



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 8th Floor Portals Building, 1250 Maryland Ave, SW, Washington DC 20024 | eclkc.ohs.acf.hhs.gov

To: Board Chairperson

*Mr. David Jones
Board Chairperson
Jefferson County Board of Education
Early Childhood Office
2501 Rockford Lane
Louisville, KY 40216*

From: Responsible HHS Official

*Dr. Blanca Enriquez
Director, Office of Head Start*

Blanca E. Enriquez 8/4/15
Date

Overview of Findings

On 1/30/2015, the Administration for Children and Families (ACF) conducted a monitoring review of the Jefferson County Board of Education Head Start and Early Head Start programs to determine whether the previously identified findings had been corrected. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review. This Head Start Review Report has been issued to Mr. David Jones, Board Chairperson, as legal notice to your agency of the results of the on-site program review.

Based on the information gathered during our review, we have closed the previously identified findings. Accordingly, no corrective action is required at this time. If you have questions about this report, please contact your ACF Regional Office.

Distribution of the Head Start Review Report

Copies of this report will be distributed to the following recipients:

Mr. Jeffrey Fredericks, Regional Program Manager
Ms. Leona Starks, Policy Council Chairperson
Dr. Donna Hargens, CEO/Executive Director
Mr. Kevin Nix, Head Start Director

Overview Information

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|------------------------|--|
| Review Type: | <i>Desk/FTL Solo</i> |
| Organization: | <i>Jefferson County Board of Education</i> |
| Program Type: | <i>Head Start and Early Head Start</i> |
| Field Lead: | <i>Ms. Yolanda Graham</i> |
| Funded Enrollment HS: | <i>1741</i> |
| Funded Enrollment EHS: | <i>172</i> |

Glossary

A glossary of terms has been included to explain the various terms used throughout this report.

| Term | Definition |
|--------------------------------|--|
| Compliance Measure (CM) | The specific statements that collectively assess the level of program performance for each Key Indicator, focusing on one or more Federal regulations critical to the delivery of quality services and the development of strong management systems. |
| Strength | A new and/or unique way of reaching the community. |
| Compliant | No findings. Meets requirements of Compliance Measure. |
| Concern | An area or areas of performance which need improvement or technical assistance. These items should be discussed with the Regional Office and do not include a timeframe for correction. |
| Noncompliance | A finding that indicates the agency is out of compliance with Federal requirements (including, but not limited to, the Head Start Act or one or more of the performance standards) in an area or areas of program performance, but does not constitute a deficiency. Noncompliances require a written timeline of correction and possible technical assistance (TA) or guidance from their program specialist, and if not corrected within the specified timeline, can become a deficiency. |
| Deficiency | <p>An area or areas of performance in which an Early Head Start or Head Start grantee agency is not in compliance with State or Federal requirements (including but not limited to, the Head Start Act or one or more of the regulations) and which involves:</p> <ul style="list-style-type: none"> (A) A threat to the health, safety, or civil rights of children or staff; (B) A denial to parents of the exercise of their full roles and responsibilities related to program governance; (C) A failure to perform substantially the requirements related to Early Childhood Development and Health Services, Family and Community Partnerships, or Program Design and Management; or (D) The misuse of Head Start grant funds. <ul style="list-style-type: none"> (ii) The loss of legal status or financial viability, as defined in part 1302 of this title, loss of permits, debarment from receiving Federal grants or contracts or the improper use of Federal funds; or (iii) Any other violation of Federal or State requirements including, but not limited to, the Head Start Act or one or more of the performance standards of this title, and which the grantee has shown an unwillingness or inability to correct within the period specified by the responsible HHS official, of which the responsible HHS official has given the grantee written notice of pursuant to section 1304.61. |

Summary of Findings

| Finding Type | Applicable Standards | Program Type | Grant | Timeframe | Status |
|----------------------------------|----------------------|--------------|----------|-----------|-----------|
| Access to Health and Dental Care | 1304.20(a)(1)(iii) | HS and EHS | 04CH0280 | N/A | Corrected |
| Access to Health and Dental Care | 1304.20(a)(1)(ii)(B) | HS and EHS | 04CH0280 | N/A | Corrected |
| Screening and Referrals | 1304.20(b)(1) | HS and EHS | 04CH0280 | N/A | Corrected |
| Record Keeping and Reporting | 1304.51(g) | HS and EHS | 04CH0280 | N/A | Corrected |

Status of Previously Identified Deficiency Determinations

| Finding | Status |
|---------|--------|
|---------|--------|

PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies **Corrected**

1304.20 Child Health and Developmental Services.

(a) Determining Child Health Status

(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:

(iii) Obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and

Triennial - 12/8/2013 - Deficiency

The grantee did not obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known, or suspected health or developmental problem. Forty-four percent of the files reviewed of children with identified or suspected problems lacked evidence the program obtained or arranged for further services to address the concerns.

A sample of 34 files of children with observable, known, or suspected health or developmental issues was reviewed. Of the sample, 15 files contained evidence the children were in need of further testing or treatment. Issues ranged from dental examinations indicating a need for further dental care to hearing, developmental, and social-emotional screenings indicating a need for further diagnostic testing.

The problems were identified between February 5 and October 18, 2013, and none of the files contained evidence of any follow-up or contacts made by the program since the original identification of the concerns. In an interview, the Disabilities/Mental Health Coordinator confirmed the information in the files was correct and stated staff had no access to child health care reports until November 18, 2013, at which time follow-up activities were initiated.

For this issue to be corrected and full compliance achieved, after receiving this report, the grantee must obtain or arrange for further services for any new children identified with concerns within 90 days of their entry and have secured follow up for all other children identified with concerns without regard to their date of entry to the program. The grantee cannot remain out of compliance with this regulation during the corrective action period.

The grantee did not obtain or arrange further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known, or suspected health or developmental problem; therefore, it was not in compliance with the regulation.

Desk/FTL Solo (11/19/2014) - Corrected

The grantee obtained or arranged further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known, or suspected health or developmental problem.

A sample of 10 files of children was reviewed, and of the sample, one file contained evidence a child enrolled December 15, 2014 was in need of further testing or treatment based on dental, hearing, developmental, and vision screenings. The child was scheduled to be re-screened in all areas except vision.

In an interview, the Health and Education Manager described changes to the process for data entry, stating the Health Clerks uploaded all health documents and the health status of each child. A review of the grantee's procedures found the Health Manager worked with the Nurse Practitioner and continually reviewed reports to check on and monitor children's health status.

The grantee obtained or arranged further diagnostic testing, examination, and treatment by an appropriate licensed or certified professional for each child with an observable, known, or suspected health or developmental problem. This area of noncompliance is corrected.

Status of Previously Identified Areas of Noncompliance

| Finding | Status |
|--|-----------|
| <p>PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies</p> <p>1304.20 Child Health and Developmental Services.</p> <p>(a) Determining Child Health Status</p> <p>(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days (with the exception noted in paragraph (a)(2) of this section) from the child's entry into the program (for the purposes of 45 CFR 1304.20(a)(1), 45 CFR 1304.20(a)(2), and 45 CFR 1304.20(b)(1), "entry" means the first day that Early Head Start or Head Start services are provided to the child), grantee and delegate agencies must:</p> <p>(ii) Obtain from a health care professional a determination as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:</p> <p>(B) For children who are up-to-date on an age-appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and</p> <p>Triennial - 12/8/2013 - Noncompliance</p> <p>The grantee did not obtain a determination from a health care professional as to whether each child was up to date on a schedule of preventive and primary health care within 90 days of entry into the program and did not ensure children who were up to date continued to follow the recommended schedule of well-child care. Seven percent of child files reviewed either lacked health determinations or showed children did not remain up to date on a schedule of well-child care. In addition, 5 percent of child files reviewed contained evidence determinations were made more than 90 days after the children's entry into the program.</p> <p>A sample of 85 child files was reviewed. Of the sample, three files had no determinations as to whether the children were up to date with preventive and primary health care, and three had evidence health examinations were overdue, and the children were no longer up to date with Early and Periodic Screening, Diagnosis, and Treatment program requirements. In addition, there was no evidence the grantee made efforts to ensure the three children were brought back up to date. For example, one child was due for a physical examination February 1, 2013; however, a review of contact notes determined the Family Service Worker did not review the health requirements until October 22, 2013--8 months later--and there was no evidence of any follow-up prior to the October file review.</p> | Corrected |

The second child was due for a 24-month assessment February 13, 2013 and a 30-month assessment August 13, 2013. However, the Family Service Worker did not discuss the health requirements until November 1, 2013, and there was no other documentation to show efforts were made to connect with a health care provider and bring the child back up to date. The third child had a physical examination November 9, 2012 and since then, was missing 18- and 24-month assessments. On January 24, 2013, the Family Service Worker had a discussion with the parent, but no further contact was made until November 21, 2013, at which time the child remained past due for well-child care.

In addition, four child files contained evidence health care determinations were made between 2 and 322 days late. In an interview, the Health Coordinator and Child Development and Health Specialist confirmed the evidence in the files was accurate.

For this issue to be corrected and full compliance achieved, any children enrolling in the program after the grantee receives this report must have a health care determination within 90 days of their entry. The grantee cannot remain out of compliance with this regulation during the corrective action period.

The grantee did not obtain a determination from a health care professional as to whether each child was up to date on a schedule of preventive and primary health care within 90 days of entry into the program and did not ensure children who were up to date continued to follow the recommended schedule of well-child care; therefore, it was not in compliance with the regulation.

Desk/FTL Solo (11/19/2014) - Corrected

The grantee obtained a determination from a health care professional as to whether each child was up to date on a schedule of preventive and primary health care within 90 days of entry into the program and ensured children who were up to date continued to follow the recommended schedule of well-child care.

A review of information from a sample of 10 children's files found children's health determinations were obtained within 90 days of entry into the program, and all children were up to date on a schedule of well-child care. A child accepted into the program in September 2014 was enrolled in December 2014, as the family required language assistance, which was provided. The child was scheduled to be re-screened in all areas except vision.

In an interview, the Family and Community Partners Manager stated the Health Clerks tested and re-screened children. In addition, ChildPlus Health Status reports were reconciled and reviewed weekly. A review of training materials found staff were trained on health requirements and documentation in August and September 2014.

The grantee obtained a determination from a health care professional as to whether each child was up to date on a schedule of preventive and primary health care within 90 days of entry into the program and ensured children who were up to date continued to follow the recommended schedule of well-child care. This area of noncompliance is corrected.

PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies

Corrected

1304.20 Child Health and Developmental Services.

(b) Screening for Developmental, Sensory, and Behavioral Concerns

(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Triennial - 12/8/2013 - Noncompliance

The grantee did not, in collaboration with each child's parent and within 45 calendar days of the child's entry into the program, perform or obtain linguistically and age-appropriate screening procedures to identify concerns regarding sensory--visual and auditory--skills. Nine percent of child files reviewed lacked evidence the children received all required screenings, and 9 percent of the files reviewed contained evidence the children received screenings late.

A sample of 87 child files was reviewed. Of the sample, eight files were missing vision or hearing

screenings. In addition, eight children received screenings more than 45 days after entry into the program, ranging from 14 to 483 days late. In an interview, the Health Coordinator confirmed the information in the files.

For this issue to be corrected and full compliance achieved, any children enrolling in the program after the grantee receives this report must be screened within 45 days of their entry. The grantee cannot remain out of compliance with this regulation during the corrective action period.

The grantee did not, in collaboration with each child's parent and within 45 calendar days of the child's entry into the program, perform or obtain linguistically and age-appropriate screening procedures to identify concerns regarding sensory--visual and auditory--skills; therefore, it was not in compliance with the regulation.

Desk/FTL Solo (11/19/2014) - Corrected

The grantee, in collaboration with each child's parent and within 45 calendar days of the child's entry into the program, performed or obtained linguistically and age-appropriate screening procedures to identify concerns regarding children's sensory--visual and auditory--skills.

In interviews, the Family and Community Partners Manager, Health and Education Manager, and a Health Clerk described the grantee's revised approach and action steps taken to meet the 45-day requirement. Staff were made aware of timelines; posters were created; a chart was developed based on entry dates; and a resource was developed for teacher use. Vision screenings were completed by teachers and Health Clerks, as were follow-up screenings. Hearing screenings were completed by the Nurse Practitioners, and developmental screenings were completed by teachers. A new system for collecting data for screening was in place using the Infinite Campus and ChildPlus record-keeping systems, and reports were generated bi-weekly to show children's health status regarding 45-day screenings, the pass/fail numbers, and any needed testing or re-screening by the Health Clerks.

A sample of 10 child files was reviewed. Of the sample, two files were missing physical examinations or hearing screenings. A review of notes in the files found the grantee documented follow-up calls to parents/guardians regarding missing or incomplete information.

A review of the Brigance Developmental Screening Procedures and the Brigance II Social Emotional Screening Procedures found they outlined the procedures for administering the two tools. Procedures included information on determining whether the child passed, failed, or was unable to be tested. The "cannot test" determination was used only when an attempt was made to administer the screening, but the child was unable to comply with the screening directions.

The grantee, in collaboration with each child's parent and within 45 calendar days of the child's entry into the program, performed or obtained linguistically and age-appropriate screening procedures to identify concerns regarding sensory skills. This area of noncompliance is corrected.

PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies

Corrected

1304.51 Management Systems and Procedures.

(g) Record-keeping systems. Grantee and delegate agencies must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.

Triennial - 12/8/2013 - Noncompliance

The grantee did not establish and maintain an efficient record-keeping system to provide accurate and timely information regarding children. Information in the record-keeping system was not kept up to date.

The grantee used ChildPlus to record and track the timeliness of screenings and referrals and children's access to health and dental care. As described in this report, the review of child files found children lacked required determinations, screenings, and follow-up examinations and treatment. The grantee's record-keeping system was not fully implemented, and was not used to generate accurate and timely information related to children in need of screenings and follow-up. In interviews, staff stated the ChildPlus record-keeping system was not accessible to staff to enter data or generate reports until November 18, 2013 and was currently in the beginning stages of implementation.

The grantee's record-keeping system was ineffective in providing current child data regarding health care services, resulting in the program being unaware 44 percent of children in need of further services did not receive follow-up from February through November 18, 2013. The lack of up-to-date tracking information also resulted in the program being unaware children did not receive health care determinations, were no longer up to date with determinations, or did not receive required screenings timely.

The grantee did not establish and maintain an effective record-keeping system to provide accurate and timely information regarding children; therefore, it was not in compliance with the regulation.

Desk/FTL Solo (11/19/2014) - Corrected

The grantee established and maintained an efficient record-keeping system to provide accurate and timely information regarding children. Information in the record-keeping system was kept up to date with follow-up notes on children missing information.

The grantee used ChildPlus to record and track the timeliness for screenings and referrals, as well as children's access to health and dental care. The record-keeping system was fully implemented and was used to generate accurate and timely information related to children in need of screenings and follow-up.

In interviews, a Health Clerk and the Family and Community Partners Manager stated staff were made aware of the timelines, and poster-size charts were developed to display deadlines based on children's entry dates. Data were tracked using the Infinite Campus and ChildPlus systems, and ChildPlus reports were produced and reviewed by the Health and Education Manager bi-weekly to monitor and identify children not tested or needing follow-up or re-screening.

The grantee's record-keeping system provided current child data regarding Health services, and as a result, the program became aware 3 percent of enrolled children were in need of further services. The tracking system process identified missing or expired physical determinations and dental, vision, and hearing screenings and included notes documenting follow-up.

The grantee established and maintained an effective record-keeping system to provide accurate and timely information regarding children. This area of noncompliance is corrected.

— END OF REPORT —