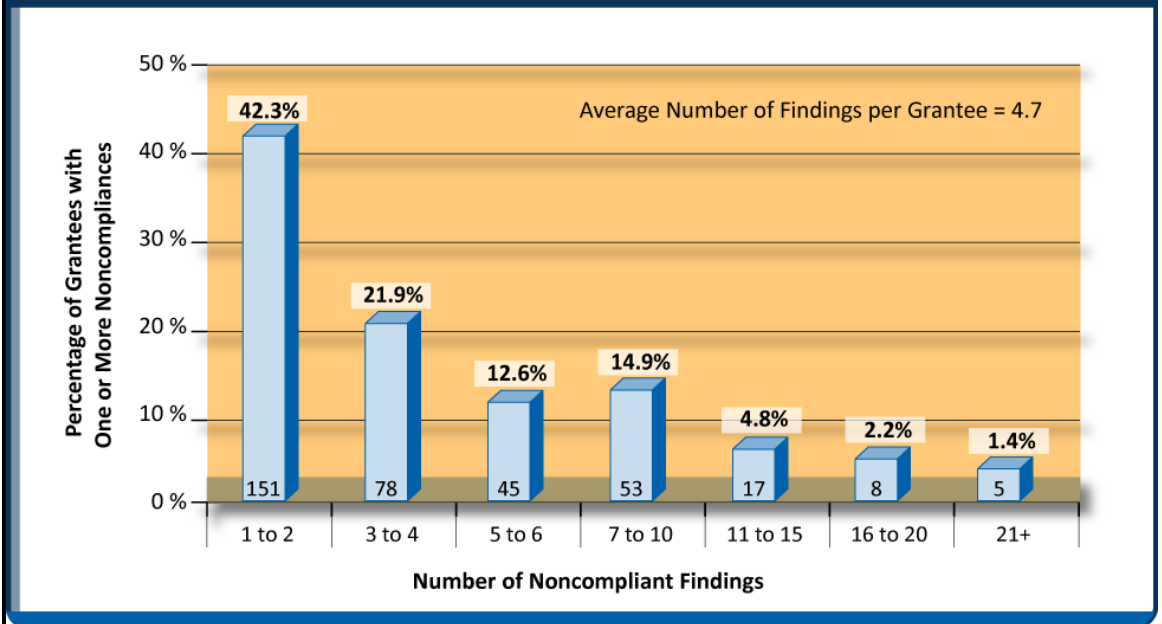
### **For How Many Noncompliances Were Grantees Typically Cited?**

A total of 357 grantees, or 75.2 percent of all grantees reviewed in FY 2009, were found to have one or more *areas of noncompliance*. **Exhibit 10** presents the distribution of these 357 grantees by the number of noncompliances for which they were cited in Triennial and First-Year reviews. Nearly half of these grantees had 1 to 2 areas of noncompliance (151, 42.3%), while two-thirds had 4 or fewer areas of noncompliance (229, 64.2%). Less than 10 percent of these grantees were cited for more than 10 noncompliances during reviews in FY 2009 (30, 8.4%).

The 357 grantees that were reviewed in FY 2009 and found to have one or more noncompliances had a total of 1,669 noncompliant findings, or an average of 4.7 findings per grantee with noncompliance(s), which is comparable to FY 2008. In FY 2008, the 412 grantees that were reviewed and found to have noncompliance(s) had a total of 1,760 noncompliant findings, or an average of 4.3 per grantee.



### Exhibit 10 Distribution of Grantees with One or More Noncompliances By Number of Noncompliant Findings (n = 357)





### **For How Many Deficiencies And Noncompliances Were Grantees with One or More Deficiencies Typically Cited In FY 2009?**

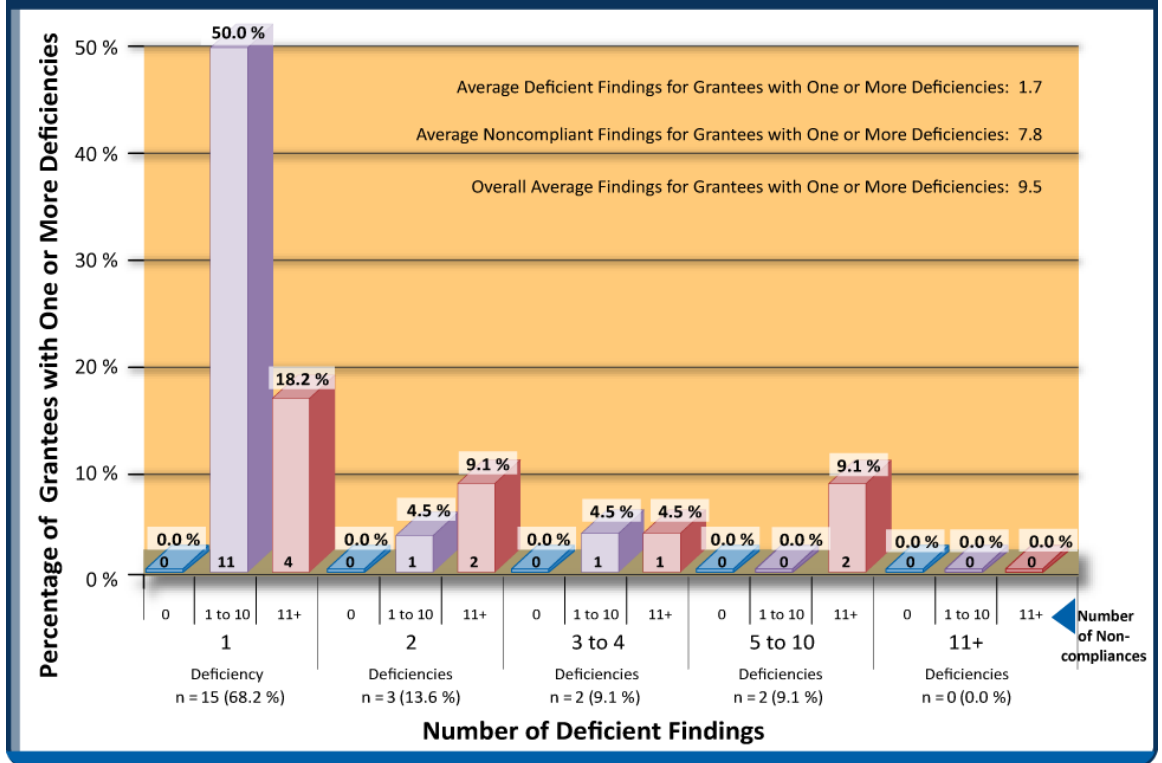
A total of 22 grantees, or 4.6 percent of all grantees who underwent First Year or Triennial reviews in FY 2009, were found to have one or more deficiencies. **Exhibit 11** presents the distribution of grantees reviewed in FY 2009 and found to have one or more deficiencies, by the number of deficiencies and noncompliances for which they were cited in Triennial and First-Year reviews. Of the 22 grantees with one or more deficiencies, the majority (15) had one deficiency (68.2%), while two grantees had five or more deficiencies (9.1%). Grantees found to have one or more deficiencies also tended to have one or more noncompliances identified during their review. For instance, 11 grantees (50%) of grantees with one or more deficiency had between one and ten noncompliances, and 4 grantees (18.2%) had eleven or more noncompliances.

The 22 grantees with one or more deficiency had an average of 9.5 total findings (including both noncompliances and deficiencies), nearly twice the average number of total findings (4.7 findings) for the 357 grantees with one or more noncompliances. The average number of findings for grantees found to have one or more deficiencies in FY 2009 (9.5 total findings, of which 1.7 were deficient findings) was much lower than the average number of findings for the 27 grantees found to have one or more deficiencies in FY 2008 (14.1 total findings, of which 3.3 were deficient findings).

The relative numbers of grantees with one or more deficiencies that operate Head Start programs (17), Early Head Start programs (0), and both Head Start and Early Head Start programs (5) were too few in number for meaningful comparisons by program type.



### Exhibit 11 Distribution of Grantees with One or More Deficiencies by Number of Noncompliant and Deficient Findings (n = 22)



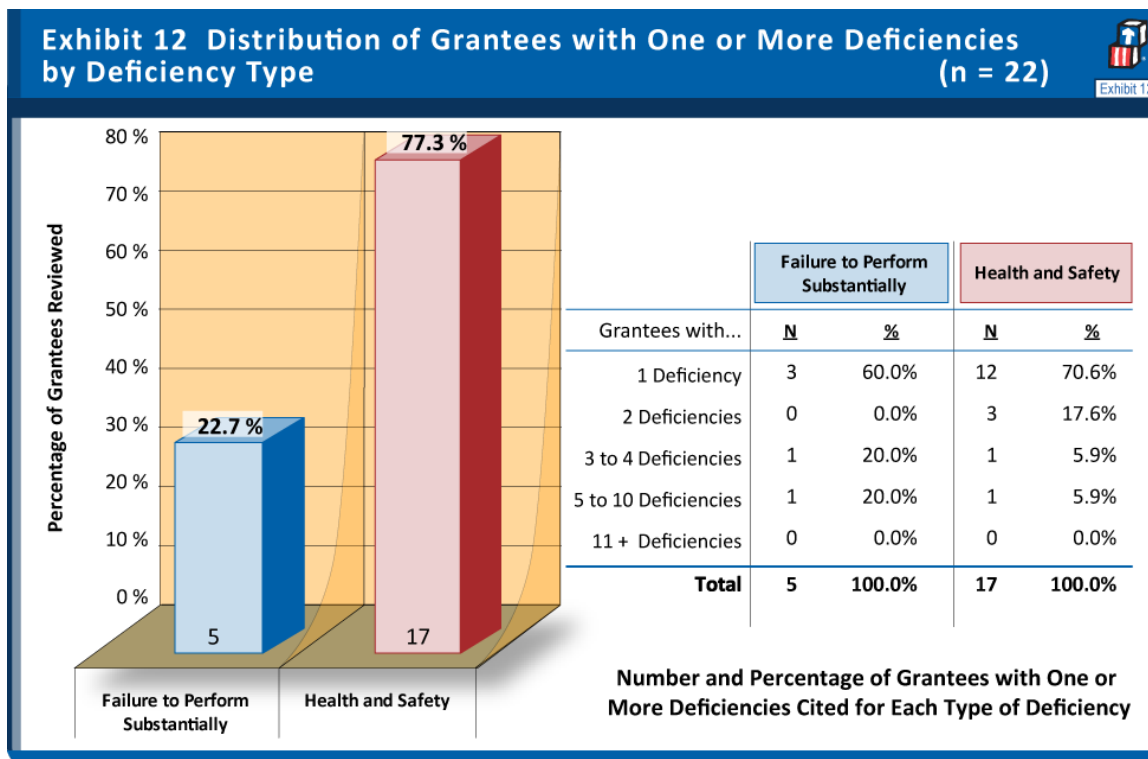


## For What Types Of Deficiencies Were Grantees With One or More Deficiencies Cited?

Exhibit 12 presents the percentages of grantees with one or more deficiency cited during monitoring reviews in FY 2009 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 2009 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.

The second category, “threat to the health and safety of children or staff,” includes (but is not limited to) the following deficiencies: (1) grantee did not ensure that indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions; (2) grantee did not provide for the maintenance, repair, safety, and security of all facilities, materials and equipment; and (3) grantee did not ensure that the selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.





Approximately three-fourths (17, 77.3%) of the 22 grantees found to have one or more deficiencies in a Triennial or First-Year review in FY 2009 were cited for at least one deficiency in health and safety. Health and safety issues 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.

Of the 17 grantees with at least one deficiency in health and safety, 12 grantees had one such deficiency requiring immediate correction. In FY 2009, grantees with one or more deficiency were more likely to be cited for a deficiency in health and safety than in prior years. In FY 2009, 77.3 percent of 22 grantees with one or more deficiency had at least one health and safety deficiency, while 37.0 percent of 27 grantees with one or more deficiency had at least one health and safety deficiency in FY 2008.

Approximately one-fourth (5, 22.7%) of the 22 grantees found to have one or more deficiency in a Triennial or First-Year review in FY 2009 were cited for at least one failure to perform substantially deficiency. In FY 2009, grantees with one or more deficiency were less likely to be cited for a failure to perform substantially deficiency than in FY 2008 (22.7% in FY 2009, compared with 74.1% in FY 2008). 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 substantially deficiency if the combined weight of multiple noncompliances suggests a failure to perform, or if a single noncompliance, considered alone, is sufficiently egregious that it constitutes a failure to perform substantially.

None of the grantees with one or more deficiency was cited for a misuse of funds or loss of legal status deficiency in FY 2009. There have been no deficient findings in these two areas since FY 2006.





## 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. The Office of Head Start interprets “immediate corrective action,” as specified in the Act, as those situations that must be resolved at the point of discovery or up to 30 days from when the review takes place.

**Exhibit 13** provides information on corrective action timeframes for deficiencies found within FY 2009 Triennial and First-Year reviews regardless of review outcome. Of the 38 total deficiencies determined in FY 2009, three (7.9%) were given a 10-day corrective action timeframe, while 14 (36.8%) were given 30 days and 18 (47.4%) were given 180 days for corrective action. As would be expected, most of the 26 health and safety deficiencies were given 10-day or 30-day corrective action timeframes (17, 65.4%), while almost all the Failure to Perform Substantially deficiencies (11 of 12, 91.7%) were given a 180-day corrective action timeframe.

**Exhibit 13 Deficiencies in FY 2009 Triennial and First-Year Reviews by Finding Category and Corrective Action Timeframe**

Finding Category	Corrective Action Timeframe					
	10 Days	30 Days	45 Days	90 Days	180 Day	Total
637(2)(A)(i) Health and Safety	3	14	1	1	7	26
637(2)(A)(iii) Failure to Perform	0	0	0	1	11	12
637(2)(A)(iv) Misuse of Funds	0	0	0	0	0	0
637(2)(A)(v) Loss of Legal Status	0	0	0	0	0	0
<b>Total</b>	<b>3</b>	<b>14</b>	<b>1</b>	<b>2</b>	<b>18</b>	<b>38</b>

Exhibit only includes deficiencies cited during Triennial and First-Year reviews in FY 2009. Of the 38 deficiencies cited in FY 2009, three (7.9%) were designated as immediate deficiencies requiring immediate corrective action. The finding categories listed in this Exhibit refer to requirements cited in the Head Start Act.

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 is 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 2009

This section presents data on the types of citations for which grantees were cited during Triennial and First-Year reviews in FY 2009. The analysis addresses the following questions:

- ▶ In which areas of the Protocol were grantees with noncompliances and deficiencies 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 2009?

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

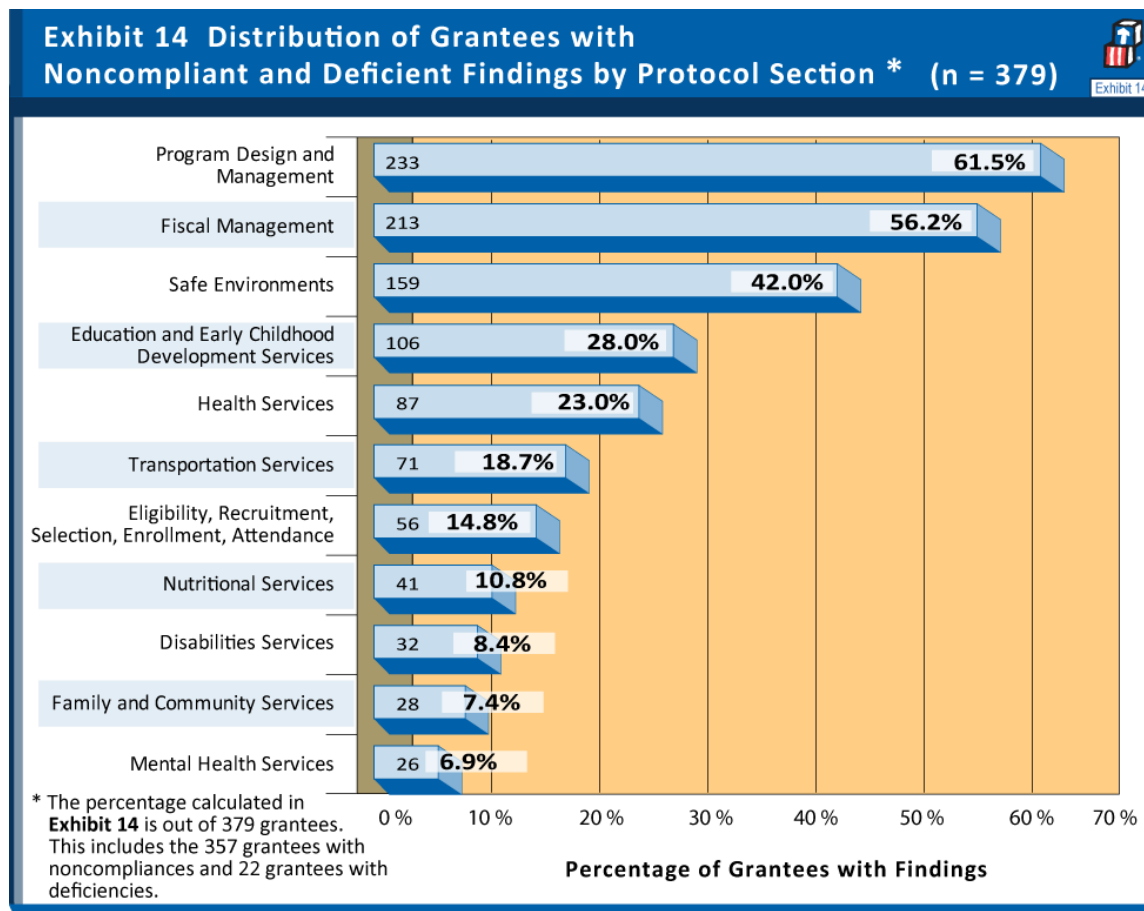
Of the 475 grantees that underwent Triennial and First-Year reviews in FY 2009, 379 grantees were found to either have noncompliances or deficiencies. These grantees had a total of 1,878 reported findings. Of these 1,878 total findings, 1,840 were noncompliant findings (98.0%) and 38 were deficient findings (2.0%). In FY 2008, by comparison, when 2,139 total findings were cited, 2,051 were noncompliant findings (95.9%), while 88 were deficient findings (4.1%).

**Exhibit 14** illustrates the areas of the Protocol where the 379 grantees with noncompliant or deficient findings in FY 2009 were most and least likely to have at least one finding. As the exhibit demonstrates, nearly two-thirds of grantees with noncompliances or deficiencies had at least one finding in Program Design and Management (61.5%), while more than half had at least one finding in Fiscal Management (56.2%). 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 2009 was Safe Environments (42.0% of grantees had at least one finding), followed by Education and Early Childhood Development Services (28.0% of grantees had at least one finding). 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.

Grantees with noncompliances or deficiencies were least likely to have findings related to their delivery of other direct services such as Mental Health Services (6.9% of grantees), Family and Community Services (7.4% of grantees), Disabilities Services (8.4% of grantees), and Nutritional Services (10.8% of grantees).



As in FY 2008, grantees determined to have noncompliances or deficiencies in Triennial and First-Year reviews were most likely to be cited for findings in Program Design and Management and Fiscal Management in FY 2009.

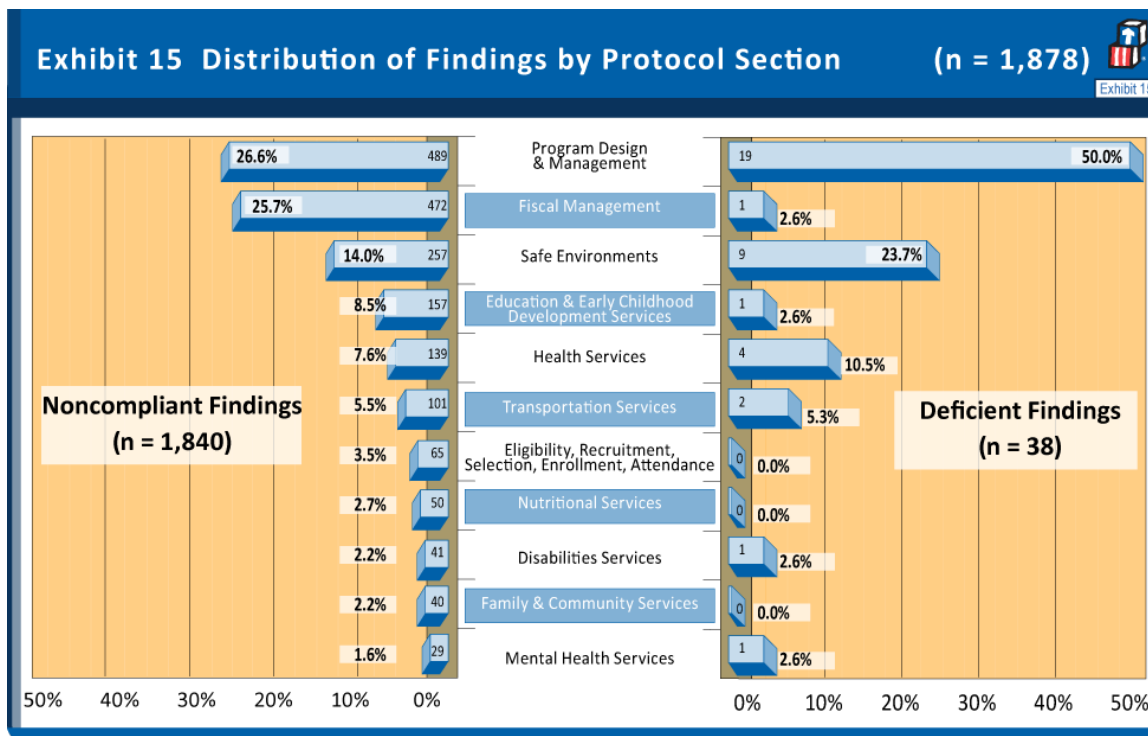




## How Do Noncompliant Findings Compare With Deficient Findings In Terms Of Protocol Areas With Which They Are Associated?

**Exhibit 15** presents the distributions of total noncompliant findings and deficient findings in Triennial and First-Year reviews in FY 2009, respectively, across the 11 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. Half of all deficient findings (19, 50.0%) and approximately one-fourth of all noncompliant findings (489, 26.6%) were associated with Program Design and Management. Together, Program Design and Management and Fiscal Management combined accounted for more than half of all noncompliant findings (52.3%). Noncompliant findings were considerably more likely than deficient findings to be associated with Fiscal Management (25.7% of noncompliant findings compared with 2.6% of all deficient findings).

In FY 2009, grantees were more likely to have noncompliances and deficiencies in Safe Environments than in previous years; Safe Environments accounted for 23.7 percent of all deficient findings in FY 2009 and 14.0 percent of all noncompliant findings in FY 2009. In FY 2008, by comparison, Safe Environments accounted for 6.8 percent of all deficient findings and 8.3 percent of all noncompliant findings.





## On Which Performance Standards Were Grantees Most Commonly Cited In Triennial And First-Year Reviews In FY 2009?

**Exhibit 16** presents the performance standards for which grantees were cited most frequently on noncompliant findings in Triennial and First-Year reviews in FY 2009, while **Exhibit 17** presents the performance standards for which grantees were cited most frequently on deficient findings. Unless otherwise noted, the performance standards include cited sections of the Head Start Act and cited regulations that are implemented in Title 45 of the Code of Federal Regulations.

The most common types of noncompliant findings cited in FY 2009 are related to Program Design and Management, Safe Environments, and Education and Early Childhood Development services. Among all grantees that had at least one noncompliant finding, the first three performance standards most frequently cited are all in Program Design and Management. Fourteen percent of grantees reviewed who had at least one noncompliant finding identified during a FY 2009 review were cited for performance standard 1304.52(k)(1) (staff initial health exam and periodic re-exam). Nearly 14 percent also were cited for performance standards 1304.52(j) (staff performance appraisals) and 1305.3(c)(3) (community assessment includes number of children with disabilities).

After the three Program Design and Management standards, the next three performance standards most frequently cited among all grantees that had at least one noncompliant finding were in Safe Environments. These include performance standards 1304.53(a)(7) (maintenance, repair, and safety of facilities and equipment – 12.4%), 1304.53(a)(10)(viii) (cleaning of indoor and outdoor premises – 11.9%), and 1304.53(a)(10)(x) (playground equipment and surfaces – 11.3%).

The three Safe Environments standards are followed by three performance standards in Education and Early Childhood Development Services, all related to teacher qualifications. Performance standard 648A(a)(3)(A)(i) (each classroom assigned one teacher with CDA credential) was cited during reviews of 10.3 percent of all grantees that had at least one noncompliant finding. Performance standards 648A(a)(3)(A)(ii) (each classroom assigned one teacher with State-awarded certificate for preschool teachers) and 648A(a)(3)(A)(iii) (each classroom assigned one teacher with an associates degree in early childhood) were cited during reviews of 8.2 percent of all grantees that had at least one noncompliant finding.

**Exhibit 17** shows that all of the deficient findings for grantees reviewed in FY 2009 are related to Program Design and Management, Health Services, and the Safety. Performance standard 648A(g)(3)(A) (criminal record checks) was cited during reviews of 27.3 percent of grantees with at least one deficient finding in FY 2009, followed by performance standard 1304.53(a)(10)(viii) (cleaning of indoor and outdoor premises – 18.2%) and performance standard 1301.31(b)(1)(iii) (criminal record check prior to hiring – 13.6%).



## Exhibit 16 Performance Standards Most Frequently Cited as a Noncompliance

Rank	Performance Standard	Protocol Section	Standard Description	Grantees Reviewed With Noncompliant Findings	
				n	% (n=379)
1	1304.52(k)(1)	PDM	Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination.	53	14.0%
2	1304.52(j)	PDM	Grantee and delegate agencies must, at a minimum, perform annual performance reviews of each Early Head Start and Head Start staff member.	52	13.7%
2	1305.3(c)(3)	PDM	Community assessment includes number of children with disabilities.	52	13.7%
4	1304.53(a)(7)	SAF	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	47	12.4%
5	1304.53(a)(10)(viii)	SAF	Grantee must ensure that indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions.	45	11.9%
6	1304.53(a)(10)(x)	SAF	Grantee must ensure that the selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.	43	11.3%
7	648A(a)(3)(A)(i) of the Head Start Act	ECD	Each Head Start classroom in a center-based program is assigned one teacher who has a child development associate (CDA) credential appropriate to age served.	39	10.3%
8	648A(a)(3)(A)(ii) of the Head Start Act	ECD	Each Head Start classroom in a center-based program is assigned one teacher who has a State-awarded certificate for preschool teachers.	31	8.2%
8	648A(a)(3)(A)(iii) of the Head Start Act	ECD	Each Head Start classroom in a center-based program is assigned one teacher who has an associate degree in early childhood education.	31	8.2%
8	1304.51(h)(1)	FIS	Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that generate periodic reports of financial status and program operations.	31	8.2%
11	1304.51(i)(2)	PDM	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies.	30	7.9%
11	648A(a)(3)(A)(iv) of the Head Start Act	ECD	Each Head Start classroom in a center-based program is assigned one teacher who has an associate degree in a related field with experience in teaching pre-school aged children.	30	7.9%
13	1304.20(a)(1)(ii)(A)	HEA	For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date.	28	7.4%
13	648A(a)(3)(A)(v) of the Head Start Act	ECD	Each Head Start classroom in a center-based program is assigned one teacher who has a bachelor's degree and has been admitted into the Teach for America program.	28	7.4%
15	1304.51(h)(2)	PDM	Grantee and delegate agencies must establish and maintain efficient and effective reporting systems that generate official reports for Federal, State, and local authorities, as required by applicable law.	25	6.6%
15	1305.3(c)	PDM	Each Early Head Start and Head Start grantee must conduct a Community Assessment within the service area once every three years including all required elements.	25	6.6%
15	1305.3(c)(2)	PDM	Community assessment includes information on other child care programs and the approximate number of Head Start eligible children served by each.	25	6.6%
15	74.21(b)(5)	FIS	Financial management systems shall provide for written procedures to minimize the time elapsing between the transfer of funds and the issuance or redemption of checks,	25	6.6%



## Exhibit 16 Performance Standards Most Frequently Cited as a Noncompliance

Rank	Performance Standard	Protocol Section	Standard Description	Grantees Reviewed With Noncompliant Findings	
				n	% (n=379)
			warrants or payments by other means for program purposes by the recipient.		
19	1304.52(f)	ECD	Teacher qualifications: infants and toddlers.	24	6.3%
19	1310.17(f)(1)	TRAN	The annual evaluation of each driver of a vehicle used to provide such services includes an on-board observation of road performance.	24	6.3%

Protocol Section Key					
<b>ECD</b>	Education and Early Childhood Development	<b>FIS</b>	Fiscal Management	<b>PDM</b>	Program Design and Management
<b>SAF</b>	Safe Environments	<b>TRAN</b>	Transportation Services		

Note: Data are based on the 357 grantees that had at least one area of noncompliance, which, by definition, only had noncompliant findings, as well as 22 grantees that had both deficient and noncompliant findings, or 379 total grantees.



## Exhibit 17 Performance Standards Most Frequently Cited as a Deficiency

Rank	Performance Standard	Protocol Section	Standard Description	Grantees Reviewed With Deficient Findings	
				n	% (n=22)
1	648A(g)(3)(A) of the Head Start Act	PDM	Before a Head Start agency employs an individual, such agency shall obtain a State, tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children.	6	27.3%
2	1304.53(a)(10)(viii)	SAF	Grantee must ensure that indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions.	4	18.2%
3	1301.31(b)(1)(iii)	PDM	Before an employee is hired, grantee or delegate agencies must conduct a State or Federal criminal record check, as required by State law or administrative requirement.	3	13.6%
4	1304.53(a)(7)	SAF	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	2	9.1%
4	1304.53(a)(10)(x)	SAF	Grantee must ensure that the selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.	2	9.1%
4	1304.20(a)(1)(ii)(A)	HEA	For children who are not up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date.	2	9.1%
4	1304.20(c)(3)(ii)	HEA	Dental follow-up and treatment must include other necessary preventive measures and further dental treatment as recommended by the dental professional.	2	9.1%

### Protocol Section Key

<b>PDM</b>	Program Design and Management	<b>SAF</b>	Safe Environments	<b>HEA</b>	Health Services
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## IX. Corrective Actions and Their Outcomes

Program improvement and corrective action activities are designed to strengthen Head Start programs 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.

Under section 641A(c) of the Head Start Act, 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 identified initially 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, as provided under section 637(2)(C) of the Act.

A grantee with one or more deficiencies whose corrective action period exceeds 90 days is 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, as provided in section 641A(e)(2) of the Act.

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's 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. Although efforts were made to reduce the review of findings at different points in time, OHS may make the decision to review a finding where the grantee was required to make an immediate correction (e.g., a health and safety violation) before other, less serious, findings are eligible for review, in order to ensure that children are no longer at risk.

This section, which reports on follow-up activity that was conducted and for which Review Reports were issued to grantees through March 1, 2010,<sup>4</sup> addresses the following questions:

- ▶ What were the outcomes of Follow-up reviews and Desk reviews on grantees found to have deficiencies in FY 2009?
- ▶ What were the outcomes of first Follow-up reviews and Desk reviews on grantees found to have noncompliances in FY 2009?

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<sup>4</sup> To maximize the amount of data on corrective action included in this report, the analysis includes correction action activity for all grantees with findings found on their FY 2009 Triennial or First-Year Review that received review reports of Follow-up reviews or Desk reviews prior to March 1, 2010. Therefore, the analysis is based on 184 total grantees, including 119 grantees with Follow-up or Desk reviews conducted prior to September 30, 2009, as well as 65 grantees with Follow-up or Desk reviews conducted in FY 2010.



As was true in FY 2007 and FY 2008, grantees with findings during Triennial and First-Year reviews in FY 2009 were successful at correcting findings at follow-up and becoming compliant.

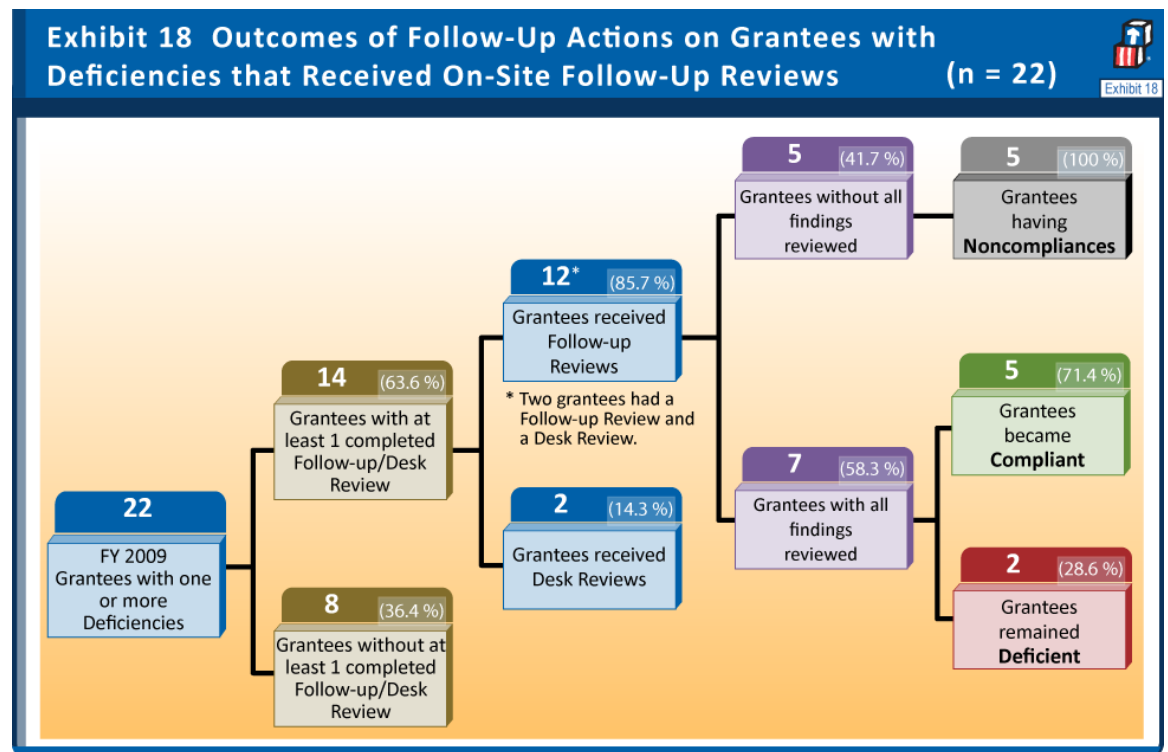
### What Were The Outcomes Of Follow-Up Reviews On Grantees Found To Have Deficiencies In FY 2009?

Of the 22 grantees with one or more findings in First-Year and Triennial reviews in FY 2009, all 22 had been cited for both deficiencies and noncompliances (i.e., at least one of each). Of these grantees, 14 grantees (63.6%) had been issued Review Reports from either on-site Follow-up reviews or Desk reviews by March 1, 2010. Of these 14 grantees 12 had received on-site Follow-up reviews and two had received Desk reviews. Follow-up review activities for the other eight deficient grantees cited for both deficiencies and noncompliances were at various pre-completion stages as of March 1, 2010.

#### Grantees With Deficiencies That Received On-Site Follow-Up Reviews

Exhibit 18 presents results for the 12 grantees with deficiencies that received on-site Follow-up reviews. As the exhibit demonstrates, seven of the 12 grantees had Follow-up reviews during which all findings were reviewed, while five of the 12 grantees had Follow-up reviews during which only some of their findings were reviewed. Of the seven grantees that had all findings reviewed, five had corrected all findings and became compliant (71.4%), while two remained in a deficient status (28.6%).

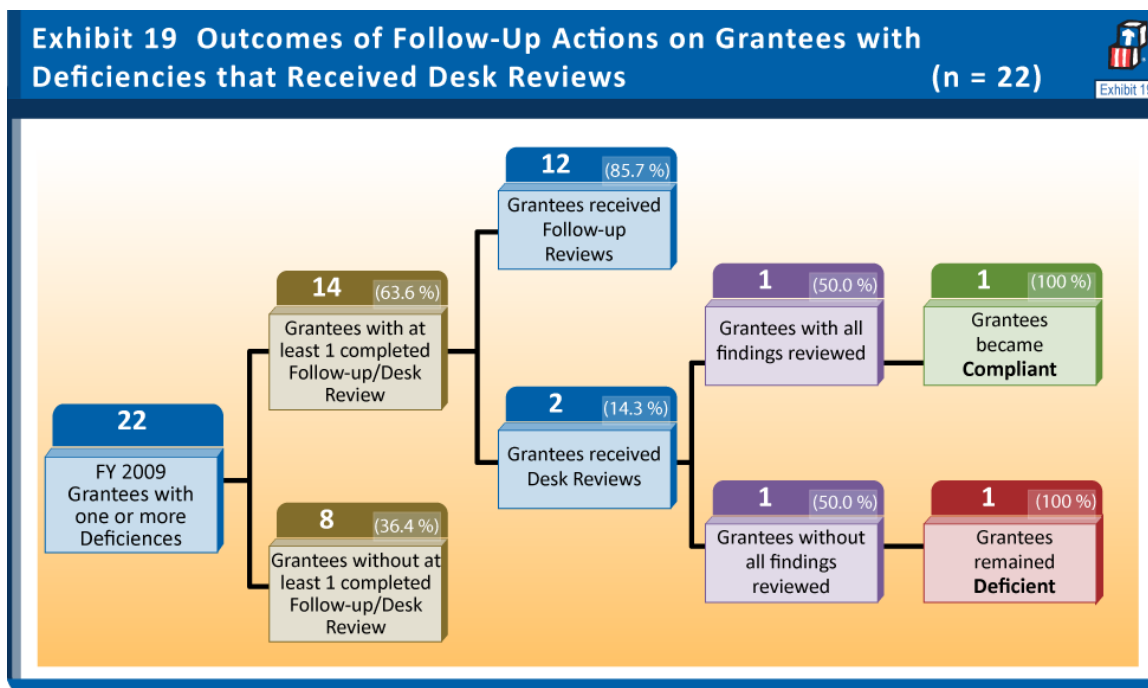
Of the five grantees for which only some of their findings had been reviewed, all five had corrected their deficiencies, but still had noncompliances to resolve.





### **Grantees With Deficiencies That Received Desk Reviews**

**Exhibit 19** presents results for the two grantees with deficiencies that had received Desk reviews by March 1, 2010. Of these two grantees, one grantee had all findings reviewed through a Desk review and became compliant. The other grantee did not have all findings reviewed in a Desk review and remained in a deficient status.



### **What Were The Outcomes Of Follow-Up Reviews and Desk Reviews On Grantees Found To Have Noncompliances In FY 2009?**

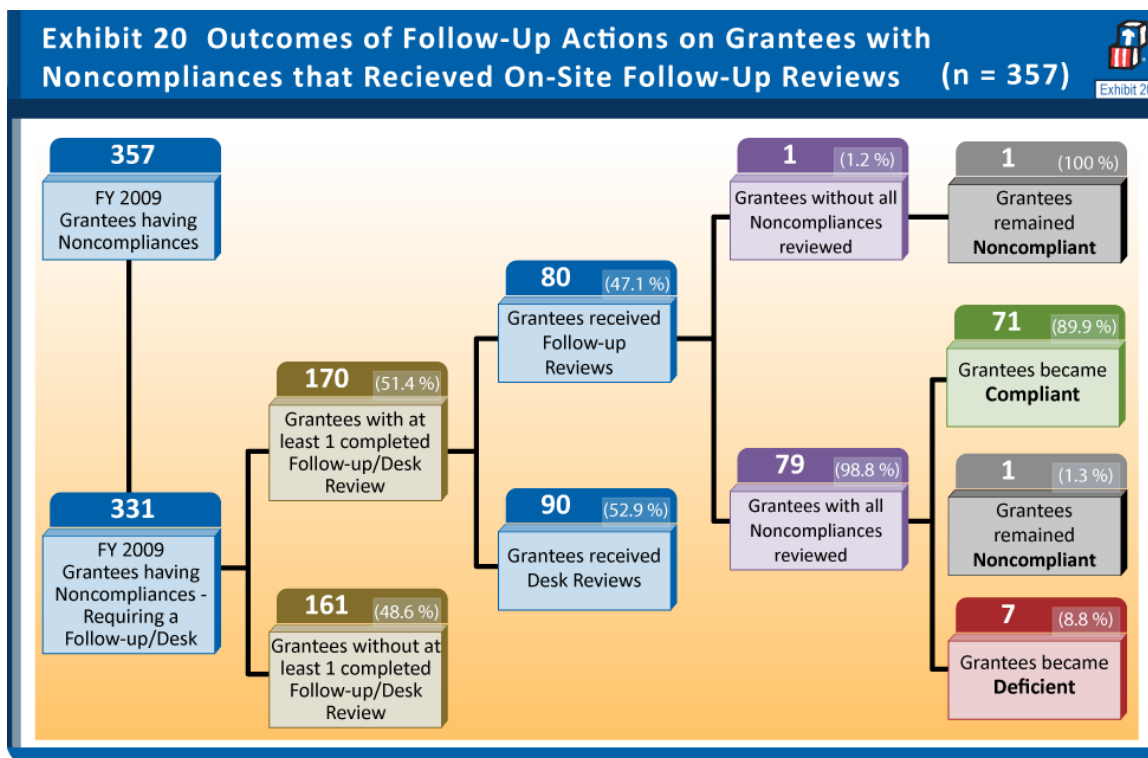
There were 357 grantees that were found to have one or more noncompliances in Triennial and First-Year reviews in FY 2009. Of these 357 grantees, 331 grantees required a Follow-up review, while 26 grantees were able to correct their noncompliance findings while the review team remained on site (and therefore did not require a subsequent Follow-up or Desk review). Of the 331 grantees requiring a Follow-up review, 170 either had at least one completed Follow-up review (80 grantees, 47.1%) or one completed Desk review (90 grantees, 52.9%) by March 1, 2010. The following sections describe outcomes for these two subsets of grantees that had one or more noncompliances requiring a subsequent review. Follow-up review activities for the other 161 grantees cited for one or more noncompliances were at various pre-completion stages as of March 1, 2010.

#### **Grantees With Noncompliances That Received On-Site Follow-Up Reviews**

Of the 80 grantees with one or more noncompliances that had a completed Follow-up review by March 1, 2010, 79 grantees had all noncompliances reviewed during the Follow-up (98.8%), while one grantee did not have all noncompliances reviewed (1.2%). Of the 79 grantees that had all noncompliances reviewed at Follow-up (**Exhibit 20**):



- ▶ 71 corrected all noncompliances and became compliant (89.9%);
- ▶ 1 grantee remained in a noncompliant status (1.3%); and
- ▶ 7 failed to correct one or more findings and became deficient (8.8%).





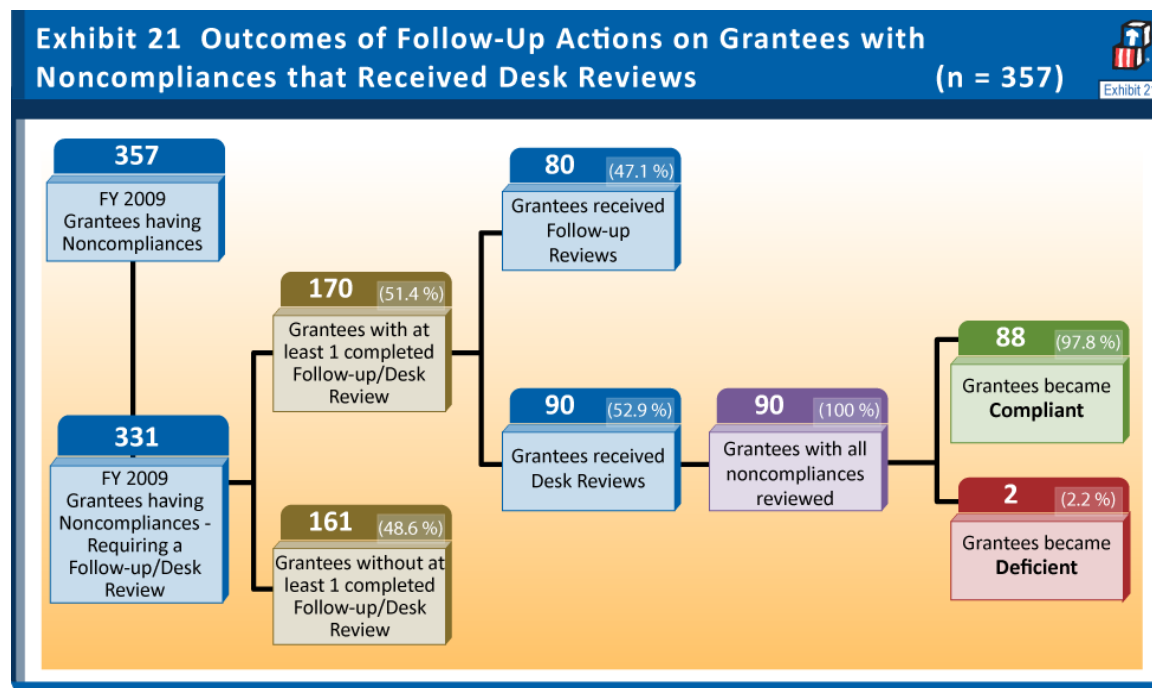
### Grantees With Noncompliances That Received Desk Reviews

Of the 90 grantees with one or more noncompliances that had a completed Desk review by March 1, 2010, all 90 grantees had all noncompliances reviewed. Of the 90 grantees that had a completed Desk review in which all noncompliances were reviewed (**Exhibit 21**):

- ▶ 88 grantees became compliant (97.8%); and
- ▶ 2 grantees failed to correct one or more findings and became deficient (2.2%).

**Summary of Follow-Up Results.** In summary, 170 grantees that were found to have one or more noncompliances in Triennial and First-Year reviews in FY 2009 either had at least one completed Follow-up review or one completed Desk review by March 1, 2010. Of these 170 grantees, 169 grantees had all areas of noncompliance reviewed during the Follow-up or Desk review. Of these 169 grantees, 159 grantees corrected all findings and became compliant (94.1%). Of 14 deficient grantees, eight grantees had all findings reviewed during the Follow-up or Desk review. Of these eight deficient grantees, six grantees corrected all findings and became compliant (75.0%). Follow-up review activities for the 161 grantees cited for one or more noncompliances and the eight grantees with one or more deficiencies in Triennial and First-Year reviews in FY 2009 were at various pre-completion stages as of March 1, 2010.

As was true in FY 2006, FY 2007, and FY 2008, the follow-up process in FY 2009, which included employment of the Desk review method in addition to the on-site Follow-up review method, was successful in moving toward compliance those grantees that were found to have deficiencies or noncompliances in a Triennial or First-Year review.





## X. New Directions in Monitoring for FY 2010

During FY 2010, while preparing to implement other improvements to monitoring, OHS contemplated specific changes in policy and procedure for FY 2010 and beyond that would ensure compliance with certain provisions of the Head Start Act that were established in the 2007 reauthorization of the Head Start Act, as well as Family Child Care Regulations (published in February 2008), and the American Recovery and Reinvestment Act (enacted in February 2009), which enabled program expansion. This section describes changes to monitoring implemented in FY 2010 in five areas, including: Monitoring Protocol and software; system changes resulting from a Government Accountability Office (GAO) investigation; implementation of the Classroom Assessment Scoring System (CLASS) instrument; program expansion enabled by the American Recovery and Reinvestment Act (ARRA); and new or expanded legislative or regulatory requirements.

***FY 2010 Monitoring Protocol and Software.*** OHS implemented in FY 2010 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. Most of the changes were designed specifically to help reviewers focus on “big picture” issues while conducting reviews. First, rather than accomplishing specific review tasks while on a monitoring review, the role of Report Coordinator (RC) was transformed into a “coaching” role, with RCs assisting other members of the team in assessment and evidence collection. In FY 2010, Report Coordinators received special training on coaching other review team members on how to delve further into any underlying issues. Functions in the software now allow RCs to comment on review team members’ notes, ask questions, and request that they probe deeper. The intent of having RCs as coaches is to improve the quality of information gathered during the review process, and also to train review team members to become more analytic in their review responsibilities.

Two changes in FY 2010 helped to improve the collection, and facilitate subsequent processing, of information from each review, including:

- ▶ OHS required reviewers to produce at the end of each review a short, written analysis summarizing their assessment of the grantee’s overall functioning with respect to each Protocol section and each management system (e.g., communication, reporting, ongoing monitoring) within each Protocol section;
- ▶ OHS created a Systems Analysis Matrix for FY 2010, enabled within the software, to help reviewers see patterns in issues within specific Protocol sections or across various management systems (e.g., communication, reporting).

In addition, based on feedback from Review Team Leaders and reviewers, OHS streamlined the Fiscal section of the Protocol, in recognition of the enormous ground fiscal reviewers must cover while on site. Reviewers now work with a set of core targeted questions, from which additional questions will be triggered only in instances where the reviewer finds an issue. Bypassing questions that are unnecessary helps reviewers focus their time and effort on actual issues of potential concern. Additionally, OHS incorporated transaction guides into the software that are designed to mimic the process that auditors typically use when reviewing fiscal records.



### ***System Changes Resulting from Government Accountability Office (GAO) Investigation.***

In FY 2010, in response to the findings of a Government Accountability Office (GAO) investigation<sup>5</sup> that some Head Start programs had engaged in 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.

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 its opportunities to identify program integrity issues.

### ***Implementation of the Classroom Assessment Scoring System (CLASS) Instrument.***

Following a pilot test of CLASS in FY 2009, OHS implemented in FY 2010, as part of all Triennial reviews, the new observational instrument to assess classroom interactions between children and teachers. Prior to participating as a team member on reviews in FY 2010, all reviewers are required to achieve reliability on CLASS and the process for its use. All reviewers are required to complete a two-day training, following which they must achieve competency via an online CLASS assessment. In FY 2010, OHS updated the Protocol to incorporate comments written during CLASS observations into the notes used by reviewers to answer compliance questions.

### ***Program Expansion Enabled by the American Recovery and Reinvestment Act.<sup>6</sup>***

The American Recovery and Reinvestment Act (ARRA), also commonly referred to as “the Recovery Act,” was enacted on February 17, 2009. ARRA included \$2.1 billion in funding for Head Start and Early Head Start programs. On April 2, 2009, the U.S. Department of Health and Human Services (HHS) announced that Head Start and Early Head Start programs were eligible to apply for grants. Grantee organizations were invited to apply for grants in May 2009, with the first awards occurring in FY 2010. Nearly \$1.3 billion was awarded in grants to support Early Head Start expansion for existing and new programs, enabling the program to serve 48,000 more pregnant women, infants, toddlers, and their families and nearly double the number of Early Head Start participants. Of those grants, \$220 million was awarded to current Head Start grantees to serve an additional 13,000 children and their families.

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<sup>5</sup> GAO presented its preliminary results about its ongoing investigation in testimony entitled, “Head Start: Undercover Testing Finds Fraud and Abuse at Selected Head Start Centers” before the House Education and Labor Committee on May 18, 2010, which is available at: <http://www.gao.gov/new.items/d10733t.pdf>. GAO published its final report on September 28, 2010, which reiterated many of the findings disclosed in the May testimony and discussed new findings related to specific fraud allegations at two Head Start grantees. This report is available at: <http://www.gao.gov/products/GAO-10-1049>.

<sup>6</sup> The American Recovery and Reinvestment Act (ARRA), Public Law 111-5, commonly referred to as “the Recovery Act,” was enacted on February 17, 2009.



These grants were intended to create new jobs at Head Start and Early Head Start centers as additional staff would be needed to handle the increased enrollment of children and families served by these grants. Expansion of services will create new demands and pressures on the monitoring infrastructure beginning in FY 2011, as programs provided by existing grantee organizations grow in size and scope and entirely new organizations begin serving children and families. During FY 2010, OHS began planning and preparing for the impact of these new demands on the monitoring system and its supporting infrastructure.

***New or Expanded Legislative or Regulatory Requirements.*** The 2007 reauthorization of the Head Start Act mandates that HHS undertake two major initiatives: 1) the development of 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, and 2) revision of the Head Start Performance Standards. As these two initiatives generated new requirements, OHS began working in FY 2010 to align its monitoring accordingly. Some of this work was initiated in FY 2009, during which OHS began considering potential adjustments to monitoring to account for Head Start Performance Standards that were modified by provisions of the Head Start Act. Examples of such provisions include: 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.

During FY 2009 and FY 2010, HHS was developing proposed regulations to implement two provisions 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 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. HHS issued proposed regulations that articulate the details of the proposed designation renewal system (DRS) in September 2010. On November 9, 2011 the final DRS was published in the Federal Register and it became effective on December 9, 2011. HHS plans to modify its monitoring system as appropriate based on the implementation of the DRS. In addition to considering adjustments due to Performance Standards that were modified by the Act, OHS considered other changes to its monitoring to align with entirely new or expanded requirements. The Monitoring Protocol was refined to reflect new requirements in the following areas:

- ▶ Family assessment to identify needs and interests of parents;
- ▶ Election of Policy Council and Policy Committee members by parents of current 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.
- ▶ 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).
- ▶ Family Child Care Regulations issued in FY 2008 that created specific new requirements for the family child care (FCC) option, including safe environments for children, appropriate licensing of providers, and credentialing and degree requirements for FCC staff.

The Protocol was refined to include the expanded or new requirements and grantees were cited for these types of issues, where appropriate. These improvements to monitoring reflect the Department's continued commitment to ensuring that the national monitoring system assesses the compliance of grantees in a uniform, thorough, and consistent manner.



## 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 received officially 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 on-site monitoring visit has been completed but for which the grantee may or may not have received the final review report yet.</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 2009, deficiency determinations typically had corrective action timeframes of 30 days, if the deficiency was a health and safety violation, or 180 days. The corrective action timeframe for a noncompliance determination in FY 2009 was 90 days.</p> <p>Related Terms: Deficiency, Noncompliance, Determination and Head Start Review Report.</p>



Term	Definition
Deficiency	<p>A deficiency is one of the two types of findings by the Office of Head Start regarding a grantee's lack of compliance with State and/or Federal requirements, which cites one or more performance standards. A deficiency is reported as a deficiency determination in the completed Head Start Review Report.</p> <p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 USC 9832]) as follows:</p> <ul style="list-style-type: none"><li>(A) <i>Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i><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>(ii) <i>A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i></li><li>(iii) <i>A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i></li><li>(iv) <i>The misuse of funds received under this subchapter;</i></li><li>(v) <i>Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i></li><li>(vi) <i>Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i></li></ul></li><li>(B) <i>Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i></li><li>(C) <i>An unresolved area of noncompliance.</i></li></ul> <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>



Term	Definition
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> <p>Related Terms: Delegate Agency and Head Start Program.</p>
Fiscal Year (FY)	<p>Twelve-month accounting period (Federal FY 2009 began on October 1, 2008 and ended on September 30, 2009).</p>
Follow-up Review	<p>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.</p> <p>Related Terms: Triennial Review, First-Year Review, Other Review and Monitoring Reviews.</p>
Funded Enrollment	<p>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.</p> <p>Related Terms: Actual Enrollment and ACF.</p>
Grant	<p>A Federally-funded monetary award that is provided to an agency to perform Head Start (Early Head Start or Head Start/Early Head Start) services either directly or through delegate agencies.</p> <p>Related Terms: Grantee and Head Start Program.</p>
Grantee	<p>An agency (i.e. public or private nonprofit, for-profit entity, 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.</p> <p>Related Terms: Delegate Agency and Program Type.</p>
Grantee Compliance Status	<p>The final determination made on the grantee by the Office of Head Start (OHS) based on the results of the on-site monitoring review. The status is one of the following:</p> <ol style="list-style-type: none"><li>1) Compliant: Grantees without a noncompliant or deficient finding</li><li>2) Having one or more noncompliance: Grantees with one or more noncompliant findings</li><li>3) Having one or more deficiency: Grantees with one or more deficient findings, deficient grantees may have one or more noncompliant findings in addition to one or more deficient findings</li></ol>



Term	Definition
	Related terms: Deficiency and Noncompliance.
Head Start Program	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.</p> <p>Related Terms: Delegate Agency and Early Head Start Program.</p>
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 Head Start Act, key Head Start regulations at 45 CFR Parts 1301-1311, and 45 CFR 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 one of the two types of findings by the Office of Head Start regarding a grantee's lack of compliance with State and/or Federal requirements, which cites one or more performance standards. A noncompliance is reported as a noncompliance determination in the completed Head Start Review Report.</p>



Term	Definition
	<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 formerly was entitled 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>
OHS Monitoring Software (OHSMS)	<p>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.</p> <p>Related Terms: Monitoring Reviews and Protocol.</p>
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 CFR Parts 1301-1311 and 45 CFR 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>



Term	Definition
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 linked directly to a performance standard; therefore, any review activity including interviews, observations or document review relates to a clearly defined performance requirement. Requiring review teams to adhere to a uniform and defined set of compliance questions increases focus, efficiency, fairness, and comprehensiveness of the scope of the review.</p> <p>Related Terms: Monitoring Reviews.</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>



Term	Definition
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, 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>