Overview of Findings

From 4/14/2013 to 4/19/2013, the Administration for Children and Families (ACF) conducted a monitoring review of the Western Kentucky University Head Start program. 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. Greg Stivers, 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, your Head Start program was found to be out of compliance with one or more applicable Head Start Program Performance Standards, laws, regulations, and policy requirements. The report provides you with detailed information in each area where program performance did not meet applicable Head Start Program Performance Standards, laws, regulations, and policy requirements. Each area of noncompliance identified in this report should be corrected within 120 days following receipt of this report.

If you are a grantee serving preschool age children in the center-based option, a sample of your preschool classrooms will be observed using the Classroom Assessment Scoring System (CLASS). This classroom observation instrument looks at the teacher/child interactions, as well as interactions between children. The Office of Head Start encourages grantees to consider the CLASS results in planning ongoing efforts to improve classroom quality.

During your review, the team used a sampling methodology that included a random selection of child files, staff files, and class, center, and group observations. If your report includes findings related to evidence that involved sampling, the finding narratives in your report include specific percentages from each sample that were determined by dividing the number of issues found by the total sample size. This methodology, which uses statistically driven random samples, allows
the OHS to use information collected through the representative samples to make generalizations regarding your program as a whole.

For example, if, during your review, the team examines a sample of 45 child files, the finding narrative will indicate the percentage of files that were identified with an issue. The percentage will be determined by dividing the number of child files with issues by 45. Likewise, when summarizing information from classroom observations, the total number of classrooms with issues will be divided by the total number observed to determine the percentage of the sample with problems.

Please contact your ACF Regional Office with any questions or concerns you may have about this report.

**Distribution of the Head Start Review Report**
Copies of this report will be distributed to the following recipients:
Mr. Jeffrey Fredericks, Regional Program Manager
Mr. Will Perdue, Policy Council Chairperson
Ms. Colleen B. Mendel, CEO/Executive Director/Head Start Director

**Overview Information**
Review Type: Triennial
Organization: Western Kentucky University
Program Type: Head Start
Team Leader: Ms. Jennifer Lynn Farrar
Funded Enrollment HS: 183
Funded Enrollment EHS: Not Applicable

**Area of Strength**

The grantee worked with community partners to design and build a Natural Outdoor classroom, including the Western Kentucky University (WKU) Department of Environmental Sciences, Department of Education, and Department of Facilities and Agriculture. The outdoor classroom/garden became a reality 3 years ago and the project continued to expand each year. The garden experience gave children opportunities to learn in all five domains of the Head Start Child Development Early Learning Framework.

Children had conversations about the garden, learned how science worked, learned about colors, and counted flowers and vegetables. Parents were encouraged to participate in planning and taking care of the garden with their children, allowing entire families to eat more fruits and vegetables while engaging in enjoyable activities.

The impact of the garden experience on children and families benefited them in several ways. In the area of physical health and development, children increased their fine-motor control by using tools such as small shovels and watering cans. In the area of social-emotional development, children developed and demonstrated positive interactions with other children and teachers.
Children demonstrated flexibility, curiosity, persistence, and engagement in approaches to learning. In language and literacy and language development, children increased their receptive language skills by following directions in performing gardening activities. In the area of cognition and general learning, children explored their environment through observations, asking questions, making predications, and developing hypotheses. Children also explored their community, interacting with people and their environment. The garden demonstrated the principle of cycles and processes for children and families and stimulated creativity in an aesthetically appealing manner.

The grantee also distributed bookmarks with information about the program. The bookmarks were made of seeds embedded for planting. Following simple soaking and planting instructions, anyone in the program or the community was able to create a mini-garden and watch the seeds grow.

**New Area of Noncompliance Determinations**

At least one area of noncompliance was documented at Western Kentucky University Head Start program.

**Management Systems**

<table>
<thead>
<tr>
<th>Applicable Standards</th>
<th>Program Type</th>
<th>Status</th>
<th>Finding Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>641A(g)(3)</td>
<td>HS</td>
<td>Noncompliance</td>
<td>Ongoing Monitoring</td>
</tr>
</tbody>
</table>

**Head Start Act**

Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 U.S.C. 9836A]

(g) Self-Assessments-

(3) ONGOING MONITORING- Each Head Start agency (including each Early Head Start agency) and each delegate agency shall establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work toward meeting program goals and objectives and standards described in subsection (a)(1).

The grantee did not implement procedures for the ongoing monitoring of its delegates' Head Start programs to ensure operations worked toward meeting program goals and objectives and standards. The grantee's monitoring system did not identify all issues.

In an interview, the Associate Director and Executive Director described the ongoing monitoring system and stated the grantee established procedures and instruments for the ongoing monitoring of operations. Staff were assigned specific monitoring duties, and all areas of the program were monitored daily, weekly, monthly, bi-monthly, quarterly, or annually, depending on the area being monitored. However, the grantee's monitoring system was inadequate to ensure detection of issues with the potential to develop into areas of noncompliance.

The grantee was not aware its delegates provided Transportation services. In telephone
conversations and face-to-face interviews, the Executive Director stated the grantee did not
provide Transportation services; however, a review of a recruiting brochure from the Murray
delegate agency found it included information about Transportation services for Head Start
families. The Associate Director explained children were transported by the Murray and
Audubon delegates - not by the grantee.

In an interview, the Murray delegate's Director stated grantee Federal dollars were used to pay
the school district for its services, including busing. However, since the grantee was unaware its
delegates provided Transportation services to Head Start children, it did not provide ongoing
oversight of Transportation services to ensure continued compliance with regulations.

The grantee's system of ongoing monitoring was not sufficient with regard to its delegate
agencies. A review of the grantee's Program Design and Management service area plan found--
under Management Systems--it stated the Associate Director was responsible for conducting
ongoing monitoring of the delegates, with quarterly meetings using documents such as delegate
reports, contracts, and meeting notes. The plan also described how findings from the grantee's
Self-Assessment were to be used to modify services and service area plans and procedures.
However, the two delegates were not mentioned.

The Associate Director provided documentation to show how the grantee monitored the Murray
and Audubon delegates--including any concerns found in the Self-Assessment summaries. The
monitoring documents consisted of one page of meeting minutes recording a meeting with the
Director of the Audubon delegate regarding concerns found in the Audubon Self-Assessment, as
well as a handwritten note with one page taken from the Murray delegate's Self-Assessment
regarding the concern, but with no other details. There was no additional evidence of the
grantee's efforts to employ its monitoring system, such as a corrective action plan or
identification of staff for follow-up.

A review of an additional grantee document found it described the grantee's ongoing monitoring
system, which included a process for monitoring the delegates; however, a review of the
Ongoing Monitoring plans for the delegates found no evidence of steps taken in response to
grantee monitoring or any information to confirm they worked with the Associate Director in
monitoring services for children served by the Murray and Audubon delegates. The Associate
Director and Executive Director agreed the information was not in the grantee's documents.

The grantee did not implement procedures for the ongoing monitoring of its delegates' Head
Start programs to ensure operations worked toward meeting program goals and objectives and
standards described in subsection (a)(1); therefore, it was not in compliance with the regulation.

**ERSEA**

<table>
<thead>
<tr>
<th>Applicable Standards</th>
<th>Program Type</th>
<th>Status</th>
<th>Finding Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>641A(h)(2)(B)</td>
<td>HS</td>
<td>Noncompliance</td>
<td>Enrollment</td>
</tr>
</tbody>
</table>

**Head Start Act**

Sec. 641A. STANDARDS; MONITORING OF HEAD START AGENCIES AND
PROGRAMS [42 U.S.C. 9836A]
(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.
The grantee did not accurately report actual program enrollment in its monthly Enrollment
reports to the Office of Head Start (OHS). The grantee's enrollment reports to OHS for May,
June, and July 2012 did not match the supporting records of actual enrollment.

A review of Enrollment reports submitted to the Administration for Children and Families
Regional Office found the grantee reported actual enrollment of 183 Head Start children for
May, June, and July 2012, which represented the total number of children funded. However,
actual enrollment was less than the funded enrollment. The grantee provided services to
42 children during the summer session, and its 2 delegate programs did not provide summer
services in mid-May, June, or July 2012. In an interview, the Associate Director stated the
grandee was directed by the Region IV Grantee Program Support Specialist to report full
enrollment of 183 and not the actual enrollment of 42 for May, June, and July 2012.

The grantee did not accurately report actual program enrollment in its monthly Enrollment
reports to the Office of Head Start (OHS); therefore, it was not in compliance with the
regulation.

Timeframe for Corrective Action

The area(s) of noncompliance cited in this report must be corrected within 120 days of the
receipt of this report. Correction requires achieving full compliance with the violated
requirement(s). Pursuant to Section 637(2)(C) of the Head Start Act, a grantee that fails to
correct an area of noncompliance within the prescribed time period will be judged to have a
deficiency that must be corrected within the time period required by the responsible HHS
official.

If you anticipate that you will not be able to correct all noncompliances within the correction
time specified in this report, you must submit a letter to your ACF Regional Office requesting an
extension, with an explanation as to why an extension is necessary. The letter requesting an
extension must be submitted prior to the expiration of the original corrective action time period.

— END OF REPORT —