

Report to Congress on Head Start Monitoring



FISCAL YEAR 2019



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

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Executive Summary

This report presents a summary of the findings of fiscal year (FY) 2019 Head Start monitoring reviews, fulfilling the reporting requirement in Section 641A(f) of the Head Start Act, as amended in 2007. It highlights the enhancements made to the FY 2019 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2019.

FY 2019 Aligned Monitoring System (AMS)

In September 2016, the Office of Head Start (OHS) issued the first holistic revision and complete reorganization of the Head Start Program Performance Standards (HSPPS) since their original publication in 1975. OHS refined its system to monitor the new HSPPS and implemented the revised Aligned Monitoring System (AMS 2.0) in FY 2018. AMS 2.0 was designed to monitor the newly implemented HSPPS, streamline the monitoring process, and reduce grantee burden of having multiple review events from multiple agencies. AMS 2.0 retained some components from its original design, including CLASS[®], Special,¹ and Follow-up reviews, which were implemented with procedures identical to those implemented in the original AMS. AMS 2.0 also introduced two new review types: Focus Area One and Focus Area Two. OHS continued to use this system in FY 2019. **Exhibit 1** summarizes the types of reviews conducted in FY 2019.

¹ Special reviews were termed “Other” or “Targeted” reviews in previous fiscal years.

Exhibit 1: Types of FY 2019 Reviews

Type of Review	Description
Focus Area One	<ul style="list-style-type: none"> ▶ An off-site review that entailed reviewing grantee documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the grantee’s program design, management, and governance structure.
Focus Area Two	<ul style="list-style-type: none"> ▶ An onsite review that—through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers—assessed how grantees operate their programs and provide quality services that meet children’s and families’ needs and comply with HSPPS and other federal and state requirements.
CLASS®	<ul style="list-style-type: none"> ▶ Evaluated the quality of teacher–child interactions that promote positive child outcomes.
Special	<ul style="list-style-type: none"> ▶ Conducted for grantees if they are determined to be at risk.
Follow-up	<ul style="list-style-type: none"> ▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected. ▶ Note that this report includes information on Follow - up reviews for all grantees with outstanding findings that were reviewed in FY 2019, including grantees with findings that originated in previous fiscal years.

Notes: Focus Area One reviews were typically conducted by one Review Lead. Focus Area Two reviews were typically conducted with three reviewers led by a Review Lead. To assess grantee compliance, review teams used the Office of Head Start Monitoring Protocols, which employ a standardized approach to assess program services and quality.

The remainder of this section describes the Focus Area One and Focus Area Two review events.

Focus Area One

Focus Area One provided an opportunity for grantees to discuss how they selected their program options, developed their management structure, and designed their services to meet the needs of the children and families they serve. This review was exploratory in nature and designed to provide feedback to the grantee early in its grant cycle on its program design, planning, and processes for providing program services.

During this review, grantees described approaches to:

- ▶ Program design and management.
- ▶ Designing quality education and child development program services.
- ▶ Designing quality health program services.
- ▶ Designing quality family and community engagement program services.

- ▶ Developing effective eligibility, recruitment, selection, enrollment, and attendance (ERSEA) strategies and fiscal infrastructure.

The Focus Area One review was an off-site activity that entailed reviewing grantee documentation (e.g., grant application, community assessment, Program Information Report) and engaging in discussions (via conference call) with the program’s director and management team.

Prior to the discussions with the grantee, the reviewer talked with the grantee’s regional program and fiscal specialists to gain the regional office staff’s perspective on the grantee.

Focus Area Two

Focus Area Two provided an opportunity for grantees to demonstrate their effectiveness in implementing a high-quality program to promote positive outcomes and school readiness for children and their families. This focus area was designed to broaden OHS’s understanding of each grantee’s performance and to determine if programs are meeting the requirements of the HSPPS, the Office of Management and Budget’s (OMB) *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (commonly called “Uniform Guidance”), and Head Start Act. The Focus Area Two review focused on:

- ▶ Program management and quality improvement.
- ▶ Monitoring and implementing quality education and child development services.
- ▶ Monitoring and implementing quality health services.
- ▶ Monitoring and implementing quality family and community engagement services.
- ▶ Monitoring and implementing fiscal infrastructure.
- ▶ Monitoring ERSEA: Eligibility, selection, enrollment, and attendance.

Focus Area Two was an onsite review event that provided an opportunity for grantees to demonstrate how they operate their programs and provide quality services that meet children’s and families’ needs and comply with HSPPS and other federal and state requirements. The reviewers learned about grantee performance prior to the onsite review by first reviewing documents such as the grant application, self-assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual updates to the community assessment. In addition, similar to the approach in Focus Area One, reviewers talked with the grantee’s assigned program and fiscal specialists to learn additional information about the regional office’s experiences with the grantee and understanding of the grantee’s performance.

The onsite review included discussions, classroom explorations, and data tours. Discussions occurred with program management, staff, parents, the governing body, the policy council, and teachers (at the end of each classroom exploration). Data tours were conducted with management staff, center leaders, and directors, providing an opportunity for the grantee staff to show the data they collect, analyze, use, and share to make informed program decisions.

Grantees also received Special reviews if OHS determined the grantee was at risk. Any grantee found to be out of compliance with Head Start requirements during any review received a Follow-up review to ensure that all findings were corrected.

After each review event, grantees received a report that summarized identified findings and/or concerns.

Outcomes of FY 2019 Monitoring Reviews

OHS conducted reviews of 696 grantees in FY 2019. Of the 696 grantees that received monitoring reviews:²

- ▶ 302 received a Focus Area One review.
- ▶ 163 received a Focus Area Two review.
- ▶ 167 received at least one Special review.
- ▶ 200 received at least one Follow-up review.³
- ▶ 159 received a CLASS[®] review.

Monitoring reviews have three possible outcomes: compliant, one or more noncompliances with no deficiencies, or one or more deficiencies (with or without compliances). A “noncompliance” is issued if OHS determines sufficient evidence and documentation exist of a grantee’s failure to comply with a given HSPPS or regulation. A “deficiency,” as defined by the Head Start Act, as amended in 2007, is:

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

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

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

² The sum of the numbers of different review types is greater than the number of reviewed grantees because grantees can receive more than one review during the fiscal year.

³ A total of 180 Follow-up reviews were conducted among the 200 grants. Of the 180 Follow-up reviews completed in FY 2019, 1 (< 1.0 percent) was follow-up of a review completed in a previous fiscal year.

(C) An unresolved area of noncompliance.

Observed areas of noncompliance or deficiencies are referred to as “findings.” The determination of a noncompliance or a deficiency is based on evidence collected by the review team during the monitoring review. If there is not sufficient evidence of a noncompliance or a deficiency, then the grantee is considered “compliant.”

Key outcomes of monitoring reviews included:

- ▶ **High percentages of grantees reviewed in Focus Area One and Focus Area Two were compliant with the monitored standards.** Of the 163 grantees that underwent a Focus Area Two review, over half (57.7 percent) were found to be compliant with the monitored standards. Of the 302 grantees that underwent a Focus Area One, review, all (100.0 percent) were found to be compliant with the monitored standards.
- ▶ **The majority of grantees who received Special reviews were found to be deficient.** Of the 167 grantees that underwent a Special review in FY 2019, 60.5 percent were found to have 1 or more deficiencies and 37.7 percent were found to have 1 or more noncompliances (and no deficiencies).
- ▶ **Grantees corrected nearly all findings on Follow-up reviews.** Among grantees that received Follow-up reviews in FY 2019, 94.5 percent of grantees had corrected their findings upon follow-up, while 5.5 percent of grantees had not corrected their findings.
- ▶ **Head Start program CLASS[®] average domain scores in FY 2019 were similar to those found in FY 2018.⁴** Grantees had average CLASS[®] scores of 6.05 out of 7 for Emotional Support and 5.79 out of 7 for Classroom Organization domains. As in FY 2018, scores for Instructional Support were notably lower than those for the other domains, averaging 2.91 out of 7.

Number and Types of Findings Identified in FY 2019

Key trends with respect to the number and types of findings included:

- ▶ **In Focus Area Two reviews, most FY 2019 grantees with “noncompliant” findings had a small number of findings.** Among grantees with only Focus Area Two noncompliances, 69.5 percent had one or two findings. In contrast, of grantees with at least one Focus Area Two deficiency, 60.0 percent of those had three or more findings. However, these results should be interpreted with caution as only a small number of grantees (N = 10) had a Focus Area Two deficiency.
- ▶ **Common noncompliance findings covered a range of issues in FY 2019.** “Budget Planning and Development” was the most commonly cited noncompliance issue in FY 2019 Focus Area Two reviews, with 20.3 percent of “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Facilities and

⁴ In FY 2018, grantees had average CLASS[®] scores of 6.08 out of 7 for Emotional Support, 5.80 out of 7 for Classroom Organization, and 2.96 out of 7 for the Instructional Support domains.

Equipment” (13.4 percent), “Budget Execution” (9.1 percent), “Child Health Status and Care” (9.1 percent), “Eligibility, Recruitment, Selection, Enrollment, and Attendance” (7.8 percent), and “Supporting Teachers in Promoting School Readiness” (7.8 percent).

- ▶ **Overall, a small percentage of grantees had identified deficiencies in FY 2019 reviews.** Only 17.6 percent of grantees overall had an identified deficiency across Focus Area One, Focus Area Two, and Special Reviews. Special reviews had the highest proportion of identified deficiencies. Almost two-thirds (60.5 percent) of grantees who had a Special review had an identified deficiency. Among those, 71.7 percent of the “deficient” citations were related to issues such as Discipline (e.g., engaging in inappropriate punishment), Supervision (e.g., leaving children alone or unsupervised) and Safety Practices, which align with OHS’s concern for the safety of Head Start and Early Head Start children.

New Directions in Monitoring for FY 2020

In FY 2020, OHS will continue to implement enhancements to improve the consistency and quality of the monitoring process. OHS anticipates continued refinements to the Focus Area One (FA1) and Focus Area Two (FA2) Monitoring Protocols that will streamline the protocols and reviewing methodology to improve efficiencies within the monitoring system and enhance the quality of the Head Start Monitoring Report provided to grantees upon completion of a monitoring review event. Examples of some enhancements include:

- ▶ **A continued focus to streamline and remove redundancy in the protocols.** Redundant protocol questions and standards will be removed or combined with other questions to reduce overlap within each of the protocols. This enhancement will improve the efficiency and effectiveness of the monitoring review.
- ▶ **Enhancements will be made to the FA1 and FA2 protocols to provide OHS with a better understanding of grantee services and practices and to add more rigor to the monitoring methodology related to issues with fraud and abuse.** Additional questions were added to the protocol to dig deeper into grantee practices including:
 - How the grantee maintains full and effective participation of Dual Language Learners and their families
 - How the grantee’s verification and monitoring systems ensure children enrolled are categorically eligible and the grantee is able to maintain and track enrollment for all participants.
- ▶ **Enhancements to the Head Start Review Report will include customized summaries and highlights of grantee practices that demonstrate solid and strong program performance.** To promote and encourage program quality improvement efforts happening in the field, the Head Start Review Report for FA1 and FA2 reviews will include content area summaries and highlights that summarize program

practices and continuous improvement efforts demonstrated by the grantee during the review event.

- ▶ **Continued enhancements to the Fiscal Infrastructure Protocol to focus on systemic issues related to fiscal risk.** In FY 2020, the Fiscal Infrastructure Protocol will be enhanced to include more refined questions and performance standards related to a grantee's financial management systems, and their approach to budget planning, development and budget execution.

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); HSPPS; and other applicable federal, state, and local regulations. The HSPPS include provisions surrounding education, health, mental health, disabilities, nutrition, family and community partnerships, management, governance, facilities, enrollment, recruitment and selection, and program design.

The Head Start Act mandates that: Each Head Start grantee receive a monitoring review at least once every 3 years; each newly designated grantee be reviewed after the completion of its first year (and then at least once every 3 years thereafter); and all grantees that “fail to meet the standards” receive Follow-up reviews. Reviewers knowledgeable about Head Start conducted fiscal year (FY) 2019 reviews, with Review Leads (RLs) leading teams of reviewers, where appropriate. Each review was guided by the standardized methodology and the Monitoring Protocols, which guide reviewers’ onsite activities in assessing program performance and compliance.

Grantees with a finding (an area of noncompliance [ANC] or a deficiency) on any monitoring review receive a more targeted Follow-up review to ensure they have corrected any previously identified findings. If a grantee does not correct an ANC within the specified period of time, it becomes a deficiency. Deficiencies must be corrected: 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 within a period not to exceed 1 year, under a Quality Improvement Plan (QIP). If the grantee does not correct the deficiency within 1 year, then the OHS initiates the termination process or the grantee may relinquish the grant. If a review determines children or staff members are in imminent danger with no immediate solution, then OHS may suspend the program, assign an interim provider so services are not interrupted, and only permit the program to reopen when the grantee has resolved the problem satisfactorily.

This report fulfills the FY 2019 reporting requirement found in Section 641A(f) and 650(c)(2) of the Head Start Act, which requires a summary report to be published at the end of each federal fiscal year on the findings of monitoring reviews and outcomes of QIPs.

I. Head Start Program Services

Head Start, created in 1965 under the Head Start Act (42 U.S.C. 9801, et seq.), is a national program that provides comprehensive child development services primarily to low-income children (ages 0 to 5) and their families. Head Start promotes school readiness by enhancing the physical, social, and cognitive development of children through educational, health, nutritional, social, and other services. It 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 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 OHS of the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The ACF Regional Offices, OHS's American Indian and Alaska Native (AI/AN) Programs branch, and OHS's Migrant and Seasonal Programs branch award grants directly to local public agencies, private organizations, Indian tribes, and school systems for the purpose of operating Head Start programs at the community level.

II. Monitoring of Head Start Grantee Organizations

The following sections describe the basic mechanics of the monitoring process, the reporting system, the steps OHS has taken to improve how the process works, and key monitoring changes OHS implemented in FY 2019.

Monitoring Review Events

In September 2016, the OHS issued the first holistic revision and complete reorganization of the HSPPS since their original publication in 1975. OHS significantly modified the FY 2017 review schedule to provide opportunities for the Head Start community to implement the new HSPPS and for OHS to refine its system to monitor the new HSPPS. OHS implemented the new monitoring system in FY 2018 and continued its use in FY 2019. The revised Aligned Monitoring System (AMS 2.0) is designed to monitor the newly implemented HSPPS, streamline the monitoring process for grantees, and reduce grantee burden of receiving multiple review events from multiple agencies (e.g., Head Start, licensing, etc.). AMS 2.0 is comprised of five review events:

- ▶ Focus Area One
- ▶ Focus Area Two
- ▶ CLASS[®]
- ▶ Follow-up
- ▶ Special

The monitoring process used a rigorous, evidence-based approach to confirm that grantees comply with federal legislative, regulatory, and program requirements. CLASS[®], Follow-up, and Special reviews were implemented with procedures identical to those implemented in the original AMS.

Focus Area One

Focus Area One provided an opportunity for grantees to discuss how they selected their program options, developed their management structure, and designed their services to meet the needs of the children and families they serve. This review was exploratory in nature and designed to provide feedback to the grantee early in its grant cycle on its program design, planning, and processes for providing program services. Focus Area One discussions focused on the grantees' program design, management, and governance structure. Grantees described approaches to:

- ▶ Program design and management.
- ▶ Designing quality education and child development program services.
- ▶ Designing quality health program services.
- ▶ Designing quality family and community engagement program services.
- ▶ Developing effective eligibility, recruitment, selection, enrollment, and attendance (ERSEA) strategies and fiscal infrastructure.

The Focus Area One review was an off-site activity that entailed reviewing grantee documentation (e.g., grant application, community assessment, Program Information Report) and engaging in discussions (via conference call) with the program’s director and management team.

Prior to the discussions with the grantee, the reviewer talked with the grantee’s regional program and fiscal specialists to get additional information on the grantee.

Focus Area Two

Focus Area Two provided an opportunity for grantees to demonstrate their effectiveness in implementing a high-quality program to promote positive outcomes and school readiness for children and their families. This focus area was designed to broaden OHS’s understanding of each grantee’s performance and to determine if programs are meeting the requirements of the HSPPS, the OMB *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (commonly called “Uniform Guidance”), and Head Start Act. The Focus Area Two review focused on:

- ▶ Program management and quality improvement.
- ▶ Monitoring and implementing quality education and child development services.
- ▶ Monitoring and implementing quality health services.
- ▶ Monitoring and implementing quality family and community engagement services.
- ▶ Monitoring and implementing fiscal infrastructure.
- ▶ Monitoring ERSEA: Eligibility, selection, enrollment, and attendance.

Focus Area Two was an onsite review event that provided an opportunity for grantees to demonstrate how they operate their programs and provide quality services that meet children’s and families’ needs and comply with HSPPS and other federal and state requirements. The reviewers learned about grantee performance prior to the onsite review by first reviewing documents such as the grant application, self-assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual updates to the community assessment.

The onsite review included discussions, classroom explorations, and data tours. Discussions occurred with program management, staff, parents, the governing body, the policy council, and teachers (at the end of each classroom exploration). Data tours were conducted with management staff, center leaders, and directors, providing an opportunity for the grantee staff to show the data they collect, analyze, use, and share to make informed program decisions.

CLASS[®]

To gain a better understanding of the quality of Head Start classrooms, grantees with center-based or combination-option classrooms serving preschool-age children receive the CLASS[®] review. Reviewers used CLASS[®] as a tool to evaluate the quality of teacher–child interactions that promote positive child outcomes. CLASS[®] scores ranged from one to seven, with one indicating the lowest quality interactions and seven indicating the highest quality interactions. One dimension, Negative Climate, was inverse scored, with seven indicating the lowest quality

interactions and one indicating the highest quality interactions. In FY 2019, 159 CLASS[®] reviews were conducted.

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

Classroom Organization	Emotional Support	Instructional Support
<ul style="list-style-type: none"> ▶ Behavior management ▶ Productivity ▶ Instructional learning formats 	<ul style="list-style-type: none"> ▶ Positive climate ▶ Negative climate ▶ Teacher sensitivity ▶ Regard for student perspective 	<ul style="list-style-type: none"> ▶ Concept development ▶ Feedback quality ▶ Language modeling

Randomly selected, statistically driven sample sizes were used to identify which grantees’ classes were observed in FY 2019. The monitoring software reflected the classes selected for the sample and provided replacement classrooms as needed. The number of cycles observed per classroom remained at two. Research done by the tool developer supported this number, indicating that for purposes of monitoring and attaining a valid score at the grantee level, maximizing the number of classrooms observed across the program should take priority over the number of cycles observed within an individual classroom. OHS continued to provide reviewers with rigorous training on implementing OHS’s defined CLASS[®] methodology (e.g., timing and settings for observations, and conditions under which observations should or should not occur).

Special and Follow-Up

Grantees received Special reviews if OHS determined the grantee was at risk. Any grantee found to be out of compliance with Head Start requirements during any review received a Follow-up review to ensure that all findings were corrected.

Basic Mechanics of the Monitoring Process

Prior to the start of the fiscal year, OHS sent a global letter to all 5-year grantees to advise them of the reviews they would receive during the fiscal year. Grantees scheduled for an announced review then received written notification of the specific date of the review 30 days prior to the onsite review. Soon after receipt of the official written notification of the review date, the Review Lead (RL) contacted the grantee to begin scheduling onsite activities. Prior to the review, team members reviewed grantee documents posted on the OHS monitoring website. In

FY 2019, seven review events⁵ were unannounced, wherein OHS’s monitoring review team does not provide the grantee with advanced notification of the review’s occurrence. This allows OHS to observe grantees without grantees preparing for the review in advance of the monitoring team’s arrival. The information gathered from these reviews provides OHS with a more candid, less planned interaction with the grantee, providing a different perspective into the day-to-day struggles and successes that the grantees encounter.

Grantees received Special reviews that are not included in the original schedule of reviews if OHS determined the program to be at risk. These reviews occurred onsite or offsite (remotely, from the Regional Office), depending on the nature of the concern being investigated.

Monitoring reviews had three possible outcomes: compliant, one or more noncompliances with no deficiencies, or one or more deficiencies (with or without noncompliances). A “noncompliance” was issued if OHS determined sufficient evidence and documentation existed of a grantee’s failure to comply with a given HSPPS or regulation. A “deficiency,” as defined by the Head Start Act, as amended in 2007, is:

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

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

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

(C) An unresolved area of noncompliance.

Observed areas of noncompliance or deficiencies were referred to as “findings.” OHS determined, on the basis of the review, whether grantees were compliant, had areas of noncompliance that did not constitute deficiencies, or had deficiencies. Grantees found to have had an area of noncompliance (ANC) or a deficiency received a Follow-up review to ensure that the finding was corrected.

⁵ The FY 2019 unannounced reviews were all Special review events.

In terms of the conduct of each type of review, each Focus Area One review event was conducted remotely by an RL, and generally took place over a 3- to 5-day period.

Managed by an RL, Focus Area Two review events are conducted onsite by three to four qualified non-federal consultants (who are supervised by the assigned RL) and generally occur over a 5-day period. Focus Area Two review team sizes vary depending on the size and complexity of the grantee. For example, larger grantees, including those with delegate agencies and those with complex program designs (e.g., grantees with both Head Start and Early Head Start programs) may require more reviewers. The largest grantees, considered “super grantees,” require both substantially larger review teams and longer review periods.

Once onsite, the Focus Area Two review team initiates the information collection process, which is guided by the OHS Monitoring Protocols. Review teams rely on multiple modes of inquiry—interviews with concurrent documentation review, observations, and analysis—to assess grantee compliance with program requirements. Team members share information with their RL on a routine basis through the IT-AMS⁶ software application, team meetings, email, and telephone communications. The RL also facilitated nightly team meetings to discuss and document preliminary findings and to identify areas requiring further exploration. The onsite review culminated in the development of a preliminary report of findings submitted to OHS. OHS made final determinations on the grantee’s compliance and notified grantees of any areas that require correction.

The Office of Head Start Monitoring Protocols

The OHS Monitoring Protocols are designed to guide review teams in assessing grantee compliance with the HSPPS and the Head Start Act. The protocols reflect the department’s continued commitment to ensuring that the national monitoring system assesses grantees in a uniform, thorough, and consistent manner. The Focus Area One and Focus Area Two review events each have their own protocols to guide the respective review events.

Each protocol was organized into Performance Measures (PMs), which grouped together related program requirements for that content area and highlighted key objectives that programs should have achieved in their service delivery and management system design and implementation (e.g., School Readiness). Each PM contained one or more criteria, which were linked to specific standards; together the criteria helped reviewers assess whether the grantee was meeting the higher level objectives outlined within the PM statement. Review teams gathered evidence to support the assessment of compliance for each criterion. Each protocol indicated 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 was developed to organize the evidence-gathering process. These guides, which organized the review questions by method of data collection and source, included:

- ▶ Interview Guides (including documents reviewed with the grantee during interviews)
- ▶ Observation Guides

⁶ IT-AMS is the Office of Head Start’s secure online data management system.

► Child File Review Guides

The evidence collected through each guide was linked to PMs and is used to assist review teams in making their assessments.

Standardized Methodology and Reviewer Reliability

To ensure consistency, objectivity, and accuracy within the review process, OHS has established a standardized methodology that governs the conduct of each review type. The standardized methodology defines the process by which every team collects, documents, analyzes, and reports on data for each grantee participating in a review. The methodology standardizes various components of the review events, such as interacting and communicating with the grantee, sampling files and classrooms, determining acceptable times for conducting observations, facilitating discussions with grantee and Regional Office staff, and other review activities.

Sampling

The FY 2019 Monitoring Protocol continued to use random samples for child files and class/group observations (such as CLASS[®]) to ensure the generalizability of information collected through the review process. The sample size and composition were determined by a probability-driven algorithm that selected a random sample to ensure that monitoring review observations were valid and generalizable to an entire grantee. The sampling algorithm was implemented in the OHS monitoring software to ensure consistency in its implementation.

The Reviewer Pool

OHS ensured that each review was staffed by individuals who were knowledgeable about Head Start programs and monitoring. With the objective of maintaining the integrity of the reviewer pool, OHS has a number of policies and procedures to guide the pre-review preparation, post-review learning, and improvement of reviewers. Review teams were created based on a governing framework that limited reviewers who were employed by a Head Start grantee or delegate agency to a certain number of reviews per year and prevented them from reviewing programs in their own states. OHS also maintains a 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 identified the processes that needed to be strengthened and the areas in which additional support was required to facilitate reviewers' work. These efforts continued to maintain the efficiency and effectiveness of the review teams.

Reporting

OHS utilized a system of exception-based reporting to comply with the federal mandate to inform grantees of findings that should be corrected (Section 641A[e] of the Head Start Act, as amended in 2007). Fundamental to the reporting process was the collection, verification, and substantiation of evidence from multiple sources to corroborate findings of noncompliance. As guided by the Monitoring Protocol, review teams conducted interviews with program staff, Policy Council and governing board members, parents, and others; observed children and

teachers in classroom settings; and reviewed program documents and materials, as well as children's files, to assess compliance with Head Start requirements.

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

Designation Renewal System

In FY 2009 and FY 2010, in response to mandates in the 2007 reauthorization of the Head Start Act, OHS developed regulations that created a Designation Renewal System (DRS). Under the DRS, grantees that are found to not be delivering high-quality and comprehensive Head Start programs are subject to recompetition for their grants. HHS issued proposed regulations articulating the details of the proposed DRS in September 2010. On November 9, 2011, the final DRS was published in the *Federal Register*; it became effective December 9, 2011.

- ▶ The first cohort of 132 grantees required to recompile under DRS was announced in December 2011.
- ▶ The second cohort of 122 grantees required to recompile under DRS was announced in February 2013.
- ▶ The third cohort of 103 grantees required to recompile under DRS was announced in February 2014.
- ▶ The fourth cohort of 90 grantees required to recompile under DRS was announced in December 2014.
- ▶ The fifth cohort of 12 grantees required to recompile under DRS was announced in March 2016.
- ▶ The FY 2017 DRS cohort of 58 grantees required to recompile under DRS was announced in April 2017.⁷
- ▶ The FY 2018 DRS cohort of 171 grantees required to recompile under DRS was announced in January 2018.
- ▶ The FY 2019 DRS cohort of 181 grantees required to recompile under DRS was announced in February 2019.⁸
- ▶ The FY 2020 DRS cohort of 117 grantees required to recompile under DRS was announced in February 2020.⁹

⁷ In FY 2017, OHS started referencing DRS cohorts by the fiscal year in which the grantees required to compete under DRS were announced.

⁸ The majority of competitive notifications were sent out February 2019, however grants continued to receive notifications throughout 2019 if they met a DRS condition.

⁹ The majority of competitive notifications were sent out February 2020, however grants will continue to receive notifications throughout 2020 if they met a DRS condition. In addition, the number of grants that will be required to compete will change if the DRS Notice of Proposed Rulemaking (NPRM) goes into effect.

Details about the FY 2020 DRS cohort based on monitoring reviews in FY 2019 are as follows:

- ▶ The total number of grants subject to recompetition = 117
- ▶ The number of grants subject to recompetition due to low CLASS[®] scores alone = 37
- ▶ The number of grants subject to recompetition due to deficiencies alone = 72
- ▶ The number of grants subject to recompetition due to low CLASS[®] scores and deficiencies = 8

Centralized Quality Control and Finalization of Review Reports

After each review event, grantees received a report that summarized findings and/or concerns for that specific content area. To ensure consistency in monitoring, OHS's central office is responsible for the form, content, and issuance of monitoring reports to grantees. OHS assumes responsibility for the quality assurance process to ensure that the Head Start review reports submitted by review teams following the onsite review meet rigorous standards for accuracy, clarity, and legal soundness. Centralization of quality control and the heavy emphasis on evidence-based findings increase 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.

III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2019, specifically addressing the following:

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

Types of Monitoring Reviews Conducted

This report to Congress on Head Start Monitoring for FY 2019 focuses on the cohort of grantees who underwent Focus Area One, Focus Area Two, CLASS®, Special, and Follow-up reviews and who received review reports in FY 2019. **Exhibit 2** summarizes the five types of reviews conducted in FY 2019.

Exhibit 2: Types of FY 2019 Reviews

Type of Review	Description
Focus Area One	▶ An off-site review that entailed reviewing grantee documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the grantee’s program design, management, and governance structure.
Focus Area Two	▶ An onsite review that—through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers—assessed how grantees operate their programs and provide quality services that meet children’s and families’ needs and comply with HSPPS and other federal and state requirements.
CLASS®	▶ Evaluated the quality of teacher–child interactions that promote positive child outcomes.
Special	▶ Conducted for grantees if they are determined to be at risk.
Follow-up	▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure that all findings are corrected. ▶ Note that this report includes information on Follow - up reviews for all grantees with outstanding findings that were reviewed in FY 2019, including grantees with findings that originated in previous fiscal years.

Notes: Focus Area One reviews were typically conducted by one Review Lead. Focus Area Two reviews were typically conducted with three reviewers led by a Review Lead. To assess grantee compliance, review teams used the Office of Head Start Monitoring Protocols, which employ a standardized approach to assess program services and quality.

This report also includes information on Follow-up reviews for all grantees with outstanding findings that were reviewed in FY 2019, including grantees with findings that originated in previous fiscal years.

Grantee Review Outcomes

After a review was completed, OHS issued a Head Start Review Report to each grantee. The report indicated the compliance outcome of the review and the Head Start program requirement(s) for which OHS found the grantee to be out of compliance. The compliance outcome was a function of the final determination made by OHS on each of the findings documented by the review team during the review. Each finding issued by OHS was one of two types: noncompliant or deficient.

Grantees with no findings received a review determination of “compliant.” If a grantee was found to only have areas of noncompliance, then it received a review determination of “noncompliant,” which is referred to throughout this report as “having one or more noncompliances.” If a grantee was found to have one or more deficiencies, regardless of whether it also had noncompliances, then it received a review determination of “deficient,” referred to throughout this report as “having one or more deficiencies.” Grantees also could be cited with an “immediate deficiency” finding on their reviews. These findings affected the grantee’s status in the same way as a “deficient” finding. However, unlike a “deficient” finding, if an “immediate deficiency” was found, the grantee received a separate report and was required to correct the issue immediately upon receipt.

Of the 696 grantees that received monitoring reviews in FY 2019:¹⁰

- ▶ 302 received a Focus Area One review.
- ▶ 163 received a Focus Area Two review.
- ▶ 167 received a Special review.
- ▶ 200 received a Follow-up review.¹¹
- ▶ 159 received a CLASS[®] review.

Exhibits 3, 4, 5, and 6 present outcomes for grantees that received Focus Area One, Focus Area Two, and/or Special reviews. A glossary at the end of this report provides a full definition of each type of review.

Exhibit 3 displays review types and outcomes for grantees receiving those reviews in FY 2019. In FY 2019, 57.7 percent of grantees receiving a Focus Area Two review had compliant outcomes. All grantees (100.0 percent) that received a FY 2019 Focus Area One review had a compliant review outcome.¹²

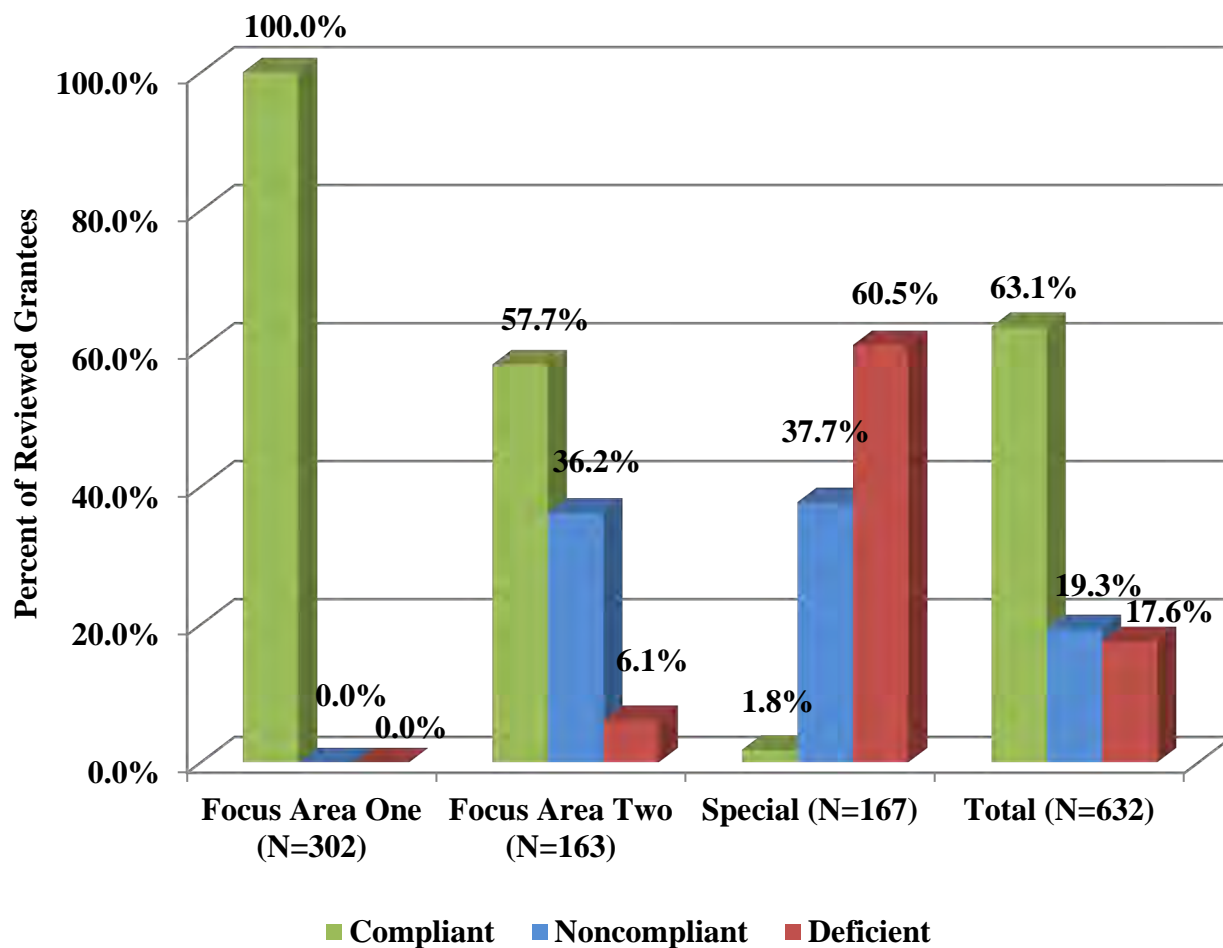
¹⁰ The sum of the numbers of different review types is greater than the number of reviewed grantees because grantees can receive more than one review during the fiscal year. This report presents data that are current as of July 20, 2020.

¹¹ A total of 180 Follow-up reviews were conducted among the 200 grants. Of the 180 Follow-up reviews completed in FY 2019, 1 (< 1.0 percent) was a follow-up of a review completed in a previous fiscal year.

¹² Because all grantees that received a Focus Area One review in FY 2019 were compliant, charts presenting Focus Area One review outcome patterns (e.g., review outcomes by grantee size) are not presented in this report.

Across all reviews, a small proportion (17.6 percent) of grantees was found deficient. In FY 2019, deficiencies were found at the highest rate in Special reviews, which monitor grantee performance outside of the scheduled reviews. On a Special review, Regional Office staff or local community members request that OHS focus a review on known or suspected issues.

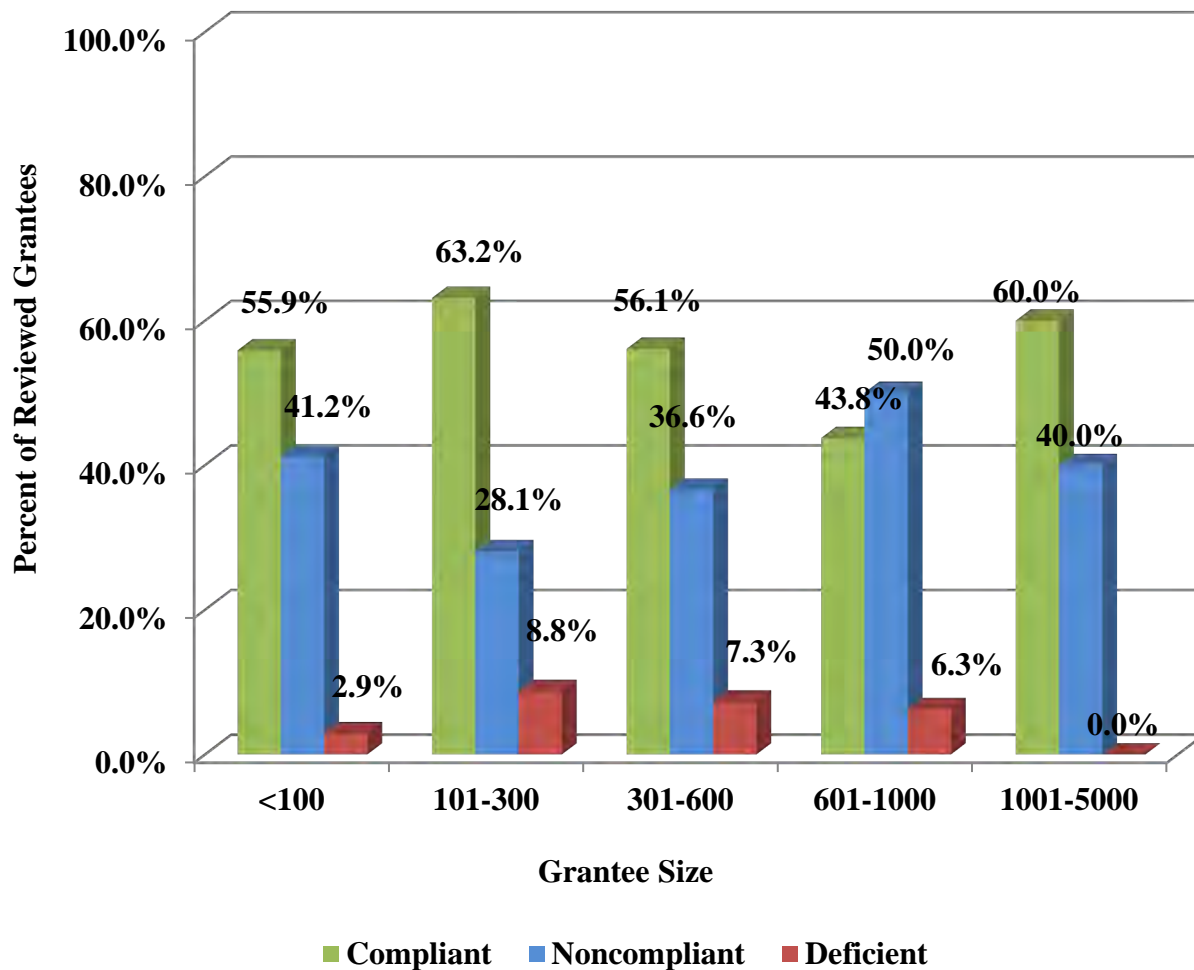
Exhibit 3: FY 2019 Review Outcomes for Grant by Review Type



Note: Due to rounding, percentages may not always appear to add up to 100%

Exhibit 4 shows how review outcomes in Focus Area Two vary by grantee size. In FY 2019, larger grantees were cited for slightly more deficiencies than smaller grantees. For grantees with 100 or fewer students enrolled, approximately 3 percent were cited for at least 1 deficiency. Comparatively, approximately 6 to 9 percent of grantees with 101 to 1,000 students were cited with at least 1 deficiency. Grantee rates of noncompliant reviews were generally around 40 percent (with the exception of grantees with 101 to 300 students).

Exhibit 4: FY 2019 Focus Area Two Outcomes by Grantee Size (N = 163)

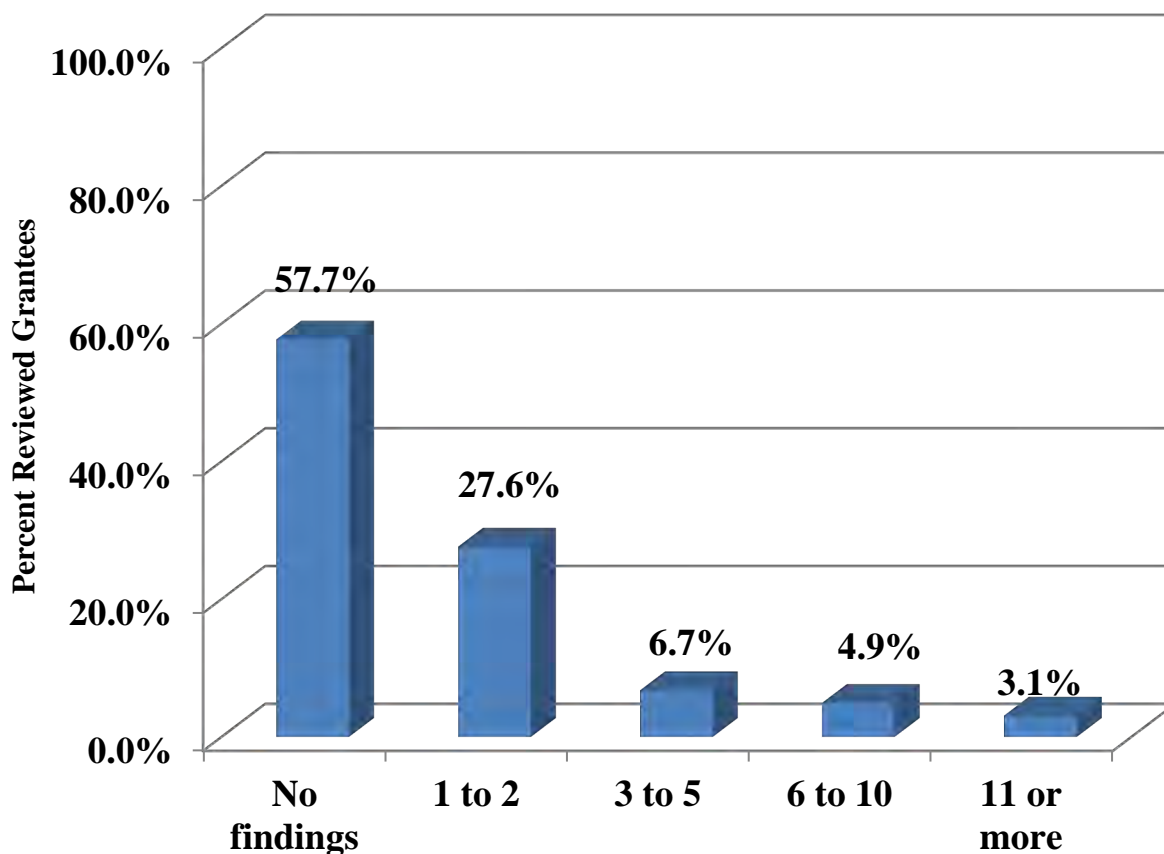


Note: Due to rounding, percentages may not always appear to add up to 100%

Number and Types of Findings Identified

Exhibit 5 focuses on FY 2019 Focus Area Two reviews alone, showing the number of findings, either noncompliances or deficiencies, per grantee. In Focus Area Two reviews, over one-half of grantees (57.7 percent) had no findings. Approximately one-quarter of grantees (27.6 percent) had only one or two findings total in their Focus Area Two review. At the other end of the spectrum, 3.1 percent of grantees reviewed had 11 or more total findings in their Focus Area Two review.

Exhibit 5: FY 2019 Distribution of Reviewed Grantees by Number of Findings in Focus Area Two (N = 163)

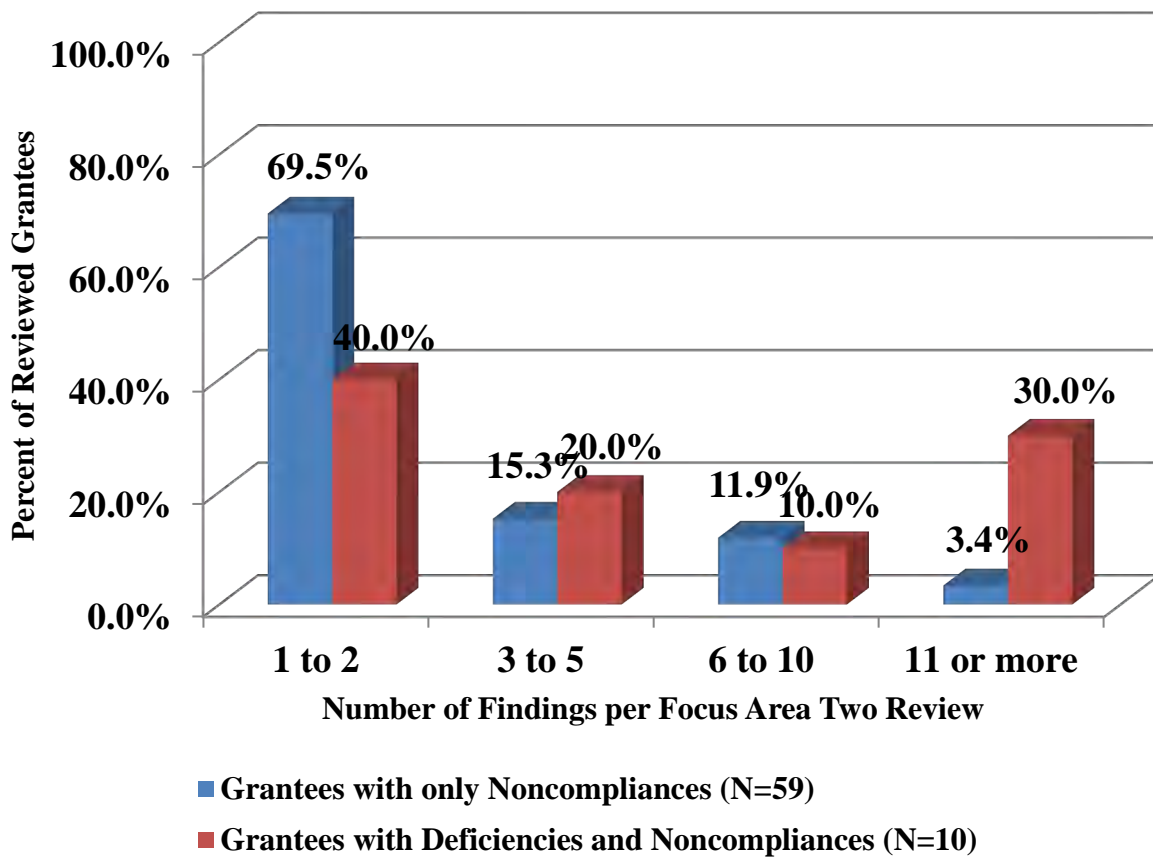


Note: Due to rounding, percentages may not always appear to add up to 100%

Exhibit 6 focuses on the subset of grantees that had findings on FY 2019 Focus Area Two Reviews. The majority of grantees (69.5 percent) with a Focus Area Two noncompliant review outcome had only one or two findings. The plurality of grantees with a deficient outcome (40.0 percent) had one or two findings. However, it should be noted that only 10 grantees had a deficiency in FY 2019.

Among noncompliant grantees, there was an average of 3.7 “noncompliant” findings per grantee. Among grantees cited for at least one deficiency, grantees had, on average, 3.5 “noncompliant” findings and 2.6 “deficient” findings.

Exhibit 6: FY 2019 Distribution of Reviewed Grantees with Focus Area Two Findings by Total Number of Findings



Note: Due to rounding, percentages may not always appear to add up to 100%

Most Frequently Cited Areas of Noncompliance and Areas of Deficiency

Most Frequently Cited Areas of Noncompliance

This section presents the most frequently cited areas of noncompliance in the FY 2019 reviews. Regarding the Focus Area One reviews, no grantee (of the 302 grantees that received a Focus Area One review) had a Focus Area One finding in FY 2019.

Exhibit 7 displays the 10 most frequently cited issues among grantees who received a noncompliant finding in FY 2019 Focus Area Two reviews. In FY 2019, “Budget Planning and Development” was the issue most frequently cited during Focus Area Two reviews; approximately one-fifth (20.3 percent) of all noncompliant findings on Focus Area Two reviews were cited in this area. “Facilities and Equipment” was the second most frequently cited issue, with 13.4 percent of areas of noncompliance focusing on issues such as whether the programs comply with application, prior approval, and reporting requirements for facilities purchased, constructed, or renovated with Head Start funds. The third most frequently cited issues in Focus

III. Grantee Monitoring Review Outcomes

Area Two reviews were “Budget Execution” and “Child Health Status and Care.” Grantees cited for these issues did not have a financial management system that provides for effective control over and accountability for all funds, property, and other assets or did not consistently monitor and maintain timely information on children’s health status and care.

Exhibit 7: Performance Issues Most Frequently Cited Among Areas of Noncompliance in FY 2019 Focus Area Two Reviews (n = 231)

Rank	Issue	Noncompliant Citations on Focus Area Two Citations	
		n	%
1	Budget Planning and Development	47	20.3%
2	Facilities and Equipment	31	13.4%
3	Budget Execution	21	9.1%
3	Child Health Status and Care	21	9.1%
5	Eligibility, Recruitment, Selection, Enrollment and Attendance	18	7.8%
5	Supporting Teachers in Promoting School Readiness	18	7.8%
7	Ongoing Fiscal Capacity	13	5.6%
7	Program Governance	13	5.6%
7	Program Management	13	5.6%
10	Safety Practices	12	5.2%

Note: The number of grantees with at least one cited area of noncompliance in a Focus Area Two Review = 66. Since grantees may be cited for multiple citations, there can be overlap in the categories and sum of all “noncompliant” citations on Focus Area Two Reviews is greater than the number of grantees with at least one cited area of noncompliance in a Focus Area Two Review.

Exhibit 8 displays the most frequently cited areas of noncompliance among grantees who received a finding in FY 2019 Special reviews. In FY 2019, “Supervision” was the issue most frequently cited during Special reviews; almost one-third (32.5 percent) of citations on Special reviews were in this area. “Discipline” was the second most frequently cited issue, with 18.5 percent of citations on Special reviews. The third most frequently cited issue in Special reviews was “Safety Practices.”

Exhibit 8: Performance Issues Most Frequently Cited Among Areas of Noncompliance in FY 2019 Special Reviews (n = 151)

Rank	Issue	Noncompliant Citations on Special Reviews	
		n	%
1	Supervision	49	32.5%
2	Discipline	28	18.5%
3	Safety Practices	14	9.3%
4	Program Management	12	7.9%
5	Budget Execution	11	7.3%
6	Inappropriate Release	6	4.0%
6	Program Governance	6	4.0%
6	Eligibility, Recruitment, Selection, Enrollment and Attendance	6	4.0%
9	Ongoing Monitoring and Continuous Improvement	5	3.3%
10	Ongoing Fiscal Capacity	4	2.6%

Note: The number of grantees with at least one noncompliance in a Special review = 17. Since grantees may be cited for multiple citations, there can be overlap in the categories and sum of all “noncompliant” citations on Special reviews is greater than the number of grantees with at least one cited ANC in a Special review.

Most Frequently Cited Areas of Deficiency

According to the Head Start Act, a deficiency can fall into one of six categories:

- ▶ A threat to the health, safety, or civil rights of children or staff
- ▶ A denial to parents of the exercise of their full roles and responsibilities related to program governance
- ▶ A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management
- ▶ The misuse of Head Start grant funds; the loss of legal status or financial viability
- ▶ Any other violation of federal or state requirements that the agency has failed to correct

In FY 2019, deficiencies were identified in Focus Area Two and Special reviews. There were no deficiencies identified from Focus Area One reviews in FY 2019. **Exhibits 9** and **10** display the most frequently cited areas of deficiency for FY 2019 Focus Area Two and Special reviews,

III. Grantee Monitoring Review Outcomes

respectively. As seen in **Exhibit 9**, almost one-quarter (6 out of 26, 23.1 percent) of Focus Area Two deficiencies pertained to “Safety Practices,” which primarily reflects an issue with grantees failing to monitor and maintain healthy and safe environments, including ensuring all staff have complete background checks. Issues pertaining to “Child Health Status and Care” whereas the second most common deficiency with 19.2 percent (5 out of 26) of “deficient” findings cited for this reason. Issues pertaining to “Ongoing Monitoring and Continuous Improvement” were the third most common deficiencies (4 out of 26 citations, 15.3 percent for each of these issues).

Exhibit 9: Performance Issues Most Frequently Cited as Deficient in FY 2019 Focus Area Two (n = 26)

Rank	Issue	Deficient Citations on Focus Area Two Reviews	
		n	%
1	Safety Practices	6	23.1%
2	Child Health Status and Care	5	19.2%
3	Ongoing Monitoring and Continuous Improvement	4	15.4%
4	Mental Health	2	7.7%
4	Program Governance	2	7.7%
4	Teaching Practices in Classroom	2	7.7%
7	Alignment with School Readiness	1	3.8%
7	Budget Execution	1	3.8%
7	Family Engagement in Education and Child Development Services	1	3.8%
7	Ongoing Fiscal Capacity	1	3.8%
7	Program Management	1	3.8%

Note: The number of grantees with at least one cited deficiency in a Focus Area Two review = 10. Since grantees may be cited for multiple citations, there can be overlap in the categories and the sum of all “deficient” citations on Focus Area Two reviews is greater than the number of grantees with at least one cited deficiency in a Focus Area Two review.

Exhibit 10 focuses on deficiencies identified during Special reviews. Over one-quarter (43 out of 145, 29.7 percent) of deficiencies from Special reviews were for a “Discipline” deficiency. These issues pertained to grantees engaging in inappropriate punishment. Issues pertaining to “Supervision” was the second most common deficiency with another one-quarter (42 out of 145,

III. Grantee Monitoring Review Outcomes

29.0 percent) of deficiency citations pertaining to leaving children unattended or unsupervised for significant durations of time. Issues pertaining to “Safety Practices” was the third most common deficiency with 13.1 percent (19 out of 145) of deficiency citations.

Exhibit 10: Performance Issues Most Frequently Cited as Deficient in FY 2019 Special Reviews (n = 145)

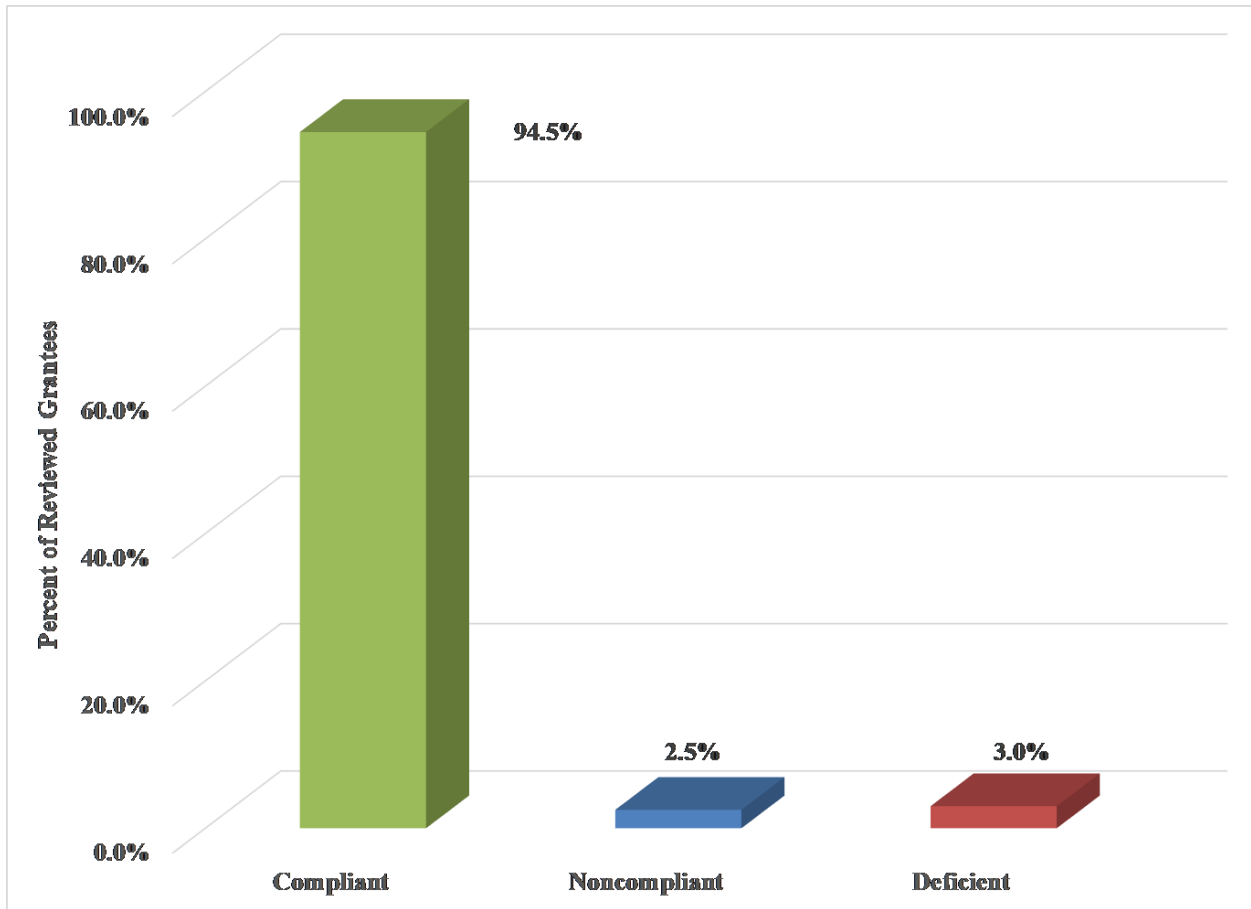
Rank	Issue	Deficient Citations on Special Reviews	
		n	%
1	Discipline	43	29.7%
2	Supervision	42	29.0%
3	Safety Practices	19	13.1%
4	Budget Execution	8	5.5%
5	Program Governance	7	4.8%
6	Inappropriate Release	6	4.1%
6	Ongoing Fiscal Capacity	6	4.1%
8	Program Management	5	3.4%
9	Ongoing Monitoring and Continuous Improvement	4	2.8%
10	Teaching Practices in Classroom	3	2.1%

Note: The number of grantees with at least one cited deficiency in a Special review = 15. Since grantees may be cited for multiple citations, there can be overlap in the categories and sum of all “deficient” citations on Special reviews is greater than the number of grantees with at least one cited deficiency in a Special review.

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

Overall, most grantees were successful in correcting their findings on follow-up. **Exhibit 11** displays the outcomes for the 200 grants that had Follow-up reviews in FY 2019. In FY 2019, 94.5 percent of grantees had a compliant outcome on their Follow-up reviews, reflecting that they had corrected the issues identified previously.

Exhibit 11: FY 2019 Follow-Up Review Outcomes (N =200)



Note: Due to rounding, percentages may not always appear to add up to 100%

Exhibit 12 displays the 10 most frequently cited elevated findings in FY 2019 reviews. Among FY 2019 reviews, the most commonly cited issues on elevated findings were related to “Safety Practices” (30.8 percent of cited elevated findings).

Exhibit 12: Performance Issues Most Frequently Elevated, FY 2019 (n = 13)

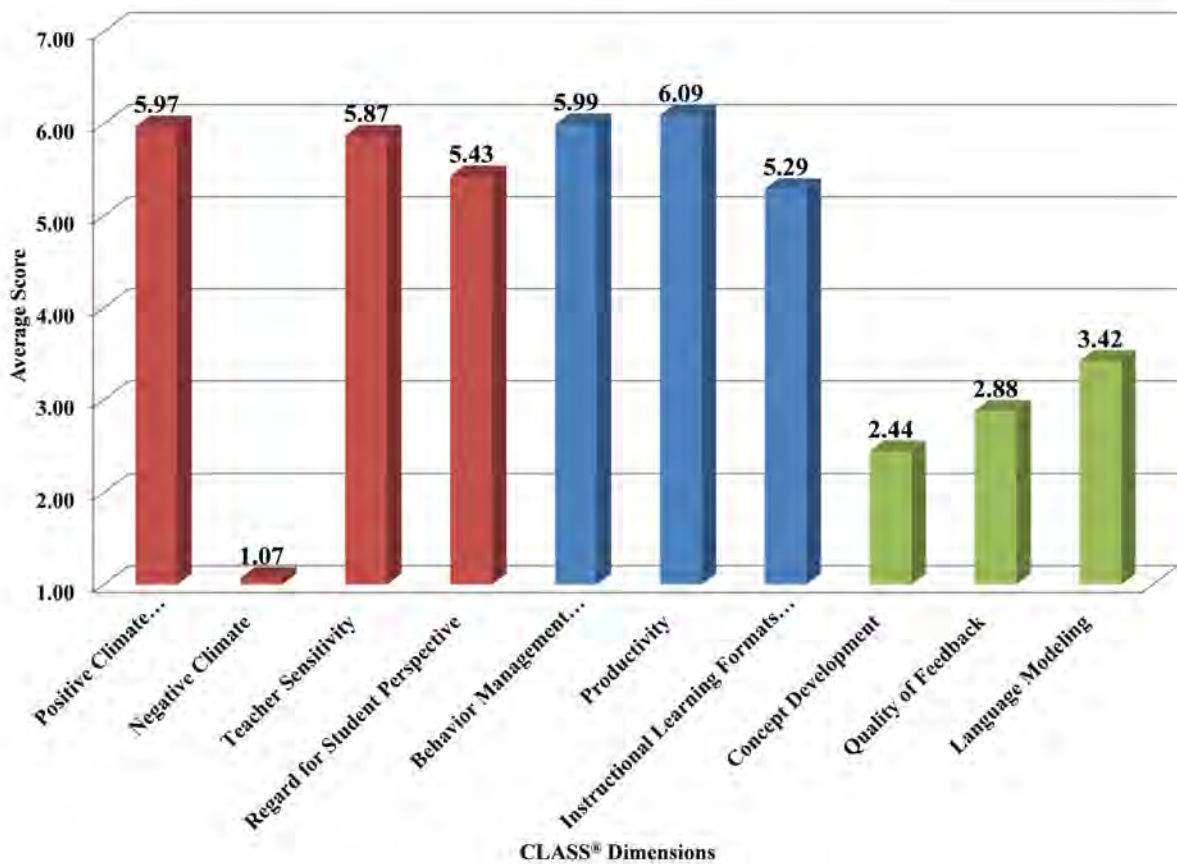
Rank	Issue	Elevated Citations on Follow-up Reviews	
		N	%
1	Safety Practices	4	30.8%
2	Budget Execution	2	15.4%
2	Ongoing Fiscal Capacity	2	15.4%
2	Program Governance	2	15.4%
2	Teaching Practices in Classroom	2	15.4%
6	Eligibility, Recruitment, Selection, Enrollment and Attendance	1	7.7%

Note: The number of grantees with at least one elevated finding in a Follow-up review = 3. Since grantees may be cited for multiple citations, there can be overlap in the categories and sum of all “deficient” citations on Follow-up reviews is greater than the number of grantees with at least one cited deficiency in a Follow-up review.

IV. CLASS®

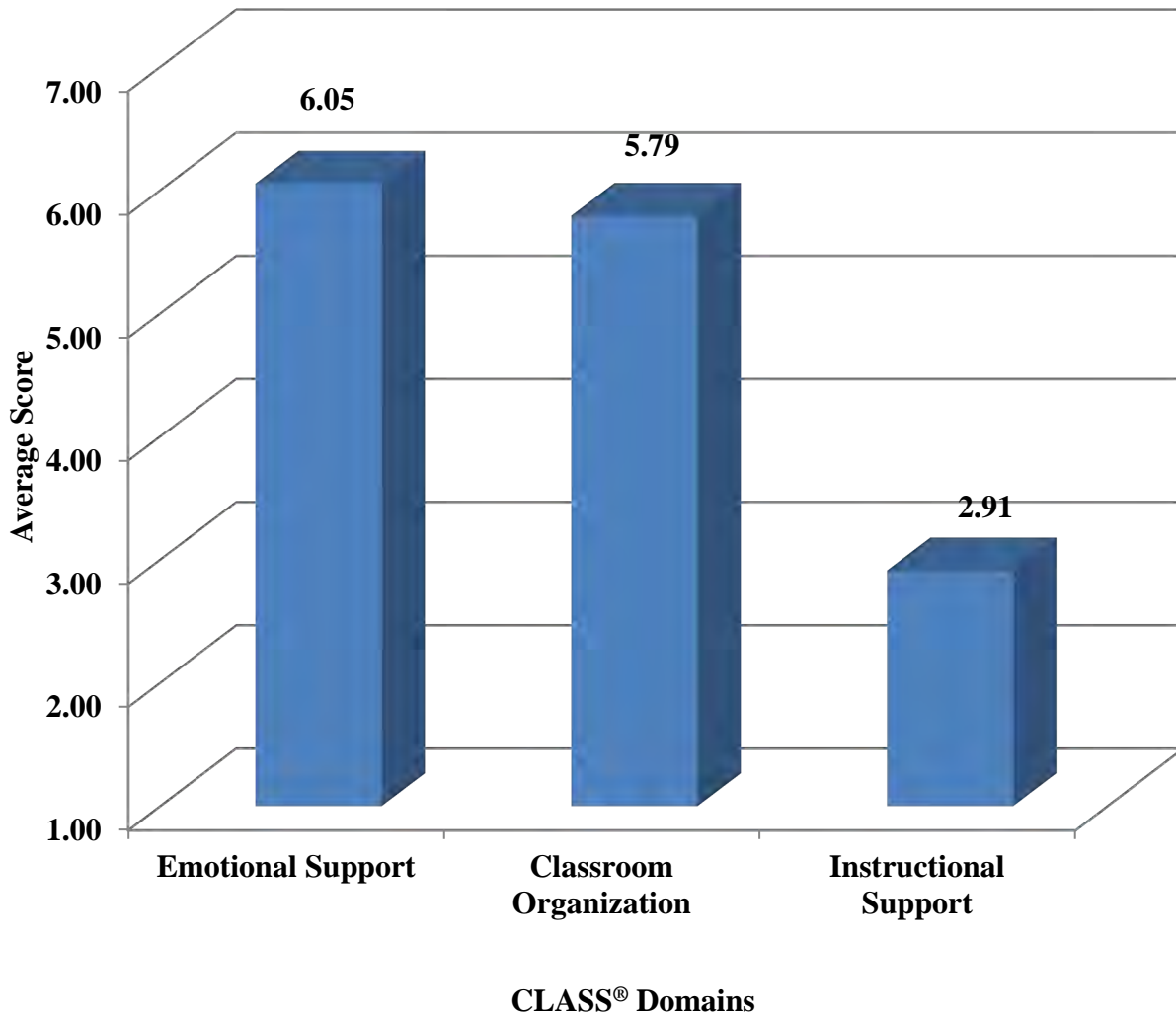
As noted in Section II of this report, CLASS® dimensions are grouped into three main domains—Classroom Organization, Emotional Support, and Instructional Support—that assess the various ways teachers and students interact. In FY 2019, grantees generally scored in the high-quality range in the Emotional Support and Classroom Organization dimensions (see **Exhibit 13**). Note that average scores for negative climate also fell in the high-quality range, approaching the highest possible score of 1, meaning negative climates were not observed frequently (Negative Climate is coded in the opposite direction of all the other dimensions). For the dimensions within Instructional Support, however, grantees scored in the low- to middle-quality range.

Exhibit 13: FY 2019 Average CLASS® Scores by Dimension (N = 159)



Dimensions are grouped together and averaged to create an average domain score. Across domains, scores were notably higher in the Emotional Support and Classroom Organization domains than in the Instructional Support dimensions (see **Exhibit 14**), a similar pattern to FY 2018. As it relates to DRS, grantees in the bottom 10 percent of grantees in any of the three domains are required to re compete for continued funding.

Exhibit 14: FY 2019 Average CLASS® Scores by Domain (N = 159)

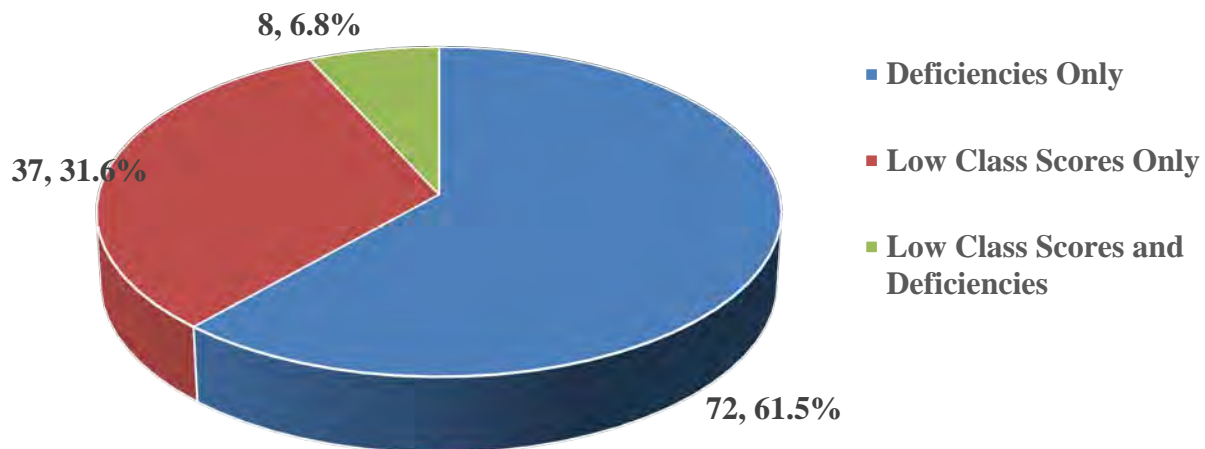


NOTE: The score for Negative Climate was inverted to calculate the average Emotional Support score (i.e., a score of one became a score of seven).

V. Designation Renewal System Results

OHS has identified 117 grants that are required to compete for renewed grant funding based on low CLASS[®] scores or “deficient” findings. Of those 117 grants, 72 (61.5 percent) qualified based solely on having a deficiency during their 5-year grant cycle.¹³ An additional 37 grants (31.6 percent) qualified based on low CLASS[®] scores alone, and 8 grants (6.8 percent) qualified for DRS based on having both low CLASS[®] scores and deficiencies identified during FY 2019 reviews. **Exhibit 15** presents the number of grantees in the DRS cohort and the reasons for their inclusion in the cohort.

Exhibit 15: FY 2019 Number of Grants Subject to Recompetition Under the DRS and Reason for Inclusion (N = 117)



¹³ Note that these deficiencies were due to immediate deficiencies, deficiencies, or uncorrected areas of noncompliance that were elevated to deficiencies during FY 2019 reviews.

VI. Annual Review of the FY 2019 Fiscal Monitoring Procedures

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

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

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

The Fiscal Infrastructure Protocol organizes elements of HSPPS and other regulations into a tool to monitor grantees in a standardized way. The key areas of the Fiscal Infrastructure Protocol take into account the requirements of the Head Start Act as well as additional fiscal compliance requirements found in other fiscal laws and regulations, including the HSPPS and other regulations implemented at 45 CFR 1301 to 1311. The Fiscal Infrastructure Protocol frameworks include financial management systems, reporting, procurement, compensation, indirect costs and cost allocation, non-federal share, cost principles, facilities, and property. Fiscal compliance is assessed through review of designated pre-site documents submitted by the grantee, Regional Office fiscal information, onsite observations, interviews (including governing body and Policy Council members and key fiscal personnel), and review of documents, transactions, and agreements as needed.

FY 2019 Fiscal Infrastructure Protocol

In September 2016, OHS issued the first holistic revision and complete reorganization of the HSPPS since their original publication in 1975. For the FY 2019 Fiscal Infrastructure Protocol, the OHS reviewed the new HSPPS and FY 2018 data and implemented further enhancements to better reflect the changes in policy and procedure and to ensure compliance with the Head Start Act.

The FY 2019 Fiscal Infrastructure Protocol was designed to highlight the program’s intentionality in its fiscal capacity and management; how the program shares information with

the director, managers, governing body, and policy council; and how the program uses data to make sound fiscal decisions and ensure fiscal and legal accountability.

The FY 2019 Fiscal Infrastructure Protocol focused on how the grantee develops its annual operating budget and strategies for the budget's implementation, adjustments, and accountability, rather than duplicating the annual audit process. As part of the pre-site document review, the fiscal reviewer reviewed information from the annual audit to guide the onsite monitoring data collection process. Other documents that informed the review included self-assessment summary results, annual reports to the public, reports on program goals, enrollment reports, progress and performance reports, and annual update to the community needs assessment.

The onsite review included discussions, observations, and data tours. Discussions occurred with program management, staff, parents, the governing body, and the policy council. Data tours were conducted with management staff (including the fiscal officer), center leaders, and directors, data tours were used to review the data the grantee staff shared, used, and evaluated to make informed program decisions.

VII. New Directions in Monitoring for FY 2020

In FY 2020, OHS will continue to implement enhancements to improve the consistency and quality of the monitoring process. OHS anticipates continued refinements to the FA1 and FA2 Monitoring Protocols that will streamline the protocols and reviewing methodology to improve efficiencies within the monitoring system and enhance the quality of the Head Start Monitoring Report provided to grantees upon completion of a monitoring review event. Examples of some enhancements include:

- ▶ **A continued focus to streamline and remove redundancy in the protocols.** Redundant protocol questions and standards will be removed or combined with other questions to reduce overlap within each of the protocols. This enhancement will improve the efficiency and effectiveness of the monitoring review.
- ▶ **Enhancements will be made to the FA1 and FA2 protocols to provide OHS with a better understanding of grantee services and practices and to add more rigor to the monitoring methodology related to issues with fraud and abuse.** Additional questions were added to the protocol to dig deeper into grantee practices including:
 - How the grantee maintains full and effective participation of Dual Language Learners and their families
 - How the grantee's verification and monitoring systems ensure children enrolled are categorically eligible and the grantee is able to maintain and track enrollment for all participants.
- ▶ **Enhancements to the Head Start Review Report will include customized summaries and highlights of grantee practices that demonstrate solid and strong program performance.** To promote and encourage program quality improvement efforts happening in the field, the Head Start Review Report for FA1 and FA2 reviews will include content area summaries and highlights that summarize program practices and continuous improvement efforts demonstrated by the grantee during the review event.
- ▶ **Continued enhancements to the Fiscal Infrastructure Protocol to focus on systemic issues related to fiscal risk.** In FY 2020, the Fiscal Infrastructure Protocol will be enhanced to include more refined questions and performance standards related to a grantee's financial management systems, and their approach to budget planning, development and budget execution.

Appendix: Glossary

Term	Definition
<i>Administration for Children and Families (ACF)</i>	Division of the U.S. Department of Health and Human Services (includes the Regional Offices).
<i>Aligned Monitoring System (AMS) 2.0</i>	<p>In FY 2019, OHS continued to implement AMS 2.0 to monitor the Head Start Program Performance Standards and to streamline the monitoring process and reduce grantee burden of multiple review events from multiple agencies. In addition to Follow-up and Special reviews, AMS 2.0 was comprised of three review events:</p> <ul style="list-style-type: none"> ▶ CLASS® ▶ Focus Area One ▶ Focus Area Two <p>Related Terms: CLASS®, Focus Area One, Focus Area Two, Follow-up review, Special review</p>
<i>Area of Noncompliance (ANC)</i>	<p>An ANC is a type of review decision recorded in a final 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 ANC may become partial or sole justification for a deficiency determination or for a noncompliance determination. An ANC begins as a preliminary ANC (PANC), identified by the review team in the field. A PANC becomes an ANC when OHS decides the PANC has sufficient evidentiary support to justify a noncompliance or deficiency determination.</p> <p>Related Terms: Citation, Deficiency, Determination, Noncompliance, Preliminary Area of Noncompliance, Head Start Program Performance Standards, Head Start Program Requirements, Noncompliance, Review Decision</p>
<i>Citation</i>	<p>A citation is a performance standard referenced on a Preliminary Area of Noncompliance or an Area of Noncompliance.</p> <p>Related Terms: Area of Noncompliance, Head Start Program Performance Standards, Preliminary Area of Noncompliance</p>

Term	Definition
<i>CLASS[®] Review</i>	The CLASS [®] review event evaluates the quality of teacher–child interactions in three overall domains that promote positive child outcomes: Classroom Organization, Emotional Support, and Instructional Support. Evaluations are based on observations of teacher–child interactions in a randomly selected, statistically driven sample of eligible center-based classrooms.
	Related Terms: Monitoring Reviews

Term	Definition
<p><i>Deficiency</i></p>	<p>The Head Start Act, as amended in 2007, defines a deficiency (Section 637 [42 U.S.C. 9832]) as follows:</p> <p>(A) <i>Systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</i></p> <p>(i) <i>A threat to the health, safety, or civil rights of children or staff;</i></p> <p>(ii) <i>A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i></p> <p>(iii) <i>A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i></p> <p>(iv) <i>The misuse of funds received under this subchapter;</i></p> <p>(v) <i>Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i></p> <p>(vi) <i>Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i></p> <p>(B) <i>Systemic or material failure of the governing body of any agency to fully exercise its legal and fiduciary responsibilities; or</i></p> <p>(C) <i>An unresolved area of noncompliance.</i></p> <p>“Deficiency” is an OHS determination that a grantee has failed to substantially provide the required services or to substantially implement required procedures.</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).</p> <p>Related Terms: Area of Noncompliance, Determination, Grantee, Head Start Review Report, Quality Improvement Plan, Review Decision</p>
<p><i>Delegate Agency</i></p>	<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, Head Start Program
<i>Determination</i>	A determination is an OHS 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, and the required corrective actions (Follow-up review and/or Quality Improvement Plan).
	Related Terms: Area of Noncompliance, Deficiency, Head Start Review Report, Noncompliance, Preliminary Area of Noncompliance, Quality Improvement Plan
<i>Early Head Start Program</i>	An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services to children from birth to 3 years of age and pregnant women.
	Related Terms: Delegate Agency, Head Start Program
<i>Fiscal Year (FY)</i>	Twelve-month accounting period (federal FY 2019 began on October 1, 2018, and ended on September 30, 2019).
<i>Focus Area One Review</i>	An off-site review that entailed reviewing grantee documentation and engaging in discussions (via conference call) with the program’s director and management team focused on the grantees’ program design, management, and governance structure. Also referred to as an “FA1” review.
<i>Focus Area Two Review</i>	An onsite review that, through classroom explorations, data tours, and discussions with program management, staff, parents, the governing body, the policy council, and teachers, assessed how grantees operate their programs and provide quality services that meet children’s and families’ needs and comply with HSPPS and other federal and state requirements. Also referred to as an “FA2” review.
<i>Follow-up Review</i>	Return visits made to grantees to verify whether corrective actions have been implemented. Determinations in Focus Area One, Focus Area Two, or Special reviews indicate whether or not a Follow-up review is required, and the timeframe within which the grantee must correct the areas of noncompliance (ANCs). If the initial Follow-up review team identifies that one or more ANCs have not been corrected, OHS may decide a second Follow-up review is required. Less often, a third or fourth Follow-up review is conducted.

Term	Definition
	<p>Related Terms: Focus Area One review, Focus Area Two review, Monitoring reviews, Special review</p>
<p><i>Grant</i></p>	<p>A federally funded monetary award that is provided to an agency to perform Head Start (Early Head Start or Head Start/Early Head Start) services either directly or through delegate agencies.</p>
	<p>Related Terms: Grantee, Head Start Program</p>
<p><i>Grantee</i></p>	<p>An agency (i.e., public or private nonprofit, school system) that has been awarded one or more grants by the Administration for Children and Families to administer one or more Head Start programs (Early Head Start or Head Start/Early Head Start) or to oversee the programs administered by a delegate agency.</p>
	<p>Related Terms: Delegate Agency, Noncompliance, Preliminary Area of Noncompliance, Program Type</p>
<p><i>Grantee Compliance Status</i></p>	<p>The final determination made on the grantee by the Office of Head Start (OHS) based on the results of the onsite monitoring review. The status is one of the following:</p> <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
	<p>Related terms: Deficiency, Noncompliance</p>
<p><i>Head Start Program</i></p>	<p>An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.</p>
	<p>Related Terms: Delegate Agency, Early Head Start Program, Program Type</p>
<p><i>Head Start Program Performance Standards</i></p>	<p>Regulations applicable to program administration and grants management for all Head Start program grants under the Act. The regulations encompass requirements to provide education, health, mental health, nutrition, and family and community engagement services, as well as rules for local program governance and aspects of federal administration of the program.</p>

Term	Definition
<i>(HSPPS) and Other Regulations</i>	Related Terms: Area of Noncompliance, Head Start Program Requirements, Monitoring Reviews
<i>Head Start Program Requirements</i>	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 onsite monitoring review, review teams assess a grantee’s compliance with the Head Start Program Requirements.
	Related Terms: Area of Noncompliance, Head Start Program Performance Standards, Monitoring Reviews
<i>Head Start Review Report</i>	The Head Start Review Report serves as legal notice to a Head Start grantee of the results of the 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: Deficiency, Preliminary Area of Noncompliance, Noncompliance
<i>Health and Human Services (HHS)</i>	The federal government agency that oversees the Administration for Children and Families.
<i>Monitoring Reviews</i>	In FY 2019, there were five main types of monitoring reviews or review types: Focus Area One, Focus Area Two, CLASS [®] , Special, and Follow-up. Programs that are not in compliance with Head Start federal regulations and requirements during the onsite monitoring review are required to have a Follow-up review to verify whether corrective actions have been implemented.
	Related Terms: CLASS [®] Review, Focus Area One Review, Focus Area Two Review, Review Lead, Follow-up Review, Head Start Program Performance Standards, Head Start Program Requirements, Review Decision, Special Review, Triennial Review
<i>Noncompliance</i>	A noncompliance is a failure to comply with one or more Head Start Program Performance Standards and related to a noncompliance determination in the completed Head Start Review Report.
	Related Terms: Area of Noncompliance, Determination, Grantee, Head Start Review Report, Quality Improvement Plan, Review Decision

Term	Definition
<p><i>Office of Head Start (OHS)</i></p>	<p>Within the Administration for Children and Families in the U.S. Department of Health and Human Services, the 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.</p>
	<p>Related Terms: Administration for Children and Families, Health and Human Services</p>
<p><i>Office of Head Start Monitoring System Software</i></p>	<p>Also referred to as IT-AMS, the Office of Head Start Monitoring System Software is an integrated technology solution supporting a broad spectrum of monitoring review activities: pre-site planning and document sharing, onsite review coordination and documentation, and post-review report development.</p>
<p><i>Preliminary Area of Noncompliance (PANC)</i></p>	<p>A preliminary conclusion of a grantee’s failure to comply with a given Head Start Program Performance Standard or regulation. This conclusion is based on evidence collected by the review team during the monitoring review. A PANC becomes an area of noncompliance in a final Review Report if Office of Head Start determines that the PANC has sufficient evidence and documentation.</p>
	<p>Related Terms: Area of Noncompliance, Citation, Determination, Grantee, Head Start Review Report</p>
<p><i>Program Type</i></p>	<p>Program type describes the category of services (i.e., Early Head Start or Head Start) that a Head Start program provides. There are three program types: Head Start, Early Head Start, and Head Start/Early Head Start.</p>
	<p>Related Terms: Early Head Start Program, Head Start Program</p>

Term	Definition
<i>Protocol</i>	<p>In the Aligned Monitoring System, each review event has a monitoring protocol designed to assess the performance and compliance of Head Start grantees in monitored content areas. In FY 2019, Focus Area One and Focus Area Two monitoring protocols focused on areas such as program design and management; quality education and child development services; quality health program services; quality family and community engagement services; fiscal infrastructure; and eligibility, recruitment, selection, enrollment, and attendance (ERSEA).</p> <p>Each protocol contains a set of compliance questions that are linked directly to a regulation; therefore, any review activity, including interviews, observations, or document review, relates to a clearly defined performance requirement. Review teams are required to adhere to a uniform and defined set of compliance questions, increasing focus, efficiency, fairness, and comprehensiveness of the scope of the review.</p>
<i>Quality Improvement Plan (QIP)</i>	<p>Once a grantee is determined to have one or more deficiencies, the grantee must submit for approval a QIP to the Regional Office outlining the deficiencies to be corrected, the actions to be taken to correct each deficiency, and the timeframe for accomplishing the corrective actions specified.</p> <p>Related Terms: Deficiency, Determination, Noncompliance</p>
<i>Review Decision</i>	<p>Decision about a grantee’s compliance with applicable laws and regulations based on evidence collected during the monitoring review. Review decisions include “no areas of noncompliance,” “areas of noncompliance,” and deficiency determinations.</p> <p>Related Terms: Area of Noncompliance, Deficiency, Determination, Monitoring Reviews, Noncompliance</p>
<i>Review Lead (RL)</i>	<p>Staff person who leads the monitoring review team. The RL delegates tasks, assigns reviewers to complete sections of the Monitoring Protocol, and facilitates and coordinates interaction between grantee staff and review team members.</p> <p>Related Terms: Monitoring Reviews</p>
<i>Reviewer</i>	<p>Member of a monitoring review team who, under the guidance of the monitoring Review Lead, gathers evidence through observations, interviews, and document review to assess the performance of a Head Start grantee being reviewed.</p> <p>Related Terms: Review Lead, Monitoring Reviews</p>

Term	Definition
<p><i>Special Review</i></p>	<p>Alerted to a potential performance issue or concern with a grantee, OHS may resolve to conduct an out-of-cycle review, referred to as a “Special review.” Special reviews, unlike Focus Area One; Focus Area Two; or CLASS[®] reviews, are non-routine in nature.</p>
	<p>Related Terms: Follow-up Review, Monitoring Reviews, Triennial Review</p>
<p><i>Triennial Review</i></p>	<p>In the previous Office of Head Start Monitoring System, Head Start grantees underwent monitoring reviews every 3 years. These types of reviews were referred to as “Triennial reviews.” Triennial reviews were implemented prior to FY 2015. In FY 2015 through FY 2017, OHS no longer conducted Triennial reviews and implemented a new Aligned Monitoring System, which conducts specific content area reviews (e.g., Environmental Health and Safety [EnvHS]; fiscal/eligibility, recruitment, selection, enrollment, and attendance [ERSEA]) and a CLASS[®] review across the first 3 years of a grantee’s 5-year grant cycle.</p>
	<p>Related Terms: Follow-up Review, Monitoring Reviews, Special Review</p>

Appendix: Tables

The following appendix tables present the most frequently cited Head Start Program Performance Standards (HSPPS) for Focus Area Two and Special reviews combined.

Exhibit A1: FY 2019 Performance Standards Most Frequently Cited as Noncompliant

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.90(c)(1)(v)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	43	11.1%
1302.102(d)(1)(ii)	Achieving program goals (d) Reporting. (1) A program must submit: (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law,	25	6.4%
1302.42(b)(1)(i)	1302.42 Child health status and care (b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;	15	3.9%
1302.90(c)(1)(ii)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:	13	3.3%
1302.101(a)(1)	Program and Human Resource Management (a) <i>Implementation</i> . A program must implement a management system that: (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part;	7	1.8%
1302.101(a)(2)	Staff Hiring, Supervision and Development: Ongoing Supervision (a) <i>Implementation</i> . A program must implement a management system that: (2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;	7	1.8%
1302.91(e)	Staff qualifications and competency requirements. (e) Child and family services staff.	7	1.8%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
648A(g)(3)	Staff Qualifications and Development. (g) Staff Recruitment and Selection Procedures- Before a Head Start agency employs an individual, such agency shall— (3) obtain— (A) a State, tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children; (B) a State, tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or (C) a criminal record check as otherwise required by Federal law.	7	1.8%
75.303(a)	Internal controls. The non-Federal entity must: (a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government,” issued by the Comptroller General of the United States or the “Internal Control Integrated Framework,” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	7	1.8%
75.303(b)	75.303 Internal controls. The non-Federal entity must: (b) Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.	7	1.8%
75.320(d)(2)	75.320 Equipment. (d) Management requirements. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, as a minimum, meet the following requirements: (2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.	7	1.8%
1301.2(b)(2)	1301.2 Governing body (b) Duties and responsibilities (2) The governing body must use ongoing monitoring results, data on school readiness goals, other information described in §1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.	6	1.5%
1302.102(c)(2)(i)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must: (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;	6	1.5%
1302.102(c)(2)(iv)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must:(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,	6	1.5%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.14(b)(1)	1302.14 Selection process. (b) Children eligible for services under IDEA. (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.	6	1.5%
1302.16(a)(1)	1302.16 Attendance. (a) Promoting regular attendance. A program must track attendance for each child. (1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child’s well-being.	6	1.5%
1302.47(b)(5)(i)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;	6	1.5%
1302.47(b)(5)(iv)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iv) Only releasing children to an authorized adult;	6	1.5%
1302.92(b)	Training and professional development. (b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:	6	1.5%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1303.46(b)(1)	1303.46 (b) Recording notices of federal interest. (1) If a grantee uses federal funds to purchase real property or a facility, excluding modular units, appurtenant to real property, it must record a notice of federal interest in the official real property records for the jurisdiction where the facility is or will be located. The grantee must file the notice of federal interest as soon as it uses Head Start funds to either fully or partially purchase a facility or real property where a facility will be constructed or as soon as it receives permission from the responsible HHS official to use Head Start funds to continue purchase on a facility.	6	1.5%
1303.46(b)(2)	1303.46 (b) Recording notices of federal interest. (2) If a grantee uses federal funds in whole or in part to construct a facility, it must record the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to construct the facility.	6	1.5%
1303.46(b)(3)	1303.46 (b) Recording notices of federal interest. (3) If a grantee uses federal funds to renovate a facility that it, or a third party owns, the grantee must record the notice of federal interest in the official real property records for the jurisdiction in which the facility is located as soon as it receives the notice of award to renovate the facility.	6	1.5%
1303.46(b)(4)	1303.46 (b) Recording notices of federal interest. (4) If a grantee uses federal funds in whole or in part to purchase a modular unit or to renovate a modular unit, the grantee must post the notice of federal interest, in clearly visible locations, on the exterior of the modular unit and inside the modular unit.	6	1.5%
642(d)(3)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (3) TRAINING AND TECHNICAL ASSISTANCE- Appropriate training and technical assistance shall be provided to the members of the governing body and the policy council to ensure that the members understand the information the members receive and can effectively oversee and participate in the programs of the Head Start agency.	6	1.5%
1302.91(a)	Staff qualifications and competency requirements. (a) Purpose. A program must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities.	5	1.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.12(k)	1302.12 Determining, verifying, and documenting eligibility. (k) Records. (1) A program must keep eligibility determination records for each participant and ongoing records of the eligibility training for staff required by paragraph (m) of this section. A program may keep these records electronically. (2) Each eligibility determination record must include: (i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section; (ii) A statement that program staff has made reasonable efforts to verify information by: (A) Conducting either an in-person, or a telephone interview with the family as described under paragraph (a)(1)(i) or (a)(2) of this section; and, (B) Describing efforts made to verify eligibility, as required under paragraphs (h) through (i) of this section; and, collecting documents required for third party verification that includes the family’s written consent to contact each third party, the third parties’ names, titles, and affiliations, and information from third parties regarding the family’s eligibility. (iii) A statement that identifies whether: (A) The family’s income is below income guidelines for its size, and lists the family’s size; (B) The family is eligible for or, in the absence of child care, potentially eligible for public assistance; (C) The child is a homeless child or the child is in foster care; (D) The family was determined to be eligible under the criterion in paragraph (c)(2) of this section; or, (E) The family was determined to be eligible under the criterion in paragraph (d)(1) of this section. (3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.	4	1.0%
1302.15(a)	1302.15 Enrollment. (a) Funded enrollment. A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.	4	1.0%
1302.45(b)(2)	1302.45 Child mental health and social and emotional well-being (b) Mental health consultants. A program must ensure mental health consultants assist: (2) Teachers, including family child care providers, to improve classroom management and teacher practices through strategies that include using classroom observations and consultations to address teacher and individual child needs and creating physical and cultural environments that promote positive mental health and social and emotional functioning ;	4	1.0%
1302.92(c)(1)	1302.92 Training and professional development. (c) A program must implement a research-based, coordinated coaching strategy for education staff that: (1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching;	4	1.0%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
642(c)(1)(E)(ii)	<p>Powers and Functions of Head Start Agencies</p> <p>(c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following:</p> <p>(1) GOVERNING BODY-</p> <p>(E) RESPONSIBILITIES- The governing body shall—</p> <p>(ii) establishing procedures and criteria for recruitment, selection, and enrollment of children;</p>	4	1.0%
642(c)(1)(E)(iv) (V) (bb)	<p>Powers and Functions of Head Start Agencies</p> <p>(c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following:</p> <p>(1) GOVERNING BODY-</p> <p>(E) RESPONSIBILITIES- The governing body shall—</p> <p>(iv) be responsible for other activities, including—</p> <p>(V) reviewing and approving all major policies of the agency, including—</p> <p>(bb) such agency’s progress in carrying out the programmatic and fiscal provisions in such agency’s grant application, including implementation of corrective actions;</p>	4	1.0%
642(d)(2)(A)	<p>Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (A) monthly financial statements, including credit card expenditures</p>	4	1.0%
642(d)(2)(B)	<p>Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (B) monthly program information summaries</p>	4	1.0%
642(d)(2)(C)	<p>Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (C) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency</p>	4	1.0%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
642(d)(2)(D)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (D) monthly reports of meals and snacks provided through programs of the Department of Agriculture	4	1.0%
642(d)(2)(E)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (E) the financial audit	4	1.0%
642(d)(2)(F)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (F) the annual self-assessment, including any findings related to such assessment	4	1.0%
642(d)(2)(G)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (G) the communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates	4	1.0%
642(d)(2)(H)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (H) communication and guidance from the Secretary	4	1.0%
642(d)(2)(I)	Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (I) the program information reports	4	1.0%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.102(d)	1302.102 Achieving program goals. (d) Reporting. (1) A program must submit: (i) Status reports, determined by ongoing oversight data, to the governing body and policy council, at least semi-annually; (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law, including at a minimum: (A) Any reports regarding agency staff or volunteer compliance with federal, state, tribal, or local laws addressing child abuse and neglect or laws governing sex offenders; (B) Incidents that require classrooms or centers to be closed for any reason; (C) Legal proceedings by any party that are directly related to program operations; and, (D) All conditions required to be reported under §1304.12, including disqualification from the Child and Adult Care Food Program (CACFP) and license revocation. (2) Annually, a program must publish and disseminate a report that complies with section 644(a)(2) of the Act and includes a summary of a program’s most recent community assessment, as described in §1302.11(b), consistent with privacy protections in subpart C of part 1303 of this chapter. (3) If a program has had a deficiency identified, it must submit, to the responsible HHS official, a quality improvement plan as required in section 641A(e)(2) of the Act.	3	0.8%
1302.42(c)	1302.42 Child health status and care. (c) Ongoing care. (1) A program must help parents continue to follow recommended schedules of well-child and oral health care. (2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. (3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional.	3	0.8%
1302.42(d)	1302.42 Child health status and care. (d) Extended follow-up care. (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child’s development, learning, or behavior. (2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem. (3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.	3	0.8%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.45(b)(1)	1302.45 Child mental health and social and emotional well-being (b) Mental health consultants. A program must ensure mental health consultants assist: (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;	3	0.8%
1302.45(b)(3)	1302.45 Child mental health and social and emotional well-being (b) Mental health consultants. A program must ensure mental health consultants assist: (3) Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation;	3	0.8%
1302.47(b)(5) (iii)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iii) Appropriate indoor and outdoor supervision of children at all times;	3	0.8%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.90(c)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior; (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment; (B) Use isolation to discipline a child; (C) Bind or tie a child to restrict movement or tape a child’s mouth; (D) Use or withhold food as a punishment or reward; (E) Use toilet learning/training methods that punish, demean, or humiliate a child; (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child; (G) Physically abuse a child; (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or, (I) Use physical activity or outdoor time as a punishment or reward; (iii) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition; (iv) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and, (v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care. (2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.	3	0.8%
642(c)(2)(D)(iv)	Sec. 642 Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (2) POLICY COUNCIL- (D) RESPONSIBILITIES- The policy council shall approve and submit to the governing body decisions about each of the following activities: (iv) Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.	3	0.8%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
75.302(b)(3)	<p>Financial Management System</p> <p>(b) The financial management system of each non-Federal entity must provide for the following (see also §§ 75.361, 75.362, 75.363, 75.364, and 75.365):</p> <p>(3) Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest and be supported by source documentation.</p>	3	0.8%
75.303(c)	75.303 Internal controls. (c) Evaluate and monitor the non-Federal entity's compliance with statutes, regulations and the terms and conditions of Federal awards.	3	0.8%
75.405(a)	<p>Allocable costs.</p> <p>(a) A cost is allocable to a particular Federal award or other cost objective if the goods or services involved are chargeable or assignable to that Federal award or cost objective in accordance with relative benefits received. This standard is met if the cost:</p>	3	0.8%
1302.45(a)(2)	1302.45 Child mental health and social and emotional well-being (a) Wellness promotion. To support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health, a program must: (2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;	2	0.5%
1302.46(b)(1)	1302.46 Family support services for health, nutrition, and mental health. (b) Opportunities. (1) Such collaboration must include opportunities for parents to: (i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep; (ii) Discuss their child's nutritional status with staff, including the importance of physical activity, healthy eating, and the negative health consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs; (iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for parental mental health or substance use problems, including perinatal depression; (iv) Discuss with staff and identify issues related to child mental health and social and emotional well-being, including observations and any concerns about their child's mental health, typical and atypical behavior and development, and how to appropriately respond to their child and promote their child's social and emotional development; and, (v) Learn about appropriate vehicle and pedestrian safety for keeping children safe.	2	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.47(b)(1)(ix)	<p>Safety practices.</p> <p>(b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure:</p> <p>(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum:</p> <p>(ix) Kept safe through an ongoing system of preventative maintenance.</p>	2	0.5%
1302.51(b)	<p>1302.51 Parent activities to promote child learning and development. (b) A program must, at a minimum, offer opportunities for parents to participate in a research-based parenting curriculum that builds on parents' knowledge and offers parents the opportunity to practice parenting skills to promote children's learning and development. A program that chooses to make significant adaptations to the parenting curriculum to better meet the needs of one or more specific populations must work with an expert or experts to develop such adaptations.</p>	2	0.5%
1302.71(b)(2)	<p>1302.71 Transitions from Head Start to kindergarten. (b) Family collaborations for transitions. (2) At a minimum, such strategies and activities must:</p> <p>(i) Help parents understand their child's progress during Head Start; (ii) Help parents understand practices they use to effectively provide academic and social support for their children during their transition to kindergarten and foster their continued involvement in the education of their child; (iii) Prepare parents to exercise their rights and responsibilities concerning the education of their children in the elementary school setting, including services and supports available to children with disabilities and various options for their child to participate in language instruction educational programs; and, (iv) Assist parents in the ongoing communication with teachers and other school personnel so that parents can participate in decisions related to their children's education.</p>	2	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.92(b)(5)	<p>Training and professional development.</p> <p>(b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:</p> <p>(5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in <i>Head Start Early Learning Outcomes Framework: Ages Birth to Five</i>, partnering with families, supporting children with disabilities and their families, providing effective and nurturing adult-child interactions, supporting dual language learners as appropriate, addressing challenging behaviors, preparing children and families for transitions (as described in subpart G of this part), and use of data to individualize learning experiences to improve outcomes for all children.</p>	2	0.5%
642(c)(1)(E)(iv) (VII)(aa)	<p>Sec. 642 Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (1) GOVERNING BODY- (E) RESPONSIBILITIES- The governing body shall— (iv) be responsible for other activities, including-- (VII) approving financial management, accounting, and reporting policies, and compliance with laws and regulations related to financial statements, including the-- (aa) approval of all major financial expenditures of the agency;</p>	2	0.5%
642(c)(2)(D)(i)	<p>Sec. 642 Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (2) POLICY COUNCIL (D) RESPONSIBILITIES- The policy council shall approve and submit to the governing body decisions about each of the following activities: (i) Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.</p>	2	0.5%
75.302(b)(7)	<p>75.302 Financial management and standards for financial management systems.</p> <p>(b) The financial management system of each non-Federal entity must provide for the following (see also §§75.361, 75.362, 75.363, 75.364, and 75.365): (7) Written procedures for determining the allowability of costs in accordance with subpart E of this part and the terms and conditions of the Federal award.</p>	2	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
75.403(a)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (a) Be necessary and reasonable for the performance of the Federal award and be allocable thereto under these principles.	2	0.5%
75.403(b)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (b) Conform to any limitations or exclusions set forth in these principles or in the Federal award as to types or amount of cost items.	2	0.5%
75.403(c)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (c) Be consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the non-Federal entity.	2	0.5%
75.403(d)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (d) Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.	2	0.5%
75.403(e)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (e) Be determined in accordance with generally accepted accounting principles (GAAP), except, for state and local governments and Indian tribes only, as otherwise provided for in this part.	2	0.5%
75.403(f)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards:(f) Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period. See also 75.306(b).	2	0.5%
75.403(g)	75.403 Factors affecting allowability of costs. Except where otherwise authorized by statute, costs must meet the following general criteria in order to be allowable under Federal awards: (g) Be adequately documented. See also 75.300 through 75.309.	2	0.5%
1302.101(a)(3)	1302.101 Management system. (a) Implementation. A program must implement a management system that: (3) Ensures budget and staffing patterns that promote continuity of care for all children enrolled, allow sufficient time for staff to participate in appropriate training and professional development, and allow for provision of the full range of services described in subparts C, D, E, F, G, and H of this part; and,	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.102(b)(1)(i)	Achieving program goals. (b) Monitoring program performance. (1) Ongoing compliance oversight and correction. In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must: (i) Collect and use data to inform this process;	1	0.3%
1302.102(c)(2)(ii)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must:(iii) For programs operating fewer than 90 days, ensures child assessment data is aggregated and analyzed at least twice during the program operating period, including for subgroups, such as dual language learners and children with disabilities, as appropriate, and used with other program data described in paragraph (c)(2)(iv) of this section to direct continuous improvement related to curriculum choice and implementation, teaching practices, professional development, program design and other program decisions, including changing or targeting scope of services;	1	0.3%
1302.12(a)(1)(iii)	1302.12 Determining, verifying, and documenting eligibility. (a) <i>Process overview.</i> (1) Program staff must: (iii) Create an eligibility determination record for enrolled participants according to paragraph (k) of this section.	1	0.3%
1302.12(c)	1302.12 Determining, verifying, and documenting eligibility. (c) Eligibility requirements. (1) A pregnant woman or a child is eligible if: (i) The family's income is equal to or below the poverty line; or, (ii) The family is eligible for or, in the absence of child care, would be potentially eligible for public assistance; including TANF child-only payments, or, (iii) The child is homeless, as defined in part 1305; or, (iv) The child is in foster care.	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
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1302.12(e)	1302.12 Determining, verifying and documenting eligibility (e) Additional allowances for Indian tribes. (1) Notwithstanding paragraph (c)(2) of this section, a tribal program may fill more than 10 percent of its enrollment with participants who are not eligible under the criteria in paragraph (c) of this section, if: (i) The tribal program has served all eligible pregnant women or children who wish to be enrolled from Indian and non-Indian families living within the approved service area of the tribal agency; (ii) The tribe has resources within its grant, without using additional funds from HHS intended to expand Early Head Start or Head Start services, to enroll pregnant women or children whose family incomes exceed low-income guidelines or who are not otherwise eligible; and, (iii) At least 51 percent of the program’s participants meet an eligibility criterion under paragraph (c)(1) of this section. (2) If another program does not serve the approved service area, the program must serve all eligible Indian and non-Indian pregnant women or children who wish to enroll before serving over-income pregnant women or children. (3) A program that meets the conditions of this paragraph (e) must annually set criteria that are approved by the policy council and the tribal council for selecting over-income pregnant women or children who would benefit from program services. (4) An Indian tribe or tribes that operates both an Early Head Start program and a Head Start program may, at its discretion, at any time during the grant period involved, reallocate funds between the Early Head Start program and the Head Start program in order to address fluctuations in client populations, including pregnant women and children from birth to compulsory school age. The reallocation of such funds between programs by an Indian tribe or tribes during a year may not serve as a basis for any reduction of the base grant for either program in succeeding years.	1	0.3%
1302.12(k)(3)	1302.12 Determining, verifying, and documenting eligibility. (k) Records. (3) A program must keep eligibility determination records for those currently enrolled, as long as they are enrolled, and, for one year after they have either stopped receiving services; or are no longer enrolled.	1	0.3%
1302.16(a)(2)	1302.16 Attendance. (a) Promoting regular attendance. A program must track attendance for each child. (2) A program must implement strategies to promote attendance. At a minimum, a program must: (i) Provide information about the benefits of regular attendance; (ii) Support families to promote the child’s regular attendance; (iii) Conduct a home visit or make other direct contact with a child’s parents if a child has multiple unexplained absences (such as two consecutive unexplained absences) (iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve individual attendance among identified children, such as direct contact with parents or intensive case management, as necessary.	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.18(a)(b)	1302.18 Fees. (a) Policy on fees. A program must not charge eligible families a fee to participate in Head Start, including special events such as field trips, and cannot in any way condition an eligible child's enrollment or participation in the program upon the payment of a fee. (b) Allowable fees. (1) A program must only accept a fee from families of enrolled children for services that are in addition to services funded by Head Start, such as child care before or after funded Head Start hours. A program may not condition a Head Start child's enrollment on the ability to pay a fee for additional hours. (2) In order to support programs serving children from diverse economic backgrounds or using multiple funding sources, a program may charge fees to private pay families and other non-Head Start enrolled families to the extent allowed by any other applicable federal, state or local funding sources.	1	0.3%
1302.31(b)(2)	1302.31 Teaching and the learning environment (b) Effective teaching practices. (2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must: (i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English; (ii) For a preschool age dual language learner, include teaching practices that focus on both English language acquisition and the continued development of the home language; or, (iii) If staff do not speak the home language of all children in the learning environment, include steps to support the development of the home language for dual language learners such as having culturally and linguistically appropriate materials available and other evidence-based strategies. Programs must work to identify volunteers who speak children's home language/s who could be trained to work in the classroom to support children's continued development of the home language.	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.31(e)	1302.31 Teaching and the learning environment (e) Promoting learning through approaches to rest, meals, routines, and physical activity. (1) A program must implement an intentional, age appropriate approach to accommodate children’s need to nap or rest, and that, for preschool age children in a program that operates for 6 hours or longer per day provides a regular time every day at which preschool age children are encouraged but not forced to rest or nap. A program must provide alternative quiet learning activities for children who do not need or want to rest or nap. (2) A program must implement snack and meal times in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child’s learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food. (3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth. (4) A program must recognize physical activity as important to learning and integrate intentional movement and physical activity into curricular activities and daily routines in ways that support health and learning. A program must not use physical activity as reward or punishment.	1	0.3%
1302.32(a)(2)	1302.32 Curricula (a) Curricula. (2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.	1	0.5%
1302.33(b)(1)	1302.32 Curricula (a) Curricula. (2) A program must support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity, and provide support, feedback, and supervision for continuous improvement of its implementation through the system of training and professional development.	1	0.3%
1302.45(a)(1)	1302.45 Child mental health and social and emotional well-being (a) Wellness promotion. To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: (1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.47(a)	Safety practices. (a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times. A program should consult Caring for our Children Basics, available at http://www.acf.hhs.gov/sites/default/files/eecd/caring_for_our_children_basics.pdf , for additional information to develop and implement adequate safety policies and practices described in this part.	1	0.3%
1302.47(a)(b)(4)(i)(I)	1302.47(a) A program must establish, train staff on, implement, and enforce a system of health and safety practices that ensure children are kept safe at all times; (b) develop and implement a system of management, including ongoing training, oversight, correction, and continuous improvement in accordance with 1302.102 that includes policies and practices to ensure all facilities, equipment, and materials, background checks, safety training safety, and hygiene practices and administrative safety procedures are adequate to ensure child safety. (4) Safety Training (i) All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program developed health, safety, and childcare requirements to ensure the safety of children in their care; including (I) appropriate precautions in transporting children.	1	0.3%
1302.47(b)(5)(ii)	1302.47 Safety practices (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used;	1	0.3%
1302.47(b)(7)(vi)	1302.47 Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (7) Administrative safety procedures. Programs establish, follow, and practice, as appropriate, procedures for, at a minimum: (vi) Child specific health care needs and food allergies that include accessible plans of action for emergencies. For food allergies, a program must also post individual child food allergies prominently where staff can view wherever food is served.	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.53(a)(2) (vi)	1302.53 Community partnerships and coordination with other early childhood and education programs. (a) Community partnerships. (2) A program must establish necessary collaborative relationships and partnerships, with community organizations that may include: (vi) Housing assistance agencies and providers of support for children and families experiencing homelessness, including the local educational agency liaison designated under section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.);	1	0.3%
1302.70(a)	1302.70 Transitions from Early Head Start. (a) Implementing transition strategies and practices. An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start.	1	0.3%
1302.8	1302.80 Enrolled pregnant women. (a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage (b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs. (c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence. (d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.	1	0.3%
1302.81	1302.81 Prenatal and postpartum information, education, and services. (a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding. (b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.	1	0.3%
1302.90(c)(1)(ii) (A)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program's standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment;	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
1302.91(c)	1302.91 Staff qualifications and competency requirements. (c) Fiscal officer. A program must assess staffing needs in consideration of the fiscal complexity of the organization and applicable financial management requirements and secure the regularly scheduled or ongoing services of a fiscal officer with sufficient education and experience to meet their needs. A program must ensure a fiscal officer hired after November 7, 2016 is a certified public accountant or has, at a minimum, a baccalaureate degree in accounting, business, fiscal management, or a related field.	1	0.3%
1303.52(b)	1303.52 (b) Insurance coverage. (1) If a grantee uses federal funds to purchase or continue purchase on a facility or modular unit the grantee must maintain physical damage or destruction insurance at the full replacement value of the facility, for as long as the grantee owns or occupies the facility. (2) If a facility is located in an area the National Flood Insurance Program defines as high risk, the grantee must maintain flood insurance for as long as the grantee owns or occupies the facility. (3) A grantee must submit to the responsible HHS official, within 10 days after coverage begins, proof of insurance coverage required under paragraphs (a) and (b) of this section.	1	0.3%
1303.72(a)(3)	Vehicle operation. (a) Safety. A program must ensure: (3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,	1	0.3%
653(a)	Sec. 653 Comparability of Wages (a) Comparability of Wages- The Secretary shall take such action as may be necessary to assure that persons employed in carrying out programs financed under this subchapter shall not receive compensation at a rate which is (1) in excess of the average rate of compensation paid in the area where the program is carried out to a substantial number of persons providing substantially comparable services, or in excess of the average rate of compensation paid to a substantial number of the persons providing substantially comparable services in the area of the person's immediately preceding employment, whichever is higher; or (2) less than the minimum wage rate prescribed in section 6(a)(1) of the Fair Labor Standards Act of 1938. The Secretary shall encourage Head Start agencies to provide compensation according to salary scales that are based on training and experience.	1	0.3%
75.302(b)(4)	Financial Management System (b) The financial management system of each non-Federal entity must provide for the following (see also §§ 75.361, 75.362, 75.363, 75.364, and 75.365): (4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes. See § 75.303.	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
75.303(e)	75.303 Internal controls. The non-Federal entity must: (e) Take reasonable measures to safeguard protected personally identifiable information and other information the HHS awarding agency or pass-through entity designates as sensitive or the non-Federal entity considers sensitive consistent with applicable Federal, state, local, and tribal laws regarding privacy and obligations of confidentiality.	1	0.3%
75.305(b)(1)	75.305 Payment. (b) For non-Federal entities other than states, payments methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-Federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means. See also §75.302(b)(6). Except as noted elsewhere in this part, HHS awarding agencies must require recipients to use only OMB-approved standard government-wide information collection requests to request payment. (1) The non-Federal entity must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the non-Federal entity, and financial management systems that meet the standards for fund control and accountability as established in this part. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.	1	0.3%
75.308(c)(1)(xi)	75.308 Revision of budget and program plans. (c)(1) For non-construction Federal awards, recipients must request prior approvals from HHS awarding agencies for one or more of the following program or budget-related reasons: (xi) The recipient wishes to dispose of, replace, or encumber title to real property, equipment, or intangible property that are acquired or improved with a Federal award. See 75.318, 75.320, 75.322, and 75.323.	1	0.3%
75.318(c)	75.318 Real property. (c) <i>Disposition</i> . When real property is no longer needed as provided in subsection (b), the non-Federal entity must obtain disposition instructions from the HHS awarding agency or pass-through entity.	1	0.3%
75.328(a)(4)	75.328 Competition. (a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to: (4) Noncompetitive contracts to consultants that are on retainer contracts	1	0.3%

Performance Standard	Standard Description	Grantees Reviewed with Noncompliant Citations	
		n	%
75.328(a)(5)	75.328 Competition. (a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to: (5) Organizational conflicts of interest	1	0.3%
75.328(a)(7)	75.328 Competition. (a) All procurement transactions must be conducted in a manner providing full and open competition consistent with the standards of this section. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, or invitations for bids or requests for proposals must be excluded from competing for such procurements. Some of the situations considered to be restrictive of competition include but are not limited to: (7) Any arbitrary action in the procurement process.	1	0.3%
75.328(b)	75.328 Competition. (b) The non-Federal entity must conduct procurements in a manner that prohibits the use of statutorily or administratively imposed state, local, or tribal geographical preferences in the evaluation of bids or proposals, except in those cases where applicable Federal statutes expressly mandate or encourage geographic preference. Nothing in this section preempts state licensing laws. When contracting for architectural and engineering (A/E) services, geographic location may be a selection criterion provided its application leaves an appropriate number of qualified firms, given the nature and size of the project, to compete for the contract.	1	0.3%

Exhibit A2: FY 2019 Performance Standards Most Frequently Cited as Deficient

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.90(c)(1)(ii)	Personnel policies. (c) Standards of conduct (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not:	36	18.8%
1302.90(c)(1)(v)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	29	15.2%
1303.72(a)(3)	Vehicle operation. (a) Safety. A program must ensure: (3) Up-to-date child rosters and lists of the adults each child is authorized to be released to, including alternates in case of emergency, are maintained and no child is left behind, either at the classroom or on the vehicle at the end of the route; and,	12	6.3%
642(c)(1)(E)(ii)	Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (1) GOVERNING BODY- (E) RESPONSIBILITIES- The governing body shall— (ii) establishing procedures and criteria for recruitment, selection, and enrollment of children;	10	5.2%
1302.47(b)(5) (iv)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iv) Only releasing children to an authorized adult;	8	4.2%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
75.303(a)	Internal controls. The non-Federal entity must: (a) Establish and maintain effective internal control over the Federal award that provides reasonable assurance that the non-Federal entity is managing the Federal award in compliance with Federal statutes, regulations, and the terms and conditions of the Federal award. These internal controls should be in compliance with guidance in “Standards for Internal Control in the Federal Government,” issued by the Comptroller General of the United States or the “Internal Control Integrated Framework,” issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO).	7	3.7
1302.47(b)(5)(i)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable federal, state, local, and tribal laws;	6	3.1%
648A(g)(3)	Staff Qualifications and Development. (g) Staff Recruitment and Selection Procedures- Before a Head Start agency employs an individual, such agency shall— (3) obtain— (A) a State, tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children; (B) a State, tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or (C) a criminal record check as otherwise required by Federal law.	6	3.1%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.90(c)	1302.90 Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (i) Ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior; (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment; (B) Use isolation to discipline a child; (C) Bind or tie a child to restrict movement or tape a child’s mouth; (D) Use or withhold food as a punishment or reward; (E) Use toilet learning/training methods that punish, demean, or humiliate a child; (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child; (G) Physically abuse a child; (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or, (I) Use physical activity or outdoor time as a punishment or reward; (iii) Ensure staff, consultants, contractors, and volunteers respect and promote the unique identity of each child and family and do not stereotype on any basis, including gender, race, ethnicity, culture, religion, disability, sexual orientation, or family composition; (iv) Require staff, consultants, contractors, and volunteers to comply with program confidentiality policies concerning personally identifiable information about children, families, and other staff members in accordance with subpart C of part 1303 of this chapter and applicable federal, state, local, and tribal laws; and, (v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care. (2) Personnel policies and procedures must include appropriate penalties for staff, consultants, and volunteers who violate the standards of conduct.	5	2.6%
1302.90(c)(1)(ii) (G)	Personnel policies. (c) Standards of conduct (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (G) Physically abuse a child;	5	2.6%
1302.101(a)(1)	Program and Human Resource Management (a) <i>Implementation.</i> A program must implement a management system that: (1) Ensures a program, fiscal, and human resource management structure that provides effective management and oversight of all program areas and fiduciary responsibilities to enable delivery of high-quality services in all of the program services described in subparts C, D, E, F, G, and H of this part;	4	2.1%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.102(d)(1)(ii)	Achieving program goals (d) Reporting. (1) A program must submit: (ii) Reports, as appropriate, to the responsible HHS official immediately or as soon as practicable, related to any significant incidents affecting the health and safety of program participants, circumstances affecting the financial viability of the program, breaches of personally identifiable information, or program involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law,	4	2.1%
1302.31(b)(1)(i)	1302.31 Teaching and the learning environment (b) Effective teaching practices. (1) Teaching practices must: (i) Emphasize nurturing and responsive practices, interactions, and environments that foster trust and emotional security; are communication and language rich; promote critical thinking and problem-solving; social, emotional, behavioral, and language development; provide supportive feedback for learning; motivate continued effort; and support all children’s engagement in learning experiences and activities;	4	2.1%
75.302(b)(4)	Financial Management System (b) The financial management system of each non-Federal entity must provide for the following (see also §§ 75.361, 75.362, 75.363, 75.364, and 75.365): (4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and assure that they are used solely for authorized purposes. See § 75.303.	4	2.1%
1302.102(b)(1)(i)	Achieving program goals. (b) Monitoring program performance. (1) Ongoing compliance oversight and correction. In order to ensure effective ongoing oversight and correction, a program must establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations as described in this part, and must: (i) Collect and use data to inform this process;	3	1.6%
1302.102(c)(2)(iv)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must:(iv) Use information from ongoing monitoring and the annual self-assessment, and program data on teaching practice, staffing and professional development, child-level assessments, family needs assessments, and comprehensive services, to identify program needs, and develop and implement plans for program improvement; and,	3	1.6%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.42(b)(1)(i)	1302.42 Child health status and care (b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;	3	1.6%
1302.47(b)(1)(ix)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (ix) Kept safe through an ongoing system of preventative maintenance.	3	1.6%
75.303(d)	75.303 Internal controls. (d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.	3	1.6%
1302.102(c)(2)(i)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (2) This process must: (i) Ensure data is aggregated, analyzed and compared in such a way to assist agencies in identifying risks and informing strategies for continuous improvement in all program service areas;	2	1.0%
1302.15(a)	1302.15 Enrollment. (a) Funded enrollment. A program must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 days.	2	1.0%
1302.45(a)(2)	1302.45 Child mental health and social and emotional well-being (a) Wellness promotion. To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: (2) Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner;	2	1.0%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.47(b)(2)(v)	1302.47 Safety practices (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (2) Equipment and materials. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum: (v) Be kept safe through an ongoing system of preventative maintenance.	2	1.0%
1302.47(b)(5)(iii)	Safety practices. (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices and administrative safety procedures are adequate to ensure child safety. This system must ensure: (5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: (iii) Appropriate indoor and outdoor supervision of children at all times;	2	1.0%
1302.90(c)(1)(ii)(A)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (A) Use corporal punishment;	2	1.0%
1302.90(c)(1)(ii)(H)	Personnel policies. (c) Standards of conduct. (1) A program must ensure all staff, consultants, contractors, and volunteers abide by the program’s standards of conduct that: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: (H) Use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family; or,	2	1.0%
75.303(b)	75.303 Internal controls. The non-Federal entity must: (b) Comply with Federal statutes, regulations, and the terms and conditions of the Federal awards.	2	1.0%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.101(a)(2)	Staff Hiring, Supervision and Development: Ongoing Supervision (a) <i>Implementation</i> . A program must implement a management system that: (2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;	1	0.5%
1302.101(a)(4)	1302.101 Management system. (a) <i>Implementation</i> . A program must implement a management system that: (4) Maintains an automated accounting and record keeping system adequate for effective oversight.	1	0.5%
1302.12(a)(1)(ii)	1302.12 Determining, verifying, and documenting eligibility. (a) <i>Process overview</i> . (1) Program staff must: (ii) Verify information as required in paragraphs (h) and (i) of this section	1	0.5%
1302.31(b)(1)(ii)	1302.31 Teaching and the learning environment (b) Effective teaching practices. (1) Teaching practices must:(ii) Focus on promoting growth in the developmental progressions described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five by aligning with and using the Framework and the curricula as described in §1302.32 to direct planning of organized activities, schedules, lesson plans, and the implementation of high-quality early learning experiences that are responsive to and build upon each child’s individual pattern of development and learning;	1	0.5%
1302.33(b)(1)	1302.33 Child screenings and assessments (b) Assessment for individualization. (1) A program must conduct standardized and structured assessments, which may be observation-based or direct, for each child that provide ongoing information to evaluate the child’s developmental level and progress in outcomes aligned to the goals described in the Head Start Early Learning Child Outcomes Framework: Ages Birth to Five. Such assessments must result in usable information for teachers, home visitors, and parents and be conducted with sufficient frequency to allow for individualization within the program year.	1	0.5%
1302.33(b)(2)	1302.33 Child screenings and assessments (b) Assessment for individualization.(2) A program must regularly use information from paragraph (b)(1) of this section along with informal teacher observations and additional information from family and staff, as relevant, to determine a child’s strengths and needs, inform and adjust strategies to better support individualized learning and improve teaching practices in center-based and family child care settings, and improve home visit strategies in home-based models.	1	0.5%
1302.34(b)(2)	1302.34 Parent and family engagement in education and child development services (b) Engaging parents and family members. A program must offer opportunities for parents and family members to be involved in the program’s education services and implement policies to ensure:(2) Teachers regularly communicate with parents to ensure they are well-informed about their child’s routines, activities, and behavior;	1	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.42(c)	1302.42 Child health status and care. (c) Ongoing care. (1) A program must help parents continue to follow recommended schedules of well-child and oral health care. (2) A program must implement periodic observations or other appropriate strategies for program staff and parents to identify any new or recurring developmental, medical, oral, or mental health concerns. (3) A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional. (d) Extended follow-up care. (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child’s development, learning, or behavior. (2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem. (3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.	1	0.5%
1302.42(d)	1302.42 Child health status and care. (d) Extended follow-up care. (1) A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child’s development, learning, or behavior. (2) A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem. (3) A program must assist parents, as needed, in obtaining any prescribed medications, aids or equipment for medical and oral health conditions.	1	0.5%
1302.45(a)(1)	1302.45 Child mental health and social and emotional well-being (a) Wellness promotion. To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: (1) Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;	1	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
1302.90(b)(3)	1302.90 Personnel policies. (b) <i>Background checks and selection procedures.</i> (1) Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following: (3) A program must review the information found in each employment application and complete background check to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and must use Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c)(1)(D) and 42 U.S.C. 9858f(h)(1) or tribal disqualifications factors to determine whether the prospective employee can be hired or the current employee must be terminated.	1	0.5%
1302.92(b)	Training and professional development. (b) A program must establish and implement a systematic approach to staff training and professional development designed to assist staff in acquiring or increasing the knowledge and skills needed to provide high-quality, comprehensive services within the scope of their job responsibilities, and attached to academic credit as appropriate. At a minimum, the system must include:	1	0.5%
1303.72(a)(1)	1303.72 Vehicle operation. (a) Safety. A program must ensure:(1) Each child is seated in a child restraint system appropriate to the child's age, height, and weight	1	0.5%
1303.72(a)(4)	1303.72 Vehicle operation. (a) Safety. A program must ensure: (4) With the exception of transportation services to children served under a home-based option, there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary.	1	0.5%
642(c)(1)(B)(i)	Powers and Functions of Head Start Agencies (c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following: (1) GOVERNING BODY- (B) COMPOSITION- The governing body shall be composed as follows: (i) Not less than 1 member shall have a background and expertise in fiscal management or accounting.	1	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
642(c)(1)(E)(iv)(V)(bb)	<p>Powers and Functions of Head Start Agencies</p> <p>(c) Program Governance- Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation. Such structure shall include the following:</p> <p>(1) GOVERNING BODY-</p> <p>(E) RESPONSIBILITIES- The governing body shall—</p> <p>(iv) be responsible for other activities, including—</p> <p>(V) reviewing and approving all major policies of the agency, including—</p> <p>(bb) such agency’s progress in carrying out the programmatic and fiscal provisions in such agency's grant application, including implementation of corrective actions;</p>	1	0.5%
75.302(b)(2)	<p>Financial Management System</p> <p>(b) The financial management system of each non-Federal entity must provide for the following (see also §§ 75.361, 75.362, 75.363, 75.364, and 75.365):</p> <p>(2) Accurate, current, and complete disclosure of the financial results of each Federal award or program in accordance with the reporting requirements set forth in §§ 75.341 and 75.342. If an HHS awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient must not be required to establish an accrual accounting system. This recipient may develop accrual data for its reports on the basis of an analysis of the documentation on hand. Similarly, a pass-through entity must not require a subrecipient to establish an accrual accounting system and must allow the subrecipient to develop accrual data for its reports on the basis of an analysis of the documentation on hand.</p>	1	0.5%
75.302(b)(5)	<p>Financial management and standards for financial management systems.</p> <p>(b) The financial management system of each non-Federal entity must provide for the following:</p> <p>(5) Comparison of expenditures with budget amounts for each Federal award.</p>	1	0.5%
75.302(b)(7)	<p>75.302 Financial management and standards for financial management systems.</p> <p>(b) The financial management system of each non-Federal entity must provide for the following (see also §§75.361, 75.362, 75.363, 75.364, and 75.365): (7) Written procedures for determining the allowability of costs in accordance with subpart E of this part and the terms and conditions of the Federal award.</p>	1	0.5%

Performance Standard	Standard Description	Grantees Reviewed with Deficient Citations	
		n	%
75.305(b)(1)	75.305 Payment. (b) For non-Federal entities other than states, payments methods must minimize the time elapsing between the transfer of funds from the United States Treasury or the pass-through entity and the disbursement by the non-Federal entity whether the payment is made by electronic funds transfer, or issuance or redemption of checks, warrants, or payment by other means. See also §75.302(b)(6). Except as noted elsewhere in this part, HHS awarding agencies must require recipients to use only OMB-approved standard government-wide information collection requests to request payment. (1) The non-Federal entity must be paid in advance, provided it maintains or demonstrates the willingness to maintain both written procedures that minimize the time elapsing between the transfer of funds and disbursement by the non-Federal entity, and financial management systems that meet the standards for fund control and accountability as established in this part. Advance payments to a non-Federal entity must be limited to the minimum amounts needed and be timed to be in accordance with the actual, immediate cash requirements of the non-Federal entity in carrying out the purpose of the approved program or project. The timing and amount of advance payments must be as close as is administratively feasible to the actual disbursements by the non-Federal entity for direct program or project costs and the proportionate share of any allowable indirect costs. The non-Federal entity must make timely payment to contractors in accordance with the contract provisions.	1	0.5%

