

# Report to Congress on Head Start Monitoring



**FISCAL YEAR 2014**



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

---

---

## TABLE OF CONTENTS

---

---

<b>Executive Summary .....</b>	<b>1</b>
<i>Enhancements to the FY 2014 Review Process.....</i>	<i>1</i>
<i>Outcomes of FY 2014 Monitoring Reviews.....</i>	<i>2</i>
<i>New Directions in Monitoring for FY 2015 .....</i>	<i>4</i>
<b>Introduction .....</b>	<b>7</b>
<b>I. Head Start Program Services .....</b>	<b>8</b>
<b>II. Monitoring of Head Start Grantee Organizations .....</b>	<b>9</b>
<i>Basic Mechanics of the Monitoring Process .....</i>	<i>9</i>
<i>The Office of Head Start Monitoring Protocol.....</i>	<i>11</i>
<i>Summary of Key Changes in Program Monitoring Effective in FY 2014.....</i>	<i>12</i>
<i>Standardized Methodology &amp; Reviewer Reliability .....</i>	<i>12</i>
<i>Sampling.....</i>	<i>12</i>
<i>Evidence Assessment System.....</i>	<i>13</i>
<i>CLASS™ .....</i>	<i>13</i>
<i>Reporting.....</i>	<i>14</i>
<i>Designation Renewal System .....</i>	<i>14</i>
<i>The Reviewer Pool .....</i>	<i>15</i>
<i>Centralized Quality Control and Finalization of Review Reports.....</i>	<i>15</i>
<b>III. Grantee Monitoring Review Outcomes .....</b>	<b>16</b>
<i>Types of Monitoring Reviews Conducted .....</i>	<i>16</i>
<i>Grantee Review Outcomes .....</i>	<i>16</i>
<i>Number and Types of Findings Identified.....</i>	<i>19</i>
<i>Most Frequently Cited Areas of Noncompliance and Areas of Deficiency .....</i>	<i>21</i>
<b>V. CLASS™ .....</b>	<b>26</b>
<b>VI. Designation Renewal System (DRS) Results.....</b>	<b>28</b>
<b>VII. Annual Review of the FY 2014 Fiscal Monitoring Procedures.....</b>	<b>29</b>
<i>FY 2014 Fiscal Monitoring Protocol.....</i>	<i>29</i>
<b>VIII. New Directions in Monitoring for FY 2015.....</b>	<b>31</b>
<b>Appendix: Glossary .....</b>	<b>33</b>
<b>Appendix: Tables .....</b>	<b>39</b>

---

---

## TABLE OF EXHIBITS

---

---

Exhibit 1: Types of 2014 Reviews .....	1
Exhibit 2: FY 2014 Review Outcomes by Review Type .....	17
Exhibit 3: Review Outcomes by Review Type and Fiscal Year .....	18
Exhibit 4: FY 2014 Review Outcomes by Grantee Size .....	19
Exhibit 5: FY 2014 Distribution of Reviewed Grantees by Number of Findings.....	20
Exhibit 6: FY 2014 Distribution of Reviewed Grantees with Findings by Total Number of Findings.....	21
Exhibit 7: Performance Issues Most Frequently Cited among Areas of Noncompliance in FY 2014 (n = 274).....	22
Exhibit 8: Performance Issues Most Frequently Cited as Deficient in FY 2014 (n = 66) ...	23
Exhibit 9: Performance Issues Most Frequently Elevated, FY 2014 (n=12) .....	24
Exhibit 10: Average CLASS™ Scores by Dimension (n = 404) .....	26
Exhibit 11: FY 2014 Average CLASS™ Scores by Domain .....	27
Exhibit 12: FY 2013 Number of Grantees in Designation Renewal System (DRS) Pool and Reason for Inclusion (n = 103) .....	28

## Executive Summary

This report presents a summary of the findings of Fiscal Year (FY) 2014 monitoring reviews, fulfilling the reporting requirement, Section 641A(f), of the Head Start Act. It highlights the enhancements made to the FY 2014 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2014.

Head Start monitoring assesses grantee compliance with requirements governing Head Start programs. Monitoring reviews take several forms; in FY 2014, each Head Start grantee received a full on-site review immediately after completion of its first year (First-Year review) of providing Head Start services and full on-site reviews on a triennial basis thereafter (Triennial reviews). Grantees also received “Other” reviews if the Office of Head Start (OHS) determined that the grantee was at risk. Any grantee found to be out of compliance with Head Start requirements during any review—First Year, Triennial, or Other—received a “Follow-up” review to ensure that all findings were corrected. Exhibit 1 describes the four types of reviews.

### Exhibit 1: Types of 2014 Reviews

Type of Review	Description
<b>First Year Review</b>	<ul style="list-style-type: none"> <li>▶ Full on-site review immediately after completion of their first year</li> <li>▶ Mandated by Section 641A of the Head Start Act</li> </ul>
<b>Triennial Review</b>	<ul style="list-style-type: none"> <li>▶ Full on-site reviews conducted on a triennial basis</li> <li>▶ Mandated by Section 641A of the Head Start Act</li> </ul>
<b>Other Review</b>	<ul style="list-style-type: none"> <li>▶ Grantees may receive review if they are determined to be at risk</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected</li> </ul>

Notes: Reviews were conducted by a team of reviewers knowledgeable about Head Start and led by a Review Team Leader (RTL). To assess grantee compliance, review teams used the Office of Head Start Monitoring Protocol, which employs a standardized approach to assess program services and quality. Areas assessed include education, health, mental health, disabilities, nutrition, family and community partnerships, program management, governance, fiscal controls, facilities, enrollment, recruitment and selection, and program design.

### Enhancements to the FY 2014 Review Process

Each year, OHS re-examines the monitoring review system to ensure ongoing system improvement of its review process. In FY 2014, OHS implemented enhancements to reflect changes in policy and procedure, ensure compliance with the Head Start Act (as amended in December 2007), and improve the overall monitoring process. Changes crossed all protocol areas and were focused on emphasizing consistency and accountability among review teams. Examples of these changes include:

- ▶ Refining established Standardized Methodology to ensure consistency, objectivity, and accuracy within the review process and to provide a set of high standards to which the

reviewers are held accountable;

- ▶ Enhancing the Management Systems analysis process to support review team discussions around system-wide trends and inconsistencies, while summarizing management systems in each content area;
- ▶ Streamlining interview guides to ensure efficient and effective evidence collection for all content areas.

### **Monitoring Protocol and Software**

In FY 2014, OHS continued to streamline the Monitoring Protocol in order to ensure reviewers were consistently identifying, probing for, and recording material information relating to grantee performance. In doing so, the focus on mandatory statistically generated random sampling was reinforced, and document reviews were integrated into personnel interviews to give reviewers greater context for information evaluated.

In FY 2012, OHS introduced the Evidence Assessment System (EAS) to provide reviewers with consistent language for evaluating and describing grantee compliance. In FY 2014, the EAS system was further refined to include more specific and defined thresholds for compliance.

### **American Indian/Alaska Native (AI/AN) Reevaluation Tool**

In FY 2014, OHS developed and implemented a supplementary monitoring tool specific to American Indian and Alaska Native grantees. This tool was designed to address performance issues unique to these grantees, and helped elucidate what steps grantees have taken to mitigate those issues.

### **Outcomes of FY 2014 Monitoring Reviews**

OHS completed 850 monitoring reviews in FY 2014, including 492 Triennial reviews, 10 First-Year reviews, 56 Other reviews, and 292 Follow-up reviews<sup>1</sup>. Monitoring reviews have three possible outcomes: 1) Compliant, 2) One or more noncompliances with no deficiencies, or 3) One or more deficiencies. Grantees with one or more deficiencies also may have noncompliant findings. Key outcomes of monitoring reviews included:

- I. **Over 40 percent of grantees were compliant in FY 2014, an increase from previous years.** Of the 544 grantees that underwent a Triennial, First-Year, or Other review in FY 2014,<sup>2</sup> 42.3 percent were found to be compliant on all reviews, 45.0 percent were found to have one or more noncompliances, and the remaining 12.7

---

<sup>1</sup> Reported data are based on reviews completed by 22 October 2014.

<sup>2</sup> Note that 544 grantees received a total of 558 reviews (492 Triennial + 10 First-Year + 56 Others) in FY 2014. Ten grantees received both a Triennial review and an Other review, three grantees had two Other reviews in this fiscal year, and one grantee received a First Year review and an Other review, accounting for the difference of 14 between the number of grantees and the number of reviews.

percent were found to have one or more deficiencies (these grantees may have also had noncompliances).

- II. **Grantees correct nearly all findings on Follow-up reviews.** 95 percent of grantees corrected all findings reviewed on FY 2014 Follow-up reviews.
- III. **Some groups of grantees had more performance issues than others.** Among those reviewed in FY 2014, larger grantees had more deficient findings than smaller grantees, and grantees providing both Head Start and Early Head Start services were compliant more often than those providing either Head Start services only or Early Head Start services only.
- IV. **Head Start program CLASS™ average scores in FY 2014 were slightly higher than those found in FY 2013:** Grantees indicated CLASS™ scores of 6.10 out of 7 for Emotional Support and 5.83 out of 7 for Classroom Organization domains. Scores for Instructional Support also were notably lower, averaging 2.90 out of 7.

### **Number and Types of Findings Identified in FY 2014**

A total of 764 findings were identified in 558 FY 2014 First Year, Triennial, and Other monitoring reviews. Of the 544 grantees reviewed, 311 (57.2 percent) had one or more findings. Key trends with respect to the number and types of findings included:

- I. **As in FY 2013, most FY 2014 grantees with findings had a small number of findings.** Among grantees with only noncompliances, about 70 percent (70.6 percent) had two or fewer findings. Among those found to have any deficiencies, a similar percentage of grantees (63.6 percent) had two or fewer findings (noncompliances or deficiencies).
- II. **Most findings were areas of noncompliance.** Close to 90 percent (89.3 percent; 682) of findings were areas of noncompliance; 10.7 percent (82) were deficiencies. A total of 245 grantees, 45 percent of all grantees reviewed, had one or more noncompliances. Sixty-nine grantees (12.7 percent) had one or more deficiencies.
- III. **Regardless of the types of findings, grantees averaged about the same number of findings per review.** Overall, grantees with findings averaged 2.5 findings per review. Grantees with one or more areas of noncompliance averaged 2.3 findings per grantee; down from 2.8 in FY 2013. Grantees with one or more deficiencies averaged 3.0 findings (noncompliances and deficiencies)<sup>3</sup>, slightly higher than in FY 2013 (2.9). While the total number of findings among noncompliant grantees decreased from FY 2013 to FY 2014 (694 to 569), the total number of findings among deficient grantees increased (137 to 195). Because of the decrease in areas of noncompliance, however, the total

---

<sup>3</sup> It should be noted that there are several outlying grantees that have very high numbers of findings which are inflating the average despite the fact that approximately half of the grantees have only one or two findings. Of the grantees that had only noncompliances, two had eleven or more findings in their FY 2014 review. Of the grantees that had deficiencies, one had twelve and one had seventeen findings in their FY 2014 reviews.

number of findings among reviews conducted decreased from 831 in FY 2013 to 764 in FY 2014.

### **Most Common Findings Identified in FY 2014**

Many grantees with findings struggled with similar issues. In FY 2014, grantees were most likely to have findings associated with, “Reporting to the Governing Body and Policy Council” (22.6 percent of grantees with noncompliances). We describe other frequently cited issues below.

- IV. **Compared to FY 2013, considerably more grantees struggled with Allowable and Allocable Costs.** This was the third most commonly cited noncompliance issue in FY 2014 with close to 17 percent of grantees having findings in this area. In FY 2013, it was not among the top fifteen issues most frequently cited.
- V. **Code of Conduct issues were common among grantees with deficiencies.** Approximately 73 percent (48 out of 66, 72.7 percent) of the grantees found to have one or more deficiencies were cited for at least one deficiency relating to Code of Conduct. Examples of Code of Conduct deficiencies include engaging in corporal punishment or leaving children alone or unsupervised. This is an increase from FY 2013, where 64.6 percent of grantees with deficiencies (31 of 48) had at least one deficiency relating to Code of Conduct.

### **New Directions in Monitoring for FY 2015**

In FY 2015, OHS will implement a newly aligned monitoring system to address the OHS grant cycle shift from an indefinite to a five-year project period. Additionally, OHS has increased its focus on measuring quality along with compliance, and is prioritizing having more frequent interaction with grantees to provide information to support their continuous improvement in core performance areas. OHS has identified core performance areas as:

- ▶ Environmental Health and Safety,
- ▶ Management Systems and Program Governance,
- ▶ Fiscal Integrity and Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA),
- ▶ Comprehensive Services and School Readiness, and
- ▶ Teacher-Child Interactions (as addressed through the CLASS™ observation instrument).

All five-year grants will be monitored using the Aligned Monitoring System. Indefinite grants will be monitored when they transition to a 5-year grant. The Aligned Monitoring System will provide the OHS with comprehensive performance data needed by Year 4 of the 5-year grant. OHS will evaluate the data to determine whether the grantee will need to re-compete.

The OHS designed the Aligned Monitoring System to provide different review processes based

on the grantee's history: the *Comprehensive Monitoring Process* and the *Differential Monitoring Process*. The monitoring process that a grantee receives is determined by whether or not they meet a specific set of criteria. The criteria include:

- ▶ No findings on the previous review cycle,
- ▶ No fiscal findings in the past two review cycles,
- ▶ No findings in the annual audits,
- ▶ No Designation Renewal System (DRS) criteria met,
- ▶ No significant program changes (e.g., changes in program leadership), and
- ▶ No concerns identified through input from the Regional Office.

Grantees that do not meet the above listed criteria will engage in the *Comprehensive Monitoring Process*. Those grantees that do meet the criteria will engage in the *Differential Monitoring Process*.

The *Comprehensive Monitoring Process* is comprised of six individual review events: Environmental Health and Safety; Fiscal Integrity and ERSEA; CLASS™; Management Systems and Program Governance; and Comprehensive Services and School Readiness. Individual review events will only focus on one area at a time, giving the grantee and the reviewer a better opportunity to achieve a more in-depth review of the content area.

The *Differential Monitoring Process* recognizes grantees that have demonstrated a history of compliance. Grantees eligible for this process will first receive a Head Start Key Indicators-Compliant (or HSKI-C) review. The Head Start Key Indicators-Compliant (HSKI-C) Protocol is a research-based monitoring instrument that the Office of Head Start (OHS) is using to identify grantees that are eligible for differential monitoring. The HSKI-C protocol is an abbreviated version of the protocols used in the Comprehensive Monitoring System. It is comprised of 27 Compliance Measures that were selected based on how strongly they differentiated between high and low performing grantees. The HSKI-C covers the following review areas:

- Management Systems & Program Governance
- Comprehensive Services & School Readiness
- Fiscal Integrity

Grantees that are successful in, or pass, the HSKI-C review will only receive the Environmental Health and Safety and CLASS™ review events. Successful grantees will receive the full complement of comprehensive reviews during their next 5-year grant cycle. If grantees do not pass the HSKI-C, they will go through the Comprehensive Monitoring Process.

After each review event, grantees will receive a report that summarizes findings and/or concerns for that specific content area. At the end of Year 4, grantees will receive a “roll-up”



report summarizing the results of review events held in Years 1 through 3.

## Introduction

Head Start monitoring assesses grantee compliance with requirements governing Head Start programs, including those specified in the Head Start Act (original authorizing legislation in 1965 and its subsequent amendments, most recently in 2007), Head Start Program Performance Standards, and other applicable federal, state, and local regulations. The Head Start Program Performance Standards include provisions surrounding education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, enrollment, recruitment and selection, and program design.

The Head Start Act mandates that each Head Start grantee receives 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 once every three years thereafter), and that follow-up reviews be conducted for all grantees that “*fail to meet the standards.*” FY 2014 reviews are conducted by teams of reviewers knowledgeable about Head Start, and each team is led by a Review Team Leader (RTL). Each review is guided by the standardized methodology and the Monitoring Protocol, which guide reviewers’ on-site activities in assessing program performance and compliance.

Grantees with a finding (an Area of Noncompliance or a deficiency) on any monitoring review receive a more targeted Follow-up review to ensure that they have corrected any findings identified. If an Area of Noncompliance 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.

This report fulfills the Fiscal Year (FY) 2014 reporting requirement, Section 641A(f), of the Head Start Act, which 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.

## 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 zero to five) and their families. Head Start promotes school readiness by enhancing the physical, social, and cognitive development of children through educational, health, nutritional, social, and other services. It also recognizes the important role of parents, encouraging them to participate in a variety of activities and experiences that support and foster their children's development and learning, and helping them to 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 by 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 following sections describe the basic mechanics of the monitoring process, the reporting system, the steps OHS has taken to improve how the process works, and key changes in monitoring that OHS implemented in FY 2014.

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

The monitoring process uses a rigorous, evidence-based approach to confirm that grantees comply with federal legislative, regulatory, and program requirements. Prior to the start of the fiscal year, OHS sends a global letter to all grantees scheduled for a First-Year or Triennial review to advise them that they will be receiving a review during the fiscal year. Grantees scheduled for an announced review are then sent written notification of the specific date of the review 30 days prior to the on-site review. Soon after official written notification of the review date is received, the RTL contacts the grantee to begin scheduling on-site activities. Prior to the on-site review, team members review grantee documents posted on the OHS monitoring website. In FY 2014, about 11 percent (10.56 percent) of Triennial and First Year monitoring reviews were randomly selected to be unannounced, allowing OHS to observe grantees during a normal school day as opposed to a, “*review-ready*” day. The information gathered from these reviews provides OHS with better insight regarding the day-to-day struggles and successes grantees encounter, and enables OHS to provide more accurate guidance and assistance to grantees.

In FY 2014, there were four main types of reviews: First-Year, Triennial, Follow-up, and Other. Together, these four review types represent a comprehensive, year-round monitoring system. Each Head Start grantee receives an on-site First-Year review, using the full Monitoring Protocol, immediately after completion of its first year of providing Head Start services. The grantee then receives full on-site reviews (Triennial reviews) on a rotating triennial basis thereafter. Grantees also may receive targeted, “Other,” reviews outside of their Triennial review schedule if OHS determines the program to be at risk. These reviews may occur on-site or off-site (remotely, from the regional office) depending on the nature of the concern.

Grantees may receive a finding if a monitoring review indicates that the grantee is not complying with all Performance Standards and requirements of the Head Start Act. A review’s findings, 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. Depending on the severity of the issue, the finding may be an Area of Noncompliance (ANC) or a Deficiency. A deficiency, as defined by the Head Start Act, as amended in 2007, is:

*(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:*

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

*(B) Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or*

*(C) An unresolved Area of Noncompliance.*

OHS determines, on the basis of the review, whether grantees are compliant, have areas of noncompliance that do not constitute deficiencies, or have deficiencies. Grantees found to have an Area of Noncompliance or a deficiency receive a Follow-up review to ensure that the finding is corrected.

In FY 2014, OHS developed and implemented the American Indian and Alaska Native (AIAN) Re-evaluation protocol, a supplementary monitoring tool specific to American Indian and Alaska Native grantees. This tool was designed to address performance issues unique to these grantees, and helped elucidate what steps grantees have taken to mitigate those issues.

Triennial and First-Year on-site monitoring reviews are conducted by a team of seven to eight qualified non-federal consultants, supervised by an RTL, and generally take place over a four- to five-day period. Review team sizes vary depending on the size and complexity of the grantee. For example, larger grantees, including those with delegate agencies and those with complex program designs (e.g., grantees with both Head Start and Early Head Start programs) may require more reviewers. The very largest grantees, considered “super grantees,” require both substantially larger review teams and longer review periods.

Once on site, the review team initiates the information collection process, which is supported by the OHS’s Monitoring Protocol. Review teams rely on multiple modes of inquiry—interviews with concurrent documentation review, observations, and analysis—to assess grantee compliance with program requirements. Team members share information on a routine basis through the Office of Head Start Monitoring System (OHSMS) software application, team meetings, email, and telephone communications throughout the day. The RTL also facilitates

nightly team meetings to discuss and document preliminary findings and to identify areas requiring further exploration. The on-site review culminates in the development of a preliminary report of findings that is submitted to OHS. OHS makes final determinations on the grantee's compliance and notifies grantees of any areas that require correction.

### **The Office of Head Start Monitoring Protocol**

The Office of Head Start Monitoring Protocol is designed to assess the compliance of grantees with the Performance Standards and the Head Start Act and to reflect the Department's continued commitment to ensuring that the national monitoring system assesses grantees in a uniform, thorough, and consistent manner. Prior to the launch of the FY 2014 monitoring process, OHS reviewed the Monitoring Protocol and considered enhancements to reflect changes in policy and procedure and to ensure compliance with the Head Start Act. This section describes the FY 2014 Protocol and highlights key changes from the FY 2013 Protocol. The Protocol organizes elements of Head Start performance standards and other regulations into a tool to monitor grantees in a standardized way. The FY 2014 Monitoring Protocol is organized into seven sections that promote a comprehensive understanding of grantee performance and align with areas emphasized as critical in the HS Act:

- ▶ Program Governance (GOV)
- ▶ Management Systems (SYS)
- ▶ Fiscal Integrity (FIS)
- ▶ Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)
- ▶ Child Health and Safety (CHS)
- ▶ Family and Community Engagement (FCE)
- ▶ Child Development and Education (CDE)

The Protocol is organized into Key Indicators (KIs), which group together related program requirements and highlight key objectives that programs should achieve in their service delivery and management system design and implementation (e.g. School Readiness). Each Key Indicator contains one or more Compliance Measures (CM) which are linked to specific standards; together the CMs help reviewers assess whether the grantee is meeting the higher level objectives outlined within the Key Indicator statement. Targeted Questions (TQs) are used by review teams to gather evidence to support the assessment of compliance for each CM. The TQs indicate the people to interview, questions to ask, information to retrieve from documents, observations to conduct, and management systems to analyze and summarize.

A series of guides were developed to organize the evidence gathering process. These guides, which organize the TQs by method of data collection and source, include:

- ▶ Interview Guides (including Document Reviews)
- ▶ Observation Guides
- ▶ Child and Staff File Review Guides

The evidence collected through each guide is linked to CMs and used to assist review teams in making precise and accurate assessments.

### **Summary of Key Changes in Program Monitoring Effective in FY 2014**

OHS implemented several enhancements to the Protocol in FY 2014. Specific changes included:

- ▶ Refining established Standardized Methodology to ensure consistency, objectivity, and accuracy within the review process and to provide a set of high standards to which the reviewers are held accountable;
- ▶ Enhancing the Management Systems analysis process to support review team discussions around trends and inconsistencies system-wide, while summarizing management systems in each content area;
- ▶ Enhancing Targeted Questions in CDE focusing on School Readiness to identify examples of goals in each of the 5 essential domains as part of the OHS School Readiness and Early Learning Framework.
- ▶ Streamlining compliance measures in FCE to ensure efficient and effective evidence for that specific content area;
- ▶ Streamlining interview guides to ensure efficient and effective evidence collection for all content areas;
- ▶ Further refining the EAS based on data analyses from FY 2013;
- ▶ Developing an AIAN Re-Evaluation Tool specific to American Indian and Alaska Native grantees to address performance issues unique to these grantees and to respond to the requirements of the Designation Renewal System.

### **Standardized Methodology & Reviewer Reliability**

In an effort to increase consistency, objectivity, and accuracy within the review process OHS formalized reviewer requirements relating to the on-site review process in FY 2013 and further enhanced these requirements in FY 2014. This formalization served to reinforce the importance of random sampling and review scheduling and to further define the expectations of reviewers while conducting reviews. As a result, reviewers have a clarified set of standards to which they are held accountable and reviews are more uniform across grantees.

### **Sampling**

As in FY 2013, the FY 2014 Monitoring Protocol continues to use random samples for all staff files, child files, and class/group observations (CHS, CDE, and CLASS™) to ensure the generalizability of information collected through the review process. The sample size and composition are determined by a probability-driven algorithm that selects a random sample to ensure that monitoring review observations are valid and generalizable to an entire grantee. The sampling algorithm was implemented in the OHS monitoring software to ensure consistency in its implementation.

**Evidence Assessment System**

In FY 2014, as in FY 2012 and FY 2013, reviewers collected information about grantee performance and reported it through the new Evidence Assessment System (EAS). This system allows reviewers to more easily summarize information collected during the review and provide OHS with more detailed information about the scope and materiality of the evidence collected. For each Compliance Measure, reviewers are asked to match the evidence collected throughout the review to an appropriate threshold that corresponds to the degree to which the grantee is complying with the requirements (e.g., the review selects whether 0 to 5 percent, 6 to 24 percent or 25 to 50 percent of files reviewed indicate children were not screened within 45 days of enrollment). Prior to the introduction of this system, reviewers only indicated either “Yes” or “No” as to whether the grantee was in compliance. This system standardizes processes around evidence collection to improve consistency in the types and amount of information gathered across review teams.

**CLASS™**

To gain a better understanding of the quality of Head Start classrooms, grantees with a center-based or combination option classrooms serving preschool-age children receive an additional assessment during their Triennial or First Year review. Reviewers use the Classroom Assessment Scoring System (CLASS™) as a tool to evaluate the quality of teacher-child interactions that promote positive child outcomes. CLASS™ scores range from one to seven, with one indicating the lowest quality interactions and seven indicating the highest quality interactions. One dimension, Negative Climate, is inverse scored, with seven indicating the lowest quality interactions and one indicating the highest quality interactions. In FY 2014, 404 grantees participated in a CLASS™ review.

CLASS™ dimensions are grouped into three overall domains: Classroom Organization, Emotional Support, and Instructional Support. The dimensions in the Classroom Organization domain are used to evaluate the way teachers organize and manage students’ behavior, time, and attention in the classroom. The dimensions in the Emotional Support domain are used to evaluate the ways that teachers support children’s social and emotional functioning in the classroom. The dimensions in the Instructional Support domain are used to form an index of the instructional value of the classroom. The dimensions are divided among the domains as follows:

Emotional Support	Classroom Organization	Instructional Support
<ul style="list-style-type: none"> <li>▶ Positive Climate</li> <li>▶ Negative Climate</li> <li>▶ Teacher Sensitivity</li> <li>▶ Regard for Student Perspective</li> </ul>	<ul style="list-style-type: none"> <li>▶ Behavior Management</li> <li>▶ Productivity</li> <li>▶ Instructional Learning Formats</li> </ul>	<ul style="list-style-type: none"> <li>▶ Concept Development</li> <li>▶ Quality of Feedback</li> <li>▶ Language Modeling</li> </ul>

Following updates made to the FY 2012 CLASS™ Protocol, randomly selected, statistically-driven sample sizes continued to be used to identify which grantees’ classes were observed in FY 2014. The monitoring software reflects the classes selected for the sample and provides replacement



classrooms as needed. The number of cycles observed per classroom remains at two, as supported by research done by the tool developer, indicating that for purposes of monitoring and attaining a valid score at the grantee level, maximizing the number of classrooms observed across the program should take priority over the number of cycles observed within an individual classroom. OHS continues to provide reviewers with rigorous training on implementing OHS' defined CLASS™ methodology (e.g., timing and settings for observations, conditions under which observations should or should not occur).

### **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 reporting process is the collection, verification, and substantiation of evidence from multiple sources to corroborate findings of noncompliance. As guided by the Monitoring Protocol, review teams conduct interviews with program staff, policy council and board members, and others; observe children and teachers in classroom settings; and review program documents and materials, as well as children's files, to assess compliance with Head Start requirements.

If, during an on-site review, the RTL identifies a deficiency that requires immediate corrective action, an HHS Responsible Official provides written notice of the deficiency requiring immediate correction and the RTL is authorized to direct the grantee to take immediate corrective action to ensure that staff and/or children are removed from imminent harm or immediate danger and that the cause of the imminent harm or immediate danger is corrected. The corrective action required of the grantee to correct the immediate deficiency is provided in the notice.

On each Head Start monitoring review, the review team also documents any identified strengths of the grantee. Strengths are practices that are new or innovative and have a positive impact that help the grantee overcome challenges and provide greater or improved service quality or surpass established performance indicators. Strengths can highlight any of the services provided (health services, nutrition services, family and community partnerships, program management etc.).

### **Designation Renewal System**

In FY 2009 and FY 2010, in response to mandates in the 2007 reauthorization of the Head Start Act, OHS developed regulations that created a designation renewal system (DRS). Under the new system, grantees that are not found to be delivering high-quality and comprehensive Head Start programs are subject to recompetition for their grants. HHS issued proposed regulations articulating the details of the proposed DRS in September 2010. On November 9, 2011 the final DRS was published in the Federal Register and it became effective on December 9, 2011. The first cohort of 132 grantees required to re compete under DRS was announced in December 2011. The second cohort of 122 grantees required to re compete under DRS was announced in

February 2013. The third cohort of 103 grantees required to recompete under DRS was announced in February 2014.

OHS has so far identified 88 grants that are required to recompete for their grant funding based on deficient findings identified between October 1, 2013 and November 24, 2014<sup>4</sup> or CLASS™ scores identified between October 1, 2013 and September 30, 2014. Details about the fourth DRS cohort based on monitoring reviews in FY 2014 are listed below:

- ▶ The total number of grants in the DRS pool = 88
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores alone = 54
- ▶ The number of grantees in the DRS pool due to deficiencies alone = 32
- ▶ The number of grantees in the DRS pool due to low CLASS™ scores AND deficiencies = 2

### **The Reviewer Pool**

OHS ensures that each review is staffed by individuals who are knowledgeable about Head Start programs and monitoring. With the objective of maintaining the integrity of the reviewer pool, OHS has a number of policies and procedures to guide the pre-review preparation, post-review learning, and improvement of reviewers. Reviewers are assigned to review teams under a governing framework that limits the number of reviews that reviewers employed by a Head Start grantee or delegate agency can participate in each year and prevents reviewers from reviewing programs within their home states. OHS also maintains a pre-site process for providing review team members with a standard set of grantee documents for review in advance of the site visit as well as weekly pre- and post-review team briefings. Through post-review briefings, OHS identifies the processes that need to be strengthened and the areas in which additional support are required to facilitate reviewers' work while on site. These efforts continue to maintain the efficiency and effectiveness of the review teams.

### **Centralized Quality Control and Finalization of Review Reports**

To ensure consistency in monitoring, OHS's Central Office is responsible for the form, content, and issuance of monitoring reports to grantees. OHS assumes responsibility for the quality assurance process to ensure that Head Start review reports submitted by review teams following the on-site review meet rigorous standards for accuracy, clarity, and legal soundness. Centralization of quality control and the heavy emphasis on evidence-based findings increases consistency in the quality, detail, specificity, and utility of Head Start review reports. A centralized process also increases timeliness in issuing monitoring review reports to grantees, thereby enabling grantees to take corrective action and bring their programs into compliance more quickly.

---

<sup>4</sup> Please note that as of June 30, 2015, OHS has not yet finalized the list of grantees in the Designation Renewal System (DRS).

## III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2014, specifically addressing the following:

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

### Types of Monitoring Reviews Conducted

This Annual Head Start Monitoring Report to Congress for FY 2014 focuses on the cohort of grantees who underwent Triennial, First-Year, and Other reviews in FY 2014, and who received review reports by October 20, 2014. The report also includes information on Follow-up reviews for all grantees that had outstanding findings that were reviewed in FY 2014, including grantees that had findings that originated in previous fiscal years.

In total, 695 grantees received final reports from 850 Triennial, First-Year, Other, and Follow-Up reviews by October 20, 2014.

### Grantee Review Outcomes

After a Triennial, First-Year, Other, or Follow-up review is completed, OHS issues a Head Start Review Report to each grantee. The report indicates the compliance outcome of the review and the Head Start program requirement(s) for which OHS found the grantee to be out of compliance. The compliance outcome is a function of the final determination made by OHS on each of the findings documented by the review team during the review. Each finding issued by OHS will be one of two types: noncompliant or deficient.

Grantees with no findings receive a review determination of “Compliant.” If a grantee is found to only have areas of noncompliance, it receives a review determination of “Noncompliant,” which is referred to throughout this report as “having one or more noncompliances.” If a grantee is found to have one or more deficiencies, regardless of whether it also has noncompliances, it receives a review determination of “Deficient,” referred to throughout this report as “having one or more deficiencies.” Grantees also can be cited with an “Immediate Deficiency” finding on their reviews. These findings affect the grantee’s status in the same way as a deficient finding. However, unlike a deficient finding, if an immediate deficiency is found, the grantee is issued a separate report and is required to correct the issue immediately upon receipt.

The 850 monitoring reviews completed in FY 2014 included:

- ▶ 492 Triennial reviews

### III. Grantee Monitoring Review Outcomes

- ▶ 10 First Year reviews
- ▶ 56 Other reviews
- ▶ 292 Follow-up reviews<sup>5</sup>

Exhibits 2 through 8 present outcomes for Triennial, First-Year, and Other reviews. Outcomes for Follow-up reviews are presented in Exhibit 9. A full definition of each type of review can be found in the glossary at the end of the report.

**Exhibit 2: FY 2014 Review Outcomes by Review Type**

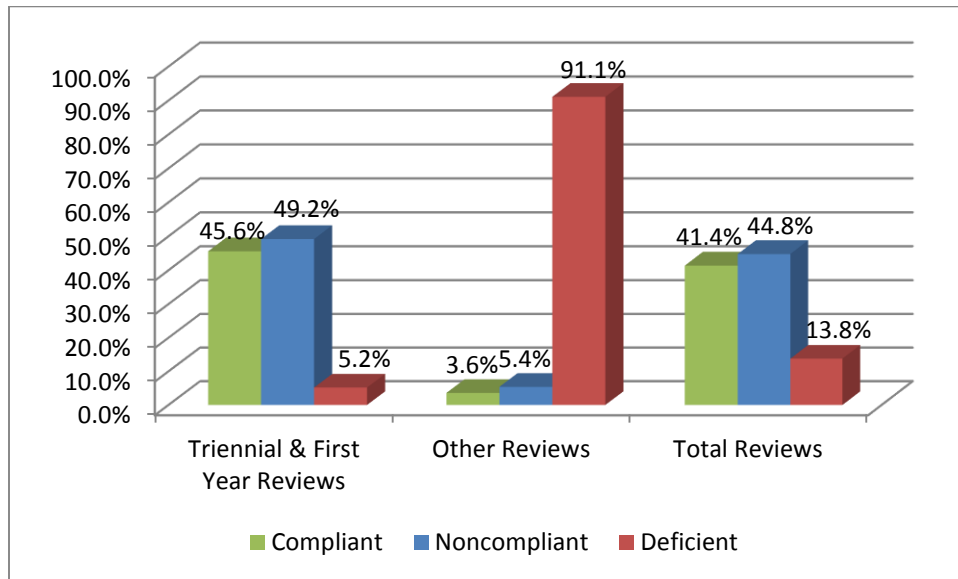


Exhibit 2 displays review types and their outcomes in FY 2014. In total, 45.6 percent of First year and Triennial reviews in FY 2014 found grantees to be compliant. Across all reviews, a small proportion (13.8 percent) of grantees was found deficient. On Triennial and First Year reviews, only 5.2 percent of grantees were found deficient. Deficiencies were most often found in Other reviews, which monitor grantee performance outside of the scheduled Triennial review. On an Other review, Regional Office (RO) staff or local community members request that OHS focus a review on known or suspected issues.

Exhibit 3 shows review outcomes by review type since FY 2012. Overall, deficiencies increased since FY 2013, attributable to increases in deficiencies in both Triennial/First Year and Other reviews. In FY 2013, close to 87 percent of grantees receiving Other reviews were found deficient. That proportion increased to 91.1 percent in FY 2014. Among Triennial and First Year reviews, deficiencies, again, increased from FY 2013 (3.7 percent to 5.2 percent). Between FY 2013 and FY 2014, there were fewer noncompliant Triennial/First Year and Other reviews, the former dropping from 60.9% to 49.2%, while the latter diminished by nearly half (11.1% to

<sup>5</sup> Of the 292 Follow-up reviews completed in FY 2014, 203 (69.5 percent) were follow-ups from reviews completed in previous fiscal years.

5.5%).

**Exhibit 3: Review Outcomes by Review Type and Fiscal Year**

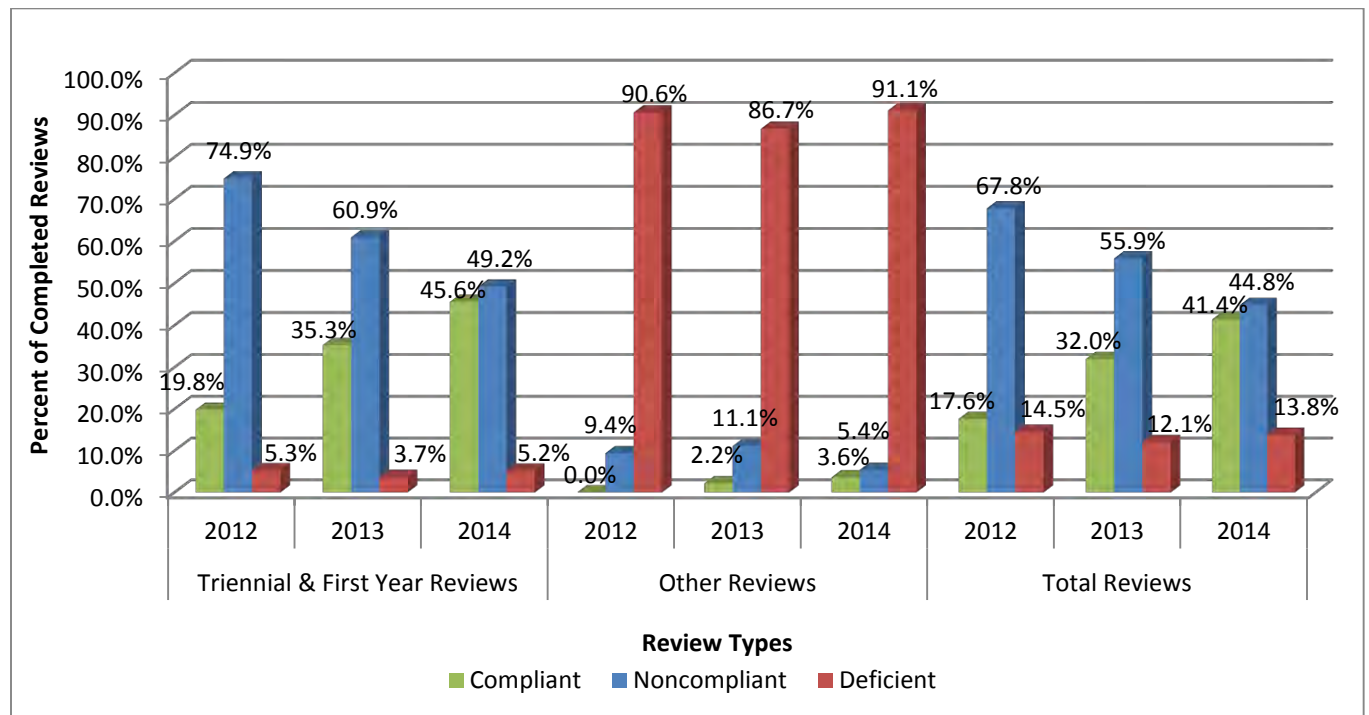
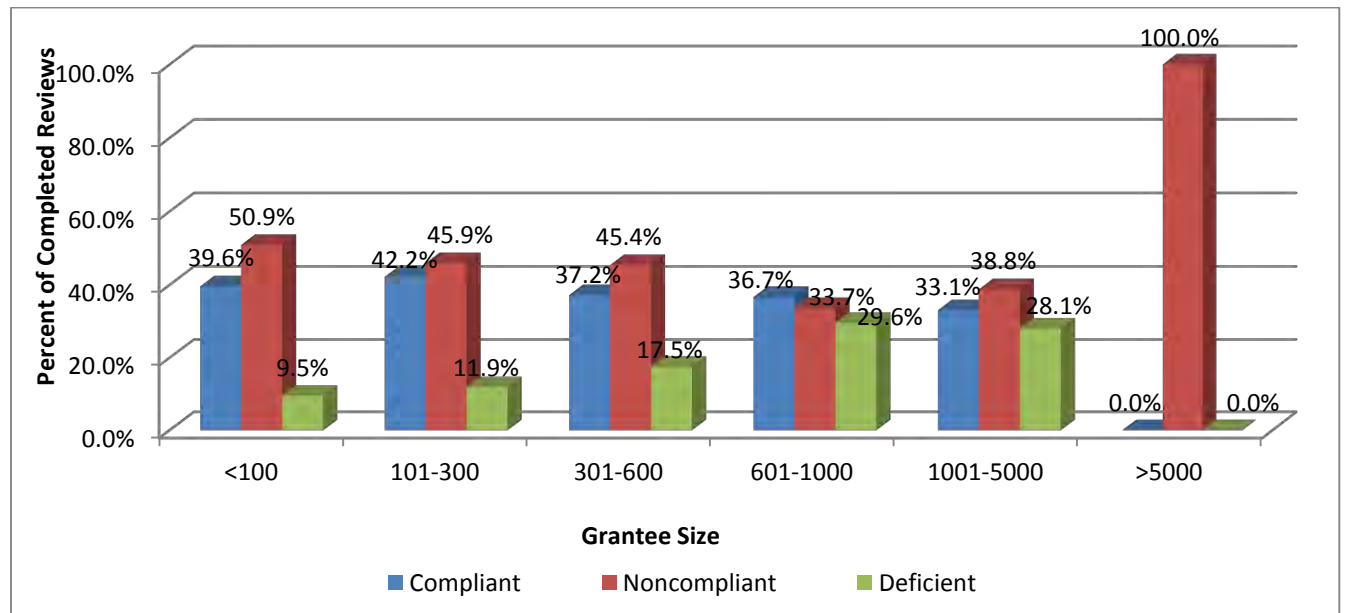


Exhibit 4 shows how review outcomes vary by grantee size. In FY 2014, larger grantees were cited for more deficiencies than smaller grantees, and by a sizeable margin. For grantees with 600 or fewer students enrolled, anywhere from about 10 percent to 18 percent were cited for at least one deficiency. Comparatively, save for super grantees, nearly 30 percent of grantees with greater than 600 students were cited with at least one deficiency. In contrast, smaller grantees were more likely to be noncompliant compared to larger grantees: among grantees with 600 students or fewer, noncompliant reviews hovered around 50 percent, while approximately 34 to 40 percent of grantees with greater than 600 students were cited for one or more areas of noncompliance (not including super grantees). Super grantees are grantees with an enrollment greater than 5000 students. 43 super grantees were reviewed in FY 2014, and all were found to be noncompliant.

**Exhibit 4: FY 2014 Review Outcomes by Grantee Size**



**Number and Types of Findings Identified**

**Number of Findings per Review**

Exhibit 5 shows the number of findings, either noncompliances or deficiencies, per grantee in FY 2014. Almost 40 percent of grantees reviews had only one or two findings in total. Approximately 43 percent of grantees reviewed had no findings. At the other end of the spectrum, less than one percent of grantees reviewed had 11 or more findings in FY 2014. Among those four grantees with 11 or more total findings, 50 percent had only noncompliances, while the other 50 percent had at least one deficiency among those 11 or greater findings. Program Design and Management (25.2 percent) and Fiscal (18.92 percent) citations were the most frequently cited among findings in FY 2014. The most common citations for among areas of noncompliance were in the areas of monthly financial statements (642(d)(2)(A)); child’s age-appropriate preventive and primary health care (1304.20(a)(1)(iii)); and screening for developmental, sensory, and behavioral concerns (1304.20(b)(1)). Among deficiencies, the most common citations were in the areas of child supervision (1304.52(i)(1)(iii)); the use of positive methods of child guidance and not corporal punishment (1304.52(i)(1)(iv)); and the appropriate release of a child to a specified child or legal guardian (1310.10(g)). Among elevated findings, the most common citations were in the areas of information sharing with the governing body (642(d)(2)(D)); annual self-assessment (642(d)(2)(F)); and monthly program information summaries (642(d)(2)(B)). Each of the four grantees with 11 or more total findings was from a different region: one grantee from Region 3 (13 findings), one grantee from Region 4 (12 findings), one grantee from Region 6 (12 findings), and one American Indian/Alaska Native (AIAN) grantee from Region 11 (17 findings).

**Exhibit 5: FY 2014 Distribution of Reviewed Grantees by Number of Findings**

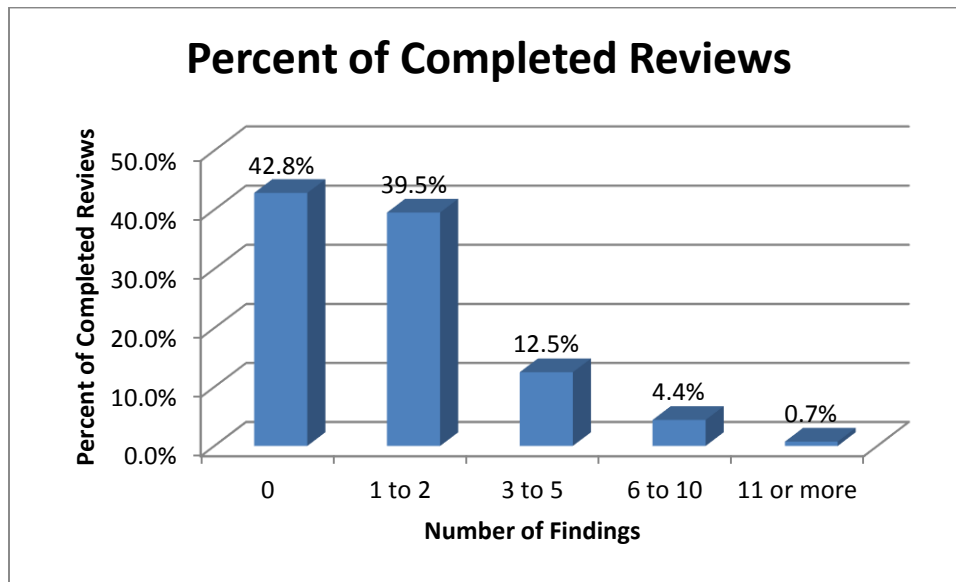
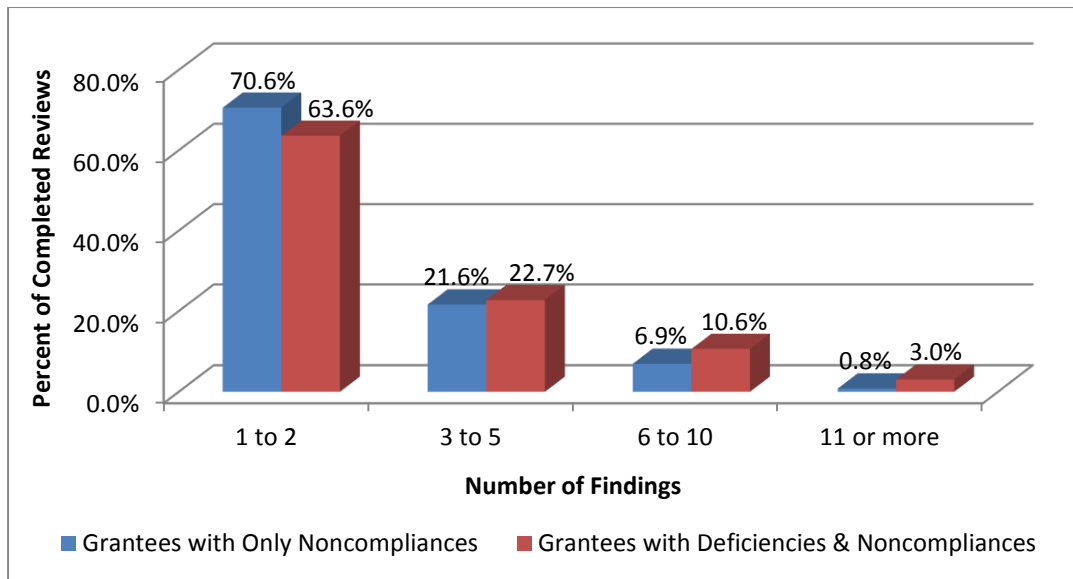


Exhibit 6 shows that the majority of noncompliant and deficient grantees in FY 2014 had only one or two findings in total. Almost two-thirds (70.6 percent) of the grantees with a review outcome of Noncompliant had only one or two findings, while over 60 percent (63.6 percent) of the grantees with a review outcome of “Deficient” had only one or two findings. Among noncompliant grantees, there was an average of 2.3 noncompliance findings per grantee. Among grantees cited for at least one deficiency, grantees had, on average, 1.7 noncompliant findings and 1.2 deficient findings. Overall, among grantees with at least one finding, reviews cited 2.2 noncompliances and 0.3 deficiencies per grantee.

Over 90 percent of the grantees with noncompliant reviews had five or fewer findings (92.2 percent), while the proportion was lower among grantees with deficient reviews (86.3 percent). Less than 8 percent of grantees with noncompliant reviews were cited for more than 6 findings total. Among grantees with deficient reviews, 13.6 percent were cited for greater than 6 findings.

**Exhibit 6: FY 2014 Distribution of Reviewed Grantees with Findings by Total Number of Findings**



**Most Frequently Cited Areas of Noncompliance and Areas of Deficiency**

***Most Frequently Cited Areas of Noncompliance***

In FY 2014, “Reporting to the Governing Body and Policy Council” was the issue most frequently cited as noncompliant during First-Year, Triennial, and Other reviews; almost one-fourth (62 of 274, 22.6 percent) of all grantees with findings were cited in this area (Exhibit 7). “Determining Child Health Status,” which was the third most commonly cited noncompliant finding in FY 2013, was the second most frequently cited issue, with nearly 19 percent of grantees (51 of 274, 18.6 percent) cited with noncompliant findings for at least one standard related to the issue. The third most frequently cited issue, “Allowable and Allocable Costs,” was not among the top 15 most frequently cited issues in FY 2013. Among FY 2014 reviews, however, close to 17 percent of grantees (46 of 274, 16.8 percent) were found to be noncompliant for at least one standard related to this issue.



**Exhibit 7: Performance Issues Most Frequently Cited among Areas of Noncompliance in FY 2014 (n = 274)**

Rank	Issue	Grantees Reviewed With Noncompliant Citations	
		n	%
1	Reporting to the Governing Body and Policy Council	62	22.6%
2	Determining Child Health Status	51	18.6%
3	Allowable and Allocable Costs	46	16.8%
4	Screening for Developmental, Health, Sensory, and Behavioral Concerns	41	15.0%
5	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	37	13.5%
6	Annual Report to the Public	33	12.0%
7	Initial Health Examinations for Staff	30	10.9%
7	Governing Body Responsibilities	30	10.9%
9	Criminal Record Checks	26	9.5%
10	Financial Management Systems	24	8.8%
11	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	21	7.7%
12	Recruitment and Enrollment of Children with Disabilities	17	6.2%
13	Ongoing Monitoring of Grantee Operations and Delegates	16	5.8%
13	Services for Pregnant Women and New Mothers	16	5.8%
15	Teacher Qualifications	15	5.5%

**Most Frequently Cited Areas of Deficiency**

According to the Head Start Act, a deficiency can fall into one of six categories (1) a threat to the health, safety, or civil rights of children or staff; (2) a denial to parents of the exercise of their full roles and responsibilities related to program governance; (3) a failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management; (4) the misuse of Head Start grant funds; (5) the loss of legal status or financial viability; or (6) any other violation of federal or state requirements.

**Exhibit 8: Performance Issues Most Frequently Cited as Deficient in FY 2014  
(n = 66)**

Rank	Issue	Grantees Reviewed With Deficient Citations	
		n	%
1	Code of Conduct	48	72.7%
2	Children are Only Released to a Parent or Legal Guardian	6	9.1%
3	Criminal Record Checks	5	7.6%
4	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	4	6.1%
4	Ongoing Monitoring of Grantee Operations and Delegates	4	6.1%
4	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment	4	6.1%
7	Child Health and Safety	2	3.0%
7	Determining Child Health Status	2	3.0%
8	Health /Dental Follow-up and Treatment	1	1.5%
8	Vehicular Safety	1	1.5%
8	Governing Body Responsibilities	1	1.5%
8	Social and Emotional Development	1	1.5%
8	Organizational Structure/Staffing	1	1.5%

Close to three-quarters (48 out of 66, 72.7 percent) of grantees with deficiencies were cited for a “Code of Conduct” deficiency, a category which primarily consists of leaving children unattended or unsupervised (Exhibit 8). This was an increase from FY 2013, when a little less than 65 percent of grantees had a deficiency pertaining to this issue. Issues with children not being properly released to a parent or legal guardian made up the second most common deficiency citation with 9.1 percent of deficient grantees cited, which is a small increase from FY 2013 (8.3 percent), when this issue was the third most frequently cited performance issue. A considerably smaller proportion of grantees had deficiencies relating to criminal record checks when compared with FY 2013 (7.6 percent vs. 16.7 percent).

***Review Outcomes for Follow-up Reviews (Correction of Findings)***

Overall, grantees were successful in correcting their findings on follow-up. Of the 741 findings reviewed on FY 2014 Follow-up reviews, 704 (95.0 percent) were corrected on their first review in FY 2014; 37 (5.0 percent) were not corrected and were, therefore, elevated to deficiencies.

### III. Grantee Monitoring Review Outcomes

Grantees have more difficulty in correcting some findings than others. Among FY 2014 reviews, grantees were highly likely to have findings elevated for issues related to Reporting to the Governing Body and Policy Council (4 grantees, 33.3 percent), Governing Body Responsibilities (4 grantees, 33.3 percent), and the Annual Report to the Public (3 grantees, 25.0 percent). While grantees struggled with elevated findings related to Reporting to the Governing Body and Policy Council in FY 2013, Governing Body Responsibilities and the Annual Report to the Public did not have any associated elevated findings in FY 2013. Some issues in FY 2013 – Screening for Developmental, Health, Sensory, and Behavioral Concerns and Ongoing Monitoring of Grantee Operations and Delegates – were no longer issues in FY 2014. As is consistent with previous years, however, Determining Child Health Status continues to be a problem for some grantees.

**Exhibit 9: Performance Issues Most Frequently Elevated, FY 2014 (n=12)**

Rank	Issue	Grantees Reviewed with Elevated Findings	
		n	%
1	Reporting to the Governing Body and Policy Council	4	33.3%
1	Governing Body Responsibilities	4	33.3%
3	Annual Report to the Public	3	25.0%
4	Policy Council Responsibilities	1	8.3%
4	Financial Management Systems	1	8.3%
6	Payroll Records and Procedures	1	8.3%
6	Family Partnerships: Goal Setting	1	8.3%
6	Determining Child Health Status	1	8.3%
6	School Readiness	1	8.3%
6	Period of Availability of Funds	1	8.3%
6	Criminal Record Checks	1	8.3%
6	Program Planning	1	8.3%
6	Procurement Procedures	1	8.3%
14	Physical Arrangements Consistent with the Health, Safety, and Developmental Needs of Children	1	8.3%
14	Recruitment and Enrollment of Children with Disabilities	1	8.3%

AIAN Re-evaluation Reviews were conducted for AIAN grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected. In FY 2014, 17 AIAN Re-

---

### III. Grantee Monitoring Review Outcomes

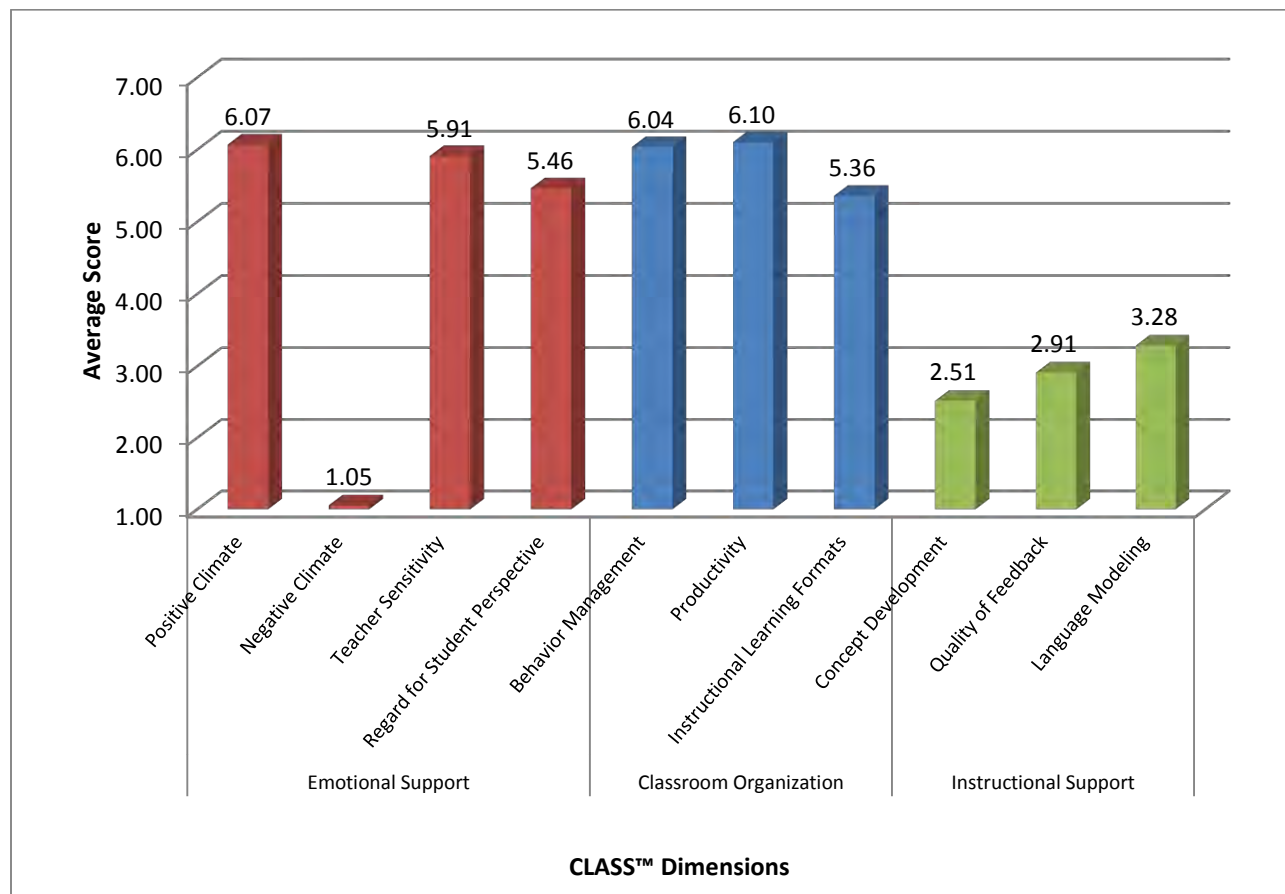
---

evaluation Reviews were conducted. There were no outstanding issues reported in any of the 17 AIAN Re-evaluation Reviews.

## V. CLASS™

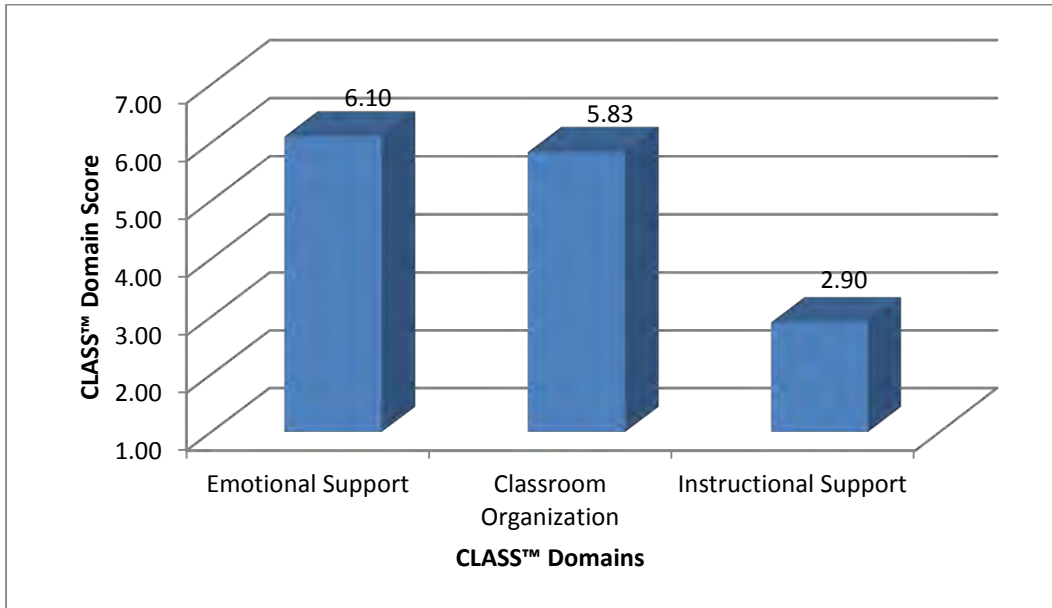
As noted in Section II of this report, CLASS™ dimensions are grouped into three main domains - Classroom Organization, Emotional Support, and Instructional Support - which assess the various ways teachers and students interact. In FY 2014, grantees generally scored in the high quality range in the Emotional Support and Classroom Organization dimensions (Exhibit 10). Note that average scores for negative climate also fell in the high quality range, approaching the highest possible score of 1, meaning negative climates were not observed frequently (Negative climate is coded in the opposite direction of all the other dimensions). For the dimensions within Instructional Support, however, grantees scored in the low to middle quality range.

**Exhibit 10: Average CLASS™ Scores by Dimension (n = 404)**



Dimensions are grouped together and averaged to create an average domain score. Across domains, scores were notably higher in the Emotional Support and Classroom Organization domains than in the Instructional Support dimensions (Exhibit 11), a similar pattern to FY 2013. As it relates to DRS, grantees in the bottom ten percent of grantees in any of the three domains are put into the DRS pool.

**Exhibit 11: FY 2014 Average CLASS™ Scores by Domain**

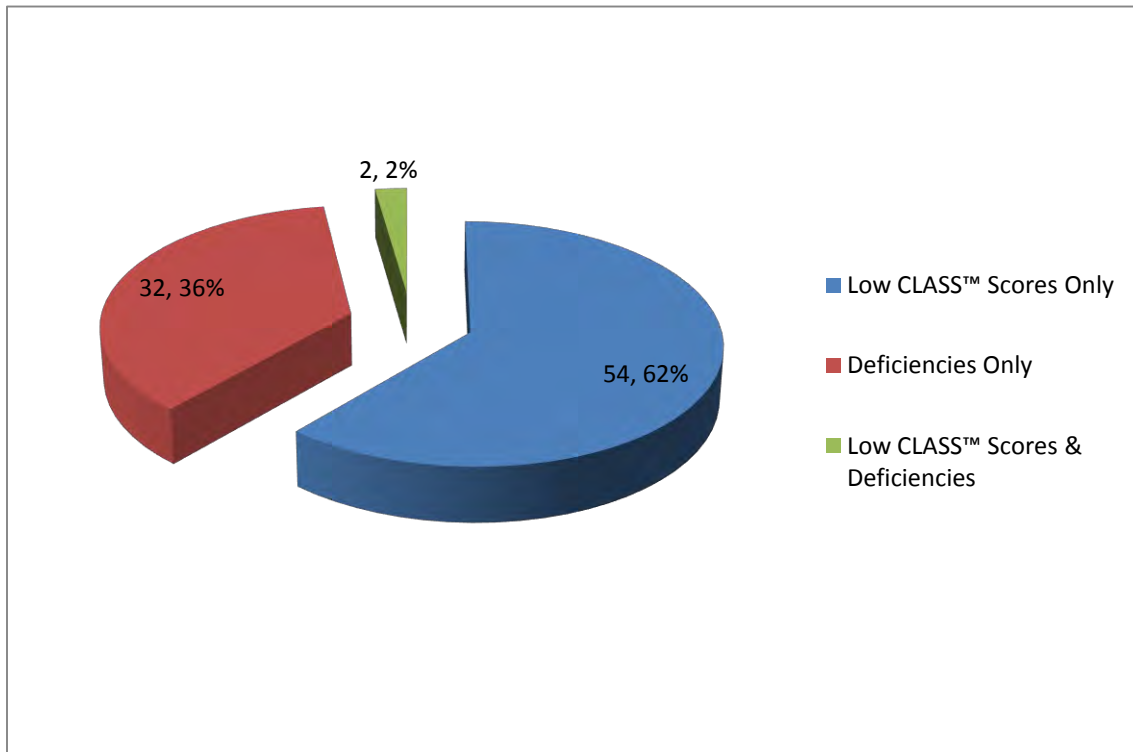


NOTE: The score for Negative Climate was inverted to calculate the average Emotional Support score (i.e. a score of one became a score of seven)

## VI. Designation Renewal System (DRS) Results

OHS has so far identified 88 grants that are required to compete for renewed grant funding based on low CLASS™ scores or deficient findings. Of the 88 grants in the DRS cohort, 32 qualified based on elevated findings, immediate deficiencies, or deficiencies identified during FY 2014 reviews and 54 qualified based on low CLASS™ scores, alone. Two qualified for the DRS pool based on both CLASS™ scores and deficiencies. Grantees can also be included in the DRS pool for non-monitoring reasons. Although this did occur in the third cohort, to date, no grantees have been entered into the DRS pool for non-monitoring reasons. Exhibit 12 presents the number of grantees in the DRS cohort and the reasons for their membership in the cohort<sup>6</sup>.

**Exhibit 12: FY 2014 Number of Grantees in Designation Renewal System (DRS) Pool and Reason for Inclusion (n = 88)<sup>7</sup>**



<sup>6</sup> Please note that as of June 30, 2015, OHS has not yet finalized the list of grantees in the Designation Renewal System (DRS).

<sup>7</sup> Please note that as of June 30, 2015, OHS has not yet finalized the list of grantees in the Designation Renewal System (DRS).

## VII. Annual Review of the FY 2014 Fiscal Monitoring Procedures

Section 650(c) of the Head Start Act requires OHS to complete an annual review of fiscal monitoring procedures to “assess whether the design and implementation of the Triennial reviews described in Section 641A(c) include compliance procedures that provide reasonable assurances that Head Start agencies are complying with applicable fiscal laws and regulations.” This Fiscal Monitoring Assessment demonstrates that the OHS fiscal monitoring process provides a complete and accurate picture of grantee fiscal integrity and required compliance with laws and regulations.

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

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

The key areas of the Fiscal Protocol take into account the requirements of the Head Start Act as well as additional fiscal compliance requirements found in other fiscal laws and regulations, including the Head Start Performance Standards and other regulations implemented at 45 CFR 1301 to 1311. The Fiscal Protocol frameworks include financial management systems, reporting, procurement, compensation, indirect costs and cost allocation, non-federal share, cost principles, facilities, and property. Fiscal compliance is assessed through review of designated pre-site documents submitted by the grantee, Regional Office fiscal information, on-site observations and review of documents, transactions, agreements, and interviews, including governing body and policy council members and key fiscal personnel.

### **FY 2014 Fiscal Monitoring Protocol**

Prior to the launch of the FY 2014 monitoring process, OHS reviewed the FY 2013 Fiscal Protocol and considered enhancements to reflect changes in policy and procedure and to ensure compliance with the Head Start Act. This section highlights key changes from the FY 2013 Protocol. The Protocol organizes elements of Head Start performance standards and other regulations into a tool to monitor grantees in a standardized way.



As substantial enhancements were made prior to the FY 2011 reviews, there were relatively few changes between the FY 2013 and FY 2014 Fiscal protocols. In FY 2014, the Fiscal Protocol was streamlined to make the on-site monitoring process more efficient. For example, a *delegate agency review guide* was added to the protocol based on expert review of the protocol. This new guide focused on the fiscal management systems used by the grantee to assess compliance at the delegate agency level. In addition, a *parent in-kind* section was added to the Non-Federal Share guide to focus on parent volunteer activity both in the classroom and at-home. Because parent in-kind donations are frequently substantial donations to grantee, the section was added to improve the review of the documentation of claims, as well as the necessity and reasonableness of services volunteered.

The Pre-Site Fiscal Information Form (FIFO) implemented in FY 2011 and FY 2013 continued to be used in FY 2014. The FIFO is completed using information from the Regional Office grants managers and is available to Reviewers along with the pre-site documents provided by the grantee for review in advance of on-site activities. The FIFO informs on-site activities by providing Reviewers with information related to the significant fiscal issues which a grantee may be encountering.

## VIII. New Directions in Monitoring for FY 2015

In FY 2015, OHS will implement a newly aligned monitoring system to address the OHS's grant cycle shift from an indefinite to a five-year project period. Additionally, OHS has increased its focus on quality in addition to compliance and is prioritizing having more frequent interaction with grantees to provide information to support their continuous improvement in core performance areas. OHS has identified core performance areas as:

- ▶ Environmental Health and Safety,
- ▶ Management Systems and Program Governance,
- ▶ Fiscal Integrity and Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA),
- ▶ Comprehensive Services and School Readiness, and
- ▶ Teacher-Child Interactions (as addressed through the CLASS™ observation instrument).

All five-year grants will be monitored using the Aligned Monitoring System. Indefinite grants will be monitored when they transition to a 5-year grant. The Aligned Monitoring System will provide the OHS with comprehensive performance data needed by Year 4 of the 5-year grant. OHS will evaluate the data to determine whether the grantee will need to re-compete.

The OHS designed the Aligned Monitoring System to provide different review processes based on the grantee's history: the *Comprehensive Monitoring Process* and the *Differential Monitoring Process*. The monitoring process that a grantee receives is determined by whether or not they meet a specific set of criteria. The criteria include:

- ▶ No findings on the previous review cycle,
- ▶ No fiscal findings in the past two review cycles,
- ▶ No findings in the annual audits,
- ▶ No Designation Renewal System (DRS) criteria met,
- ▶ No significant program changes (e.g., changes in program leadership), and
- ▶ No concerns identified through input from the Regional Office.

Grantees that do not meet the above listed criteria will engage in the *Comprehensive Monitoring Process*. Those grantees that do meet the criteria will receive the *Differential Monitoring Process*.

The *Comprehensive Monitoring Process* is comprised of six individual review events: Environmental Health and Safety; Fiscal Integrity and ERSEA; CLASS™; Management Systems

and Program Governance; and Comprehensive Services and School Readiness. Individual review events will only focus on one area at a time, giving the grantee and the reviewer a better opportunity to achieve a more in-depth review of the content area.

The *Differential Monitoring Process* recognizes grantees that have demonstrated a history of compliance. Grantees eligible for this process will first receive a Head Start Key Indicators-Compliant (or HSKI-C) review. The Head Start Key Indicators-Compliant (HSKI-C) Protocol is a research-based monitoring instrument that the Office of Head Start (OHS) is using to identify grantees that are eligible for differential monitoring. The HSKI-C protocol is an abbreviated version of the protocols used in the Comprehensive Monitoring System. It is comprised of 27 Compliance Measures that were selected based on how strongly they differentiated between high and low performing grantees. The HSKI-C covers the following review areas:

- Management Systems & Program Governance
- Comprehensive Services & School Readiness
- Fiscal Integrity

Grantees that are successful in, or pass, the HSKI-C review will only receive the Environmental Health and Safety and CLASS™ review events. Successful grantees will receive the full complement of comprehensive reviews during their next 5-year grant cycle. If grantees do not pass the HSKI-C, they will go through the Comprehensive Monitoring Process.

After each review event, grantees will receive a report that summarizes findings and/or concerns for that specific content area. At the end of Year 4, grantees will receive a “roll-up” report summarizing the results of review events held in Years 1 through 3.

## Appendix: Glossary

Term	Definition
<b>ACF</b>	Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) (includes the Regional Offices).
<b>Actual Enrollment</b>	Actual enrollment includes all children (and pregnant women) regardless of funding source (ACF or non-ACF) who are participating in a Head Start or Early Head Start program, and have attended at least one class or received at least one home visit.  Related Terms: Funded Enrollment and ACF.
<b>Area of Noncompliance (ANC)</b>	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. Depending on the documented severity of the grantee's lack of compliance and the degree to which the situation poses a threat to the safety and well-being of enrolled children, an Area of Noncompliance may become partial or sole justification for a deficiency determination or for a noncompliance determination.  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 or deficiency determination.  Related Terms: Deficiency, Determination, Noncompliance, Preliminary Area of Noncompliance, Head Start Performance Standards and Head Start Program Requirements.
<b>Citation</b>	A citation is a performance standard referenced on a Preliminary Area of Noncompliance or an Area of Noncompliance.  Related Terms: Area of Noncompliance, Preliminary Area of Noncompliance and Performance Standards.
<b>Completed Review</b>	A completed review is a conducted monitoring review of any type Triennial, First-year, Other or Follow-up) for which the Head Start Review Report has been officially received by the grantee.  Related Term: Head Start Review Report
<b>Deficiency</b>	The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:  <i>(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i>  <i>(i) A threat to the health, safety, or civil rights of children or staff;</i>  <i>(ii) A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i>  <i>(iii) A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i>  <i>(iv) The misuse of funds received under this subchapter;</i>  <i>(v) Loss of legal status (as determined by the Secretary) or financial viability, loss of</i>

Term	Definition
	<p><i>permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i></p> <p><i>(vi) Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i></p> <p><i>(B) Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i></p> <p><i>(C) An unresolved Area of Noncompliance.</i></p> <p><i>Deficiency is an OHS determination that a grantee has failed to substantially to provide the required services or to substantially implement required procedures.</i></p> <p>A deficiency [determination] is documented in a final Review Report and includes one or more Areas of Noncompliance. In a report, a statement of a deficiency determination includes a corrective action timeframe (of 30 days or 180 days depending on the severity), a finding category or deficiency type, and required corrective actions (Follow-up review and/or Quality Improvement Plan (QIP)).</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
<b>Delegate Agency</b>	<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>
<b>Determination</b>	<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>
<b>Early Head Start Program</b>	<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 pregnant women.</p> <p>Related Terms: Delegate Agency and Head Start Program.</p>
<b>Fiscal Year (FY)</b>	<p>Twelve-month accounting period (federal FY 2009 began on October 1, 2008 and ended on September 30, 2009).</p>
<b>Follow-up Review</b>	<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</p>

Term	Definition
	<p>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>
<b>Funded Enrollment</b>	<p>Funded enrollment is the total number of children (and pregnant women) 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>
<b>Grant</b>	<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>
<b>Grantee</b>	<p>An agency (i.e. public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families (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>
<b>Grantee Compliance Status</b>	<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 noncompliances: Grantees with one or more noncompliant findings</li> <li>3) Having one or more deficiencies: 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> <p>Related terms: Deficiency and Noncompliance.</p>
<b>Head Start Program</b>	<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>
<b>Head Start Program Requirements</b>	<p>The Head Start Program Requirements include the Head Start Program Performance Standards and applicable laws, regulations and policy requirements to which all grantees operating a Head Start program must adhere. 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>

Term	Definition
<b>Head Start Review Report</b>	<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>
<b>HHS</b>	<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>
<b>Monitoring Reviews</b>	<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 Head Start federal regulations and requirements during the on-site monitoring review are required to have a Follow-up review to verify whether corrective actions have been implemented. 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>
<b>Noncompliance</b>	<p>A noncompliance is an Area of Noncompliance (ANC) citing one or more performance standards and related to a noncompliance determination in the completed Head Start Review Report.</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.</p>
<b>Office of Head Start (OHS)</b>	<p>Within the Administration for Children and Families in the U.S. Department of Health and Human Services (HHS), the Office of Head Start (OHS) serves as the principal advisory unit to the Assistant Secretary on issues regarding the Head Start program. OHS provides leadership, coordinates activities, develops legislative and budgetary proposals, and presents objectives and initiatives for the Head Start program. (OHS was formerly the Head Start Bureau.)</p> <p>Related Terms: U.S. Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF).</p>
<b>OHSMS Software</b>	<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>
<b>Other Review</b>	<p>Alerted to a potential performance 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>

Term	Definition
	Related Terms: Triennial Review, Follow-up Review and Monitoring Reviews.
<b>Performance Standards (Head Start Program Performance Standards) and other regulations</b>	<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 are one source for measuring grantee compliance.</p> <p>Related Terms: Head Start Program Requirements.</p>
<b>Preliminary Area of Noncompliance (PANC)</b>	<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>
<b>Program Type</b>	<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>
<b>Protocol</b>	<p>In Fiscal Year 2007, OHS introduced a new integrated Monitoring Protocol that was designed to assess the performance and compliance of Head Start grantees in a more focused, efficient, and comprehensive manner. The protocol focused on the delivery of services as well as the management systems that support services, accountability, and fiscal integrity. This integrated protocol contains a set of compliance questions that cover all program service areas and management systems. Each compliance question is directly linked to a regulation; therefore, any review activity including interviews, observations or document review relates to a clearly defined performance requirement. Requiring review teams to adhere to a uniform and defined set of compliance questions increases focus, efficiency, fairness and comprehensiveness of the scope of the review.</p>
<b>Quality Improvement Plan (QIP)</b>	<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</p> <p>Related Terms: Determination and Deficiency.</p>
<b>Regular First-Year Review</b>	<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>
	Decision about a grantee's compliance with applicable laws and regulations



Term	Definition
<i>Review Decision</i>	based on evidence collected during the monitoring review. (Review decisions include “no areas of noncompliance,” “areas of noncompliance,” and deficiency determinations.)
	Related Terms: Areas of Noncompliance, Deficiency, Noncompliance, Determination and Monitoring Reviews.
<i>Review Team Leader (RTL)</i>	Staff person who leads the monitoring review team. The team leader (or RTL) delegates tasks, assigns reviewers to complete sections of the Protocol, and facilitates and coordinates interaction between grantee staff and review team members.
	Related Terms: Monitoring Reviews.
<i>Reviewer</i>	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.
	Related Terms: Monitoring Reviews.
<i>Triennial Review</i>	Head Start grantees undergo monitoring reviews every three years. These types of reviews are referred to as “Triennial” reviews.
	Related Terms: First-Year Review, Follow-up Review, Other Review and Monitoring Reviews.

## Appendix: Tables

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
642(d)(2)(A)	GOV	Monthly financial statements	49	17.9%
1304.20(a)(1)(ii)	CHS	Child is up-to-date on a schedule of age appropriate preventive and primary health care	40	14.6%
1304.20(b)(1)	CHS	Screening for Developmental, Sensory, and Behavioral Concerns	39	14.2%
642(d)(2)(C)	GOV	Program enrollment reports	32	11.7%
642(d)(2)(D)	GOV	Conduct of Responsibilities. Each Head Start agency shall ensure the sharing of accurate information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including monthly reports of meals and snacks provided through programs of the Department of Agriculture;	30	11.0%
1304.52(k)(1)	SYS	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	30	11.0%
644(a)(2)(B)	SYS	An explanation of budgetary expenditures and proposed budget for the fiscal year.	28	10.2%
642(d)(2)(B)	GOV	Monthly program information summaries	27	9.9%
648A(g)(3)(A)	SYS	Criminal Record Checks	26	9.5%
644(a)(2)(G)	SYS	The agency's efforts to prepare children for kindergarten.	26	9.5%
1304.53(a)(10)(viii)	CHS	Cleaning of indoor and outdoor premises	25	9.1%
642(d)(2)(I)	GOV	The sharing of accurate and regular information for use by the governing body and the policy council regarding the program information reports.	24	8.8%
642(d)(2)(E)	GOV	Financial audit	22	8.0%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
1304.53(a)(7)	CHS	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	21	7.7%
642(d)(2)(G)	GOV	Communitywide strategic planning and needs assessment	19	6.9%
644(a)(2)	SYS	Each Head Start agency shall make available to the public a report published at least once in each fiscal year that discloses the following information from the most recently concluded fiscal year, except that reporting such information shall not reveal personally identifiable information about an individual child or parent.	19	6.9%
642(d)(2)(F)	GOV	Annual self-assessment	17	6.2%
1304.40(i)(6)	CHS	Health staff must visit each newborn within two weeks of birth	16	5.8%
1304.53(a)(10)(x)	CHS	Playground equipment and surfaces	16	5.8%
640(d)(1)	ERSEA	The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services.	16	5.8%
642(d)(2)(H)	GOV	The sharing of accurate and regular information for use by the governing body and the policy council regarding communication and guidance from the Secretary.	16	5.8%
648A(g)(3)(B)	SYS	Criminal Record Checks	16	5.8%
641A(g)(3)	SYS	Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A] (g) Self-Assessments- (3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the	16	5.8%

Performance Standards Most Frequently Cited as Noncompliant				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
		operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).		
74.21(b)(3)	FIS	Financial management systems shall provide for effective control over and accountability for all funds, property and other assets.	15	5.5%
648A(g)(3)(C)	SYS	Criminal Record Checks	15	5.5%

Head Start Acronym	Head Start Definition
CDE	Child Development and Education
CHS	Child Health and Safety
ERSEA	Eligibility, Recruitment, Selection, Enrollment, and Attendance
FCE	Family and Child Engagement
FIS	Fiscal Management
GOV	Program Governance
SYS	Management Systems

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
1304.52(i)(1)(iii)	CHS	Code of conduct specifies that children are not unsupervised or left alone	42	63.6%
1304.52(i)(1)(iv)	SYS	Code of conduct specifies that the program will not They will use positive methods of child guidance and will not engage in corporal punishment	7	10.6%
1310.10(g)	CHS	Each agency must ensure that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian.	6	9.1%
648A(g)(3)(A)	SYS	Criminal Record Checks	5	7.6%
1304.53(a)(10)(viii)	CHS	Cleaning of indoor and outdoor premises	3	4.5%
1304.53(a)(7)	CHS	Grantee must provide for the maintenance, repair, safety, and security of all facilities, materials and equipment.	3	4.5%
641A(g)(3)	SYS	Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A] (g) Self-Assessments- (3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).	3	4.5%
1304.53(a)(10)(v)	CHS	Fire extinguishers	2	3.0%
1304.53(a)(10)(x)	CHS	Playground equipment and surfaces	2	3.0%
648A(g)(3)(B)	SYS	Criminal Record Checks	2	3.0%
648A(g)(3)(C)	SYS	Criminal Record Checks	2	3.0%
1304.52(g)(5)	SYS	Staff must supervise the outdoor and indoor play areas in such a way that children's safety can be easily monitored and ensured.	2	3.0%
1304.21(a)(3)(i)(C)	CDE	Help development by encouraging self-control by setting clear, consistent limits, and having realistic expectations	1	1.5%

Performance Standards Most Frequently Cited as Deficient				
Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
			n	%
1310.15(a)	CHS	Bus equipped with appropriate child restraint system	1	1.5%
1304.20(a)(1)(ii)	CHS	Child is up-to-date on a schedule of age appropriate preventive and primary health care	1	1.5%
1304.20(c)(3)(ii)	CHS	Dental Follow-up and Treatment must include other necessary preventive measures and further dental treatment as recommended by the dental professional.	1	1.5%
1304.20(a)(1)(iv)	CHS	Develop and implement a follow-up plan	1	1.5%
1304.53(a)(10)(xi)	CHS	Electrical outlets	1	1.5%
1304.53(a)(8)	CHS	Environment is free of air pollutants as well as soil and water contaminants	1	1.5%
1304.53(a)(10)(vii)	CHS	Exits and evacuation routes	1	1.5%
1304.53(a)(10)(ix)	CHS	Lead paint	1	1.5%
1304.20(a)(1)(iii)	CHS	Obtain or arrange further diagnostic testing, examination, and treatment	1	1.5%
1304.53(a)(10)(vi)	CHS	Smoke detectors	1	1.5%
1304.53(a)(10)(iii)	CHS	Storage and labeling of medication and storage of hazardous materials	1	1.5%
642(c)(1)(E)(ii)	GOV	The governing body shall adopt practices that	1	1.5%
642(c)(1)(E)(iii)	GOV	The governing body shall be responsible for ensuring compliance with Federal laws and applicable State, tribal, and local laws	1	1.5%
1304.22(d)(1)	SYS	Grantees must ensure that staff and volunteers can demonstrate safety practices	1	1.5%
1304.51(i)(2)	SYS	Grantees must establish and implement procedures for the ongoing monitoring of their operations and those of their delegate agencies	1	1.5%
1304.52(a)(1)	SYS	Organizational Structure	1	1.5%
1304.52(i)(3)	SYS	Personnel policies and procedures must include provision for appropriate penalties for violating the standards of conduct.	1	1.5%
1304.52(i)(1)	SYS	Standards of Conduct are written and followed	1	1.5%

<b>Head Start Acronym</b>	<b>Head Start Definition</b>
<b>CDE</b>	Child Development and Education
<b>CHS</b>	Child Health and Safety
<b>ERSEA</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance
<b>FCE</b>	Family and Child Engagement
<b>FIS</b>	Fiscal Management
<b>GOV</b>	Program Governance
<b>SYS</b>	Management Systems

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
642(d)(2)(F)	GOV	Annual self-assessment	4	28.6%
642(d)(2)(D)	GOV	Conduct of Responsibilities. Each Head Start agency shall ensure the sharing of accurate information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including monthly reports of meals and snacks provided through programs of the Department of Agriculture;	4	28.6%
642(d)(2)(B)	GOV	Monthly program information summaries	4	28.6%
642(d)(2)(C)	GOV	Program enrollment reports	4	28.6%
644(a)(2)(B)	SYS	An explanation of budgetary expenditures and proposed budget for the fiscal year.	4	28.6%
644(a)(2)(G)	SYS	The agency's efforts to prepare children for kindergarten.	4	28.6%
642(d)(2)(G)	GOV	Communitywide strategic planning and needs assessment	3	21.4%
642(d)(2)(A)	GOV	Monthly financial statements	3	21.4%
642(d)(2)(I)	GOV	The sharing of accurate and regular information for use by the governing body and the policy council regarding the program information reports.	3	21.4%
1307.3(b)(2)(i)	CDE	Agency has been determined not to have taken steps to achieve the school readiness goals by aggregating and analyzing aggregate child-level assessment data at least three times per year (except for programs operating less than 90 days, which will be required to do so at least twice within their operating program period) and using that data in combination with other program data to determine grantees' progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design and other program decisions	2	14.3%
642(c)(1)(E)(iv)(V)(aa)	GOV	Review and approve the annual self-assessment and financial audit	2	14.3%
642(d)(2)(H)	GOV	The sharing of accurate and regular information for	2	14.3%



Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
		use by the governing body and the policy council regarding communication and guidance from the Secretary.		
1304.24(a)(3)(i)	CDE	Design and implement program practices responsive to the identified behavioral and mental health concerns	1	7.1%
1304.20(a)(1)(ii)(A)	CHS	Assist parents in making the necessary arrangements to bring the child up-to-date	1	7.1%
1304.53(a)(10)(viii)	CHS	Cleaning of indoor and outdoor premises	1	7.1%
1304.20(a)(1)(iii)	CHS	Obtain or arrange further diagnostic testing, examination, and treatment	1	7.1%
640(d)(1)	ERSEA	The Secretary shall establish policies and procedures to assure that, for fiscal year 2009 and thereafter, not less than 10 percent of the total number of children actually enrolled by each Head Start agency and each delegate agency will be children with disabilities who are determined to be eligible for special education and related services, or early intervention services.	1	7.1%
1304.40(a)(1)	FCE	Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents	1	7.1%
1304.24(a)(3)(ii)	FCE	Mental health program services must include a regular schedule of on-site mental health consultation on how to promote children's mental wellness by providing group and individual staff and parent education on mental health issues	1	7.1%
225, App A(C)(3)(a)	FIS	A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received.	1	7.1%
74.28	FIS	A recipient may charge to the award only allowable costs resulting from obligations incurred during the funding period	1	7.1%
74.21(b)(3)	FIS	Financial management systems shall provide for effective control over and accountability for all funds,	1	7.1%

Performance Standards Most Frequently Elevated				
Performance Standard	Content Area	Standard Description	Number of Elevated Citations	
			n	%
		property and other assets.		
92.36(c)(3)	FIS	Grantees will have written selection procedures for procurement transactions	1	7.1%
230, App B(8)(m)(2)(a)	FIS	Reports reflecting the distribution of activity of each employee must be maintained for all staff members.....The reports must reflect an after-the-fact determination of the actual activity of each employee.	1	7.1%
230, App B(8)(m)(1)	FIS	Selected Items of Cost: Charges to awards for salaries and wages	1	7.1%

Head Start Acronym	Head Start Definition
<b>CDE</b>	Child Development and Education
<b>CHS</b>	Child Health and Safety
<b>ERSEA</b>	Eligibility, Recruitment, Selection, Enrollment, and Attendance
<b>FCE</b>	Family and Child Engagement
<b>FIS</b>	Fiscal Management
<b>GOV</b>	Program Governance
<b>SYS</b>	Management Systems