

# Report to Congress on Head Start Monitoring



**FISCAL YEAR 2020**



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) 2020 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 2020 monitoring review system, summarizes grantee review outcomes, and describes the types of findings most commonly identified in FY 2020.

### **FY 2020 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 also designed to streamline the monitoring process and reduce the grantee’s burden of having multiple review events from multiple agencies. AMS 2.0 retained some components from its original design, including Classroom Assessment Scoring System (CLASS<sup>®</sup>), Special,<sup>1</sup> 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 1 (FA1) and Focus Area 2 (FA2). OHS continued to use this system in FY 2020. **Exhibit 1** summarizes the types of reviews conducted in FY 2020.

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<sup>1</sup> Special reviews were termed “Other” or “Targeted” reviews in previous fiscal years.

**Exhibit 1: Types of FY 2020 Reviews**

Type of Review	Description
<b>Focus Area 1</b>	<ul style="list-style-type: none"> <li>▶ 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.</li> </ul>
<b>Focus Area 2</b>	<ul style="list-style-type: none"> <li>▶ An on-site 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, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements.</li> </ul>
<b>CLASS®</b>	<ul style="list-style-type: none"> <li>▶ Evaluated the quality of teacher-child interactions that promote positive child outcomes.</li> </ul>
<b>Special</b>	<ul style="list-style-type: none"> <li>▶ Conducted for grantees if they are determined to be at risk for performance issues.</li> </ul>
<b>Follow-up</b>	<ul style="list-style-type: none"> <li>▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure all findings are corrected.</li> <li>▶ This report includes information on Follow-up reviews for all grantees with outstanding findings that were reviewed in FY 2020, including grantees with findings that originated in previous fiscal years.</li> </ul>

**Notes:** FA1 reviews were typically conducted by one Review Lead (RL). FA2 reviews were typically conducted with three reviewers led by an RL. To assess a grantee’s compliance, Review Teams used OHS Monitoring Protocols, which employ a standardized approach to assess program services and quality.

***FA1 Reviews***

FA1 reviews 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 regarding its program design, planning, and processes for providing program services.

During this review, grantees described their 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 FA1 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 specialists and fiscal specialists to gain the Regional Office’s (RO) perspective on the grantee.

### **FA2 Reviews**

FA2 reviews 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’ 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 the Head Start Act. The FA2 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.

FA2 was an on-site review event that provided an opportunity for grantees to demonstrate how they operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements. The reviewers learned about the grantee’s performance prior to the on-site 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 FA1, reviewers talked with the grantee’s assigned program specialists and fiscal specialists to learn additional information about the RO’s experiences with the grantee and gain a more comprehensive understanding of the grantee’s performance.

The on-site 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® Reviews**

To gain a better understanding of the quality of Head Start classrooms, grantees with center-based or combination-option classrooms serving preschool-age children received 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 1 to 7, with 1 indicating the lowest quality interactions and 7 indicating the highest quality interactions. One dimension, Negative Climate, was inversely scored, with 7 indicating the lowest quality interactions and 1 indicating the highest quality interactions. In FY 2020, 78 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 how 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"> <li>▶ Behavior management</li> <li>▶ Productivity</li> <li>▶ Instructional learning formats</li> </ul>	<ul style="list-style-type: none"> <li>▶ Positive climate</li> <li>▶ Negative climate</li> <li>▶ Teacher sensitivity</li> <li>▶ Regard for student perspective</li> </ul>	<ul style="list-style-type: none"> <li>▶ Concept development</li> <li>▶ Feedback quality</li> <li>▶ Language modeling</li> </ul>

Randomly selected, statistically driven sample sizes were used to identify which grantees’ classes were observed in FY 2020. The monitoring software reflected the classes selected for the sample and provided replacement classrooms as needed. Two cycles were observed per classroom. Research done by the tool developer supported this number; research indicated that, for the 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’ defined CLASS® methodology (e.g., timing and settings for observations, and conditions under which observations should or should not occur).

**Special and Follow-up Reviews**

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

After each review event, grantees received a report that summarized identified findings and/or concerns, as well as areas of exceptional program performance.

### Impact of Coronavirus Disease 2019 (COVID-19) on FY 2020 Monitoring Reviews

On March 9, 2020, OHS suspended on-site reviews due to COVID-19-related travel and social distancing restrictions. Reviews that were scheduled to be conducted virtually (e.g., FA1) had minimal impact. However, reviews that were scheduled to be conducted onsite (e.g., FA2, CLASS<sup>®</sup>) were rescheduled to a future date. **Exhibit 2** presents the number of reviews of each type that were scheduled in FY 2020 and the number that were conducted with reports issued to the grantee. The data included in this report are from grantees who received a monitoring review and the resultant review report during FY 2020.

**Exhibit 2: Number of Types of FY 2020 Reviews Scheduled and Number of Reviews Conducted with Issued Grantee Reports**

Type of Review	Number of Scheduled Reviews	Number of Reviews Conducted with Issued Grantee Reports
Focus Area 1	▶ 462	▶ 459
Focus Area 2	▶ 101	▶ 60
CLASS <sup>®</sup>	▶ 113	▶ 78
Special	▶ 136	▶ 129
Follow-up	▶ 265	▶ 223
<b>Total</b>	▶ 1,077	▶ 949

### Outcomes of FY 2020 Monitoring Reviews

OHS conducted reviews of 1,069 grantees in FY 2020. Of the 1,069 grantees that received monitoring reviews:<sup>2</sup>

- ▶ 615 received a FA1 review.
- ▶ 107 received a FA2 review.
- ▶ 140 received at least one Special review.
- ▶ 207 received at least one Follow-up review.<sup>3</sup>
- ▶ 78 received a CLASS<sup>®</sup> review.

Monitoring reviews have the following three possible outcomes: compliant, one or more noncompliances with no deficiencies, or one or more deficiencies (with or without noncompliances). 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:

<sup>2</sup> 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.

<sup>3</sup> A total of 237 Follow-up reviews were conducted among the 207 grants. Of the 237 Follow-up reviews completed in FY 2020, 13 (5.5 percent) were follow-ups of reviews completed in a previous fiscal year.



- (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 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 FA1 were compliant with the monitored standards.** Of the 615 grantees that underwent a FA1 review, almost all (93.7 percent) were found to be compliant with the monitored standards.
- ▶ **Over half of the grantees reviewed in FA2 were compliant with the monitored standards.** Of the 107 grantees that underwent a FA2 review, 59.8 percent were found to be compliant with the monitored standards.
- ▶ **The majority of grantees that received Special reviews were found to be deficient or noncompliant.** Of the 140 grantees that underwent a Special review in FY 2020, 55 percent were found to have one or more deficiencies, and 41.4 percent were found to have one or more noncompliances (and no deficiencies).
- ▶ **Grantees corrected nearly all findings on Follow-up reviews.** Of the 207 grantees that received Follow-up reviews in FY 2020, 96.6 percent had corrected their previously identified findings upon follow-up, while 3.4 percent of the grantees had not corrected their findings.

- ▶ **Head Start program CLASS® average domain scores in FY 2020 were similar to those found in FY 2019.**<sup>4</sup> In FY 2020, grantees had average CLASS® scores of 6.03 out of 7 for Emotional Support and 5.78 out of 7 for Classroom Organization domains. As in FY 2019, scores for Instructional Support were notably lower than those for the other domains, averaging 2.94 out of 7.

### *Number and Types of Findings Identified in FY 2020*

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

- ▶ **In FA1 reviews, most FY 2020 grantees with “noncompliant” findings had a small number of findings.** Among the grantees with FA1 noncompliances, 89.7 percent had one or two findings. No grantees receiving a FA1 review had a deficiency in FY 2020.
- ▶ **In FA2 reviews, more than half of the FY 2020 grantees with “noncompliant” findings had a small number of findings.** Among the grantees with FA2 noncompliances, 59.0 percent had one or two findings. In contrast, of the grantees with at least one FA2 deficiency, 100 percent of those had 11 or more findings. However, these results should be interpreted with caution as only a small number of grantees (N=3) had a FA2 deficiency.
- ▶ **Grantees struggled with a range of issues in FY 2020.**
  - For FY 2020 FA1 reviews, “Child Health Status and Care” was the most commonly cited noncompliance issue, with 25.0 percent of the “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Supporting Teachers in Promoting School Readiness” (23.3 percent) and “Determining, Verifying, and Documenting Eligibility” (13.3 percent).
  - For FY 2020 FA2 reviews, “Determining, Verifying, and Documenting Eligibility” was the most commonly cited noncompliance issue, with 19.0 percent of the “noncompliant” citations in this area. The next most commonly cited noncompliance issues were “Budget Planning and Development” (17.6 percent) and “Child Health Status and Care” (13.1 percent).
- ▶ **Overall, a small percentage of grantees had identified deficiencies in FY 2020 reviews.** Only 8.1 percent of the grantees overall had an identified deficiency across FA1, FA2, Special, and Follow-up reviews. Special reviews had the highest proportion of identified deficiencies. Just over half (55 percent) of the grantees who had a Special review had an identified deficiency. Among those, 88.3 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.

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<sup>4</sup> In FY 2019, grantees had average CLASS® scores of 6.05 out of 7 for Emotional Support, 5.79 out of 7 for Classroom Organization, and 2.91 out of 7 for the Instructional Support domains.

### **New Directions in Monitoring for FY 2021**

In FY 2021, OHS will continue to implement enhancements to improve the consistency and quality of the monitoring process, while being mindful of COVID-19's impact on grantee operations. OHS anticipates continued minimal refinements to the FA1 and FA2 Monitoring Protocols to provide year-to-year consistency. OHS also anticipates reviewing the monitoring 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. OHS will monitor the implementation of any COVID-19 pandemic-related restrictions and adapt its monitoring approaches to comply with those restrictions to ensure the safety of the Head Start grantee and Head Start monitoring reviewers. In addition, OHS will monitor how Head Start programs pivot to provide comprehensive services during the COVID-19 pandemic while remaining in compliance with federal regulations. Examples of some enhancements to the monitoring process for FY 2021 include:

- ▶ **Increase focus on grantee risk.** Items will be developed for the pre-site guide (which reviewers fill out before the review, using grantee documents) to identify grantees that are potentially at risk for performance issues. This enhancement will inform the data collection process of the monitoring review as well as the implementation of OHS' technical assistance efforts.
- ▶ **Revise in-person Monitoring Protocols to a virtual format to comply with pandemic-related restrictions.** OHS will continue to monitor pandemic-related restrictions to ensure the safety of its monitoring reviewers and Head Start staff, children, and families. In-person monitoring procedures (such as classroom and center observations, staff interviews, and document reviews) will be revised to be conducted in a virtual format if necessary.
- ▶ **Incorporate protocol items to monitor how grantees are adapting their service delivery models to the requirements of pandemic-related restrictions.** OHS will incorporate items into its monitoring review protocols to better understand how service delivery and program operations are impacted by the COVID-19 pandemic. This will also include an understanding of how the grantee continues to provide comprehensive services based on the needs of the children and families receiving Head Start services.

## **Introduction**

Head Start monitoring assesses grantees' compliance with requirements governing Head Start programs, including those specified in the Head Start Act (original authorizing legislation in 1965 and its subsequent amendments, most recently in 2007); Head Start Program Performance Standards (HSPPS); and other applicable federal, state, and local regulations. 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) 2020 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' on-site 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 (1) immediately, if the Secretary finds that the deficiency threatens the health or safety of staff or program participants or the integrity of federal funds, or (2) within a period not to exceed 1 year, under a Quality Improvement Plan (QIP). If the grantee does not correct the deficiency within 1 year, 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 to ensure services are not interrupted, and/or only permit the program to reopen when the grantee has resolved the problem satisfactorily.

This report fulfills the FY 2020 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 FY 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 to 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 (ROs), OHS' American Indian and Alaska Native (AI/AN) Programs branch, and OHS' 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 the process, and key monitoring changes OHS implemented in FY 2020.

### **Monitoring Review Events**

In September 2016, OHS issued the first holistic revision and complete reorganization of 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 2020. The revised Aligned Monitoring System (AMS 2.0) is designed to monitor the newly implemented HSPPS, streamline the monitoring process for grantees, and reduce the grantee's burden of receiving multiple review events from multiple agencies (e.g., Head Start, licensing). AMS 2.0 is comprised of the following five review events:

- ▶ Focus Area 1 (FA1)
- ▶ Focus Area 2 (FA2)
- ▶ Classroom Assessment Scoring System (CLASS<sup>®</sup>)
- ▶ 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<sup>®</sup>, Follow-up, and Special reviews were implemented with procedures identical to those implemented in the original Aligned Monitoring System (AMS).

### ***FA1 Reviews***

FA1 reviews provided an opportunity for grantees to discuss how they selected their program options, how they developed their management structure, and how they 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 regarding its program design, planning, and processes for providing program services. 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 FA1 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 specialists and fiscal specialists to get additional information on the grantee.

### **FA2 Reviews**

FA2 reviews 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 review was designed to broaden OHS’ 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 Health and Human Services (HHS) Awards, 45 CFR Part 75* (commonly called “Uniform Guidance”), and the Head Start Act. The FA2 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.

FA2 was an on-site review event that provided an opportunity for grantees to demonstrate how they operate their programs, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other federal and state requirements. The reviewers learned about the grantee’s performance prior to the on-site 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 on-site 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® Reviews**

To gain a better understanding of the quality of Head Start classrooms, grantees with center-based or combination-option classrooms serving preschool-age children received the Classroom Assessment Scoring System (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 1 to 7, with 1 indicating the lowest quality interactions and 7 indicating the highest quality interactions. One dimension, Negative Climate, was inversely scored, with 7 indicating the lowest quality interactions and 1 indicating the highest quality interactions. In FY 2020, 78 CLASS<sup>®</sup> reviews were conducted.

CLASS<sup>®</sup> 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 how 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"><li>▶ Behavior management</li><li>▶ Productivity</li><li>▶ Instructional learning formats</li></ul>	<ul style="list-style-type: none"><li>▶ Positive climate</li><li>▶ Negative climate</li><li>▶ Teacher sensitivity</li><li>▶ Regard for student perspective</li></ul>	<ul style="list-style-type: none"><li>▶ Concept development</li><li>▶ Feedback quality</li><li>▶ Language modeling</li></ul>

Randomly selected, statistically driven sample sizes were used to identify which grantees' classes were observed in FY 2020. The monitoring software reflected the classes selected for the sample and provided replacement classrooms as needed. Two cycles were observed per classroom. Research done by the tool developer supported this number; research indicated that, for the 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' defined CLASS<sup>®</sup> methodology (e.g., timing and settings for observations, and the conditions under which observations should or should not occur).

### ***Special and Follow-up Reviews***

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

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

Prior to the start of the fiscal year, OHS sent a 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 on-site review. Soon after receipt of the official written notification of the review date, the RL contacted the grantee to begin scheduling on-site activities. Prior to the review, team members reviewed



grantee documents posted on OHS monitoring website. In FY 2020, seven review events<sup>5</sup> were unannounced, in which OHS' monitoring Review Team did not provide the grantee with advanced notification of the review's occurrence. This allowed OHS to observe grantees without grantees preparing for the review in advance of the monitoring team's arrival. The information gathered from these reviews provided 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 were not included in the original schedule of reviews if OHS determined the program to be at risk for performance issues. These reviews occurred onsite or offsite (remotely, from the RO), depending on the nature of the concern being investigated.

In terms of the conduct of each type of review, each FA1 review event was conducted remotely by an RL, and generally took place over a 3- to 5-day period.

Managed by an RL, FA2 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. FA2 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 require both substantially larger Review Teams and longer review periods.

Once onsite, the FA2 Review Team initiates the information collection process, which is guided by OHS Monitoring Protocols. Review Teams rely on multiple modes of inquiry—interviews with concurrent documentation review, observations, and analysis—to assess a grantee's compliance with program requirements. Team members share information with their RL on a routine basis through the IT-AMS<sup>6</sup> software application, team meetings, email, and telephone communications. The RL also facilitates nightly team meetings to discuss and document preliminary findings and to identify areas requiring further exploration. The on-site review culminates in the development of a preliminary report of findings that is submitted to OHS. OHS makes final determinations on the grantee's compliance and notifies grantees of any areas that require correction.

Monitoring reviews had the following 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:

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<sup>5</sup> Six of the seven FY 2020 unannounced reviews were FA2 review events. The seventh FY 2020 unannounced review was a Special review event.

<sup>6</sup> IT-AMS is OHS' secure online data management system.

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

### **Impact of Coronavirus Disease 2019 (COVID-19) on FY 2020 Monitoring Reviews**

On March 9, 2020, OHS suspended on-site reviews due to COVID-19-related travel and social distancing restrictions. Reviews that were scheduled to be conducted virtually (e.g., FA1) had minimal impact. However, reviews that were scheduled to be conducted onsite (e.g., FA2, CLASS<sup>®</sup>) were rescheduled to a future date. **Exhibit 3** presents the number of reviews of each type that were scheduled in FY 2020 and the number that were conducted with reports issued to the grantee. The data included in this report are from grantees with reviews that were conducted and had reports issued to the grantee.

**Exhibit 3: Number of Types of FY 2020 Reviews Scheduled and Number of Reviews Conducted with Issued Grantee Reports**

Type of Review	Number of Scheduled Reviews	Number of Reviews Conducted with Issued Grantee Reports
Focus Area 1	▶ 462	▶ 459
Focus Area 2	▶ 101	▶ 60
CLASS®	▶ 113	▶ 78
Special	▶ 136	▶ 129
Follow-up	▶ 237	▶ 207
<b>Total</b>	▶ 1,077	▶ 949

**OHS Monitoring Protocols**

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 the national monitoring system assesses grantees in a uniform, thorough, and consistent manner. The FA1 and FA2 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
- ▶ 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 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 RO staff, and other review activities.

### *Sampling*

The FY 2020 Monitoring Protocol continued to use random samples for child files and class/group observations (such as CLASS<sup>®</sup>) 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 OHS monitoring software to ensure consistency in its implementation.

### *The Reviewer Pool*

OHS ensured 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 the reviewers' work. These efforts continued to maintain the efficiency and effectiveness of the Review Teams.

### *Reporting*

OHS used 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, the 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 on-site 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 staff and/or children were removed from imminent harm or immediate danger and 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 meet any of the criteria that preclude them from receiving automatic renewal of their grant 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 re compete under DRS was announced in December 2011.
- ▶ The second cohort of 122 grantees required to re compete under DRS was announced in February 2013.
- ▶ The third cohort of 103 grantees required to re compete under DRS was announced in February 2014.
- ▶ The fourth cohort of 90 grantees required to re compete under DRS was announced in December 2014.
- ▶ The fifth cohort of 12 grantees required to re compete under DRS was announced in March 2016.
- ▶ The FY 2017 DRS cohort of 58 grantees required to re compete under DRS was announced in April 2017.<sup>7</sup>
- ▶ The FY 2018 DRS cohort of 171 grantees required to re compete under DRS was announced in January 2018.
- ▶ The FY 2019 DRS cohort of 181 grantees required to re compete under DRS was announced in February 2019.<sup>8</sup>
- ▶ The FY 2020 DRS cohort of 117 grantees required to re compete under DRS was announced in February 2020.<sup>9</sup>

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

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

<sup>9</sup> 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.

- ▶ The FY 2021 DRS cohort of 13 grantees required to recompete under DRS was announced in February 2021.<sup>10</sup>

Details about the FY 2021 DRS cohort based on monitoring reviews in FY 2020 are as follows:

- ▶ The total number of grants subject to recompetition = 13.
- ▶ The number of grants subject to recompetition due to low CLASS<sup>®</sup> scores alone = 5.
- ▶ The number of grants subject to recompetition due to deficiencies alone = 6.
- ▶ The number of grants subject to recompetition due to low CLASS<sup>®</sup> scores and deficiencies = 2.

### **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' central office was responsible for the form, content, and issuance of monitoring reports to grantees. OHS assumed responsibility for the quality assurance process to ensure the Head Start review reports submitted by Review Teams met rigorous standards for accuracy, clarity, and legal soundness.

Centralization of quality control and the heavy emphasis on evidence-based findings increased consistency in the quality, detail, specificity, and utility of Head Start review reports. A centralized process also increased timeliness in issuing monitoring review reports to grantees.

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<sup>10</sup> The majority of competitive notifications were sent out February 2021; however, grants will continue to receive notifications throughout 2021 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 goes into effect.

### III. Grantee Monitoring Review Outcomes

This section presents basic descriptive data on Head Start monitoring reviews conducted in FY 2020, specifically addressing the following:

- ▶ Types of monitoring reviews conducted.
- ▶ Grantee review outcomes.
- ▶ Number and types of findings identified.
- ▶ Most frequently cited ANCs 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 2020 focuses on the cohort of grantees who underwent FA1, FA2, CLASS<sup>®</sup>, Special, and Follow-up reviews and who received review reports in FY 2020. **Exhibit 4** summarizes the five types of reviews conducted in FY 2020.

#### Exhibit 4: Types of FY 2020 Reviews

Type of Review	Description
<b>Focus Area 1</b>	▶ 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.
<b>Focus Area 2</b>	▶ An on-site 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, provide quality services that meet children’s and families’ needs, and comply with HSPPS and other Federal and State requirements.
<b>CLASS<sup>®</sup></b>	▶ Evaluated the quality of teacher-child interactions that promote positive child outcomes.
<b>Special</b>	▶ Conducted for grantees if they are determined to be at risk for performance issues.
<b>Follow-up</b>	▶ Conducted for grantees found to be out of compliance with Head Start requirements to ensure all findings are corrected. ▶ This report includes information on Follow-up reviews for all grantees with outstanding findings that were reviewed in FY 2020, including grantees with findings that originated in previous fiscal years.

**Notes:** FA1 reviews were typically conducted by one RL. FA2 reviews were typically conducted with three reviewers led by an RL. To assess grantee compliance, Review Teams used OHS Monitoring Protocols, which employ a standardized approach to assess program services and quality.



#### 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 ANCs, 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 1,069 grantees that received monitoring reviews in FY 2020:<sup>11</sup>

- ▶ 615 received a FA1 review.
- ▶ 107 received a FA2 review.
- ▶ 140 received a Special review.
- ▶ 207 received a Follow-up review.<sup>12</sup>
- ▶ 78 received a CLASS<sup>®</sup> review.

**Exhibits 5-11** present outcomes for grantees that received FA1 and FA2 reviews. A glossary at the end of this report provides a full definition of each type of review.

**Exhibit 5** displays review types and outcomes for grantees receiving those reviews in FY 2020. In FY 2020, almost all grantees (93.7 percent) that received a FY 2020 FA1 review had a compliant review outcome, and 59.8 percent of grantees receiving a FA2 review had compliant outcomes.

Across all reviews, a small proportion (8.1 percent) of grantees was found to be deficient. In FY 2020, deficiencies were found at the highest rate in Special reviews, which monitor grantee performance outside of the scheduled reviews. On a Special review, RO staff or local community members request that OHS focus a review on known or suspected issues.

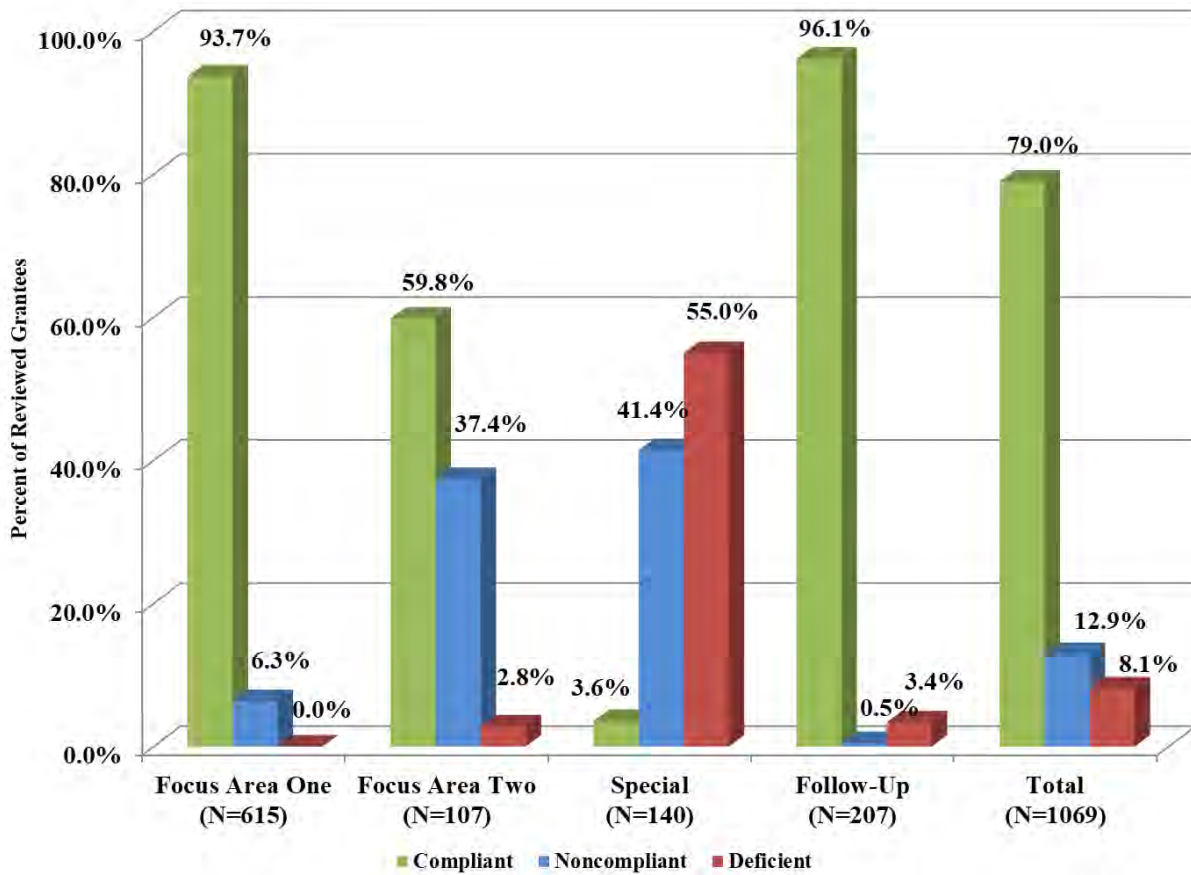
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<sup>11</sup> The sum of the numbers of different review types is greater than the number of reviewed grantees because grantees can receive more than one review during the fiscal year. This report presents data that are current as of November 2, 2020.

<sup>12</sup> A total of 237 Follow-up reviews were conducted among the 207 grants. Of the 237 Follow-up reviews completed in FY 2020, 13 (5.5 percent) were follow-ups of reviews completed in a previous fiscal year.



Exhibit 5: FY 2020 Review Outcomes for Grant by Review Type (N=1,069)



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

Exhibit 6 shows how review outcomes in FA1 vary by grantee size.<sup>13</sup> In FY 2020, smaller grantees were cited for slightly more noncompliances than larger grantees. For grantees with funded enrollment for less than 100 students and 101 to 300 students, approximately 7.6 percent were cited for at least one noncompliance. Comparatively, approximately 5.3 percent of grantees with funded enrollment for 301 to 600 students and 601 to 1,000 students were cited with at least one noncompliance. Grantees with funded enrollment for 1,001 to 5,000 students were not cited with any noncompliances. No grantees were cited with deficiencies in FA1 FY 2020 reviews.

<sup>13</sup> Due to the COVID-19 pandemic, OHS suspended the collection of the Program Information Report for 2020. Therefore, data for grantee size mentioned in this report was taken from the 2019 Program Information Report.

Exhibit 6: FY 2020 FA1 Outcomes by Grantee Size (N=615)

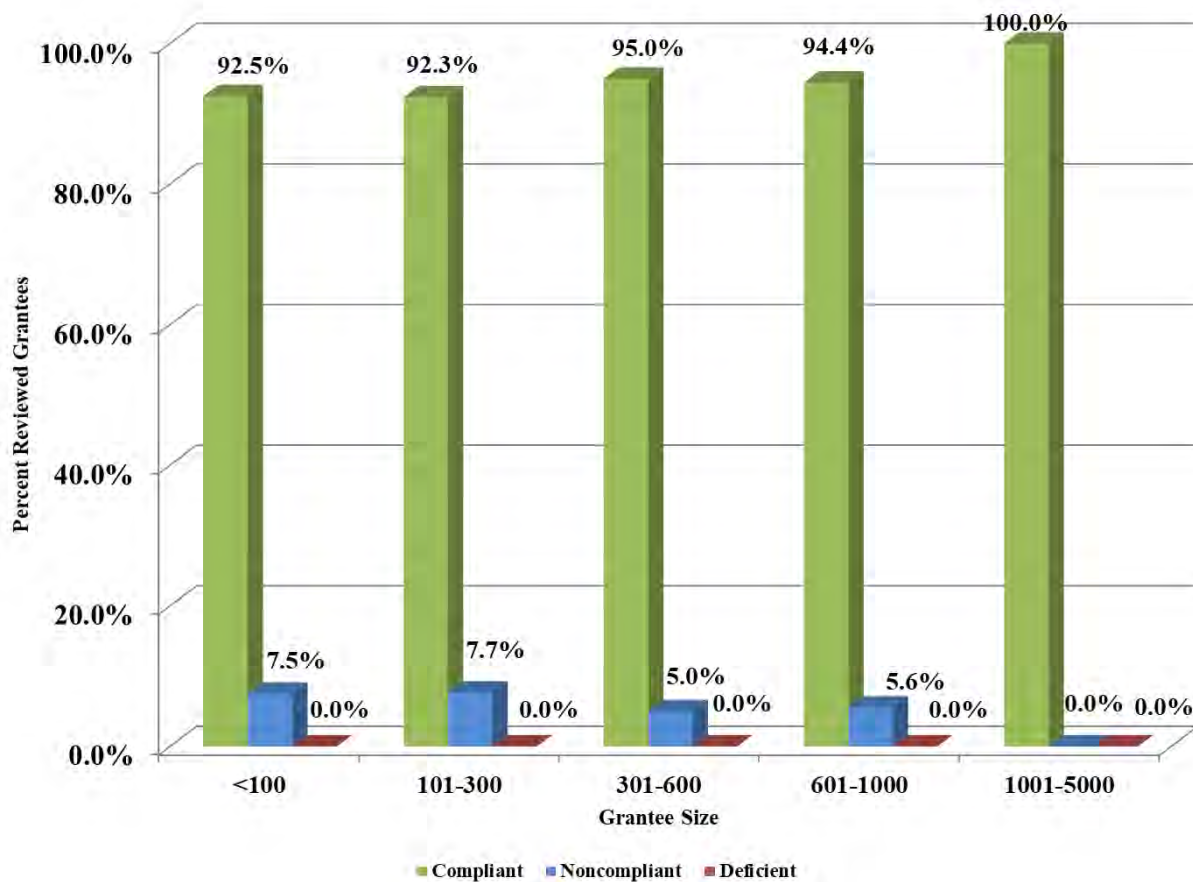
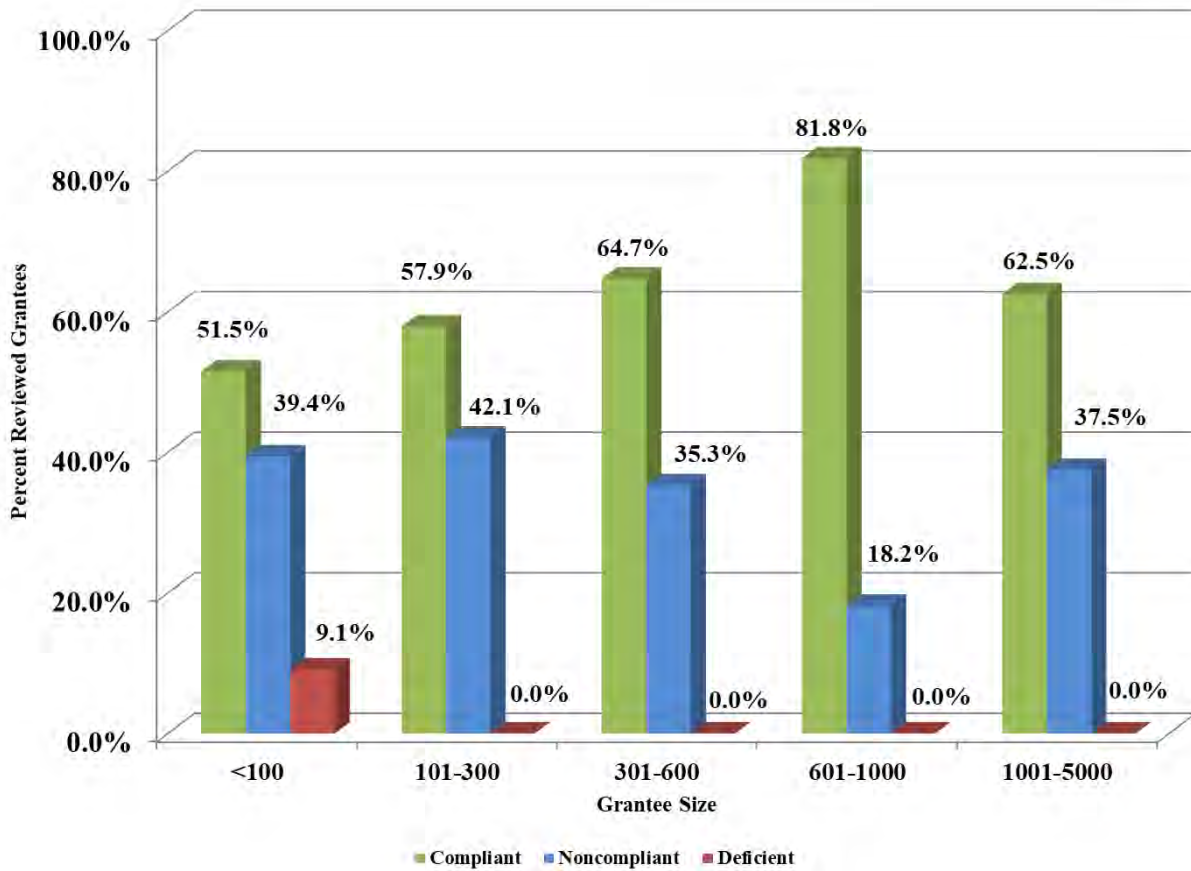


Exhibit 7 shows how review outcomes in FA2 vary by grantee size.<sup>14</sup> Grantee rates of noncompliant reviews were generally around 38 percent (with the exception of grantees with funded enrollment for 601 to 1,000 students). Grantees with funded enrollment for 601 to 1,000 students had the lowest rate of noncompliant reviews (18.2 percent). In FY 2020, there were three FA2 reviews that had deficiencies. All three of these reviews were for small grantees with funded enrollment of 100 or fewer students.

<sup>14</sup> Due to the COVID-19 pandemic, OHS suspended the collection of the Program Information Report for 2020. Therefore, data for grantee size mentioned in this report was taken from the 2019 Program Information Report.

Exhibit 7: FY 2020 FA2 Outcomes by Grantee Size (N=107)

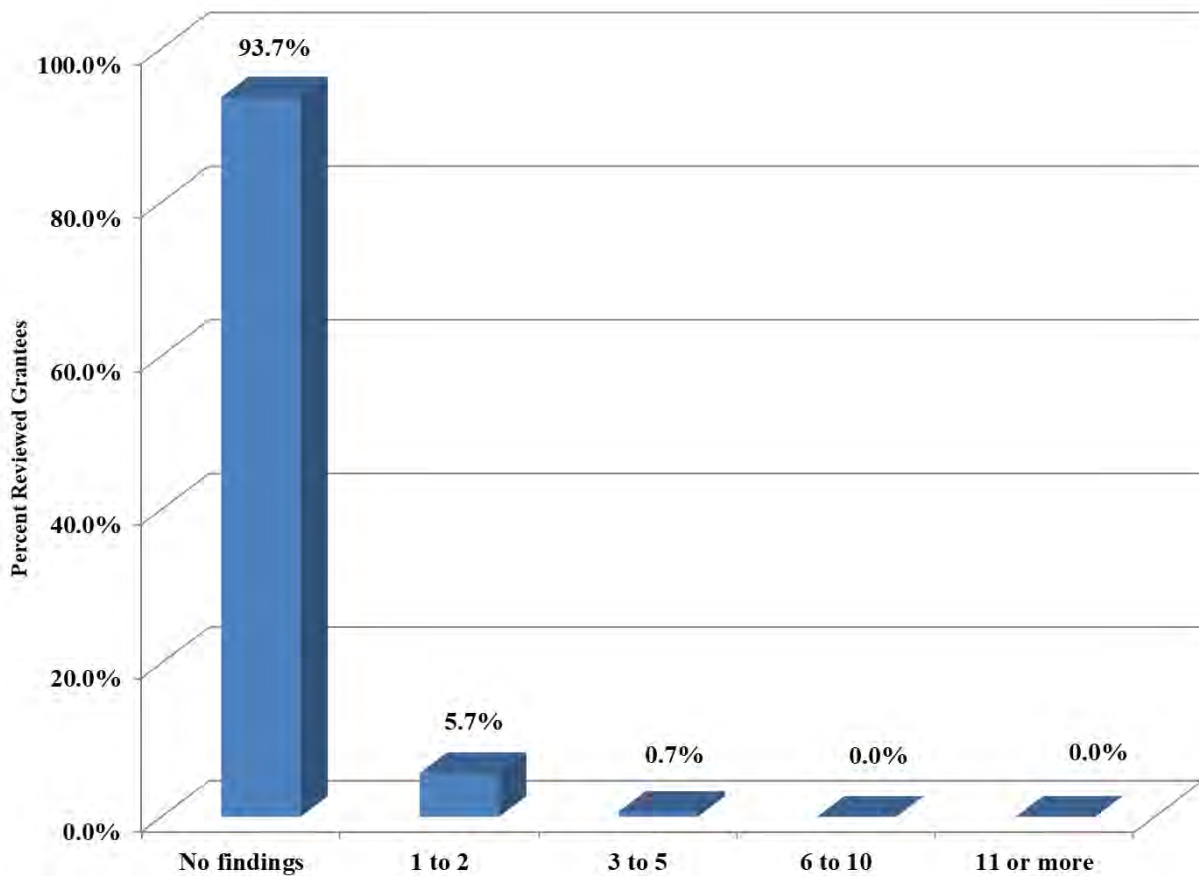


Note: Due to rounding, percentages may not always appear to add up to 100%.

### Number and Types of Findings Identified

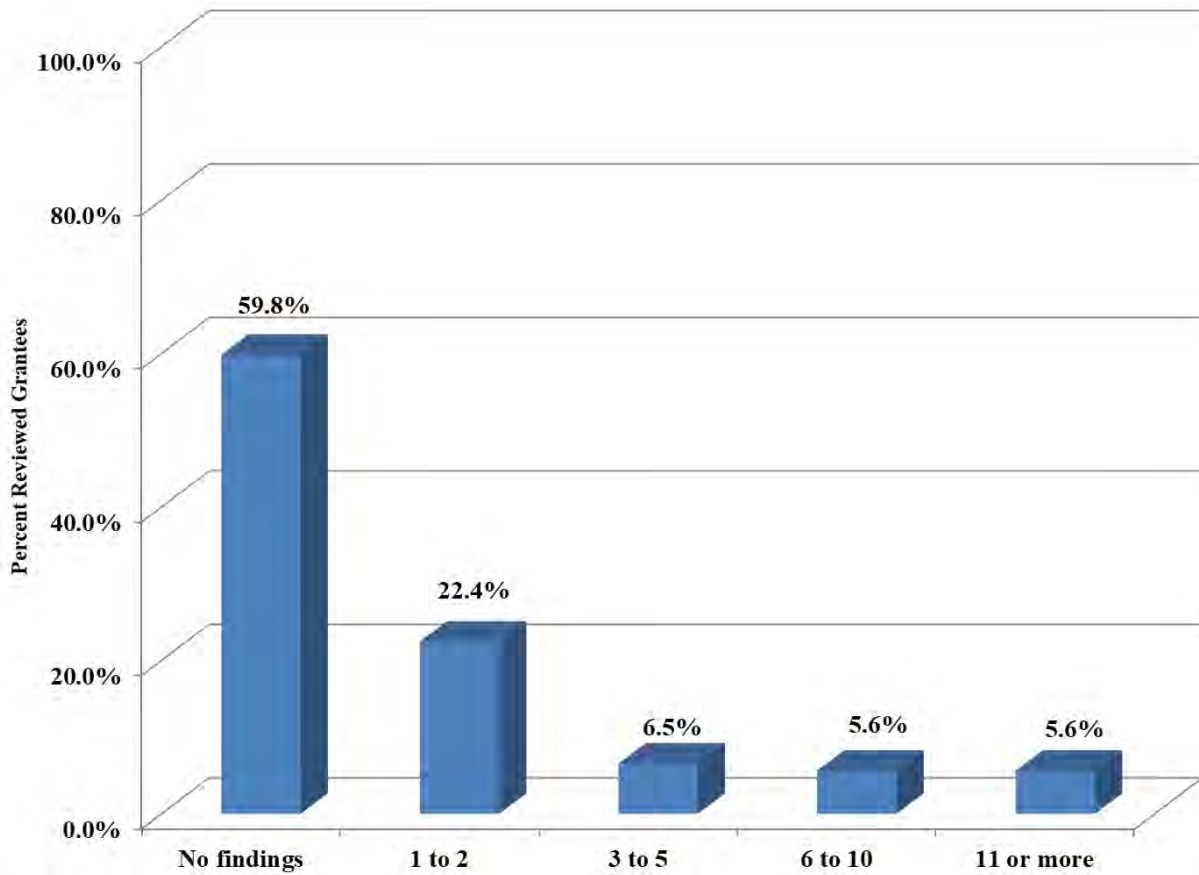
Exhibit 8 focuses on FY 2020 FA1 reviews alone, showing the number of findings, either noncompliances or deficiencies, per grantee. In FA1 reviews, a large majority (93.7 percent) of grantees reviewed had no findings; 5.7 percent of grantees had one to two findings; and 0.7 percent of grantees had three to five findings. No grantees had more than five findings.

**Exhibit 8: FY 2020 Distribution of Reviewed Grantees by Number of Findings in FA1 (N=615)**



**Exhibit 9** focuses on FY 2020 FA2 reviews alone, showing the number of findings, either noncompliances or deficiencies, per grantee. In FA2 reviews, slightly over one half of the grantees (59.8 percent) had no findings. Around one fifth of the grantees (22.4 percent) had one to two findings. Similar percentages of grantees had 3 to 5 findings (6.5 percent), 6 to 10 findings (5.6 percent), and 11 or more findings (5.6 percent).

**Exhibit 9: FY 2020 Distribution of Reviewed Grantees by Number of Findings in FA2 (N=107)**

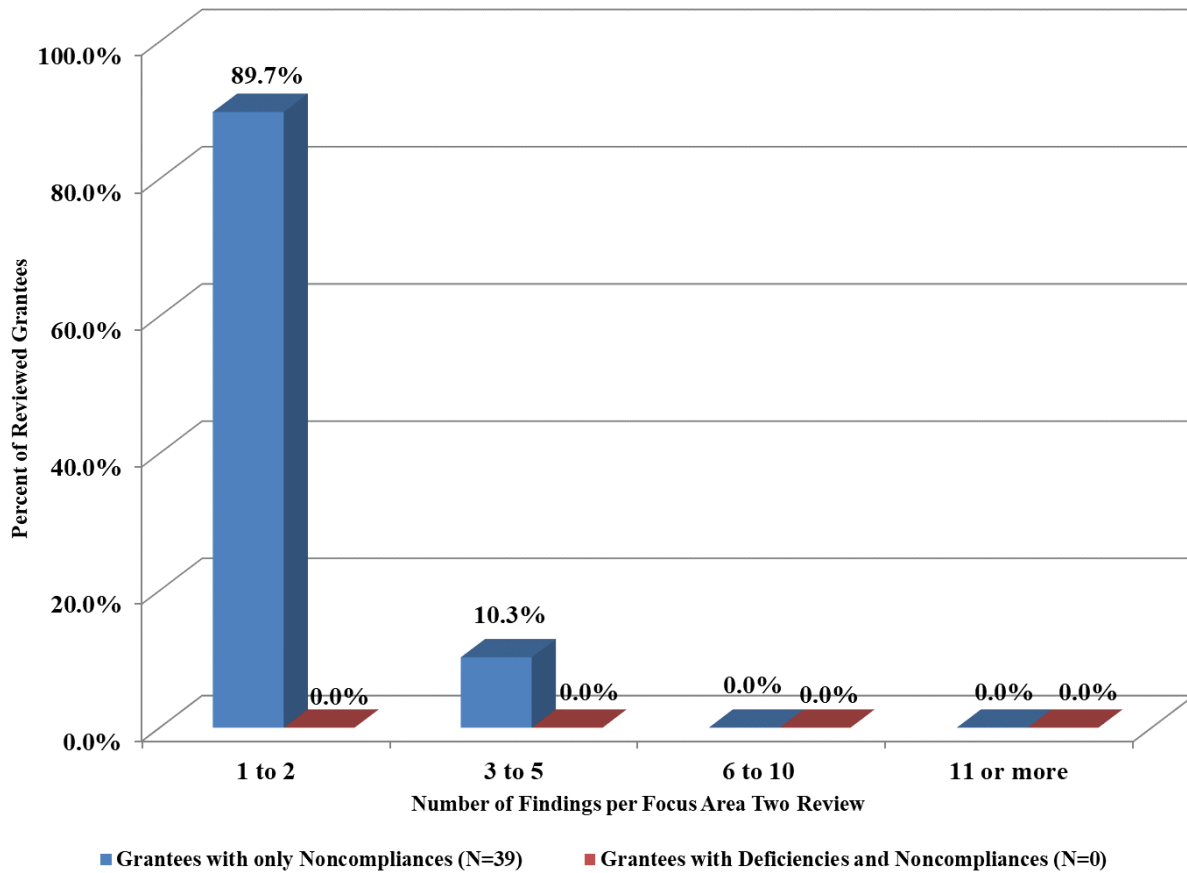


**Note:** Due to rounding, percentages may not always appear to add up to 100%.

**Exhibit 10** focuses on the subset of grantees that had findings in the FY 2020 FA1 reviews. The majority of grantees (89.7 percent) with only FA1 noncompliances had only one or two findings. There were no grantees with FA1 deficiencies for the FY 2020.

Among noncompliant grantees, there was an average of 1.5 “noncompliant” findings per grantee.

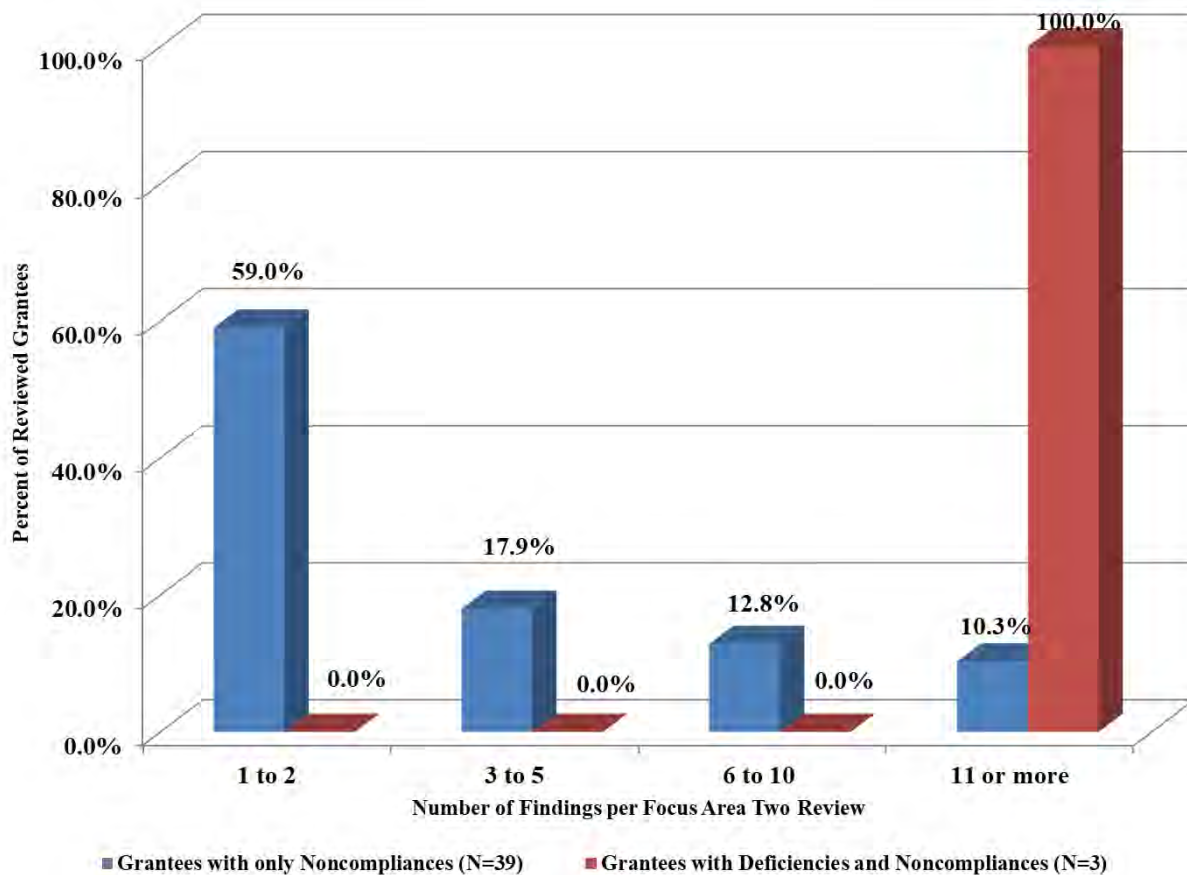
**Exhibit 10: FY 2020 Distribution of Reviewed Grantees with FA1 Findings by Total Number of Findings (N=615)**



**Exhibit 11** focuses on the subset of grantees that had findings in the FY 2020 FA2 reviews. The majority of grantees (59.0 percent) with an FA2 noncompliant review outcome had only one or two findings. All grantees with a deficient outcome had 11 or more findings. However, it should be noted that only three grantees had a deficiency in FY 2020.

Among noncompliant grantees, there was an average of 3.6 “noncompliant” findings per grantee. Among grantees cited for at least one deficiency, grantees had, on average, 9.3 “noncompliant” findings and 4.0 “deficient” findings.

**Exhibit 11: FY 2020 Distribution of Reviewed Grantees with FA2 Findings by Total Number of Findings (N=107)**



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 ANCs in the FY 2020 reviews.

**Exhibit 12** displays the 10 most frequently cited issues for noncompliant findings in FY 2020 FA1 reviews. In FY 2020, “Child Health Status and Care” was the issue most frequently cited for noncompliances during FA1 reviews; one fourth (25.0 percent) of all noncompliant findings in FA1 reviews were cited in this area.

“Supporting Teachers in Promoting School Readiness” was the second most frequently cited issue, with 23.3 percent of ANCs focusing on issues such as assisting staff in using data to individualize learning experiences to improve outcomes for children.

The third most frequently cited issues in FA1 reviews were “Determining, Verifying, and Documenting Eligibility” and “Program Management” (13.3 percent). Grantees cited for these



### III. Grantee Monitoring Review Outcomes

issues did not maintain eligibility records or demonstrate how they provide effective management and oversight of all program areas.

#### Exhibit 12: Performance Issues Most Frequently Cited Among ANCs in FY 2020 FA1 Reviews (N=60)

Rank	Issue	Noncompliant Citations on Focus Area 1 Reviews	
		n	%
1	Child Health Status and Care	15	25.0%
2	Supporting Teachers in Promoting School Readiness	14	23.3%
3	Determining, Verifying, and Documenting Eligibility	8	13.3%
3	Program Management	8	13.3%
5	Safety Practices	6	10.0%
6	Family Well-being	3	5.0%
7	Program Governance	2	3.3%
8	Effective and Intentional Approach to Teaching Practices	1	1.7%
8	Enrollment Verification	1	1.7%
8	Fiscal Infrastructure, Capacity, and Responsiveness	1	1.7%

**Note:** The number of grantees with at least one cited ANC in an FA1 review = 39. Since grantees may be cited for multiple citations, the sum of all “noncompliant” citations in FA1 reviews is greater than the number of grantees with at least one cited ANC in a FA1 review.

**Exhibit 13** displays the 10 most frequently cited issues for noncompliant findings in FY 2020 FA2 reviews. In FY 2020, “Determining, Documenting, and Verifying Eligibility” was the issue most frequently cited as noncompliant during FA2 reviews; approximately one fifth (19.0 percent) of all noncompliant findings in FA2 reviews were cited in this area.

“Budget Planning and Development” was the second most frequently cited issue, with 17.6 percent of ANCs focusing on issues such as not having a financial management system that provides for effective control over and accountability for all funds, property, or other assets.

The third most frequently cited issues in FA2 reviews was “Child Health Status and Care” (13.1 percent). Grantees cited for this issue did not consistently monitor and maintain timely information on children’s health status and care.



**Exhibit 13: Performance Issues Most Frequently Cited Among ANCs in FY 2020 FA2 Reviews (N=153)**

Rank	Issue	Noncompliant Citations on Focus Area Two Reviews	
		n	%
1	Determining, Documenting, and Verifying Eligibility	29	19.0%
2	Budget Planning and Development	27	17.6%
3	Child Health Status and Care	20	13.1%
4	Program Management	10	6.5%
5	Safety Practices	8	5.2%
5	Supporting Teachers in Promoting School Readiness	8	5.2%
7	Enrollment Verification	7	4.6%
7	Ongoing Monitoring and Continuous Improvement	7	4.6%
9	Facilities and Equipment	6	3.9%
9	Mental Health	6	3.9%

**Note:** The number of grantees with at least one cited ANC in an FA2 review = 40. Since grantees may be cited for multiple citations, the sum of all “noncompliant” citations in FA2 reviews is greater than the number of grantees, with at least one cited ANC in an FA2 review.

**Exhibit 14** displays the most frequently cited ANCs among grantees who received a finding in FY 2020 Special reviews. In FY 2020, “Discipline” was the issue most frequently cited as a noncompliance during Special reviews; a little over one third (37.0 percent) of noncompliant citations on Special reviews were in this area.

“Supervision” was the second most frequently cited issue, with 33.1 percent of citations on Special reviews. The third most frequently cited issue in Special reviews was “Ongoing Fiscal Capacity,” with 7.9 percent of citations on Special reviews.

**Exhibit 14: Performance Issues Most Frequently Cited Among ANCs in FY 2020 Special Reviews (N=127)**

Rank	Issue	Noncompliant Citations on Special Reviews	
		n	%
1	Discipline	47	37.0%
2	Supervision	42	33.1%
3	Ongoing Fiscal Capacity	10	7.9%
4	Budget Execution	6	4.7%
5	Inappropriate Release	5	3.9%
5	Supporting Teachers in Promoting School Readiness	5	3.9%
7	Safety Practices	3	2.4%
8	Effective and Intentional Teaching Practices	2	1.6%
9	Determining, Documenting, and Verifying Eligibility	1	0.8%
9	Enrollment Verification	1	0.8%

**Note:** The number of grantees with at least one cited ANC in a Special review = 8. Since grantees may be cited for multiple citations, the sum of all “noncompliant” citations in 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 2020, deficiencies were identified in FA2 and Special reviews. There were no deficiencies identified from FA1 reviews in FY 2020. **Exhibits 15** and **16** display the most frequently cited areas of deficiency for FY 2020 FA2 and Special reviews, respectively.

### III. Grantee Monitoring Review Outcomes

As seen in **Exhibit 15**, around one third (33.3 percent) of FA2 deficiencies pertained to “Program Management,” with an additional one third (33.3 percent) to “Supporting Teachers in Promoting School Readiness.” Issues pertaining to “Program Governance” were the third most common deficiency, with 16.7 percent of deficient findings cited for this reason.

**Exhibit 15: Performance Issues Most Frequently Cited as Deficient in FY 2020 Focus Area**

Rank	Issue	Deficient Citations in FA2 Reviews	
		n	%
1	Program Management	4	33.3%
1	Supporting Teachers in Promoting School Readiness	4	33.3%
3	Program Governance	2	16.7%
4	Mental Health	1	8.3%
4	Ongoing Monitoring and Continuous Improvement	1	8.3%

**Note:** The number of grantees with at least one cited deficiency in an FA2 review = 3. Since grantees may be cited for multiple citations, the sum of all “deficient” citations in FA2 reviews is greater than the number of grantees with at least one cited deficiency in an FA2 review.

**Exhibit 16** focuses on deficiencies identified during Special reviews. More than half (60.3 percent) of the 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 around one fifth (18.4 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 9.6 percent of deficiency citations.

**Exhibit 16: Performance Issues Most Frequently Cited as Deficient in FY 2020 Special Reviews (N=136)**

Rank	Issue	Deficient Citations on Special Reviews	
		n	%
1	Discipline	82	60.3%
2	Supervision	25	18.4%
3	Safety Practices	13	9.6%
4	Program Management	7	5.1%

### III. Grantee Monitoring Review Outcomes

Rank	Issue	Deficient Citations on Special Reviews	
		n	%
5	Inappropriate Release	4	2.9%
5	Ongoing Fiscal Capacity	4	2.9%
7	Determining, Documenting, and Verifying Eligibility	1	0.7%

**Note:** The number of grantees with at least one cited deficiency in a Special review = 77. Since grantees may be cited for multiple citations, the sum of all “deficient” citations in Special reviews is greater than the number of grantees with at least one cited deficiency in a Special review.

#### *Follow-up Reviews (Correction of Findings)*

Overall, most grantees were successful in correcting their findings on follow-up. In FY 2020, 96.6 percent of grantees corrected their previously identified findings.

**Exhibit 17** displays the cited standards for elevated findings in FY 2020 reviews. Among FY 2020 reviews, the most commonly cited issues in elevated findings were related to “Program Management” (42.9 percent of cited elevated findings).

#### **Exhibit 17: Performance Issues Most Frequently Elevated, FY 2020 (N=7)**

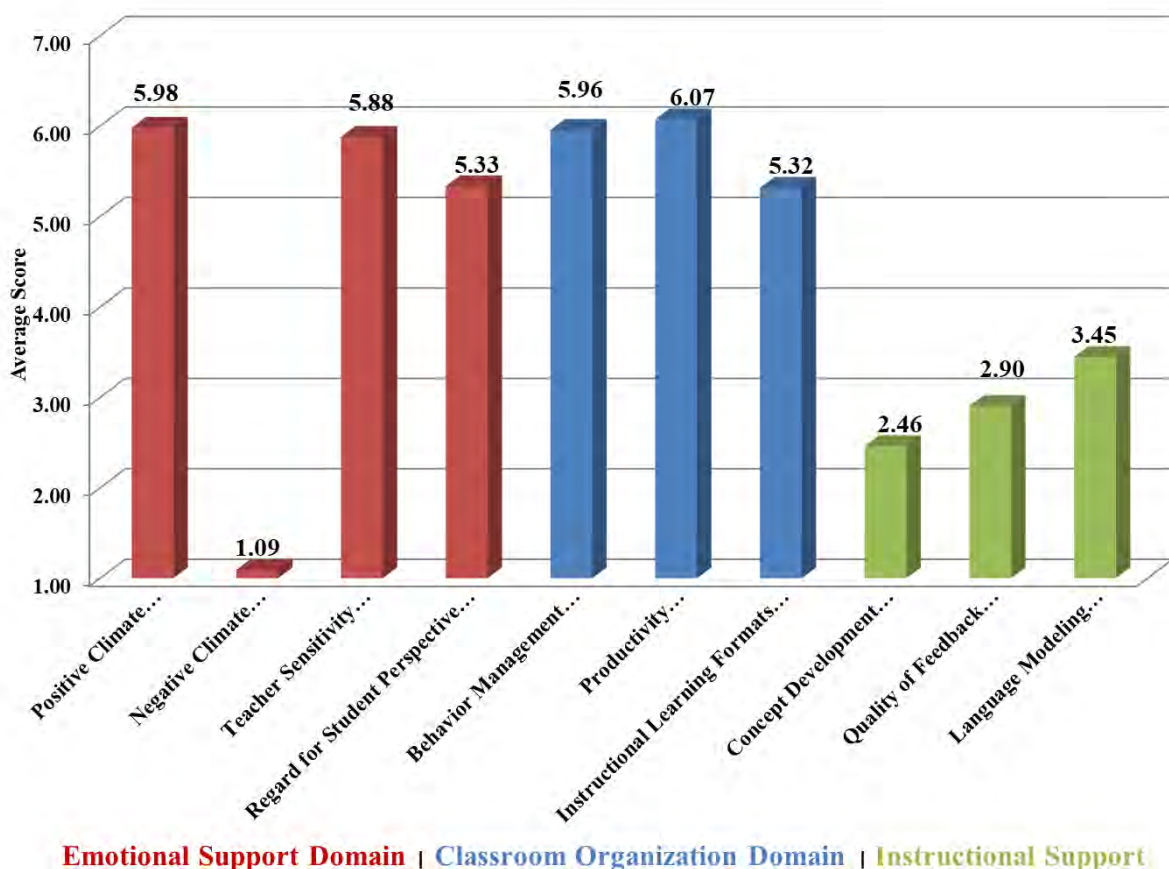
Rank	Issue	Elevated Citations in Follow-up Reviews	
		N	%
1	Program Management	3	42.9%
2	Budget Execution	2	28.6%
3	Ongoing Fiscal Capacity	1	14.3%
3	Supporting Teachers in Promoting School Readiness	1	14.3%

**Note:** The number of grantees with at least one elevated finding in a Follow-up review = 4. Since grantees may be cited for multiple citations, there can be an overlap in the categories, and the sum of all “deficient” citations in 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 2020, grantees generally scored in the high-quality range in the Emotional Support and Classroom Organization dimensions (see **Exhibit 18**). 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.<sup>15</sup> For the dimensions within Instructional Support, however, grantees scored in the low- to middle-quality range.

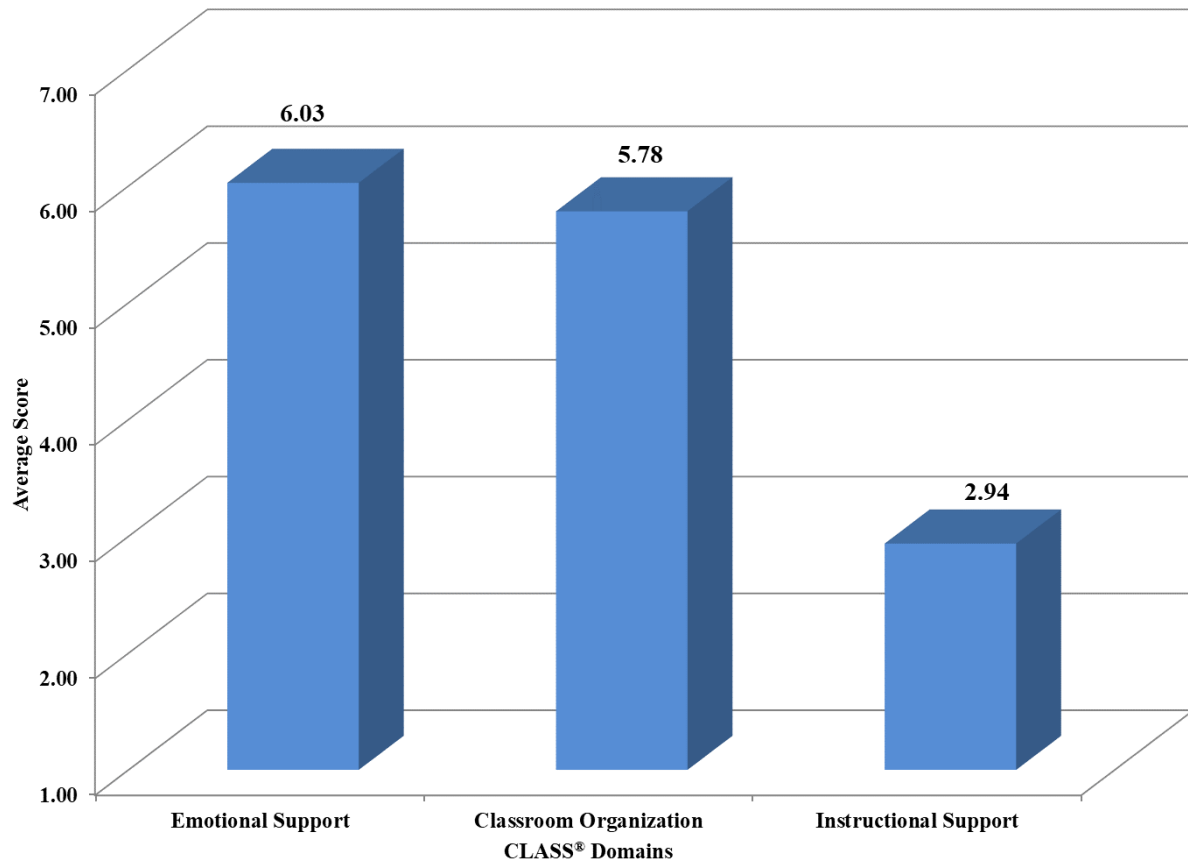
**Exhibit 18: FY 2020 Average CLASS® Scores by Dimension (N=78)**



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 19**), a similar pattern to FY 2019. Grantees in the bottom 10 percent of grantees in any of the three domains are required to recompile for continued funding as part of the DRS.

<sup>15</sup> Negative Climate is inversely scored from other dimensions, meaning that 1 is the highest possible score, rather than 7.

Exhibit 19: FY 2020 Average CLASS® Scores by Domain (N=78)

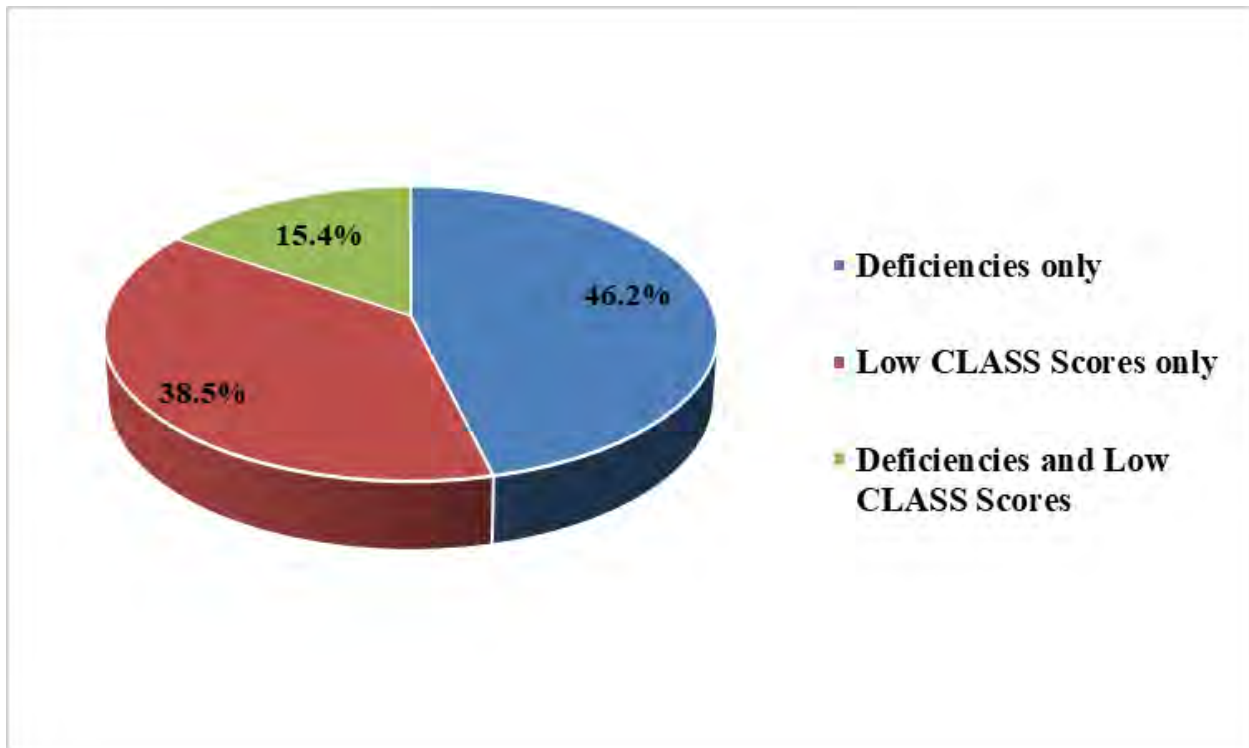


**NOTE:** The score for Negative Climate was inverted to calculate the average Emotional Support score (i.e., a score of 1 became a score of 7).

## V. Designation Renewal System Results

OHS has identified 13 grants that are required to compete for renewed grant funding based on low CLASS<sup>®</sup> scores and/or “deficient” findings. Of those 13 grants, 6 (46.2 percent) qualified based solely on having a deficiency during their 5-year grant cycle.<sup>16</sup> An additional 5 grants (38.5 percent) qualified based on low CLASS<sup>®</sup> scores alone, and 2 grants (15.4 percent) qualified for DRS based on having both low CLASS<sup>®</sup> scores and deficiencies identified during FY 2020 reviews. **Exhibit 20** presents the number of grantees in the DRS cohort and the reasons for their inclusion in the cohort.

**Exhibit 20: FY 2020 Number of Grants Subject to Recompetition Under the DRS and Reason for Inclusion (N=13)**



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<sup>16</sup> Note that these deficiencies were due to immediate deficiencies, deficiencies, or uncorrected ANCs that were elevated to deficiencies during FY 2020 reviews.

## **VI. Annual Review of the FY 2020 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 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 RO 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 monitors 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, RO’s fiscal information, on-site observations, interviews (including with the governing body, the policy council members, and key fiscal personnel), and review of documents, transactions, and agreements as needed.

### **FY 2020 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 2020 Fiscal Infrastructure Protocol, OHS reviewed the new HSPPS and FY 2019 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 2020 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, the governing body, and the policy council; and how the program uses data to make sound fiscal decisions and ensure fiscal and legal accountability.

The FY 2020 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 on-site 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 Assessment.

The on-site 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 2021**

In FY 2021, OHS will continue to implement enhancements to improve the consistency and quality of the monitoring process. OHS anticipates continued minimal refinements to the FA1 and FA2 Monitoring Protocols to provide year-to-year consistency. OHS also anticipates reviewing the monitoring 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. OHS will monitor the implementation of any COVID-19 pandemic-related restrictions and adapt its monitoring approaches to comply with those restrictions to ensure the safety of the Head Start grantee and Head Start monitoring reviewers. In addition, OHS will monitor how Head Start programs pivot to provide comprehensive services during the COVID-19 pandemic while remaining in compliance with federal regulations. Examples of some enhancements to the monitoring process include:

- ▶ **Increased focus on grantee risk.** Items will be developed for the pre-site guide to identify grantees that are potentially at risk for performance issues. This enhancement will inform the data collection process of the monitoring review as well as the implementation of OHS' technical assistance efforts.
- ▶ **Revision of in-person monitoring protocols to a virtual format to comply with pandemic-related restrictions.** OHS will continue to monitor pandemic-related restrictions to ensure the safety of its monitoring reviewers and Head Start staff, children, and families. In-person monitoring procedures (such as classroom and center observations, staff interviews, and document reviews) will be revised to be conducted in a virtual format as needed.
- ▶ **Incorporate protocol items to monitor how grantees are adapting their service delivery models to the requirements of pandemic-related restrictions.** OHS will incorporate items into its review protocols to better understand how service delivery, as well as grantee performance and compliance, are impacted by pandemic-related restrictions. This will also include an understanding of how the grantee continues to provide comprehensive services based on the needs of the children and families receiving Head Start services.

## 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 2020, OHS continued to implement AMS 2.0 to monitor the Head Start Program Performance Standards, streamline the monitoring process, and reduce the grantee’s 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"> <li>▶ CLASS®</li> <li>▶ Focus Area 1</li> <li>▶ Focus Area 2</li> </ul>
	Related Terms: CLASS®, Focus Area 1, Focus Area 2, Follow-up review, Special review
<i>Area of Noncompliance (ANC)</i>	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.
	Related Terms: Citation, Deficiency, Determination, Noncompliance, Head Start Program Performance Standards, Head Start Program Requirements, Noncompliance, Review Decision
<i>Citation</i>	A citation is a performance standard referenced on an Area of Noncompliance or a Deficiency.
	Related Terms: Area of Noncompliance, Deficiency, Head Start Program Performance Standards
<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> <ul style="list-style-type: none"> <li>(i) <i>A threat to the health, safety, or civil rights of children or staff;</i></li> <li>(ii) <i>A denial to parents of the exercise of their full roles and responsibilities related to program operations;</i></li> <li>(iii) <i>A failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</i></li> <li>(iv) <i>The misuse of funds received under this subchapter;</i></li> <li>(v) <i>Loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</i></li> <li>(vi) <i>Failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</i></li> </ul> <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> <p>Related Terms: Grantee, Head Start Program</p>

Term	Definition
<i>Determination</i>	<p>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).</p>
	<p>Related Terms: Area of Noncompliance, Deficiency, Head Start Review Report, Noncompliance, Quality Improvement Plan</p>
<i>Early Head Start Program</i>	<p>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.</p>
	<p>Related Terms: Delegate Agency, Head Start Program</p>
<i>Fiscal Year (FY)</i>	<p>Twelve-month accounting period (Federal FY 2020 began on October 1, 2019, and ended on September 30, 2020).</p>
<i>Focus Area 1 Review</i>	<p>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. Also referred to as an “FA1” review.</p>
<i>Focus Area 2 Review</i>	<p>An on-site 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, 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.</p>
<i>Follow-up Review</i>	<p>Return visits made to grantees to verify whether corrective actions have been implemented. Determinations in Focus Area 1, Focus Area 2, 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.</p>
	<p>Related Terms: Focus Area 1 review, Focus Area 2 review, Monitoring reviews, Special review</p>

Term	Definition
<i>Grant</i>	A federally funded monetary award that is provided to an agency to perform Head Start, Early Head Start, or Head Start/Early Head Start services either directly or through delegate agencies.
	Related Terms: Grantee, Head Start Program
<i>Grantee</i>	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, Early Head Start, or Head Start/Early Head Start programs or to oversee the programs administered by a delegate agency.
	Related Terms: Delegate Agency, Noncompliance, Program Type
<i>Grantee Compliance Status</i>	The final determination made on the grantee by the Office of Head Start (OHS) based on the results of the on-site monitoring review. The status is one of the following: <ol style="list-style-type: none"> <li>(1) Compliant: Grantees without a “noncompliant” or “deficient” finding.</li> <li>(2) Having one or more noncompliances: Grantees with one or more “noncompliant” findings.</li> <li>(3) Having one or more deficiencies: Grantees with one or more “deficient” findings. Deficient grantees may have one or more “noncompliant” findings in addition to one or more “deficient” findings.</li> </ol>
	Related terms: Deficiency, Noncompliance
<i>Head Start Program</i>	An agency or delegate agency funded under the Head Start Act to provide comprehensive child development services.
	Related Terms: Delegate Agency, Early Head Start Program, Program Type
<i>Head Start Program Performance Standards (HSPPS) and Other Regulations</i>	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.
	Related Terms: Area of Noncompliance, Head Start Program Requirements, Monitoring Reviews

Term	Definition
<p><i>Head Start Program Requirements</i></p>	<p>The Head Start Program Requirements include the Head Start Program Performance Standards and applicable laws, regulations, and policy requirements to which all grantees operating a Head Start program must adhere. During the on-site monitoring review, Review Teams assess a grantee’s compliance with the Head Start Program Requirements.</p>
	<p>Related Terms: Area of Noncompliance, Head Start Program Performance Standards, Monitoring Reviews</p>
<p><i>Head Start Review Report</i></p>	<p>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.</p>
	<p>Related Terms: Deficiency, Noncompliance</p>
<p><i>Health and Human Services (HHS)</i></p>	<p>The Federal Government agency that oversees the Administration for Children and Families.</p>
<p><i>Monitoring Reviews</i></p>	<p>In FY 2020, there were five main types of monitoring reviews or review types: Focus Area 1, Focus Area 2, CLASS<sup>®</sup>, Special, and Follow-up. Programs that are not in compliance with Head Start Federal regulations and requirements during the on-site monitoring review are required to have a Follow-up review to verify whether corrective actions have been implemented.</p>
	<p>Related Terms: CLASS<sup>®</sup> review, Focus Area 1 review, Focus Area 2 review, Review Lead, Follow-up review, Head Start Program Performance Standards, Head Start Program Requirements, Review Decision, Special review, Triennial review</p>
<p><i>Noncompliance</i></p>	<p>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.</p>
	<p>Related Terms: Area of Noncompliance, Determination, Grantee, Head Start Review Report, Quality Improvement Plan, Review Decision</p>
<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, 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>



Term	Definition
	<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, on-site review coordination and documentation, and post-review report development.</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>
<p><i>Protocol</i></p>	<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 2020, Focus Area 1 and Focus Area 2 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). 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>
<p><i>Quality Improvement Plan (QIP)</i></p>	<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>
<p><i>Review Decision</i></p>	<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>

Term	Definition
<p><i>Review Lead (RL)</i></p>	<p>Individual 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>
<p><i>Reviewer</i></p>	<p>Member of a monitoring Review Team who, under the guidance of the monitoring Review Lead, gathers evidence through observations, interviews, and document reviews to assess the performance of a Head Start grantee being reviewed.</p>
	<p>Related Terms: Review Lead, Monitoring Reviews</p>
<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 1, Focus Area 2, or CLASS<sup>®</sup> 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 OHS 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 and a CLASS<sup>®</sup> 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 for FA1, FA2, and Special reviews combined.

**Exhibit A1: FY 2020 Performance Standards Most Frequently Cited as Deficient**

Performance Standard	Standard Description	Number of Deficient Citations	
		n	%
1302.90(c)(1)(ii)(A)	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: (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.	20	12.0%
1302.90(c)(1)(ii)(G)	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: (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.	20	12.0%
1302.90(c)(1)(v)	(v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	19	11%
1302.90(c)(1)(ii)	(ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children	15	9%
1302.90(c)	1302.90 Personnel policies. (c) Standards of conduct.	10	5%
1302.90(c)(1)(ii)(F)	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: (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: (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.	8	5%
1303.72(a)(3)	(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;	7	4%
1302.90(c)(1)(ii)(H)	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: (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 children’s family.	6	4%
1302.102(c)(1)(2)(v)	1302.102 Achieving program goals. (c) Using data for continuous improvement. (1) A program must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs, and continually evaluate compliance with program performance standards and progress towards achieving program goals described in paragraph (a) of this section. (2) This process must: (v) Use program improvement plans as needed to either strengthen or adjust content and strategies for professional development, change program scope and services, refine school readiness and other program goals, and adapt strategies to better address the needs of sub-groups.	5	3%
1302.102(d)(1)(ii)	(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	5	3%

Performance Standard	Standard Description	Number of Deficient Citations	
		n	%
	involvement in legal proceedings, any matter for which notification or a report to state, tribal, or local authorities is required by applicable law		
1302.101(a)(1)	(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%
1302.47(b)(5)(iv)	(iv) Only releasing children to an authorized adult	4	2%
1302.90(c)(1)(ii)(B)	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: (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: (B) Use isolation to discipline a child.	3	2%
1302.90(c)(1)(ii)(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: (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: (C) Bind or tie a child to restrict movement or tape a child’s mouth.	3	2%
1302.90(c)(1)(ii)(D)	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: (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: (D) Use or withhold food as a punishment or reward.	3	2%
1302.91(a)	(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.	3	2%
1302.47(b)(5)(iii)	(iii) Appropriate indoor and outdoor supervision of children at all times;	2	1%
1302.92(b)(5)	(5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, 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.	2	1%
1302.92(c)(1)	(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching.	2	1%
642(c)(1)(E)(iv)(V)(bb)	(bb) such agency’s progress in carrying out the programmatic and fiscal provisions in such agency’s grant application, including implementation of corrective actions; and	2	1%
75.303(a)	(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	2	1%

Performance Standard	Standard Description	Number of Deficient Citations	
		n	%
	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).		
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%
75.303(c)	75.303 Internal controls. The non-Federal entity must: c) Evaluate and monitor the non-Federal entity’s compliance with statutes, regulations, and the terms and conditions of Federal awards.	2	1%
75.303(d)	75.303 Internal controls. The non-Federal entity must: d) Take prompt action when instances of noncompliance are identified including noncompliance identified in audit findings.	2	1%
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	1%
1302.101(a)(2)	(2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement.	1	1%
1302.102(c)(2)(i)	(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;	1	1%
1302.102(c)(2)(iv)	(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,	1	1%
1302.12(k)	1302.12 Determining, verifying, and documenting eligibility. (k) Records.	1	1%
1302.45(a)(1)	(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	1%
1302.45(a)(2)	(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;	1	1%
1302.47(a)	(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 <a href="http://www.acf.hhs.gov/sites/default/files/e.cd/caring_for_our_children_basics.pdf">http://www.acf.hhs.gov/sites/default/files/e.cd/caring_for_our_children_basics.pdf</a> for additional information to develop and implement adequate safety policies and practices described in this part.	1	1%
1302.47(b)(5)(i)	(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable Federal, state, local, and tribal laws;(i) Reporting of suspected or known child abuse and neglect, including that staff comply with applicable Federal, state, local, and tribal laws;	1	1%

Performance Standard	Standard Description	Number of Deficient Citations	
		n	%
1302.92(b)	(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	1%
75.302(b)(3)	(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.	1	1%
75.302(b)(4)	(4) Effective control over, and accountability for, all funds, property, and other assets. The non-Federal entity must adequately safeguard all assets and ensure that they are used solely for authorized purposes. See §75.303.	1	1%
75.305(b)(1)	(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	1%
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.	1	1%
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.	1	1%
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.	1	1%
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.	1	1%
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 Â§75.306(b).	1	1%



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**Appendix: Tables**

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Performance Standard	Standard Description	Number of Deficient Citations	
		n	%
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.	1	1%
75.405(a)	(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.	1	1%

## Exhibit A2: FY 2020 Performance Standards Most Frequently Cited as Noncompliant

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
1302.102(d)(1)(ii)	(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	36	9.4%
1302.90(c)(1)(v)	(v) Ensure no child is left alone or unsupervised by staff, consultants, contractors, or volunteers while under their care.	29	7.6%
1302.42(b)(1)(i)	(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;	18	4.7%
1302.12(k)	Determining, verifying, and documenting eligibility. (k) Records.	12	3.1%
648A(g)(3)	(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.	11	2.9%
1302.45(b)(1)	(1) The program to implement strategies to identify and support children with mental health and social and emotional concerns;	10	2.3%
1302.52(c)(3)	(3) Establish and implement a family partnership agreement process that is jointly developed and shared with parents in which staff and families review individual progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis, as necessary	9	2.3%
1302.90(c)(1)(ii)	(ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children	9	2.3%
1302.90(c)(1)(ii)(G)	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: (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.	9	2.3%
1302.91(e)(1)	(1) Early Head Start center-based teacher qualification requirements. As prescribed in Section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.	9	2.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
1302.12(l)	1302.12 Determining, verifying, and documenting eligibility. (l) Program policies and procedures on violating eligibility determination regulations. A program must establish written policies and procedures that describe all actions taken against staff who intentionally violate Federal and program eligibility determination regulations and who enroll pregnant women and children that are not eligible to receive Early Head Start or Head Start services.	7	1.8%
1302.12(m)	1302.12 Determining, verifying, and documenting eligibility. (m) Training on eligibility.	7	1.8%
1302.101(a)(1)	(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.	6	1.6%
1302.102(c)(2)(i)	(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	1.6%
1302.12(a)(ii)	1302.12 Determining, verifying, and documenting eligibility. (a) Process overview. (1) Program staff must: (ii) Verify information as required in paragraphs (h) and (i) of this section.	6	1.6%
1302.42(c)	1302.42 Child health status and care. (c) Ongoing care.	6	1.6%
1302.45(a)(2)	(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;	6	1.6%
1302.92(c)(1)	(1) Assesses all education staff to identify strengths, areas of needed support, and which staff would benefit most from intensive coaching	6	1.6%
75.405(a)	(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.	6	1.6%
1302.90(c)(1)(ii)(A)	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: (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.	5	1.3%
1302.92(b)	(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.	5	1.3%
642(c)(1)(E)(ii)	(ii) adopt practices that ensure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection (d)(1), and fully participate in the development, planning, and evaluation of the Head Start programs involved;	5	1.3%
75.303(a)	(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).	5	1.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
75.309(b)	75.309 Period of performance and availability of funds. (b) A non-Federal entity must liquidate all obligations incurred under the award not later than 90 days after the end of the funding period (or as specified in a program regulation) to coincide with the submission of the final Federal Financial Report (FFR). This deadline may be extended with prior written approval from the HHS awarding agency.	5	1.3%
9848(b)(1)	9848(b)(1) In general. Notwithstanding any other provision of law, no Federal funds may be used to pay any part of the compensation of an individual employed by a Head Start agency, if such compensation, including non-Federal funds, exceeds an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5.	5	1.3%
1302.14(b)(1)	(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.	4	1.0%
1302.15(a)	(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%
1302.32(a)(2)	(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.	4	1.0%
1302.45(b)(3)	(3) Other staff, including home visitors, to meet children’s mental health and social and emotional needs through strategies that include observation and consultation;	4	1.0%
1302.91(a)	(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.	4	1.0%
1302.91(e)(2)(ii)	(ii) As prescribed in section 648A(a)(3)(B) of the Act, a program must ensure all center-based teachers have at least an associate’s or bachelor’s degree in child development or early childhood education, equivalent coursework, or otherwise meet the requirements of section 648A(a)(3)(B) of the Act.	4	1.0%
642(d)(2)(A)	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.	4	1.0%
642(d)(2)(B)	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.	4	1.0%
642(d)(2)(C)	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	4	1.0%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
	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.		
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%
75.303(a)	(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).	4	1.0%
1302.101(a)(2)	(2) Provides regular and ongoing supervision to support individual staff professional development and continuous program quality improvement;	3	0.8%

Appendix: Tables

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
1302.101(a)(3)	(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,	3	0.8%
1302.102(b)(1)(i)	(i) Collect and use data to inform this process;	3	0.8%
1302.42(d)	1302.42 Child health status and care. (d) Extended follow-up care.	3	0.8%
1302.47(b)(5)(iv)	(iv) Only releasing children to an authorized adult, and;	3	0.8%
1302.51(b)	(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.	3	0.8%
1301.2(b)(2)	(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.	2	0.5%
1302.102(b)	1302.102 Achieving program goals. (b) Monitoring program performance.	2	0.5%
1302.102(d)	1302.102 Achieving program goals. (d) Reporting.	2	0.5%
1302.12(k)(2)(i)	(i) Copies of any documents or statements, including declarations, that are deemed necessary to verify eligibility under paragraphs (h) and (i) of this section;	2	0.5%
1302.14(c)	(c) Waiting lists. A program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria.	2	0.5%
1302.16(a)(1)	(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 1 hour of program start time, the program must attempt to contact the parent to ensure the child's well-being.	2	0.5%
1302.33(b)(1)	(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.	2	0.5%
1302.40(b)	(b) A program must establish and maintain a Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.	2	0.5%
1302.47(b)(2)(v)	(v) Be kept safe through an ongoing system of preventive maintenance;	2	0.5%
1302.47(b)(7)(vi)	(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.	2	0.5%
1302.90(c)(1)(ii)(F)	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: (ii) Ensure staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, including, at a minimum,	2	0.5%



Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
	that staff must not: (F) Use any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.		
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.	2	0.5%
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.	2	0.5%
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.	2	0.5%
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.	2	0.5%
642(c)(2)(D)(i)	(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.	2	0.5%
75.320(d)(2)	(2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.	2	0.5%
1301.2(a)	(a) Composition. The composition of a governing body must be in accordance with the requirements specified at section 642(c)(1)(B) of the Act, except where specific exceptions are authorized in the case of public entities at section 642(c)(1)(D) of the Act. Agencies must ensure members of the governing body do not have a conflict of interest, pursuant to section 642(c)(1)(C) of the Act.	1	0.3%
1301.5	1301.5 Training. An agency must provide appropriate training and technical assistance or orientation to the governing body, any advisory committee members, and the policy council, including training on program performance standards and training indicated in Section 1302.12(m) to ensure the members understand the information they receive and can effectively oversee and participate in the programs in the Head Start agency.	1	0.3%
1302.101(b)(2)	(2) The full and effective participation of children who are dual language learners and their families, by:	1	0.3%
1302.102(a)	(a) Establishing program goals. A program, in collaboration with the governing body and policy council, must establish goals and measurable objectives that include:	1	0.3%
1302.102(a)(3)	(3) School readiness goals that are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, state and tribal early learning standards, as appropriate, and requirements and expectations of schools Head	1	0.3%



Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
	Start children will attend, per the requirements of subpart B of part 1304 of this part; and,		
1302.102(c)(2)(iii)	(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%
1302.102(c)(2)(iv)	(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,	1	0.3%
1302.12(c)	1302.12 Determining, verifying, and documenting eligibility. (c) Eligibility requirements.	1	0.3%
1302.12(c)(1)	(c) Eligibility requirements. (1) A pregnant woman or a child is eligible.	1	0.3%
1302.12(c)(2)	(c) Eligibility requirements. (2) If the family does not meet a criterion under paragraph (c)(1) of this section, a program may enroll a child who would benefit from services, provided that these participants only make up to 10 percent of a program's enrollment in accordance with paragraph (d) of this section.	1	0.3%
1302.16(a)(2)	(2) A program must implement strategies to promote attendance. At a minimum, a program must:	1	0.3%
1302.31(b)(1)(i)	(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;	1	0.3%
1302.31(b)(1)(ii)	(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	0.3%
1302.33(a)(3)(i)	1302.33 Child screenings and assessments. (a) Screening. (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional, a program must, with the parent's consent, promptly and appropriately address any needs identified through: (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the children's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA.	1	0.3%
1302.33(a)(3)(ii)	1302.33 Child screenings and assessments. (a) Screening. (3) If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional, a program must, with the parent's consent, promptly and appropriately address any needs identified through: (ii) Partnership with the children's parents and the relevant local agency to support families through the formal evaluation process.	1	0.3%

Appendix: Tables

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
1302.34(b)(2)	(2) Teachers regularly communicate with parents to ensure they are well-informed about their child’s routines, activities, and behavior;	1	0.3%
1302.41(a)	(a) For all activities described in this part, programs must collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child’s health needs and development concerns in a timely and effective manner.	1	0.3%
1302.45(a)(1)	(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%
1302.45(b)(2)	(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;	1	0.3%
1302.47(b)(1)(ix)	(ix) Kept safe through an ongoing system of preventive maintenance;	1	0.3%
1302.47(b)(5)(ii)	(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)(5)(iii)	(iii) Appropriate indoor and outdoor supervision of children at all times;	1	0.3%
1302.47(b)(7)(i)	(i) Emergencies;	1	0.3%
1302.50(b)(1)	(1) Recognize parents as their children’s primary teachers and nurturers and implement intentional strategies to engage parents in their children’s learning and development and support parent-child relationships, including specific strategies for father engagement;	1	0.3%
1302.70(a)	(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%
1302.90(c)(1)(ii)(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: (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: (C) Bind or tie a child to restrict movement or tape a child’s mouth.	1	0.3%
1302.90(c)(1)(ii)(D)	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: (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: (D) Use or withhold food as a punishment or reward.	1	0.3%
1302.90(c)(1)(ii)(H)	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: (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 children’s family.	1	0.3%
1302.90(c)(1)(ii)(I)	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: (ii) Ensure staff, consultants, contractors, and volunteers do not	1	0.3%

Performance Standard	Standard Description	Number of Noncompliant Citations	
		n	%
	maltreat or endanger the health or safety of children, including, at a minimum, that staff must not: D42(I) Use physical activity or outdoor time as a punishment or reward.		
1302.91(e)	(e) Child and family services staff. (1) <i>Early Head Start center-based teacher qualification requirements.</i> As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development.	1	0.3%
1302.92(b)(5)	(5) Research-based approaches to professional development for education staff, that are focused on effective curricula implementation, knowledge of the content in Head Start Early Learning Outcomes Framework: Ages Birth to Five, 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.	1	0.3%
641A(h)(2)(A)	Sec. 641A Standards; Monitoring of Head Start Agencies and Programs (h) Reduction of Grants and Redistribution of Funds in Cases of Underenrollment. (2) ENROLLMENT REPORTING REQUIREMENT – Each entity carrying out a Head Start program shall report on a monthly basis to the Secretary and the relevant Head Start agency (A) the actual enrollment in such program.	1	0.3%
641A(h)(2)(B)	Sec. 641A Standards; Monitoring of Head Start Agencies and Programs (h) Reduction of Grants and Redistribution of Funds in Cases of Underenrollment. (2) ENROLLMENT REPORTING REQUIREMENT – Each entity carrying out a Head Start program shall report on a monthly basis to the Secretary and the relevant Head Start agency (B) if such actual enrollment is less than the funded enrollment, any apparent reason for such enrollment shortfall.	1	0.3%
642(c)(1)(E)(iv)(V) (bb)	(bb) such agency’s progress in carrying out the programmatic and fiscal provisions in such agency’s grant application, including implementation of corrective actions; and	1	0.3%
642(c)(1)(E)(iv) (VII) (aa)	(aa) approval of all major financial expenditures of the agency;	1	0.3%
642(c)(2)(D)(iv)	(iv) Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.	1	0.3%
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.	1	0.3%
75.303(c)	75.303 Internal controls. The non-Federal entity must: c) Evaluate and monitor the non-Federal entity’s compliance with statutes, regulations, and the terms and conditions of Federal awards.	1	0.3%
75.414(e)(2)	75.414 Indirect (F&A) costs (e) Requirements for development and submission of indirect (F&A) cost rate proposals and cost allocation plans are contained in Appendices III-VII, and Appendix IX as follows: (2) Appendix IV to Part 75 - Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations.	1	0.3%

