

Report to Congress on Head Start Monitoring



FISCAL YEAR 2010



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



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Executive Summary

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. Monitoring reviews take several forms. As mandated by Section 641A of the Head Start Act, each Head Start grantee receives a full on-site review immediately after completion of their first year (First-Year review) of providing Head Start services and full on-site reviews on a rotating triennial basis thereafter (Triennial reviews). Grantees may also be subject to targeted “Other” reviews at any time if they are determined to be at risk. Grantees found to be out of compliance with Head Start requirements receive a Follow-Up review to ensure that all findings are corrected.

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

This report presents a summary of the findings of Fiscal Year (FY) 2010 monitoring reviews and outcomes of Quality Improvement Plans, fulfilling the reporting requirement, Section 641A(f), of the Head Start Act. It highlights the enhancements made to the FY 2010 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2010.

Enhancements to the FY 2010 Review Process

Each year, the Office of Head Start evaluates the monitoring review system to determine if there are changes that would improve the process. In FY 2010, two primary changes were implemented to enhance the ability of teams to identify systems-level issues. Systems-level issues are identified in the Head Start Program Performance Standards and refer to the ability of the grantee to adequately support ongoing and organized approaches to managing the delivery and quality of services. The systems, which include ongoing monitoring, planning, record keeping, reporting, communications, and fiscal management, are connected and inter-related as they support the services provided. In FY 2010, OHS required each reviewer to develop concise summary analyses on their assessment of the grantee’s overall functioning, focusing on how the grantee’s systems supported quality and delivery of services. OHS also integrated a Systems Analysis Matrix into the monitoring protocol to help reviewers identify patterns within specific content areas and across various management systems.

OHS also made enhancements to three sections of the FY 2010 protocol:

1. The Fiscal section of the FY 2010 Monitoring Protocol was streamlined. Reviewers were given a core set of targeted questions that focused on issues of significant materiality. When issues were identified, additional questions were triggered to prompt reviewers to examine the issue in greater detail.



2. OHS piloted a revised Enrollment, Recruitment, Selection, Eligibility, and Attendance (ERSEA) section of the Monitoring Protocol to provide stronger guidance to on-site monitoring teams.
3. OHS implemented the CLASS instrument as part of all Triennial reviews. CLASS, which is part of the Education and Early Childhood Development Services section of the protocol, requires reviewers to rate the teacher's effectiveness and the classroom's quality across the ten CLASS dimensions.

In addition, OHS exercised its authority to conduct unannounced visits in FY 2010. In the past, grantees have typically been provided notice prior to all monitoring or other onsite visits. Unannounced reviews began to be used in FY 2010 to ensure that Head Start grantees were operating at a "review ready" level every day. They will continue to be a part of the monitoring process in FY 2011.

In FY 2009 and FY 2010, OHS developed regulations that created a designation renewal system to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program. Under the new regulations, grantees that are not found to be delivering a high-quality and comprehensive Head Start program will be subject to recompetition. Eighty grantees have been selected for recompetition as a result of their FY 2010 monitoring results. CLASS scores for these grantees were not a factor in their competition designation.

FY 2010 Monitoring Results

There were 946 monitoring reviews completed in FY 2010. Of these, 476 were Triennial Reviews, 9 were First-Year reviews, 29 were Other reviews, and 432 were Follow-Up reviews.

Outcomes of FY 2010 Monitoring Reviews

Monitoring reviews have three possible outcomes: *compliant*, *having one or more noncompliances*, or *having one or more deficiencies*. Grantees with one or more deficiencies also may have noncompliant findings.

- ▶ Of the 485 grantees that underwent either a Triennial or a First-Year review in FY 2010, 19% were found to be compliant, 69.7% were found to have one or more noncompliances and an additional 11.3% were found to have one or more deficiencies.
- ▶ Nearly 95% of all grantees found to have one or more noncompliances or one or more deficiencies in FY 2010 corrected all of their findings by the time of their first Follow-up review.
- ▶ Some groups of grantees had more performance issues than others. Similar to previous years, grantees receiving First-Year reviews have more findings than grantees receiving Triennial reviews, larger grantees had more findings than smaller grantees, and grantees that provide only Head Start services had more findings than grantees that provide only Early Head Start services or both Head Start and Early Head Start services.
- ▶ Head Start program CLASS scores compared favorably to scores calculated from preschool programs over 11 states by NCEDL (National Center for Early Development and Learning) studies. Head Start programs scored higher overall in all domains—Emotional Support, Classroom Organization, and Instructional Support. However, Head Start CLASS scores and NCEDL scores may not be fully comparable due to differences in populations, sample size, and



geographic diversity.

Number and Types of Findings Identified in FY 2010

A total of 1,967 findings were identified on 485 First Year and Triennial monitoring reviews in FY 2010, similar to FY 2009. Of the 485 grantees reviewed, 393 (81%) had one or more finding identified during their review.

- ▶ 93.5% (1840) of findings were areas of noncompliance; 6.5% were deficiencies (127). A total of 338 grantees had one or more noncompliances identified, excluding deficiencies. 55 grantees had one or more deficiencies identified.
- ▶ Of those grantees with findings (393 grantees), 34.1% had one to two findings and 36.1% had three to five findings. 10.4% of grantees with findings identified in a Triennial or First-Year review in FY 2010 had 11 or more findings.
- ▶ Grantees with one or more areas of noncompliance, excluding deficiencies, averaged 4.0 findings per grantee; this is lower than the average in FY 2009 of 4.7 findings per grantee.
- ▶ Grantees with one or more deficiency averaged 10.9 findings (noncompliances and deficiencies) on their Triennial or First-Year reviews, 6.9 more than grantees with one or more noncompliances. This is higher than FY 2009, when grantees with one or more deficiency averaged 9.5 total findings per review.

Most Common Findings Identified in FY 2010

Many grantees with findings struggle with similar issues. In FY 2010, similar to FY 2009, grantees were most likely to have findings in Program Design and Management (67.9%) and Fiscal Management (50.6%), followed by Safe Environments (44.0%). Grantees were least likely to have findings related to their delivery of other direct services such as Disabilities Services (6.1% of grantees), Mental Health Services (5.3% of grantees), and Family and Community Services (5.1% of grantees).

- ▶ Just over one-third (36.4%) of the 55 grantees found to have one or more deficiencies were cited for at least one deficiency in health and safety, an improvement over FY 2009 (77.3%). Just under one-third (29.1%) of these grantees were cited for at least one “failure to perform substantially” deficiency, a higher percentage than in FY 2009 (22.7%)
- ▶ The most frequently cited issue in FY 2010 was failure to ensure “Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children”. Over one-quarter (109 of 393 grantees, 27.7%) of all grantees having noncompliant or deficient findings were cited for this issue.
- ▶ Other issues frequently cited for grantees on FY 2010 First Year and Triennial reviews included “Annual Report to the Public”, “Maintenance, Repair, Safety, and Security of all Facilities, Materials, and Equipment”, “Reporting to the Governing Body and Policy Council”, and “Ongoing Monitoring of Grantee Operations and Delegates.”



New Directions in Monitoring for FY 2011

In FY 2011, OHS will continue to implement changes in policy and procedure that will ensure compliance with the Head Start Act (amended December 2007) Family Child Care Regulations (published February 2008), and the American Recovery and Reinvestment Act (enacted February 2009) as well as improve the monitoring process. Planned and anticipated changes to monitoring for FY 2011 span four areas: Monitoring Protocol and Software; procedures for monitoring American Recovery and Reinvestment Act (ARRA) grantees; enhancing use of the Classroom Assessment Scoring System (CLASS); and the further implementation of unannounced reviews.

Monitoring Protocol and Software. The Protocol will be organized into Compliance Frameworks, which group together related program requirements to make it easier to see the “big picture” – they highlight key objectives that programs should achieve in their service delivery and management system design and implementation (e.g. School Readiness).

Monitoring American Recovery and Reinvestment Act Grantees. On April 2, 2009, the U.S. Department of Health and Human Services (HHS) announced that Head Start and Early Head Start programs would receive increased funding allowing the program to serve an additional 55,000 pregnant women, infants, toddlers, and families and nearly double the number of Early Head Start participants. Additional questions will need to be added to the Monitoring Protocol to monitor issues of compliance specifically pertaining to ARRA.

Enhancing the use of the Classroom Assessment Scoring System (CLASS). In FY 2011, changes will be made to the implementation of the Classroom Assessment Scoring System in Monitoring. These changes include reviewing a larger percentage of classrooms and more cycles per classroom.

Expanded Implementation of Unannounced Reviews. OHS’ continued dedication to increasing transparency, accountability, and the enhancement of providing services, has led to the implementation of unannounced monitoring reviews. Approximately ten percent of all Triennial and First-Year reviews will be unannounced beginning in FY 2011.



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 education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, and other standards related to enrollment, recruitment and selection, and program design.

Head Start monitoring is mandated by Section 641A of the Head Start Act, which requires that each Head Start grantee receive a full on-site review (First-Year review) immediately after completion of their first year of providing Head Start services and full on-site reviews (Triennial review) on a rotating triennial basis thereafter. Approximately one-third of all grantees are monitored each year. When First-Year and Triennial reviews identify grantees that fail to meet program requirements, those grantees must receive a more targeted Follow-Up review. Reviews are conducted by a team of reviewers who are knowledgeable about Head Start and led by a Review Team Leader (RTL). To assess grantee compliance, review teams use the Office of Head Start (OHS) Monitoring Protocol, which employs a systems approach to assess program services and quality.

The Head Start Act also mandates that a grantee determined to have an area of noncompliance or a deficiency must correct these findings. 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) 2010 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. Beginning with a brief overview of Head Start program services, the Monitoring Report is organized according to the following framework:

- ▶ Head Start Program Services
- ▶ Monitoring of Head Start Grantee Organizations
- ▶ Head Start Monitoring Reviews Completed in FY 2010
- ▶ Triennial and First-Year Review Outcomes
- ▶ Overall Analysis of Findings for Reviewed Grantees
- ▶ Analysis of grantees with noncompliances and deficiencies in FY 2010
- ▶ Deficiencies Requiring Immediate Corrective Action
- ▶ Analysis of the Types of Findings and Issues Cited on Triennial and First-Year Reviews



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- ▶ Corrective Actions and their Outcomes
 - ▶ CLASS Results
 - ▶ New Directions in Monitoring for FY 2011

A glossary of key terms as well as a list of the standards most frequently cited as noncompliant and deficient appears as an Appendix to this report.



I. Head Start Program Services

Head Start, created and first authorized in 1965 under the authority of the Head Start Act (42 USC 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages three to five) and their families, with a special focus on helping children develop the early literacy and numeracy skills they need to succeed in school. In 1994, Head Start was authorized to serve children birth to age three in response to mounting evidence that the earliest years matter a great deal to a child's growth and development. Early Head Start provides services to infants and toddlers, from birth to age three, as well as to pregnant women. With additional funding provided by the 2009 American Reinvestment and Recovery Act, Head Start is now able to serve an additional 60,600 children, with a large percentage of the funding directed toward Early Head Start programs.

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 help 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 purpose of Head Start monitoring is to assess grantee performance and compliance with requirements governing Head Start programs. The Head Start Act mandates that each Head Start grantee receive a monitoring review at least once every three years, that each newly designated grantee be reviewed after the completion of its first year (and then at least every three years thereafter), and that Follow-up reviews be conducted for all grantees that “fail to meet the standards.” In FY 2010, reviews were conducted by teams of reviewers knowledgeable about Head Start and led by a Review Team Leader (RTL). Each review was guided by a standard Protocol, which reviewers used to assess program performance and compliance.

The following sections describe the basic mechanics of the monitoring process, the exception-based reporting system OHS uses, the steps OHS has taken over the last few years to improve how the process works, and key changes to monitoring that were made effective in FY 2010.

1. 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. In most cases, grantees are sent written notification of the specific date of the review thirty 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 online. In FY 2010, OHS piloted unannounced reviews as part of their response to the findings of a Government Accountability Office (GAO) investigation¹ that some Head Start programs had engaged in potentially fraudulent eligibility determination procedures and other types of misconduct. For these reviews, the review team arrives on the first day of the review carrying the letter announcing the review date.

There are four main types of reviews: First-Year, Triennial, Follow Up, and Other. Each Head Start grantee receives an on-site First-Year review, using the full monitoring protocol, immediately after completion of their first year of providing Head Start services. They then receive full on-site reviews (Triennial reviews) on a rotating triennial basis thereafter. Grantees also may receive targeted “Other” reviews if they are determined to be at risk. These reviews may be onsite or off-site depending on the nature of the concern. Grantees found to have an area of noncompliance or a deficiency receive a Follow-Up review to ensure that the finding is corrected. The Follow-Up review may be conducted onsite or off-site, depending on the type and severity of the finding to be corrected.

Triennial and First-Year on-site monitoring reviews are conducted by a team of seven to eight qualified non-federal consultants, supervised by a RTL, and generally take place over a four- to five-day period.

¹ GAO presented its preliminary results about its ongoing investigation in testimony entitled, “Head Start: Undercover Testing Finds Fraud and Abuse at Selected Head Start Centers” before the House Education and Labor Committee on May 18, 2010, which is available at: <http://www.gao.gov/new.items/d10733t.pdf>. GAO published its final report on September 28, 2010, which reiterated many of the findings disclosed in the May testimony and discussed new findings related to specific fraud allegations at two Head Start grantees. This report is available at: <http://www.gao.gov/products/GAO-10-1049>.



Review team sizes sometimes 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) sometimes require larger review teams. The very largest grantees, considered “super grantees,” require both substantially larger review teams and longer review periods. Smaller grantees allow for smaller teams of reviewers.

Once on site, the review team initiates the information collection process, which is supported by the Protocol and accompanying software. Review teams rely on multiple modes of inquiry—interviews, observations, documentation review, and analysis—to evaluate grantee compliance with program requirements. Team members are encouraged to share information on a routine basis through the 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. At the conclusion of the on-site review, the RTL reviews the totality of evidence, makes preliminary decisions of noncompliance, and submits the preliminary draft report to OHS.

2. The Head Start Monitoring Protocol

The Protocol organizes elements of Head Start performance standards and other program regulations into 11 sections against which compliance is monitored:

- ▶ Health Services
- ▶ Nutritional Services
- ▶ Safe Environments
- ▶ Transportation Services
- ▶ Disabilities Services
- ▶ Mental Health Services
- ▶ Family and Community Services
- ▶ Education and Early Childhood Development Services (ECD)
- ▶ Fiscal Management
- ▶ Program Design and Management
- ▶ Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA).

Compliance Questions (CQs) form the basis of the Protocol, with each CQ focused on one or more performance standards against which compliance is measured. Targeted Questions (TQs) are used by review teams to gather evidence to support the assessment of compliance for each CQ. 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:

- ▶ Pre-site Guides

- ▶ Interview Guides
- ▶ Observation Guides
- ▶ Document Review Guides
- ▶ Checklists (e.g. Safe Environments Checklist)
- ▶ Child and Staff File Review Guides
- ▶ Management Systems Analysis Guides.

The evidence collected through each guide is linked to CQs and used to assist review teams in making compliance assessments.

3. Exception-Based Reporting

OHS utilizes a system of exception-based reporting to comply with the Federal mandate to inform grantees of findings that should be corrected (Section 641A(e) of the Head Start Act, as amended in 2007). Fundamental to the exception-based reporting process is the collection, verification, and substantiation of evidence from multiple sources to support 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 their natural settings; and review program documents and materials, as well as children's files to assess compliance with Head Start requirements.

Based on the analysis of the evidence and the team's recommendations, the RTL renders preliminary decisions regarding grantee compliance with program requirements. An initial finding identified by the review team was referred to as a *preliminary area of noncompliance* (PANC). To support each preliminary area of noncompliance, the review team is required to cite at least one Head Start requirement and provide sufficient, well documented evidence and descriptions of the problem cited.

If, during an on-site review, the RTL 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.

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

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

- (i) A threat to the health, safety, or civil rights of children or staff;*
- (ii) A denial to parents of the exercise of their full roles and responsibilities related to program operations;*
- (iii) A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;*
- (iv) The misuse of funds received under this subchapter;*



- (v) *Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or*
- (vi) *Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;*

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

(C) An unresolved area of noncompliance.

Areas of Noncompliance. The Performance Standards, at 45 CFR 1304.61(a), authorize OHS to determine, on the basis of the review, whether grantees have areas of noncompliance that do not constitute deficiencies, but must be corrected.

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

4. The Reviewer Pool

OHS devotes considerable effort to ensuring that each review is staffed by individuals who are knowledgeable about Head Start programs. 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 is able to identify the processes that need to be strengthened and the areas in which additional support are required to facilitate reviewer's work while on site. These efforts continue to maintain the efficiency and effectiveness of the review teams.

5. Centralized Quality Control and Finalization of Review Reports

To ensure consistency in monitoring, OHS' Central Office is responsible for the form, content, and issuance of monitoring. 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.



6. Key Changes in Program Monitoring Effective in FY 2010

OHS continued its enhancement, expansion, and centralization of the monitoring system in FY 2010. In so doing, OHS refined the Monitoring Protocol, developed methods of enforcing greater accountability, and implemented the Classroom Assessment Scoring System (CLASS) tool to monitor classroom quality. The following paragraphs enumerate the major changes made in monitoring and relevant activities implemented by OHS for the FY 2010 program year.

Monitoring Protocol Enhancements: The Monitoring Protocol, designed to guide a more focused, efficient and comprehensive assessment of grantee compliance, significantly contributed to the enhanced consistency and accountability of the overall OHS Monitoring System (OHSMS). First released for the FY 2007 monitoring season, the integrated Protocol helps reviewers to evaluate grantee performance against Head Start performance and Head Start Act requirements.

Two overarching changes that helped improve data collection and dissemination were made to the Protocol in FY 2010. Both changes were aimed at placing a greater emphasis on identifying systems level issues and patterns. Systems-level issues are identified in the Head Start Program Performance Standards and refer to the ability of the grantee to adequately support ongoing and organized approaches to managing the delivery and quality of services. The systems, which include ongoing monitoring, planning, record keeping, reporting, communications, and fiscal management, are connected and inter-related with each other as they support the services provided.

1. OHS required each reviewer to produce concise summary analyses elaborating on their assessment of the grantee's overall functioning. Each reviewer was responsible for writing a summary analysis for each Content Area (e.g. Health) they reviewed as well as for each management system (e.g. communication, reporting, ongoing monitoring).
2. OHS created a Systems Analysis Matrix in FY 2010 to help reviewers see patterns within specific Content Areas and across various management systems. The Matrix was created within the OHS Monitoring Software and used by reviewers while on-site.

To help reviewers assess the “big picture” of the grantee and improve the quality of the information collected, the role of Report Coordinator (RC) was transformed into a “coaching” role, in which the RC assisted other members of the team in assessing and collecting evidence. Report Coordinators received special training on coaching other review team members to dig deeper into underlying concerns. Functions in the software allowed RCs to comment on review team members' notes, ask questions, and request that a Reviewer probe deeper.

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

Accountability: In FY 2007, changes were made to the Head Start Act, including modifications to alternative teacher credentialing and degree requirements and a requirement that each grantee submit an improvement plan approved by the governing body as a result of its self-assessment. Grantees



became fully accountable to these modifications in FY 2010. At this time, the Head Start Act Performance Standards were made citable in the Protocol and noncompliant or deficient findings were assessed if the grantee was determined to be out of compliance with one or more of the regulations. Reviewers received additional training and guidance to ensure the quality and consistency of the review of these new performance standards

In FY 2010, in response to the findings of a Government Accountability Office (GAO) investigation² that some Head Start programs had engaged in potentially fraudulent eligibility determination procedures and other types of misconduct, the Office of Head Start reviewed and revised the Enrollment, Recruitment, Selection, Eligibility, and Attendance (ERSEA) section of the Monitoring Protocol to provide stronger guidance to on-site monitoring teams in the review of this area. The new Protocol and unannounced ERSEA reviews were piloted in July and August 2010 and will become a permanent part of the Protocol in FY 2011.

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

The Classroom Assessment Scoring System (CLASS) Instrument: In FY 2009, as required in the Head Start Act, OHS pilot-tested the CLASS instrument as a method of monitoring teacher effectiveness and classroom quality. Developed by the University of Virginia and validated in over 3,000 classrooms, the CLASS is an observational instrument that assesses interactions between children and teachers in three domains: Emotional Support, Classroom Organization, and Instructional Support.

In FY 2010, after a FY 2009 pilot test, OHS implemented the CLASS instrument as part of all Triennial reviews in order to observe and assess classroom interactions between children and teachers. Prior to participating as a team member on reviews in FY 2010, existing Education and Early Childhood Development Services (ECD) reviewers were recruited to conduct CLASS evaluations. Reviewers were then trained and certified by Teachstone, an organization founded by two of the CLASS tool's authors to make the tool available and accessible to those working in the field.

Each CLASS assessment was based on a 20 minute observation of a classroom in session; each classroom that received an ECD observation also received a CLASS observation, a number that varied based on the size of the grantee. During each observation, the reviewer rated the teacher's effectiveness and the classroom's quality across the ten CLASS dimensions. At the end of the review, reviewers compiled a "Program-wide Aggregated Report"; this report, which included a summary detailing the results of the CLASS assessment, was then shared with the Head Start agency.

During FY 2009 and FY 2010, HHS was developing proposed regulations to implement two provisions of the 2007 reauthorization of the Head Start Act: 1) the requirement that established Head Start grantees

² GAO presented its preliminary results about its ongoing investigation in testimony entitled, "Head Start: Undercover Testing Finds Fraud and Abuse at Selected Head Start Centers" before the House Education and Labor Committee on May 18, 2010, which is available at: <http://www.gao.gov/new.items/d10733t.pdf>. GAO published its final report on September 28, 2010, which reiterated many of the findings disclosed in the May testimony and discussed new findings related to specific fraud allegations at two Head Start grantees. This report is available at: <http://www.gao.gov/products/GAO-10-1049>.



will be awarded grants for a five-year period and only grantees determined to be delivering high-quality services will be given another five-year grant non-competitively; and 2) the requirement to develop a designation renewal system to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program that meets the educational, health, nutritional, and social needs of the children and families it serves, and meets program and financial management requirements and standards. HHS issued proposed regulations that articulate the details of the proposed designation renewal system (DRS) in September 2010. On November 9, 2011 the final DRS was published in the Federal Register and it became effective on December 9, 2011. HHS plans to modify its monitoring system as appropriate based on the implementation of the DRS.

The first cohort of grantees designated for competition consisted of 132 grantees. Of the 132, 10 qualified based on deficient findings in FY 2009, 80 qualified based on deficient findings in FY 2010, 39 qualified based on deficient findings in FY 2011, and 3 qualified based on deficient findings in FY 2012. CLASS scores were not a factor in selecting this first cohort. As specified in Part 1307 of the Head Start Program Performance Standards, which was released on November 9, 2011, grantees were eligible for DRS if they had received a report by November 8, 2011 that identified one or more deficient finding found on a review that started on or after June 12, 2009. Only new findings that originated from a Triennial, Triennial + ARRA, Other, or Follow Up Review and uncorrected findings that were elevated during a Follow Up review were considered. AIAN grantees who met these criteria were not recompleted immediately; they have six months to establish a plan to improve the quality of the Head Start or Early Head Start program and an additional six months to implement this plan before their performance is reevaluated.

During FY 2010, while preparing to implement other improvements to monitoring, OHS contemplated specific changes in policy and procedure for FY 2010 and beyond that would ensure compliance with certain provisions of the Head Start Act that were established in the 2007 reauthorization of the Head Start Act, as well as Family Child Care Regulations (published in February 2008), and the American Recovery and Reinvestment Act (enacted in February 2009), which enabled program expansion. Changes to monitoring implemented in FY 2010 were made in five areas, including: Monitoring Protocol and software; system changes resulting from a Government Accountability Office (GAO) investigation; full-scale implementation of the Classroom Assessment Scoring System (CLASS) instrument; program expansion enabled by the American Recovery and Reinvestment Act (ARRA); and new or expanded legislative or regulatory requirements. OHS also expanded the use of unannounced reviews in FY 2011 to include approximately 10% of all grantees eligible for a Triennial or First-Year review.



IV. Triennial and First-Year Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2010, specifically addressing the following questions:

- ▶ How many and what types of monitoring reviews were conducted in FY 2010?
- ▶ How many and what types of monitoring reviews were completed in FY 2010?
- ▶ What were the review outcomes for grantees receiving a FY 2010 Triennial or First-Year reviews?
- ▶ How did review outcomes for grantees that received Triennial reviews compare with grantees that received First-Year reviews in FY 2010?
- ▶ How did review outcomes compare by grantee type in terms of whether the grantee provided Head Start services only, Early Head Start services only, or both services?
- ▶ How did review outcomes compare for grantees by funded enrollment?

How Many Total Monitoring Reviews Were Conducted In FY 2010?

OHS conducted a total of 951 monitoring reviews from October 1, 2009 through September 30, 2010, of which 946 were completed, with a final report issued to the grantee, as of February 22, 2012.

Reviews conducted by OHS consist of four primary types: *First-Year*, *Triennial*, *Other*, and *Follow-up*. First-Year reviews are reviews conducted on grantees after one year of operation, while Triennial reviews are conducted once every three years throughout a grantee's life cycle. First-Year and Triennial reviews are therefore routine monitoring reviews conducted at planned and scheduled periods. Other reviews are non-routine in nature, and can either be unannounced reviews, for which grantees are selected at random, or triggered by a potential performance issue or concern in response to which OHS conducted an out-of-cycle review.

Other reviews are targeted reviews on grantees determined to be at risk. As opposed to First-Year and Triennial Reviews, Other reviews examine only those areas that are pre-determined to be a performance issue. OHS also began to perform Other-Offsite reviews in FY 2010, which enabled OHS to perform a review on a specific issue without having to deploy an on-site monitoring team.

Grantees found to have noncompliances or deficiencies in Triennial, First-Year, or Other reviews underwent Follow-up reviews. As with Other reviews, Follow-up reviews can be conducted either on-site or off-site and can be unannounced if desired. Off-site Follow-up reviews, known as Desk reviews, enable OHS to follow up on grantees that had certain findings in their Triennial or First-Year review without having to deploy an on-site review team.

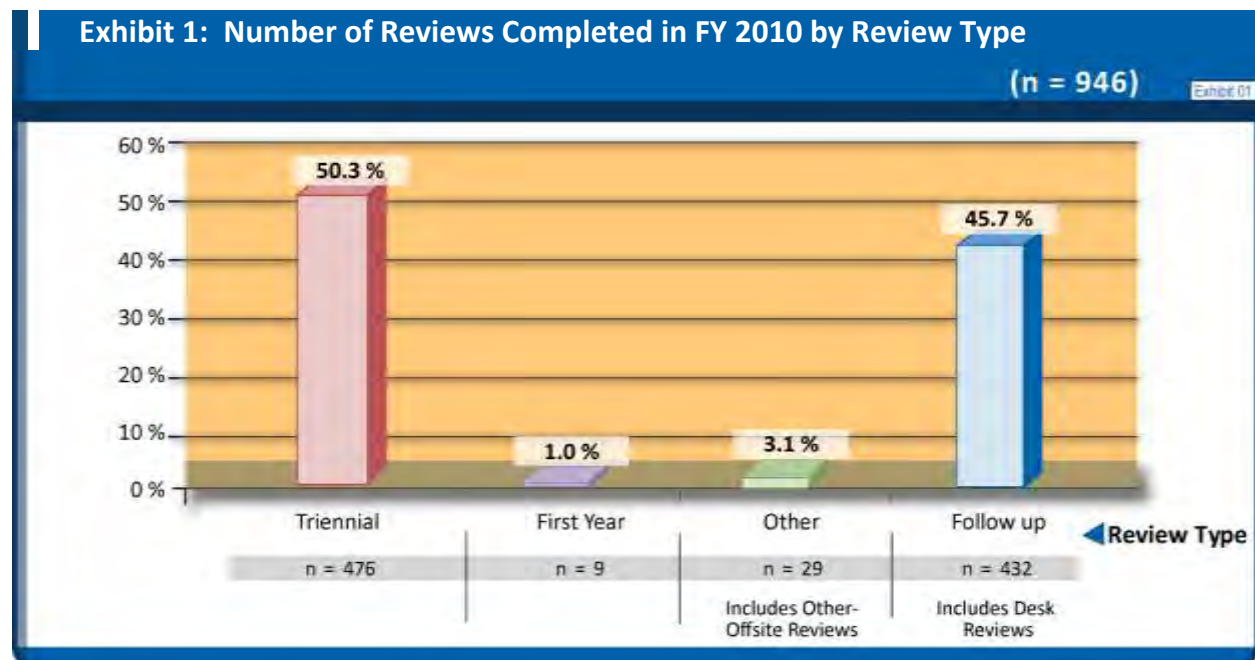
In total, 951 monitoring reviews were conducted in FY 2010 with 5 reviews still incomplete and currently going through the quality control process as of February 22, 2012. A total of 1 Follow-up Desk review and 4 Other reviews still need to be completed. In FY 2009 a total of 986 reviews were conducted and subsequently completed. The decrease in the number of reviews conducted in FY 2010 is primarily due to a drop in the number of Follow-up and Desk reviews.

How Many Total Monitoring Reviews Were Completed In FY 2010?

A completed review is defined as a review for which OHS has selected and deployed a review team, the review report has gone through the quality control process, and the review report has been signed by the appropriate OHS staff member and sent to the grantee.

The 946 monitoring reviews completed in FY 2010 included (Exhibit 1):

- ▶ 476 Triennial reviews
- ▶ 9 First-Year reviews
- ▶ 29 Other reviews, including:
 - 12 On-site Other reviews
 - 10 Unannounced On-site Other reviews
 - 7 Off-site Other reviews
- ▶ 432 Follow-up reviews, including:
 - 292 On-site Follow-up reviews conducted by an on-site review team
 - 140 Desk reviews conducted without an on-site review team



Of the 432 Follow-up and Desk reviews completed in FY 2010, 138 reviews (31.9%) made correction determinations on grantees that were found to be either noncompliant or deficient on an FY 2010 Triennial or First-Year review. 294 (68.1%) Follow-up and Desk reviews completed in FY 2010 made correction determinations on grantees whose Triennial or First-Year review either took place prior to FY 2010 or who had findings found on either a Follow-up or Other review in FY 2010 or prior.

This Annual Head Start Monitoring Report to Congress for FY 2010 focuses on the cohort of grantees



that underwent Triennial and First-Year reviews in FY 2010 and received Review Reports by February 22, 2012. The report also includes information on Follow-up reviews, including Desk Reviews, where determinations as to whether or not the finding(s) found on FY 2010 Triennial and First-Year review and reported by February 22, 2012 were corrected. This report does not track and report follow-up activity for grantees whose initial Triennial and First-Year review preceded FY 2010.

After a Triennial or First-Year review is completed, a Head Start Review Report is issued to each grantee. The report indicates the compliance outcome of the review and the Head Start program requirement(s) for which the grantee was found to be out of compliance. The compliance outcome is a function of the final determinations made by OHS on each of the preliminary findings documented by the review team during the on-site review. Each finding documented by a review team during a review and subsequently sustained by OHS will be one of two types: noncompliant or deficient. If a grantee is found to only have noncompliances, they receive 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 they also have noncompliances, they receive a review determination of Deficient, referred to throughout this report as “having one or more deficiencies”.

Grantees also can be cited for an immediate deficiency finding on their Triennial or First-Year review. 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 receiving this report. Preliminary areas of noncompliance can also be corrected on site. The quality control process treats these preliminary areas of noncompliance in the same way as those not corrected on site; they can either be dropped or sustained in the quality control process. However, if OHS decides to sustain the corrected onsite finding, no Follow-up review on that finding is required.

Which Types Of Grantees Were Reviewed In FY 2010?

OHS completed Triennial or First-Year reviews on 485 unique grantees nationwide in FY 2010. The distribution of these 485 grantees by program type (Head Start, Early Head Start, both Head Start/Early Head Start), as well as the distribution of grantees reviewed by their funded enrollment sizes within each program type, can be seen in [Exhibit 2](#).

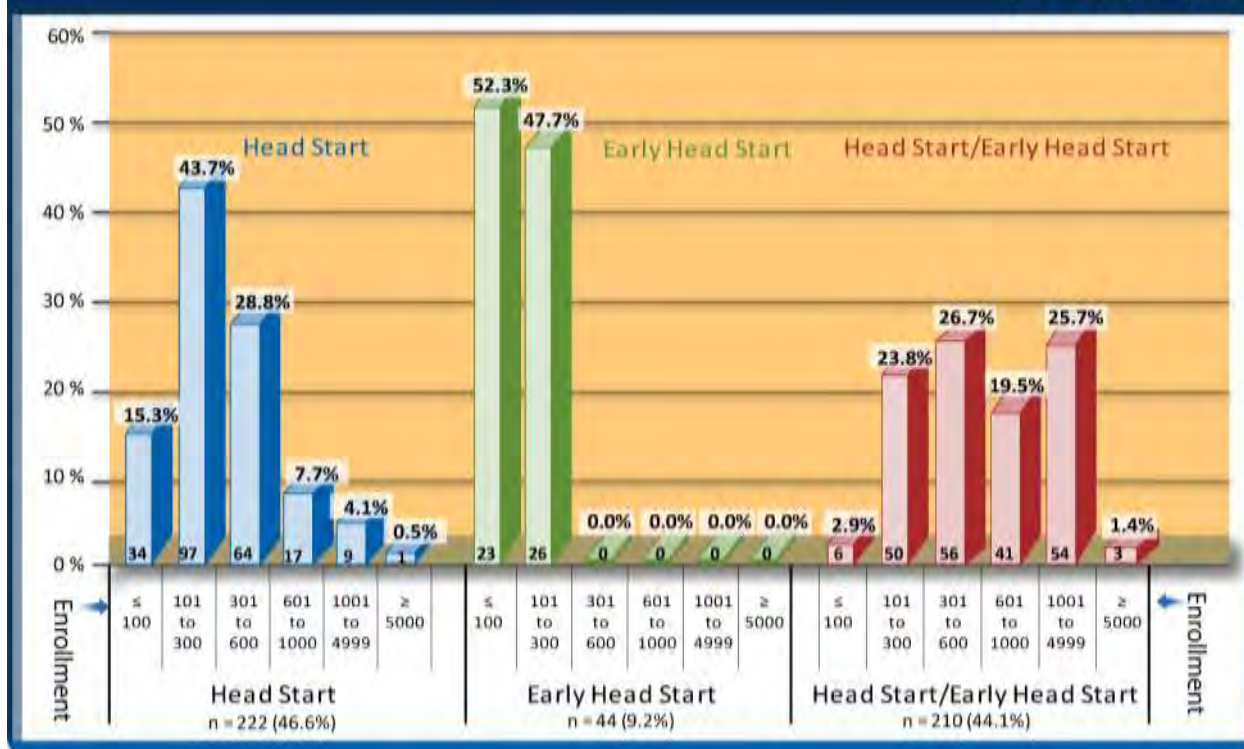
Slightly less than one-half of grantees reviewed in FY 2010 (46.2%) provided services only to three to five year old children (Head Start), just under ten percent (9.7%) of grantees served only the zero-to-three population (Early Head Start), and approximately 44.1% of grantees operated programs that served both age groups (Head Start/ Early Head Start).



Exhibit 2: Grantees Reviewed in FY 2010: Program Type by Funded Enrollment

(n = 476)

Exhibit 02



Funded enrollment varied by program type. Grantees reviewed in FY 2010 that provided only Early Head Start services tended to be smaller than those providing Head Start services, with a higher proportion of programs with funded enrollments of fewer than 100 children and no programs serving more than 300 children. Programs providing both Head Start and Early Head Start services tended to serve greater numbers of children than those providing only Head Start services.

In FY 2009, a smaller percentage of those grantees receiving a Triennial or First-Year review provided both Head Start and Early Head Start services (33.9% in FY 2009 vs. 44.1% in FY 2010). Thus, a higher percentage of grantees reviewed in FY 2010 compared with FY 2009 provided only Head Start or Early Head Start services (Exhibit 2).

What Were The Review Outcomes For Grantees Receiving a Triennial or First-Year Review in FY 2010?

This section reports on the review outcomes for Head Start monitoring reviews: “compliant grantees”, “grantees with one or more noncompliances”, and “grantees with one or more deficiencies.” If the Head Start Review Report contained no findings, the grantee was given a status of “Compliant.” If the Head Start Review Report issued to the grantee contained one or more noncompliant findings, but no deficient findings, the grantee was given a status of having “one or more noncompliances.” If the Head Start Review Report contained one or more deficient findings, the grantee was given a status of having “one or more deficiencies”; grantees with this status may have also had one or more noncompliant findings.



Approximately one-fifth of all grantees that underwent either a Triennial or a First-Year review in FY 2010 were found to be compliant (92 of 485, 19.0%). Approximately 70% of grantees that underwent either a Triennial or a First-Year review in FY 2010 were found to have at least one area of noncompliance (ANC) cited in a Review Report (338 of 485, 69.7%) and an additional 11.3% (55 of 485) were found to have one or more deficiencies.

In FY 2010, a larger percentage of grantees (11.3%) were found to have one or more deficiencies on their Triennial or First-Year reviews than in FY 2008 and FY 2009 (4.8% and 4.6%, respectively). The percentage of grantees determined to be compliant on their Triennial or First-Year review has declined slightly over the same time period (22.3% in FY 2008, 20.2% in FY 2009, and 19.0% in FY 2010).

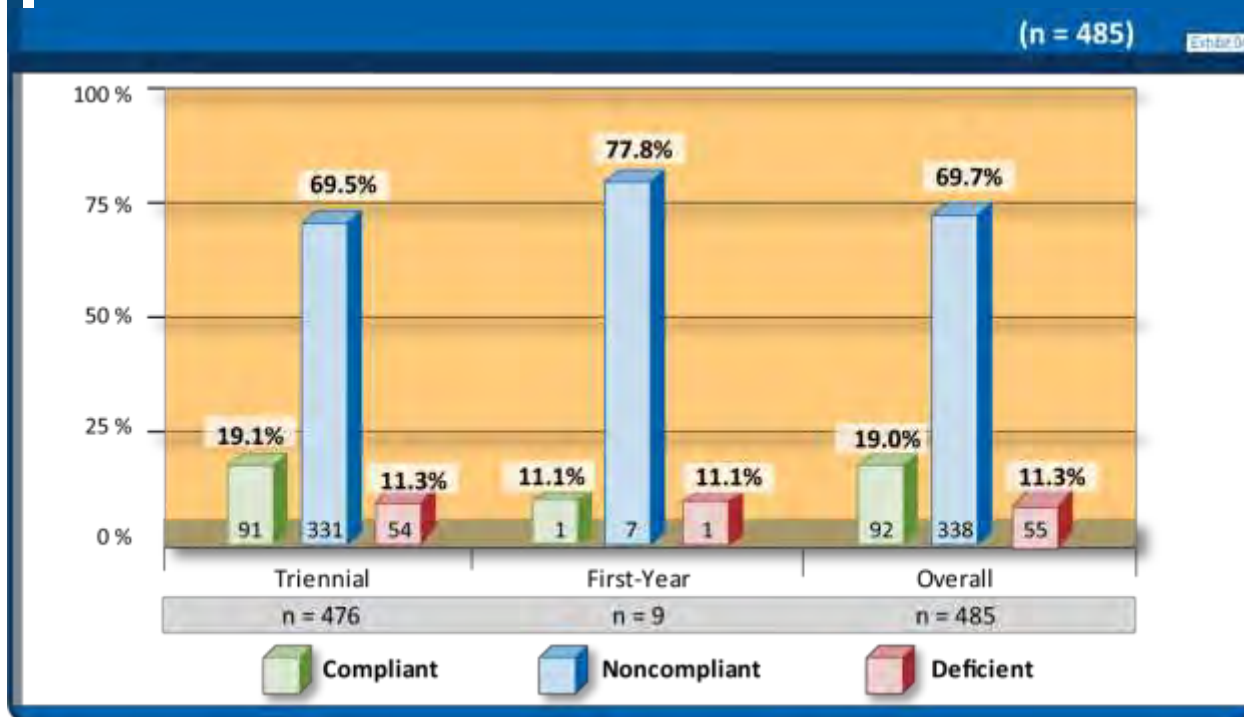
Exhibit 3: Review Outcomes by Fiscal Year						
Review Outcome	Fiscal Year					
	FY 2008		FY 2009		FY 2010	
	N	%	N	%	N	%
Compliant	126	22.3%	96	20.2%	92	19.0%
One or more noncompliances	412	72.9%	357	75.2%	338	69.7%
One or more deficiencies	27	4.8%	22	4.6%	55	11.3%
Total	565	100%	475	100%	485	100%

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

Data on the outcomes of Follow-up reviews completed on grantees that underwent Triennial or First-Year reviews in FY 2010 are presented later in this report. Most grantees with either noncompliances or deficiencies identified during their Triennial or First-Year reviews corrected all of their findings by their initial follow up review.



Exhibit 4: Compliance Status of Grantees Undergoing Triennial or First Year Reviews in FY210



How Did Triennial Review Outcomes Compare with First-Year Review Outcomes in FY 2010?

As would be expected given their start-up status, and indicative of grantees that are still adjusting to Head Start requirements, data for FY 2010 suggests that grantees receiving First-Year reviews have more performance issues than do those grantees receiving Triennial reviews. Grantees undergoing a First-Year review were more likely to have at least one noncompliant finding (77.8% of First-Year reviews vs. 69.5% of Triennial reviews) and roughly equally likely to have at least one deficiency (11.1% of First-Year reviews vs. 11.3% of Triennial reviews) as Triennial reviews done in the same year (based on a sample of nine First-Year reviews).

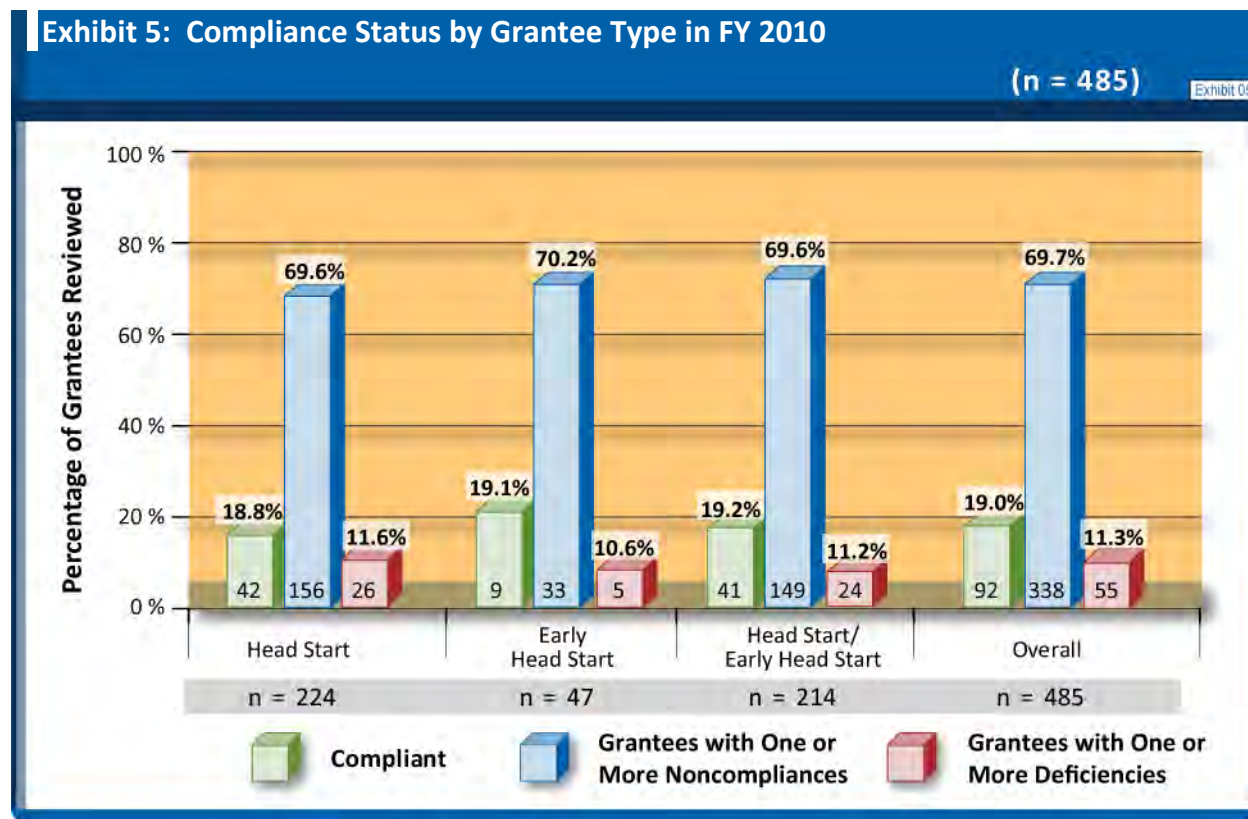
How Did Review Outcomes Compare For Grantees by Grantee Type in FY 2010?

Grantee performance did not vary greatly depending on the age group of the children for which the grantee provides services (Exhibit 5). There were, however, some slight differences between grantee types; Head Start grantees were more likely to struggle with compliance than Early Head Start grantees or Head Start/ Early Head Start grantees. This is reflected both in the number of grantees in that population found to have performance issues leading to a deficiency (11.6% of Head Start grantees were found deficient vs. 10.6% for Early Head Start and 11.2% for Head Start/Early Head Start) and in the number of grantees found to be compliant (18.8% of Head Start grantees were found to be compliant on their Triennial or First-Year review, as compared to 19.1% of Early Head Start grantees and 19.2% of Head Start/Early Head Start grantees).

These results are similar to those found in FY 2009, when Early Head Start grantees were also the least likely to be found deficient and the most likely to have one or more noncompliances. Also, as in FY



2009, FY 2010 Head Start Grantees were the most likely to have one or more deficiencies.



How Did Review Outcomes Compare For Grantees By Funded Enrollment Size?

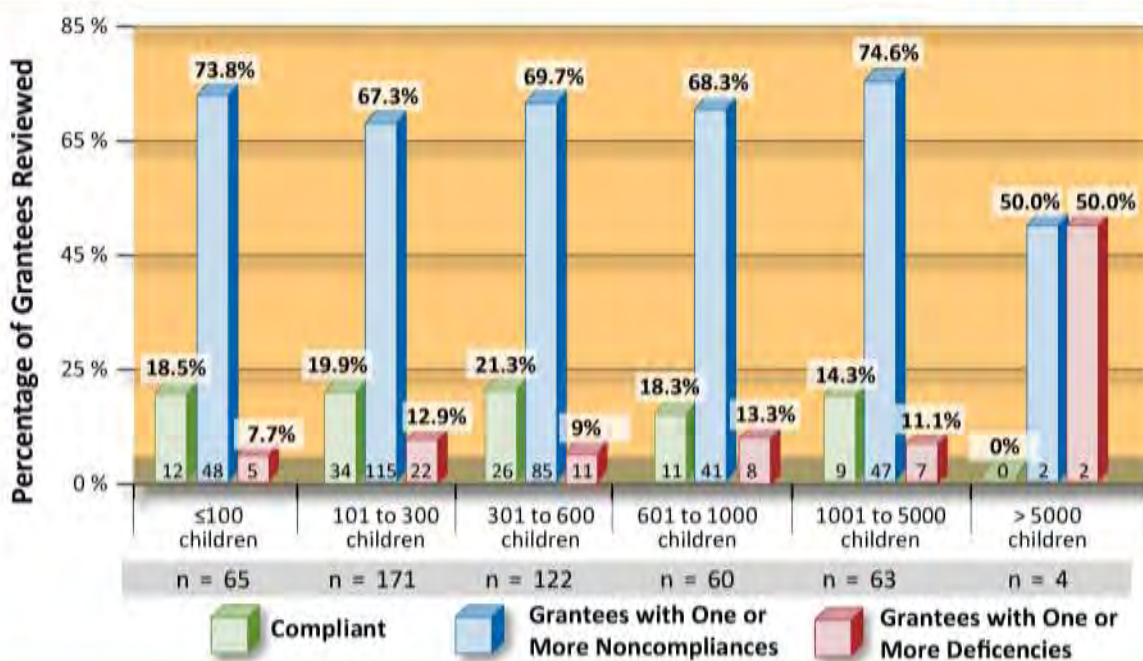
Grantees with larger funded enrollments were more likely to have performance issues leading to outcomes of “one or more noncompliances” and “one or more deficiencies” than programs with smaller funded enrollments. Grantees with a funded enrollment greater than 1,000 were most likely to have one or more noncompliances or one or more deficiencies. 85.7% of grantees with an enrollment between 1,001 and 5,000 and all four super grantees reviewed in FY 2010 were found to have either one or more noncompliances or one or more deficiencies. These grantees had, on average, 4.1 findings per review, whereas the average for all other grantees was 4.0 findings per review. Grantees with mid-size enrollments (between 101 to 300 or 301 to 600) were most likely to be found compliant, with a compliance rate of 20.5%.



Exhibit 6: Compliance Status by Funded Enrollment Size in FY 2010

(n = 485)

Exhibit 00



V. Overall Analysis of Findings for Reviewed Grantees

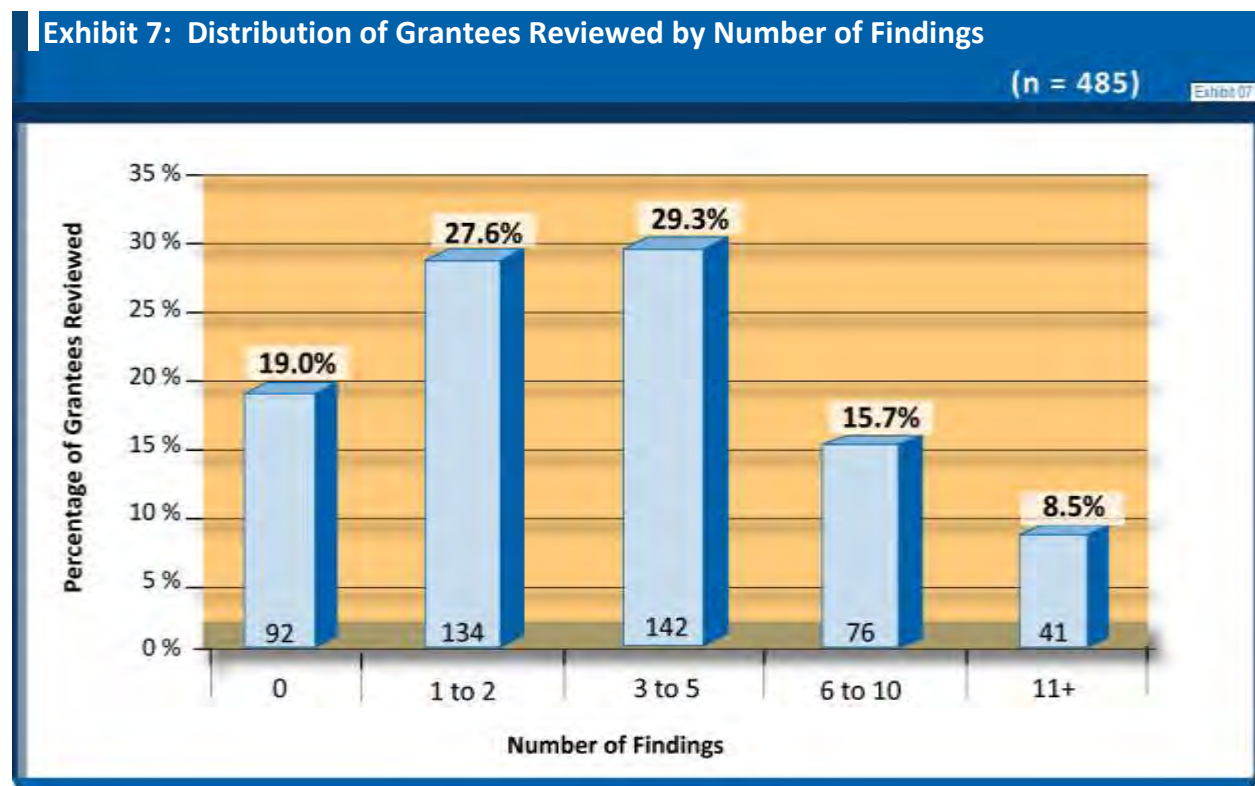
This section presents an overall analysis of findings for all grantees that underwent Triennial and First-Year reviews in FY 2010. The questions addressed in this section are:

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

For How Many Findings Were Grantees Typically Cited?

There were a total of 1,967 findings reported on 485 Triennial and First-Year reviews in FY 2010, 93.5% of which were areas of noncompliance (1,840) and 6.5% of which were deficiencies (127). Although the total number of findings in FY 2010 is similar to that in FY 2009, the percentage of findings that were deficiencies increased; in FY 2009 98.0% of findings were areas of noncompliance and just 2.0% were deficiencies.

The majority of grantees reviewed in FY 2010 had at least one finding (393 or 81.0%); 19.0% of grantees had no findings (92). Over 75% of grantees had five or fewer findings; just under half of these grantees had zero to two findings (46.6%) and 29.3% had three to five findings. Less than 10 percent of all grantees that underwent a Triennial or First-Year review in FY 2010 had 11 or more findings (8.5%).





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

The average number of total findings per grantee reviewed has been relatively consistent from FY 2008 through FY 2010 (Exhibit 8). For the 485 grantees that underwent Triennial and First-Year reviews in FY 2010, the average number of total findings was 4.1 per grantee, which is slightly more than the average in FY 2009, 4.0, and comparable to the average in FY 2008, 3.8.

Although the average number of findings remained constant between FY 2009 and FY 2010, grantees averaged three times as many deficient findings per review than in FY 2009 (0.3 deficient findings per review in FY 2010 vs. 0.1 deficient findings per review in FY 2009). In FY 2009, only 38 deficiency findings were found over the 22 grantees with at least one deficiency, whereas in FY 2010, 127 deficiency findings were found over the 55 grantees with at least one deficiency.

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

Review Outcome	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Average Number of Noncompliant Findings per Grantee	5.4	3.8	3.6	3.9	3.8
Average Number of Deficient Findings per Grantee	1.1	0.3	0.2	0.1	0.3
Average Number of Total Findings per Grantee	6.5	4.2	3.8	4.0	4.1
Number of Grantees Reviewed	481	469	565	475	485

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

How Does The Distribution Of Findings Per Grantee Vary By Program Type?

The distribution of grantees by number of findings generally was similar for grantees providing services to preschool age students (referred to in this section as Head Start grantees), Early Head Start grantees, and grantees that provide both Head Start and Early Head Start services. Grantees that served both populations performed better than those that served just one; both Head Start and Early Head Start grantees average more findings per review than the national average of 4.1 findings per review; both averaging approximately 4.3 findings per review.

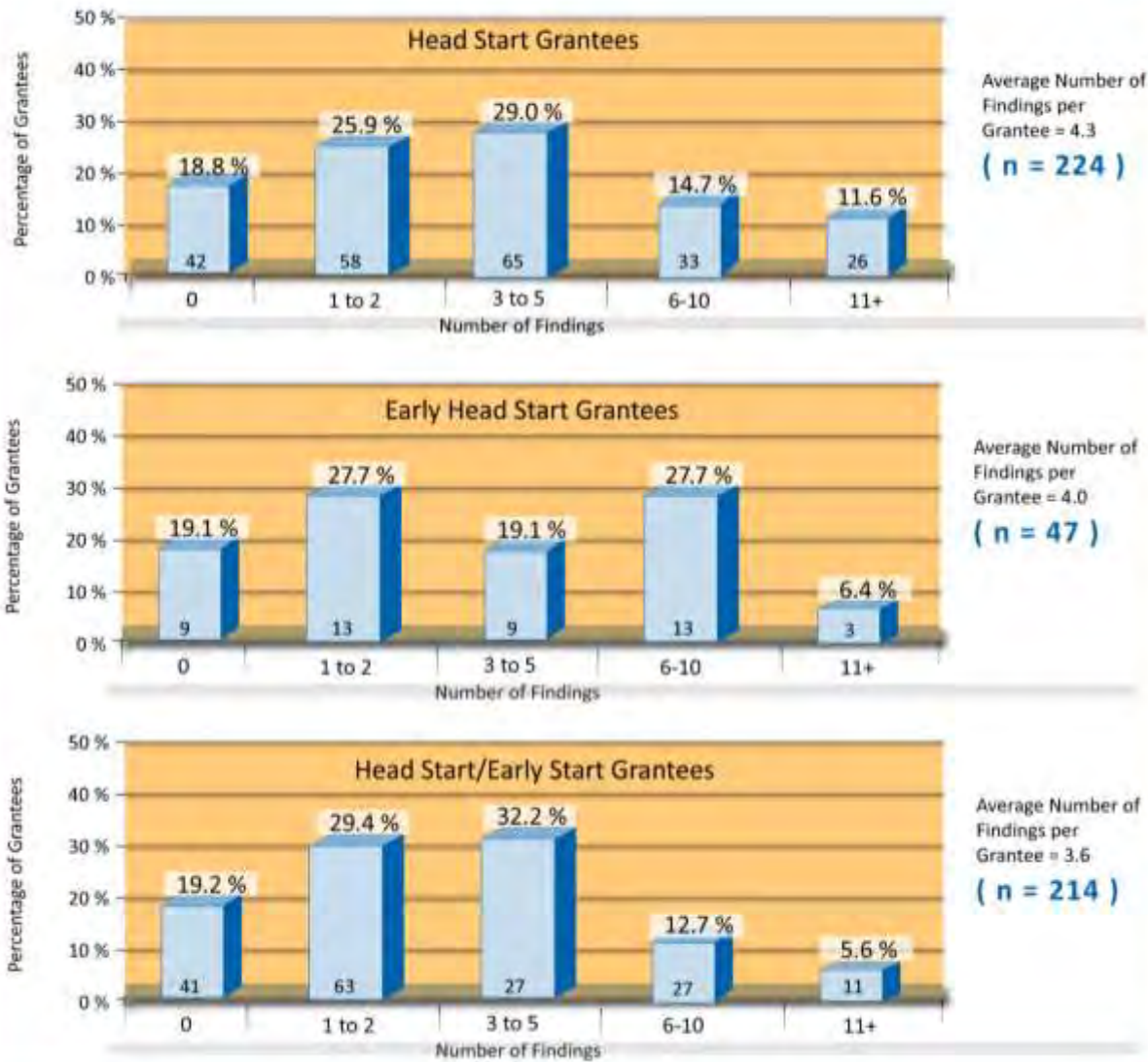
A higher percentage of Head Start grantees were found to have a large number of issues on their Triennial or First-Year review than Early Head Start and Head Start/ Early Head Start grantees. Over 10 percent (11.6%) of Head Start grantees had more than 10 findings found on their Triennial or First-Year review, as compared with 6.4 percent for Early Head Start grantees and 5.6 percent for Head Start/Early Head Start grantees. Correspondingly, a lower percentage of Head Start grantees had between zero to two findings on their Triennial or First-Year review than other grantee types—44.7% of Head Start grantees had between 0-2 findings, less than Early Head Start at 46.8% and Head Start/ Early Head Start at 48.8%. This is similar to the pattern found in FY 2009 reviews.



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

(n = 485)

Exhibit 9



VI. Analysis of Grantees with Noncompliances and Deficiencies.

This section presents data on grantees reviewed in FY 2010 determined to have one or more noncompliances and/or deficiencies. The analysis addresses the following questions:

- ▶ For how many noncompliances were grantees typically cited?
- ▶ For how many deficiencies and noncompliances were deficient grantees typically cited?
- ▶ For what types of deficiencies were deficient grantees cited?

For How Many Noncompliances Were Grantees Typically Cited?

A total of 338 grantees, or 69.7% of all grantees who had First-Year or Triennial reviews in FY 2010, were found to have one or more areas of noncompliance. Over one-third of these grantees had only one to two areas of noncompliance (133, 39.3%) and over three-quarters of these grantees had five or fewer areas of noncompliance (262, 77.5%). Slightly over five percent of these grantees were cited for more than 10 noncompliances in FY 2010 (18, 5.3%).

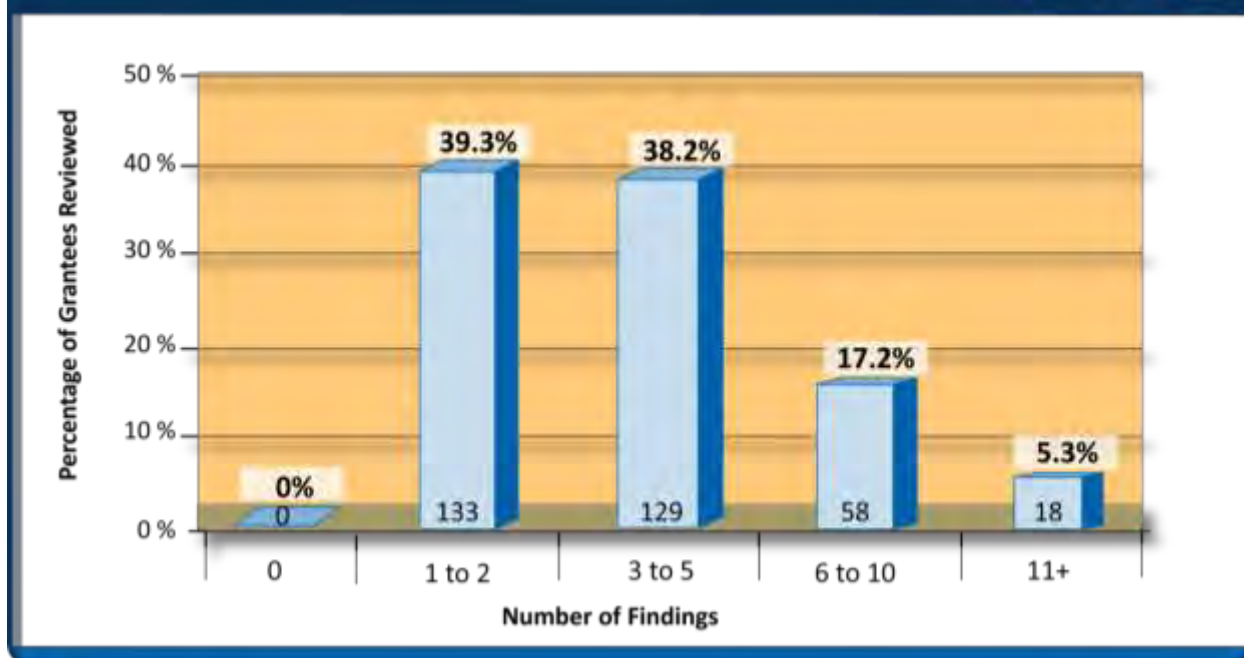
Of the 338 grantees reviewed in FY 2010 and found to be noncompliant, there were a total of 1,368 noncompliant findings, or an average of 4.0 findings per grantee with noncompliance(s), lower than the average in FY 2009, when an average of 4.7 findings per grantee were cited over 357 grantees that were reviewed and found to have noncompliance(s).

In both FY 2009 and FY 2010, most grantees found to have one more areas of noncompliance corrected all of their findings by the time of their first Follow-up review. In FY 2010, 94.4% of grantees with noncompliance(s) had all of their findings corrected at the time of their first Follow-up, slightly higher than FY 2009's rate, 92.1%. In FY 2010, almost all grantees with noncompliance(s) that had between one to two findings on their Triennial or First-Year review and had a completed Follow-up review by February 22, 2012 had corrected all their findings by the time of their first Follow-up review. (91 of 93, 97.8 %).



Exhibit 10: Distribution of Grantees with Noncompliances by Number of Noncompliant Findings

(n = 338)



For How Many Deficiencies And Noncompliances Were Grantees with One or More Deficiencies Typically Cited in FY 2010?

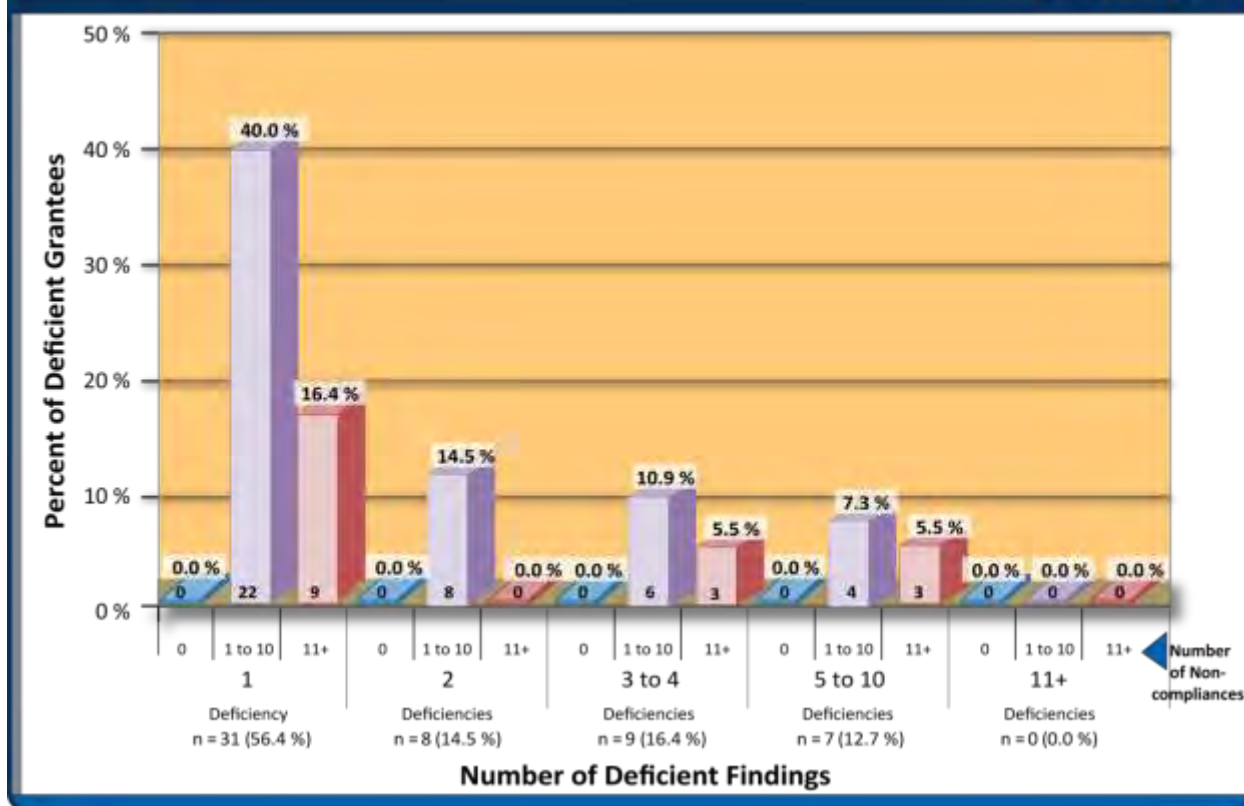
A total of 55 grantees, or 11.3% of all grantees given First-Year or Triennial reviews in FY 2010, were found to have one or more deficiencies. The majority of grantees with one or more deficiencies, 31 of 55 (56.4%), had only one deficiency; eight of the 55 grantees with one or more deficiencies had two deficiencies (14.5%). Seven of 55 (13%), of the grantees with one or more deficiencies had five or more deficiencies. In FY 2009, only two of the 22 grantees with one or more deficiencies (9.1%) had five or more deficient findings (Exhibit 11).

Grantees with one or more deficiency averaged 10.9 findings (noncompliances and deficiencies) on their Triennial or First-Year reviews, 6.9 more than grantees with one or more noncompliances. The 55 grantees with one or more deficiency averaged 8.6 noncompliant and 2.3 deficient findings per review. This means that, on average, grantees with one or more deficiency in FY 2010 had more findings and, in particular, more deficient findings than in FY 2009, when grantees with one or more deficiency averaged 9.5 total findings per review, of which 1.7 were deficient findings.



Exhibit 11: Distribution of Grantees with One or More Deficiencies by Number of Deficiencies and

(n = 55)



Note: Percentages add up to over 100% due to rounding.

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

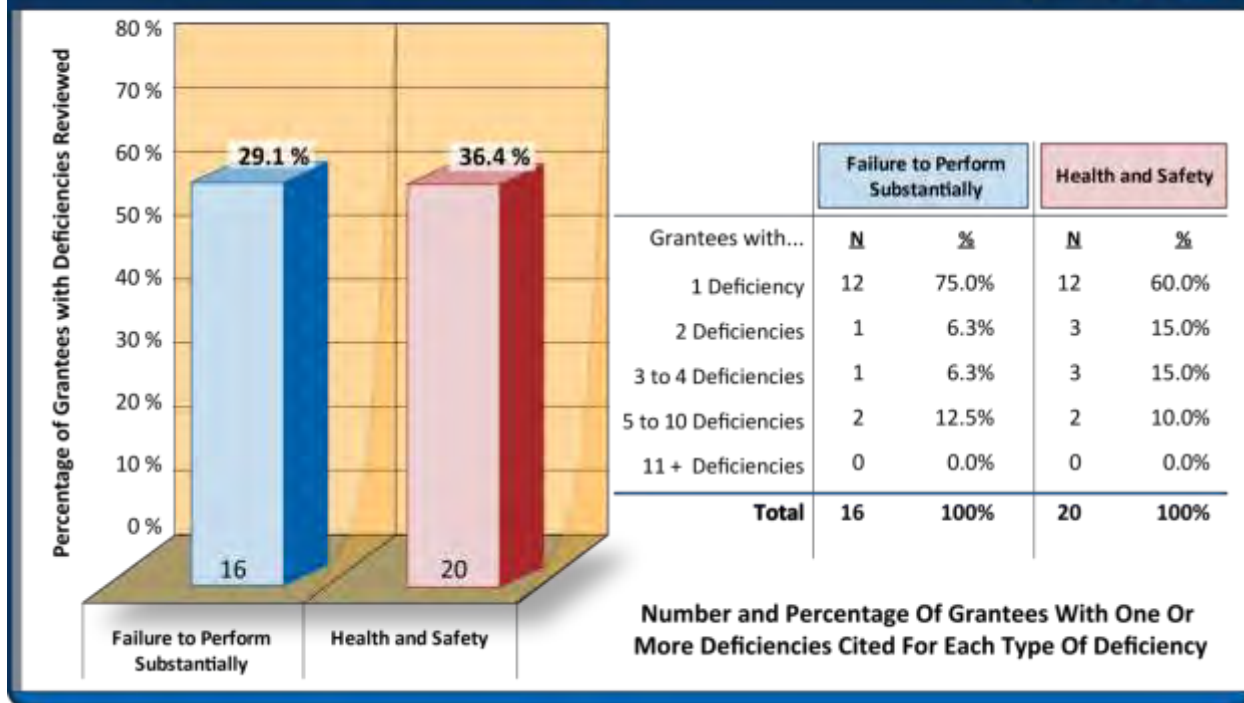
Grantees with one or more deficiency who received First-Year or Triennial reviews in FY 2010 struggled primarily in two areas, as identified in the Head Start Act: (1) failure to perform substantially the requirements related to Education and Early Childhood Development Services and Health Services, Family and Community Partnerships, or Program Design and Management and (2) health and safety.



Exhibit 12: Distribution of Grantees With One or More Deficiencies by Deficiency Type

(n = 55)

Exhibit 12



Note: The percentages for each category in the chart are calculated of the 55 grantees that were found to have one or more deficiencies. As such, the percentages do not add up to 100% across categories.

Just over one-third (36.4%, 20) of the 55 grantees found to have one or more deficiencies in a Triennial or First-Year review in FY 2010 were cited for at least one deficiency in health and safety. This is an improvement over FY 2009, when 77.3% of grantees with one or more deficiency were cited with a health and safety issue. Of the 20 grantees who received at least one deficiency in health and safety, 16 (80.0%) grantees had only one such deficiency. All other grantees with at least one deficiency in health and safety had two or three deficiencies in this area.

Health and safety issues can be found in any center, classroom, or playground space visited during a review. Examples of health and safety violations that may require immediate correction include:

- ▶ Improper storage or preparation of food and milk;
- ▶ Children having access to storage areas and cabinets that contain cleaning materials, pesticides, and flammable liquids;
- ▶ Infestation of bugs;
- ▶ Facilities and playground hazards;
- ▶ Insufficient staff-to-child ratios or a lack of staff supervision that endangers children.

Just under one-third (29.1%, 16) of the 55 grantees found to have one or more deficiencies in a Triennial or First-Year review in FY 2010 were cited for at least one “failure to perform substantially” deficiency. In FY 2010, grantees with one or more deficiency were more likely to be cited for a “failure to perform



substantially” deficiency than in FY 2009 (29.1% in FY 2010 vs. 22.7% in FY 2009). Among other reasons, a grantee may be cited for a “failure to perform substantially” deficiency if it lacks a mental health professional on staff, a condition which precludes the grantee from complying with the standards that require the services of staff in that capacity. A grantee may also be cited for a “failure to perform substantially” deficiency if the combined weight of multiple noncompliances suggests a failure to perform, or if a single noncompliance, considered alone, is sufficiently egregious.

Slightly less than ten percent (9.1%, 5) of the grantees with one or more deficiency were cited for deficiencies in both health and safety and failure to perform. This is higher than In FY 2009, when none of the 22 deficient grantees were cited for a deficiency in more than one category.

None of the deficient grantees were cited for misuse of funds or loss of legal status deficiency in FY 2010. There have been no deficient findings in either of these two areas since FY 2006.

VII. Deficiencies Requiring Immediate Corrective Action

Deficiencies identified during a review that pose imminent harm or danger to children and staff require that the grantee take immediate corrective action. The Office of Head Start interprets “immediate corrective action”, as specified in the Act, as needing to be resolved at the point of discovery or up to 30 days from when the review takes place.

Grantees reviewed in FY 2010 had a total of 127 deficiencies. Of these deficiencies, eight were given a 10-day corrective action timeframe (6.3%), 27 (21.2%) were given a 30-day corrective action timeframe, 11 (8.7%) were given a 45 day deadline and 80 (63.0%) were given either a 90-day timeframe or a 180-day timeframe (1 deficiency was not assigned a timeframe, as it was corrected on site). As was expected, most of the 22 health and safety deficiencies that were not corrected on site were given either 10-day, 30-day, or 45-day corrective action timeframes (20 of 22, 90.9%), while a large percentage of the Failure to Perform Substantially deficiencies (18 of 24, 75.0%) were given either a 90-day or 180-day corrective action timeframe.

Exhibit 13: Deficiencies on FY 2010 Triennial and First-Year Reviews by Finding Category and Corrective Action Timeframe

Finding Category	Corrective Action Timeframe					Total
	10 Days	30 Days	45 Days	90 Days	180 Day	
637(2)(A)(i) Health and Safety	7	11	2	1	2	23
637(2)(A)(iii) Failure to Perform	0	4	2	1	18	25
637(2)(A)(iv) Misuse of Funds	0	0	0	0	0	0
637(2)(A)(v) Loss of Legal Status	0	0	0	0	0	0
Total	7	15	4	2	20	48

Note: One Health and Safety deficiency was corrected on site, and thus was not assigned a due date.

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

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

At the conclusion of the “immediate” corrective action period, OHS conducts a review to determine if the deficiency is corrected. If the grantee fails to correct the deficiency within the specified time period, OHS initiates the termination process if the grantee doesn’t relinquish the grant.



VIII. Analysis of the Types of Findings and Issues Cited in Triennial and First-Year Reviews in FY 2010

This section presents data on the types of citations for which grantees were cited during Triennial and First-Year reviews in FY 2010. The analysis addresses the following questions:

- ▶ In which content areas were grantees with noncompliances and deficiencies most and least likely to have findings?
- ▶ How do noncompliant findings compare with deficient findings in terms of content areas with which they were associated?
- ▶ For which issues were grantees most commonly cited in Triennial and First-Year reviews in FY 2010?

In Which Content Areas Were Grantees Most and Least Likely To Have Noncompliant and Deficient Findings?

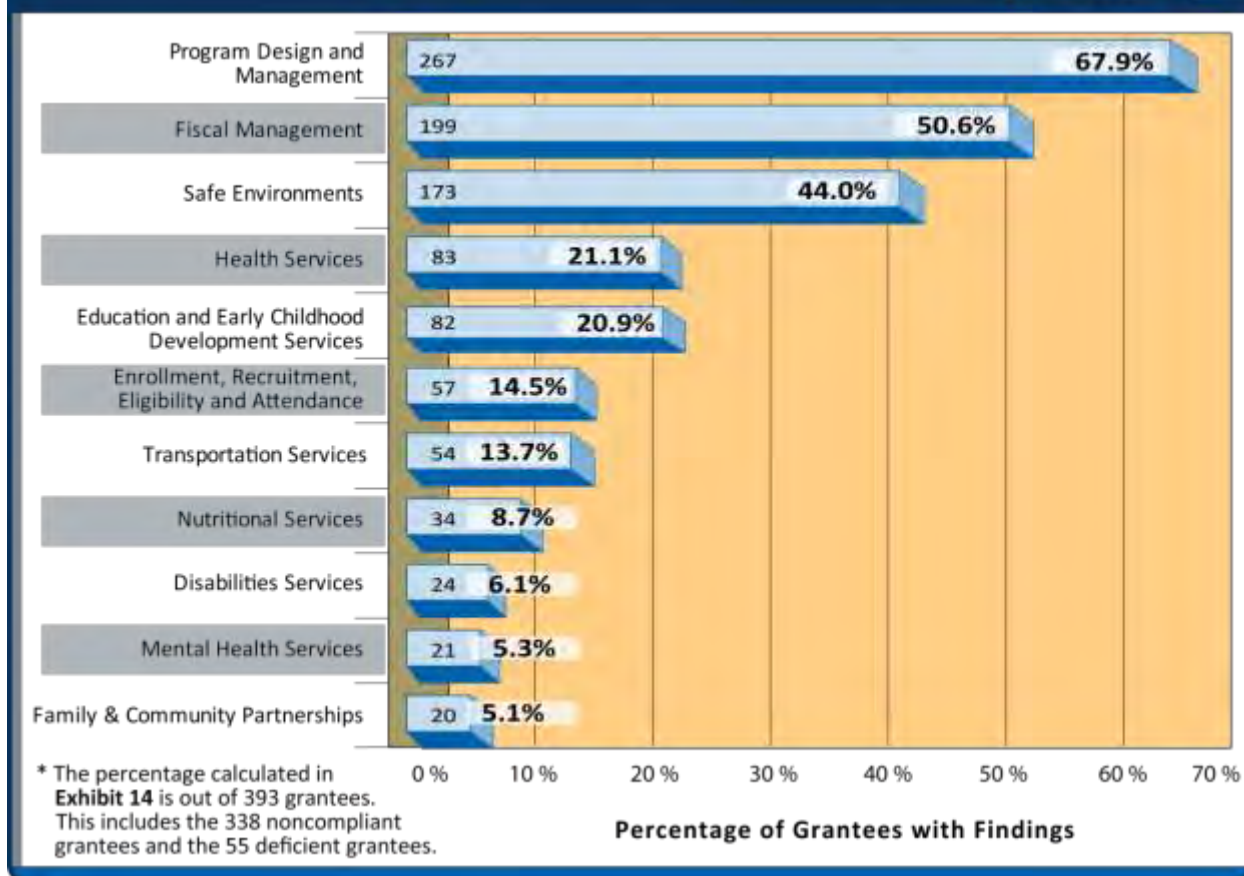
The 393 grantees that underwent Triennial and First-Year reviews in FY 2010 and were found to have either noncompliances or deficiencies had a total of 1,967 reported findings. Of these 1,967 total findings, 1,840 were noncompliant findings (93.5%) and 127 were deficient findings (6.5%).

Similar to FY 2009, grantees with deficient or noncompliant findings tended to have difficulties in Program Design and Management and Fiscal Management. More than two-thirds of grantees with noncompliances or deficiencies had at least one finding in Program Design and Management (67.9%) and more than half had at least one finding in Fiscal Management (50.6%). The third most likely content area for findings to be cited in FY 2010 was Safe Environments, in which 44% of grantees had at least one finding, followed by Health Services (21.1% of grantees had at least one finding) and Education and Early Childhood Development Services (20.9% of grantees had at least one finding). Grantees were least likely to have findings related to their delivery of other direct services such as Disabilities Services (6.1% of grantees), Mental Health Services (5.3% of grantees), and Family and Community Services (5.1% of grantees).



Exhibit 14: Distribution of Grantees with Noncompliant or Deficient Findings by Content Area*

(n = 393)

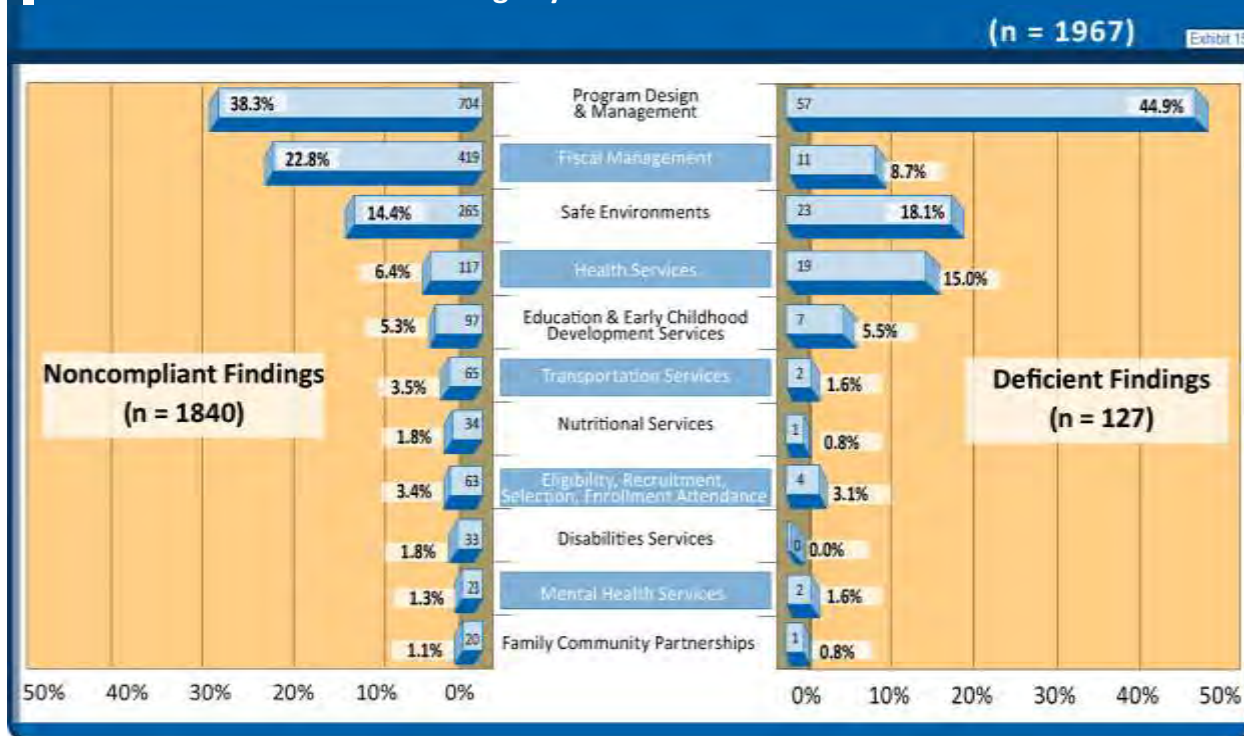


How Do Noncompliant Findings Compare With Deficient Findings In Terms Of Content Areas With Which They Are Associated?

Both noncompliant findings and deficient findings were more likely to be associated with the Program Design and Management content area than any other area. Almost half of all deficient findings (57, 44.9%) and over one-third of all noncompliant findings (704, 38.3%) were associated with Program Design and Management. However, noncompliant findings were considerably more likely than deficient findings to be associated with Fiscal Management (22.8% of noncompliant findings compared with 8.7% of all deficient findings). Only 4.7% of deficient findings were associated with direct services (Nutrition Services, Transportation Services, Disabilities Services, Family and Child Services, or Mental Health services) in FY 2010, down from 10.5% in FY 2009.



Exhibit 15: Distribution of Findings by Content Area



For Which Issues Were Grantees Most Commonly Cited In Triennial And First-Year Reviews In FY 2010?

In FY 2010, “Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children” was the issue most frequently cited as noncompliant during First-Year and Triennial Reviews, with over one-quarter (109 of 393, 27.7%) of all grantees having noncompliant or deficient findings citing the issue. Over one-fifth of grantees (89 of 393, 22.6%) with noncompliant or deficient findings were cited for violations relating to at least one standard related to the issue “Annual Report to the Public” (Annual Report). All performance standards associated with issuing the Annual Report are written in the Head Start Act and became citable beginning in FY 2010. Also of note: 14.8 percent of grantees with noncompliant findings were cited for violations pertaining to a standard related to Criminal Record Checks and 12.0 percent of grantees with noncompliant findings were cited for a standard related to Determining Child Health Status.

Over one-quarter (16 of 55, 29.1%) of grantees with one or more deficiency had deficient findings related to the Ongoing Monitoring of Grantee Operations and Delegates. In FY 2010 there was an increase in the number and percent of deficient findings related to Ongoing Monitoring as compared to FY 2009 - 29.1% in FY 2010 vs. 4.5% (1 of 22) in FY 2009. Nine grantees had deficient findings related to Criminal Record Checks in both FY 2009 and FY 2010. However, the percentage of grantees cited for a deficiency for criminal background checks was lower in FY2010. In FY2009, only 22 grantees had deficient findings so more than 40% of these findings were for criminal background checks. By comparison, only 16.7% of grantees cited for one or more deficiencies were cited for Criminal Record Checks in FY2010. Also of note, 9.1% of grantees with one or more deficiency were cited for at least one deficient finding related to Screening for Developmental, Health, Sensory, and Behavioral Concerns



in FY 2010 compared with zero grantees in FY 2009.

Exhibit 16: Performance Issues Most Frequently Cited as Noncompliant (n = 393)*			
Rank	Issue	Grantees Reviewed With Noncompliant Citations	
		n	%
1	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	109	27.7%
2	Annual Report to the Public	89	22.6%
2	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment.	70	17.8%
4	Reporting to the Governing Body and Policy Council	64	16.3%
5	Staff Performance Appraisals	58	14.8%
6	Criminal Record Checks	58	14.8%
7	Initial Health Examinations for Staff	57	14.5%
8	Financial Management Systems	53	13.5%
9	Governing Body Responsibilities	50	12.7%
10	Equipment Records	48	12.2%

Note: Data are based on all grantees that had at least one noncompliant finding, including 338 grantees having one or more noncompliances, as well as 55 grantees that had both deficient and noncompliant findings, or 393 total grantees. Citations are grouped to provide a better understanding of the key areas where grantees struggle.

Exhibit 17: Performance Issues Most Frequently Cited as Deficient (n=55)*			
Rank	Issue	Grantees Reviewed With Deficient Citations	
		n	%
1	Ongoing Monitoring of Grantee Operations and Delegates	16	29.1%
2	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	12	21.8
3	Criminal Record Checks	9	16.4
4	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment.	8	14.5
5	Determining Child Health Status	6	10.9%
6	Screening for Developmental, Health, Sensory, and Behavioral Concerns	5	9.1%
7	Code of Conduct	4	7.33%
7	Child Health and Safety	3	5.5%
7	Organizational Structure/ Staffing	3	5.5%
7	Financial Management Systems	3	5.5%
7	Medication Administration	3	5.5%
7	Record-Keeping Systems	3	5.5%



Note: Citations are grouped to provide a better understanding of the key areas where grantees struggle.

IX. Corrective Actions and Their Outcomes

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

An on-site Follow-up review is conducted for all grantees that are determined to have deficiencies and for most grantees that are determined to have one or more noncompliances. Any noncompliance that remains uncorrected within the timeframe specified by the HHS official or designee, as determined by the Follow-up review, will become a deficiency. A grantee with one or more deficiencies whose corrective action period exceeds 90 days is required to develop a Quality Improvement Plan specifying, for each deficiency, the actions that a grantee will take to correct the deficiency and the timeframe within which it will be corrected. In no case can the timeframes proposed in the Quality Improvement Plan exceed one year from the date when the grantee received official notification of the deficiencies to be corrected.

At the conclusion of the Follow-up visit, the Follow-up review team makes a preliminary determination as to whether a noncompliance or deficiency has been corrected and submits the preliminary Follow-up Review Report for OHS review. Final determination regarding the status of a finding is made by OHS, with each finding determined to be corrected or not corrected. In cases where grantees are judged to have corrected all noncompliances and deficiencies, the grantee status is changed to compliant.

This section, which reports on follow-up reviews for which Review Reports were issued to grantees through February 22, 2012, addresses the following questions:

- ▶ What were the outcomes of Follow-up reviews and Desk reviews on grantees found to have deficiencies in FY 2010?
- ▶ What were the outcomes of first Follow-up reviews and Desk reviews on grantees found to have noncompliances in FY 2010?

As was true in FY 2009, most grantees with findings during Triennial and First-Year reviews in FY 2010 were successful at correcting findings at follow-up and becoming compliant.

What Were The Outcomes Of Follow-Up Reviews On Grantees Found To Have Deficiencies In FY 2010 Triennial Or First-Year Reviews?

Of the 55 grantees found to have one or more deficiencies (to be deficient) in Triennial and First-Year reviews in FY 2010, all were cited for both deficiencies and noncompliances (i.e. at least one of each). 48 of these grantees (87.3%) were issued Review Reports from either on-site Follow-up reviews or Desk Reviews by February 22, 2012. Of the 48 grantees that were issued Follow-up or Desk Review Reports, 40 (83.3%) had received on-site Follow-up reviews, two (4.2%) had received Desk reviews and six (12.5%) grantees received both a Follow-up and a Desk review. Follow-up review activities for the other seven deficient grantees cited for both deficiencies and noncompliances were at various pre-completion stages as of February 22, 2012.

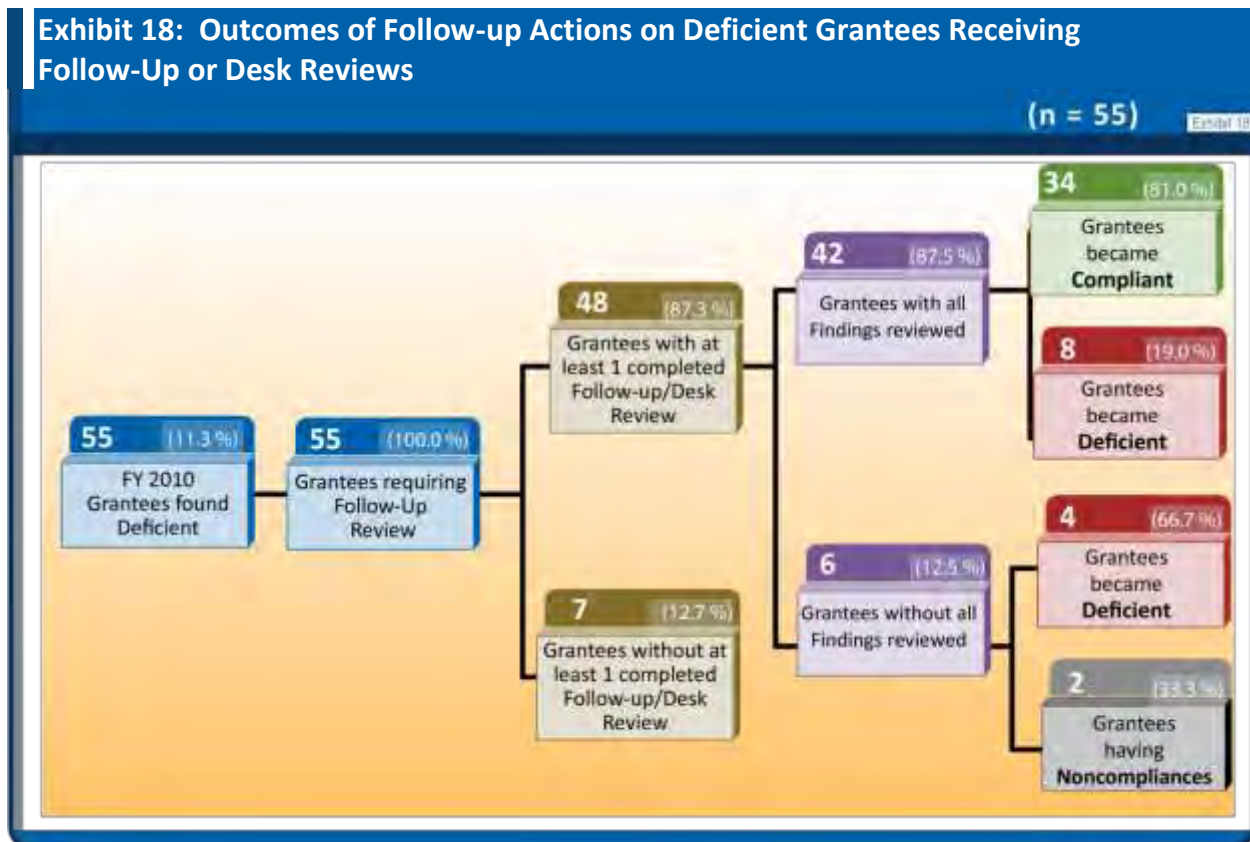
Of the 48 grantees with deficiencies that had on-site Follow-up or offsite Desk reviews, 42 had Follow-up

reviews during which all findings were reviewed and six had Follow-up reviews during which only some of their findings were reviewed.

Of the 42 grantees with deficiencies that had all findings reviewed, 34 of the grantees had corrected all findings and become compliant (81.0%), while eight of the grantees with deficiencies remained deficient (19.0%).

Of the six grantees with deficiencies for which only some of their findings had been reviewed, two (33.3%) became noncompliant whereas four (66.7%) remained deficient. Eight of the 12 (66.7%) grantees that remained deficient had uncorrected findings. Other reasons why grantees could remain deficient are that not all of their deficient findings were reviewed or that noncompliant finding were elevated to deficiencies.

Exhibit 18: Outcomes of Follow-up Actions on Deficient Grantees Receiving Follow-Up or Desk Reviews



What Were The Outcomes Of Follow-Up Reviews and Desk Reviews On Grantees Found To Have Noncompliances In FY 2010 Triennial Or First-Year Reviews?

There were 338 grantees that were found to have one or more noncompliances in Triennial and First-Year reviews in FY 2010. Of these grantees, 301 grantees required a Follow-up review, while 37 grantees were able to correct their findings while the review team remained on site (and therefore did not require a subsequent Follow-up or Desk review). Of these 301 grantees, 287 had either at least one completed Follow-up review or one completed Desk review by February 22, 2012. Of these 287 grantees, 197 grantees had undergone a Follow-up review (68.6%) and 90 grantees had undergone a Desk review (31.4%). The following sections describe the Follow-up and Desk review outcomes for these grantees.

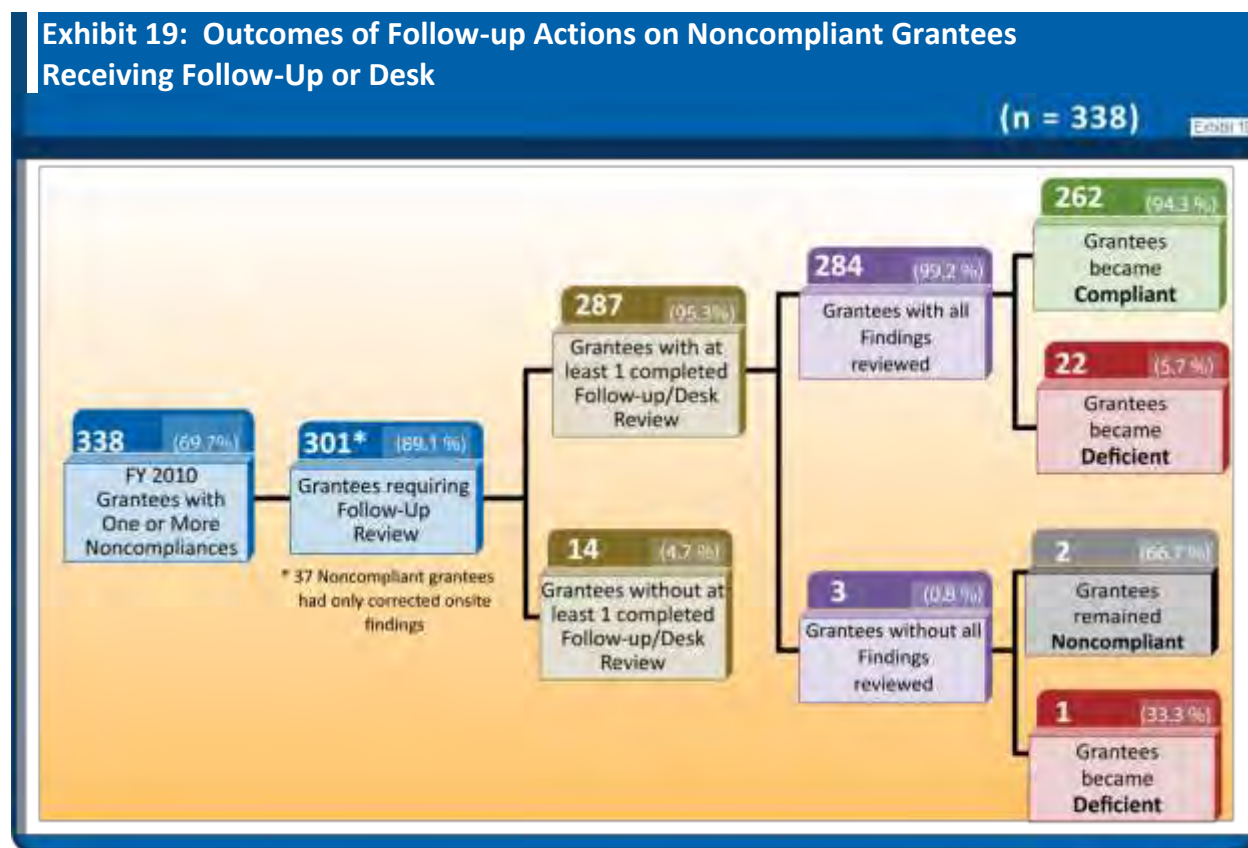


Grantees With Noncompliances Having Completed Follow-Up or Desk Reviews

Of the 287 grantees with noncompliances that had a completed Follow-up or Desk review by February 22, 2012, 284 grantees had all of their noncompliances reviewed during the Follow-up (99.0%) and three grantees did not have all noncompliances reviewed (1.0%) as of February 22, 2012. Of the 284 noncompliant grantees that had all noncompliances reviewed at Follow-up (Exhibit 19):

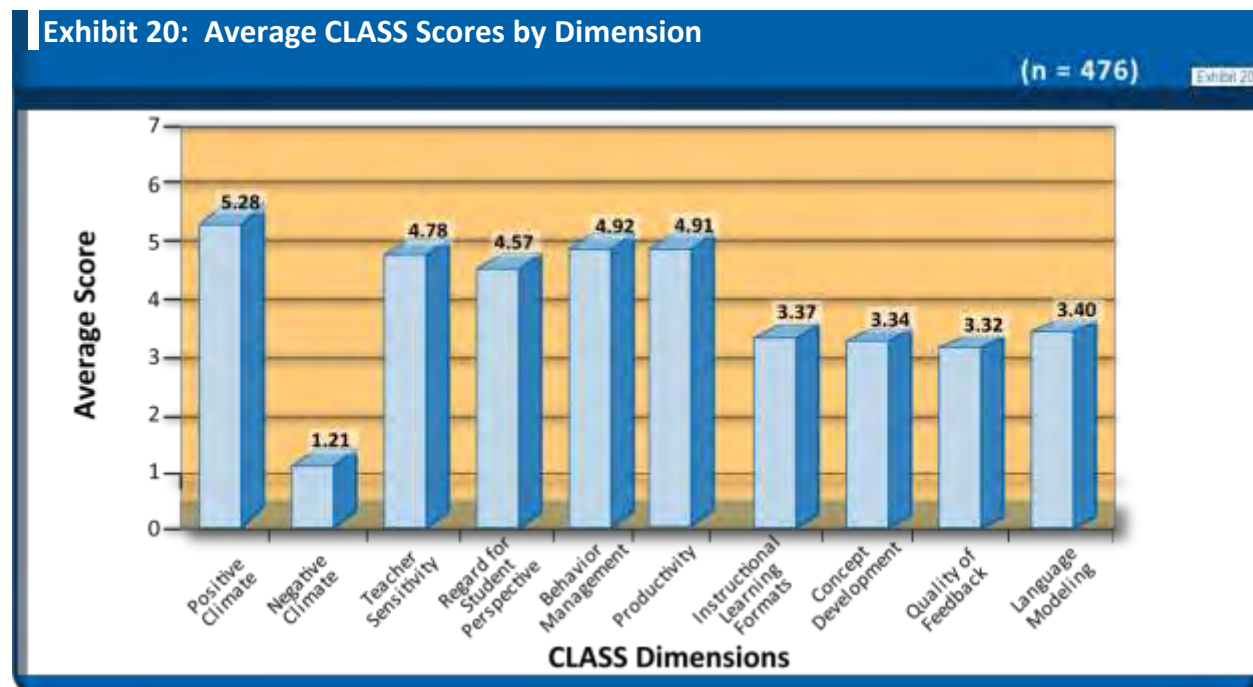
- ▶ 262 corrected all noncompliances and became compliant (92.3%)
- ▶ 22 noncompliant grantees failed to correct one or more finding and became deficient (7.7%)

As has been true in previous years, the follow-up process in FY 2010, which included a Desk review method in addition to the more common on-site Follow-up review method, was successful in moving grantees that were found to be deficient or noncompliant in a Triennial or First-Year review towards compliance.



X. CLASS Results for FY 2010

To gain a better understanding of the quality of Head Start classrooms, grantees with a center-based option serving preschool age children received an additional assessment during their Triennial or First Year review. Reviewers used 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 a score of one to a score of seven, with one being the lowest and seven being the highest. One dimension, Negative Climate, is inverse scored, with seven being the lowest and one being the highest. Of the 485 grantees that were reviewed in FY 2010, 437, or 90.1%, underwent a CLASS review.



CLASS dimensions are grouped into three main 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

- ▶ Positive Climate
- ▶ Negative Climate
- ▶ Teacher Sensitivity
- ▶ Regard for Student Perspective

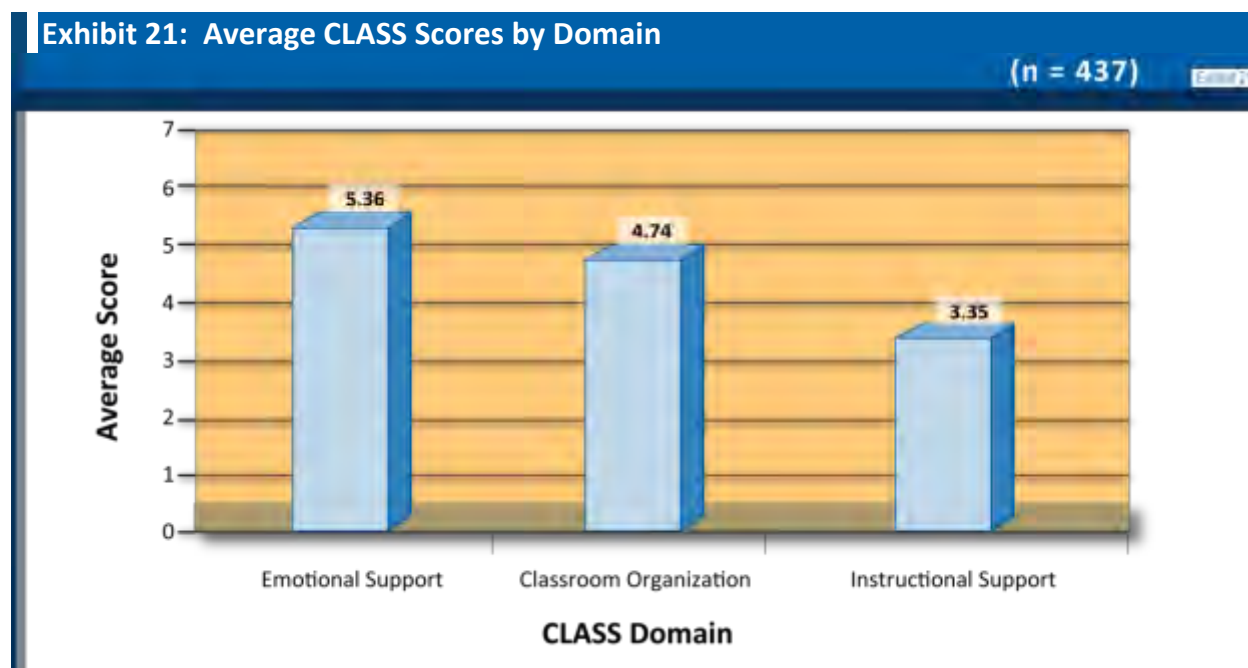


Classroom Organization

- ▶ Behavior Management
- ▶ Productivity
- ▶ Instructional Learning Formats

Instructional Support

- ▶ Concept Development
- ▶ Quality of Feedback
- ▶ Language Modeling



*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)

In FY 2010, grantees generally scored in the middle range across all 10 dimensions (Exhibit 21). Overall, Head Start CLASS compared favorably to scores calculated from preschool programs over 11 states by NCEDL (National Center for Early Development and Learning) studies. Head Start CLASS scores compared favorably to NCEDL scores in all dimensions other than Instructional Learning formats (3.44 vs. 4.37.) Head Start programs scored higher overall in all domains. For Classroom Organization, the Head Start average was 4.74, as compared to 4.00 for NCEDL. The same pattern holds for Emotional Support (5.36 vs. 4.71) and Instructional Support (3.35 vs. 1.99). Caution should be exercised in interpreting comparisons between Head Start CLASS scores and NCEDL scores. The sample size is much smaller and less geographically diverse in NCEDL studies than in the FY 2010 monitoring pool, and pre-K programming (the focus of the NCEDL studies) may be different from Head Start programming.



XI. New Directions in Monitoring for FY 2011

In FY 2011, OHS will continue to implement changes in policy and procedure that will ensure compliance with the Head Start Act (amended December 2007) Family Child Care Regulations (published February 2008), and the American Recovery and Reinvestment Act (enacted February 2009) as well as improve the monitoring process. This section describes planned and anticipated changes to monitoring for FY 2011 in four areas: Monitoring Protocol and software; the impact of the American Recovery and Reinvestment Act (ARRA) on monitoring; enhancing use of the Classroom Assessment Scoring System (CLASS); and the implementation of unannounced reviews.

Monitoring Protocol and Software. The Protocol will be organized into Compliance Frameworks, which group together related program requirements to make it easier to see the “big picture” – they highlight key objectives that programs should achieve in their service delivery and management system design and implementation (e.g. School Readiness). Each Compliance Framework will contain one or more Compliance Indicators (CI), each of which will be linked to specific standards; together the CIs will help reviewers to assess whether the grantee is meeting the higher level objectives outlined within the Compliance Framework statement.

Monitoring American Recovery and Reinvestment Act Grantees. On April 2, 2009, the U.S. Department of Health and Human Services (HHS) announced that Head Start and Early Head Start programs would receive funding and be eligible to apply for grants worth \$2.1 billion under the American Recovery and Reinvestment Act (ARRA). Nearly \$1.2 billion of this was set aside to support Early Head Start expansion and allow the program to serve an additional 55,000 pregnant women, infants, toddlers, and families and nearly double the number of Early Head Start participants. Grantee organizations were invited to apply for grants in May 2009, with the first awards given in FY 2010.

The increased number of children and families served by these grants will create new jobs at Head Start and Early Head Start centers as additional staff are needed to handle increased enrollment. Expansion of services will create new demands and pressures on the monitoring infrastructure beginning in FY 2011, as programs provided by existing grantee organizations grow in size and scope and entirely new organizations begin serving children and families.

These expansions will require changes to the Protocol and the general review infrastructure. Additional Targeted Questions will need to be added to monitor issues of compliance specifically pertaining to ARRA Performance Standards. To help identify issues of compliance with ARRA funding, a separate report focusing on ARRA will be submitted to the grantee separately from their First-Year or Triennial review; however the ARRA review report and its corresponding Triennial or First-Year review will be sent as one review report to OHS. New review types (e.g. “ARRA Only Review”) will be added to the OHSMS system to facilitate ARRA reporting.

The criteria on which an ARRA review will be assigned are as follows:

- ▶ First-Year Plus ARRA Review:
 - Existing Head Start Grantees within the last 12 months
 - Became a first-time EHS Grantee under ARRA
 - Scheduled for a First-year review on the FY 2011 Review Schedule

Grantees in this category will receive a full monitoring review using the standard Protocol (which has ARRA-specific questions embedded), plus an additional set of ARRA-specific questions that fall outside the standard Protocol.

▶ **Triennial Plus ARRA Review:**

- Existing HS, EHS or HS/EHS Grantee
- Received ARRA-EHS expansion funds
- Scheduled for a Triennial review on the FY 2011 Review Schedule

Grantees in this category will receive a full monitoring review using the standard Protocol (which has ARRA-specific questions embedded), plus an additional set of ARRA-specific questions that fall outside the standard Protocol.

▶ **ARRA Only Review:**

- Existing HS, EHS or HS/EHS Grantee
- Received ARRA-EHS expansion funds
- NOT scheduled for a review in FY 2011

Grantees in this category will receive an ARRA-only review that consists only of ARRA-specific Protocol questions.

▶ **New ARRA Review:**

- Brand-new Grantee. Prior to receiving ARRA-EHS expansion funds, this Grantee was not a HS/EHS agency.

Grantees in this category will receive a full monitoring review using the standard Protocol (which has ARRA-specific questions embedded), plus an additional set of ARRA-specific questions that fall outside the standard Protocol.

Enhancing the use of the Classroom Assessment Scoring System (CLASS). In FY 2011, changes will be made to the implementation of the Classroom Assessment Scoring System in Monitoring. These changes include but are not limited to the following:

- ▶ CLASS reviewers will observe 30% of classrooms, or at least 12 classrooms (for smaller programs).
- ▶ CLASS reviewers will observe three 20-minute cycles per classroom, rather than the one 20-minute cycle that was observed in FY 2010.
- ▶ Standardized summaries (by dimension) will be used to inform grantees of the meaning of their score; these summaries will be included in the report to the grantee.

Expanded Implementation of Unannounced Reviews. OHS' continued dedication to increasing transparency, accountability, and the enhancement of providing services, has led to the implementation of unannounced monitoring reviews. Approximately ten percent of all Triennial and First-Year reviews



will be unannounced beginning in FY 2011. Grantees are currently provided with at least 30 days' notice of the date of their review, enabling them to prepare for their review. Implementing unannounced reviews will allow OHS to observe grantees during a normal school day as opposed to a "review-ready" day. The information gathered from these reviews will provide OHS with better insight regarding the day-to-day struggles and successes grantees encounter and will enable OHS to provide more accurate guidance and assistance to grantees.

At the beginning of the fiscal year, grantees will receive a form letter from OHS informing them that unannounced reviews will occur during the FY 2011 program year. The majority of procedures for planning for an unannounced review mimic those of planning for announced reviews. However, the fact that the Grantee is unaware of the review date requires some additional time during the start of the review to organize the review process and ensure that staff and materials for review are available.

The Head Start program can be transformational in improving the lives of many of our nation's disadvantaged families. Children get only one chance to receive the Head Start experience they deserve. The Office of Head Start is committed to ensuring that all programs are providing eligible children and families with high quality comprehensive services that will help Head Start children better succeed in school and assist parents in achieving their goals while understanding that parents are their child's primary educators. This commitment, along with the belief that no child or family should be denied the opportunity to receive the best Head Start experience possible, has driven the changes for FY 2011.

New or Expanded Legislative or Regulatory Requirements. The 2007 reauthorization of the Head Start Act mandates that HHS undertake two major initiatives: 1) the development of a designation renewal system to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program that meets the educational, health, nutritional, and social needs of the children and families it serves, and meets program and financial management requirements and standards, and 2) revision of the Head Start Performance Standards. As these two initiatives generated new requirements, OHS began working in FY 2010 to align its monitoring accordingly. Some of this work was initiated in FY 2009, during which OHS began considering potential adjustments to monitoring to account for Head Start Performance Standards that were modified by provisions of the Head Start Act. Examples of such provisions include: modifications to alternative teacher credentialing and degree requirements; increased specificity describing program support and coordination with Local Education Agencies for transitioning children; a requirement that, as a result of its self-assessment, each grantee submit an improvement plan approved by the governing body; and, increased specificity describing the operations and authority of the Policy Council.

During FY 2009 and FY 2010, HHS was developing proposed regulations to implement two provisions of the 2007 reauthorization of the Head Start Act: 1) the requirement that established Head Start grantees will be awarded grants for a five-year period and only grantees determined to be delivering high-quality services will be given another five-year grant non-competitively; and 2) the requirement to develop a designation renewal system to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program that meets the educational, health, nutritional, and social needs of the children and families it serves, and meets program and financial management requirements and standards. HHS issued proposed regulations that articulate the details of the proposed designation renewal system (DRS) in September 2010. On November 9, 2011 the final DRS was published in the Federal Register and it became effective on December 9, 2011. HHS plans to modify its monitoring



system as appropriate based on the implementation of the DRS. In addition to considering adjustments due to Performance Standards that were modified by the Act, OHS considered other changes to its monitoring to align with entirely new or expanded requirements. The Monitoring Protocol was refined to reflect new requirements in the following areas:

- ▶ Family assessment to identify needs and interests of parents;
- ▶ Election of Policy Council and Policy Committee members by parents of current children;
- ▶ Delineation of governing body members, roles, and responsibilities;
- ▶ Eligibility of children above poverty, homeless children, and children of military families;
- ▶ Grantee submission to OHS of audit management letter and findings within 30 days.
- ▶ Criminal background checks and professional development plans for full-time staff working with children (including a minimum of 15 hours of professional development for teachers each year).
- ▶ Family Child Care Regulations issued in FY 2008 that created specific new requirements for the family child care (FCC) option, including safe environments for children, appropriate licensing of providers, and credentialing and degree requirements for FCC staff.

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



Appendix: Glossary

Term	Definition
ACF	Administration for Children and Families in the U.S. Department of Health and Human Services (HHS) (includes the Regional Offices).
Actual Enrollment	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.
Area of Noncompliance (ANC)	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.
Citation	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.
Completed Review	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 and Conducted Review.
Conducted Review	A conducted review is a review for which the onsite monitoring visit has been completed but for which the grantee may or may not yet have received the final Review Report.
	Related Term: Head Start Review Report and Completed Review.
Corrective Action	A Corrective Action Timeframe is the number of days a grantee is given to address



Term	Definition
Timeframe	<p>all Areas of Noncompliance associated with a specific determination (deficiency or noncompliance). Deficiency determinations typically have corrective action timeframes of 10 days or 30 days, if the deficiency is a health & safety violation, or 180 days. The corrective action timeframe for a noncompliance determination in FY 2009 was 90 days.</p> <p>The corrective action timeframe clock does not start ticking until the grantee officially receives the Head Start Review Report.</p> <p>Related Terms: Deficiency, Noncompliance, Determination and Head Start Review Report.</p>
Deficiency	<p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:</p> <p>(A) Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (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; <p>(B) Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) An unresolved area of noncompliance.</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>
Delegate Agency	<p>A delegate agency is a public or private nonprofit or for-profit organization or agency to which a Head Start grantee has delegated by written agreement the carrying out of all or part of its responsibility for operating a Head Start program or programs.</p>



Term	Definition
	Related Terms: Grantee and Head Start Program.
Determination	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).
	Related Terms: Deficiency, Noncompliance, Quality Improvement Plan (QIP) and Head Start Review Report.
Early Head Start Program	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.
	Related Terms: Delegate Agency and Head Start Program.
Fiscal Year (FY)	Twelve-month accounting period (Federal FY 2009 began on October 1, 2008 and ended on September 30, 2009).
Follow-up Review	Return visits made to grantees to verify whether corrective actions have been implemented. Determinations in First-year, Triennial or Other reviews indicate whether or not a Follow-up review is required, and the timeframe within which the grantee must correct the Areas of Noncompliance. If the initial Follow-up review team identifies that one or more Areas of Noncompliance have not been corrected, the Office of Head Start (OHS) may decide a second Follow-up review is required. Less often, a third or fourth Follow-up review is conducted.
	Related Terms: Triennial Review, First-Year Review, Other Review and Monitoring Reviews.
Funded Enrollment	Funded enrollment is the total number of children (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.
	Related Terms: Actual Enrollment and ACF.
Grant	A federally funded monetary award that is provided to an agency to perform Head Start (Early Head Start or Head Start/Early Head Start) services either directly or through delegate agencies.
	Related Terms: Grantee and Head Start Program.



Term	Definition
Grantee	An agency (i.e. public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families (ACF) to administer one or more Head Start programs (Early Head Start or Head Start/Early Head Start) or to oversee the programs administered by a delegate agency.
	Related Terms: Delegate Agency and Program Type.
Grantee Compliance Status	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: <ol style="list-style-type: none"> 1) Compliant: Grantees without a noncompliant or deficient finding 2) Having one or more noncompliances: Grantees with one or more noncompliant findings 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
	Related terms: Deficiency and Noncompliance.
Head Start Program	An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.
	Related Terms: Delegate Agency and Early Head Start Program.
Head Start Program Requirements	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.
	Related Terms: Head Start Program Performance Standards and Monitoring Reviews.
Head Start Review Report	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.
	Related Terms: Completed Review, Conducted Review, Corrective Action Timeframe, Deficiency and Noncompliance.



Term	Definition
HHS	U.S. Department of Health and Human Services, which oversees the Administration for Children and Families (ACF).
	Related Terms: Administration for Children and Families (ACF).
Monitoring Reviews	<p>Per Section 641A of the Head Start Act, grantees are required to receive a full-on-site monitoring review every three years (i.e. Triennial reviews) and newly funded programs are required to receive a monitoring review after their first full year (i.e. Regular First-year reviews) of providing Head Start services. Programs that are not in compliance with 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.</p> <p>There are four main types of monitoring reviews or review types: 1) Triennial, 2) Regular First-Year, 3) Other, and 4) Follow-up.</p> <p>Related Terms: Head Start Program Performance Standards, Head Start</p>
	Program Requirements, Triennial Review, Regular First-Year Review, Other Review and Follow-up Review.
	Noncompliance
Related Terms: Area of Noncompliance, Determination, Grantee, Quality Improvement Plan (QIP) and Head Start Review Report.	
Office of Head Start (OHS)	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.)
	Related Terms: U.S. Department of Health and Human Services (DHHS) and Administration for Children and Families (ACF).
OHSMS Software	An integrated technology solution supporting a broad spectrum of monitoring review activities: pre-site planning and document-sharing, on-site review coordination and documentation, and post-review corrective action activities.



Term	Definition
Other Review	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.
	Related Terms: Triennial Review, Follow-up Review and Monitoring Reviews.
Performance Standards (Head Start Program Performance Standards) and other regulations	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.
	Related Terms: Head Start Program Requirements.
Preliminary Area of Noncompliance (PANC)	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.
	Related Terms: Area of Noncompliance, Determination, Grantee and Head Start Review Report.
Program Type	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.
	Related Terms: Head Start, Early Head Start and Head Start Program.
Protocol	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.
Quality Improvement Plan (QIP)	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
	Related Terms: Determination and Deficiency.



Term	Definition
Regular First-Year Review	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.
	Related Terms: Triennial Review, Follow-up Review, Other Review and Monitoring Reviews.
Review Decision	Decision about a grantee’s compliance with applicable laws and regulations based on evidence collected during the monitoring review. (Review decisions include “no areas of noncompliance,” “areas of noncompliance,” and deficiency determinations.)
	Related Terms: Areas of Noncompliance, Deficiency, Noncompliance, Determination and Monitoring Reviews.
Review Team Leader (RTL)	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.
Reviewer	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.
Triennial Review	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					
Rank	Performance Standard	Content Area	Standard Description	Grantees Reviewed With Noncompliant Citations	
				n	% (n=476)
1	644(a)(2)(D)	PDM	Annual Report to the Public	70	14.70%
2	644(a)(2)(C)	PDM	Annual Report to the Public	65	13.70%
3	1304.53(a)(7)	SAF	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment.	63	13.30%
4	644(a)(2)(B)	PDM	Annual Report to the Public	59	12.40%
5	1304.52(j)	PDM	Staff Performance Appraisals	57	12.00%
5	1304.52(k)(1)	PDM	Initial Health Examinations for Staff	57	12.00%
6	644(a)(2)(E)	PDM	Annual Report to the Public	54	11.40%
7	1304.53(a)(10)(x)	SAF	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	49	10.30%
8	644(a)(2)(A)	PDM	Annual Report to the Public	48	10.10%
9	644(a)(2)(F)	PDM	Annual Report to the Public	40	8.40%
10	642(d)(2)(A)	PDM	Reporting to the Governing Body and Policy Council	39	8.20%
11	644(a)(2)	PDM	Annual Report to the Public	38	8.00%
12	644(a)(2)(G)	PDM	Annual Report to the Public	37	7.80%
12	1304.20(b)(1)	HEA	Screening for Developmental, Health, Sensory, and Behavioral Concerns	37	7.80%
13	648A(g)(3)(A)	PDM	Criminal Record Checks	33	6.90%
14	640(d)(1)	ERSEA	Recruitment and Enrollment of Children with Disabilities	32	6.70%
15	642(d)(2)(D)	PDM	Reporting to the Governing Body and Policy Council	31	6.50%
15	648A(a)(3)(A)(i)	ECD	Teacher Qualifications	31	6.50%
16	1304.53(a)(10)(viii)	SAF	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	29	6.10%
17	1304.20(a)(1)(ii)(A)	HEA	Determining Child Health Status	28	5.90%
18	1304.51(i)(2)	PDM	Ongoing Monitoring of Grantee Operations and Delegates	27	5.70%
18	1304.51(g)	PDM	Record-keeping Systems	27	5.70%



Performance Standards Most Frequently Cited as Noncompliant

Rank	Performance Standard	Content Area	Standard Description	Grantees Reviewed With Noncompliant Citations	
				n	% (n=476)
19	648A(f)	PDM	Professional Development Plans	25	5.30%
19	642(d)(2)(E)	PDM	Reporting to the Governing Body and Policy Council	25	5.30%
19	74.34(f)(1)(iii)	FIS	Equipment Records	25	5.30%
20	648A(a)(3)(A)(iv)	ECD	Teacher Qualifications	23	4.80%
20	648A(a)(3)(A)(ii)	ECD	Teacher Qualifications	23	4.80%

Protocol Section Key

ECD	Education and Early Childhood Development	ERSEA	Eligibility, Recruitment, Selection, Enrollment and Attendance	FIS	Fiscal Management
HEA	Health Services	SAF	Safe Environments	PDM	Program Design and Management

Performance Standards Most Frequently Cited as Deficient

Rank	Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
				n	% (n=55)
1	1304.51(i)(2)	PDM	Ongoing Monitoring of Grantee Operations and Delegates	15	27.3%
2	1304.53(a)(7)	SAF	Maintenance, Repair, Safety, and Security of all Facilities, Materials and Equipment.	8	14.5%
2	1304.53(a)(10)(x)	SAF	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	8	14.5%
3	1304.52(i)(1)(iii)	PDM	Code of Conduct	7	12.7%
3	1301.31(b)(1)(iii)	PDM	Criminal Record Checks	7	12.7%
4	1304.53(a)(10)(viii)	SAF	Physical Arrangements Consistent with the Health, Safety and Developmental Needs of Children	6	10.9%
5	1304.20(b)(1)	HEA	Screening for Developmental, Health, Sensory, and Behavioral Concerns	5	9.1%
5	648A(g)(3)(A)	PDM	Criminal Record Checks	5	9.1%
6	74.21(b)(3)	FIS	Financial Management Systems	4	7.3%



Performance Standards Most Frequently Cited as Deficient

Rank	Performance Standard	Content Area	Standard Description	Grantees Reviewed With Deficient Citations	
				n	% (n=55)
6	1304.20(a)(1)(ii)(A)	HEA	Determining Child Health Status	4	7.3%
6	1304.51(g)	PDM	Record-keeping Systems	4	7.3%
7	1304.52(i)(1)(iv)	PDM	Code of Conduct	3	5.5%
7	642(d)(2)(E)	PDM	Reporting to the Governing Body and Policy Council	3	5.5%
7	642(d)(2)(D)	PDM	Reporting to the Governing Body and Policy Council	3	5.5%
7	642(c)(1)(E)(iv)(II)	PDM	Governing Body Responsibilities	3	5.5%

Protocol Section Key

ECD	Education and Early Childhood Development	ERSEA	Eligibility, Recruitment, Selection, Enrollment and Attendance	FIS	Fiscal Management
HEA	Health Services	SAF	Safe Environments	PDM	Program Design and Management