



## DEPARTMENT OF EDUCATION

The Townsend Building  
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Dover, Delaware 19901-3639  
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Date: June 1, 2015

TO: Maria Matos  
Executive Director  
Latin American Community Center  
403 North Van Buren Street  
Wilmington, DE 19805

From: April Hill-Addison, Education Associate *aha*  
ECAP Project Manager  
Early Learning and Development Resources

### **Re: Latin American Community Center ECAP**

#### **Overview of Findings**

From February 23, 2015 to February 26, 2015 and March 12, 2015, the Delaware Department of Education (DDOE) conducted an on-site monitoring review of the Early Childhood Assistance Program. This ECAP Review Report has been issued to the Executive Director and ECAP Program Manager as legal notice to your agency of the results of the on-site program review. Based upon the information gathered during our review, the LACC program was found to be out of compliance with one or more of the Head Start Program Performance Standards and applicable State and federal regulations. This report provides you detailed information on the areas where your program's performance did not meet the HSPPS and DDOE Contractual Agreement, as well as concerns and strengths noted in your program operations.

All areas of non-compliance identified in this letter should be corrected within 90 days following receipt of this report. The DDOE will contact you soon to address any questions you may have concerning this report; and to determine a reasonable schedule for corrective action and follow-up activities.

#### **Overview of Information**

Review Type: Triennial

Organization: Latin American Community Center



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Program Type: Early Childhood Assistance Program  
Team Leader: Celestine Diggs-Smith

### **Area(s) of Strength**

#### **Child Health & Development**

Children's files uniformly show access to health and dental screenings. All files reviewed showed physical exams were current and immunizations were up to date. All files reviewed showed dental exams were current and that most dental issues noted from exams were being followed up. File review indicated that parental consent forms for screenings and for sharing of information were comprehensive, available in both English and Spanish and consistently signed by parents. An interview with the ECAP Program Manager indicated the program had a comprehensive system for alerting program staff and building occupants of children's food allergies and a high degree of program responsiveness to children's ethnic food preferences.

#### **Family and Community Engagement**

The Expeditionary Learning Program (measuring children's progress in Teaching Strategies Gold) and engaging parents in their children's education through kindergarten transition activities were considered program strengths. The reviewer noted that the programs kindergarten transition process including a visit to local elementary schools, a charter school event and assisting in completing the registration of the children was documented as a strength. Finally the family literacy program that included an in-house lending library and accompanying activities that according to the family interview involved the entire family was noted as a strength.

### **Concerns**

#### **Child Health and Development, Family and Community Engagement and Early Childhood Education.**

Assessing information in child files and in Family Partnership Agreements revealed that data was not stored in a sequential and consistent manner. The program did not use a systemic procedure to document, retrieve and store child and family information. For example, child files were reviewed to determine if developmental screenings were completed and nutritional plans developed and documented. In most of



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the files, forms were not dated and nutritional information was located in places other than the child's file.

In the area of Family and Community Engagement, information was equally difficult to access. Data was not stored in an organized manner, phone calls and follow up services not recorded in the child's file.

Determining the accuracy of the information was difficult, and as with the ERSEA records, many of the forms did not include the signature of a staff person.

In the area of Early Childhood Education, two files were reviewed that did not include any "educational" information on the children, such as developmental screenings, on-going assessments, or individualized lessons.

These concerns suggest the program has not established and implemented a system of on-going monitoring.

### **Findings and Deficiencies**

#### **Finding**

#### **Latin American Community Center has areas of noncompliance identified in the following applicable standards and regulations.**

Head Start Act Sec. 642. POWERS AND FUNCTIONS OF HEAD START AGENCIES [42 U.S.C. 9837]

(c) Program Governance: Upon receiving designation as a Head Start agency, the agency shall establish and maintain a formal structure for program governance, for the oversight of quality services for Head Start children and families and for making decisions related to program design and implementation.

(1) GOVERNING BODY

(B) COMPOSITION: The governing body shall be composed as follows:

- (i) Not less than 1 member shall have a background and expertise in early childhood education and development and
- (iv) Include parents of children who are currently, or were formally enrolled in Head Start programs

The governing body is not composed of a member with expertise in early childhood education and development and does not include a parent of a



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child, or children who are currently, or formally enrolled in Head Start program.

In an interview, the Board members stated they did not have a member with a background and expertise in early childhood education or a parent of a child or children who are currently, or were formally, enrolled in ECAP.

A review of the Latin American Community Center (LACC) Board of Directors Roster for the 2014-15 program year did not include the name of a parent of a currently or formally enrolled ECAP child or a member with expertise in early childhood education and development. In addition, this was a concern in the triennial review completed in May 2011.

The grantee governing board did not include the required composition; therefore, it was not in compliance with the regulation.

(E) RESPONSIBILITIES: The governing body shall demonstrate:

(iv) Responsibility for:

- (II) Establishing procedures and criteria for recruitment, selection, and enrollment of children;
- (V) Reviewing and approving all major policies of the program, including—
  - (aa) the annual self-assessment

The governing body did not demonstrate responsibility for establishing procedures and criteria for recruitment, selection, and enrollment of children or review and approve major policies of the program including the annual self-assessment.

In an interview with the Board of Directors, members stated that they have not received or reviewed specific ECAP documents related to recruitment, selection, and enrollment of children and they have not received information related to the self-assessment. In a review of the board minutes from February 2014 through January 2015, there was no evidence of establishing ECAP procedures related to recruitment, selection, and enrollment of children or review of the annual self-assessment. The self-assessment was completed in May 2014 with no evidence of board review or approval in the meeting minutes.



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The governing body has not established procedures related to recruitment, selection, and enrollment of children or reviewed the self-assessment of the LACC ECAP; therefore, it was not in compliance with the regulation.

- (d) Program Governance Administration
- (3) TRAINING AND TECHNICAL ASSISTANCE: Appropriate training and technical assistance shall be provided to the members of the governing body to ensure that the members understand the information the members receive and can effectively oversee and participate in the Head Start agency.

The governing body did not receive appropriate training and technical assistance to ensure that members understand the information received to effectively oversee and participate in the Head Start agency.

During an interview with the board, members stated that they have not had training or technical assistance specific to ECAP. In a review of the Board of Directors meeting minutes, there is no evidence of ECAP training or technical assistance.

The governing body has not had appropriate training and technical assistance; therefore, it was not in compliance with the regulation.

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(2) POLICY COUNCIL

(D) RESPONSIBILITIES – The Policy Council did not approve or submit to the governing body decisions about any of the program activities:

- (i) Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start program is responsive to community and parent needs.



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- (ii) Program recruitment, selection, and enrollment priorities.
- (iii) Applications for funding and amendments to applications for funding for the Head Start program.
- (iv) Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.
- (v) Bylaws for the operation of the policy council.
- (vi) Program personnel policies and decisions regarding the employment of program staff, consistent with paragraph (1)(E)(iv)(IX), including standards of conduct for program staff, contractors, and volunteers, and criteria for the employment and dismissal of program staff.

The program did not enable its Policy Council to make decisions related to program design and implementation through approval and submission to the Board of Directions each of the following activities: program recruitment, selection and enrollment priorities; applications for funding and amendments to applications for funding; budget planning; bylaws for the operation of the policy council; and program personnel policies and decisions regarding the employment of program staff (including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff).

During an interview with Policy Council, they stated that they have not submitted anything to the Board of Directors indicating that they know the board exists but they don't know anything about them or the process of submitting decisions to the board. When asked about the types of decisions they approve, Council members stated, "We haven't done anything like that. We just talk about voting. There seems to be a sense of urgency with graduation in May but there's been nothing given back to us. This is an issue that we want to bring to Policy Council but there's no relationship there."

In review of Policy Council minutes and the Board of Directors minutes, there was no evidence that decisions or recommendations were made by the Council. Additionally, no ECAP specific information was submitted to the Board related to program activities. A review of the ECAP Structure chart submitted by the program does not recognize the Policy Council as a part of the governance structure. Lastly, this was a concern in the triennial review completed in May 2011.



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The program did not enable its Policy Council to make decisions related to program design and implementation through approval and submission to the Board of Directors the activities required by the Head Start Act; therefore, the program was not in compliance with the regulation.

(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;

(B) monthly program information summaries;

(C) program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;

(D) monthly reports of meals and snacks provided through programs of the Department of Agriculture;

(E) the financial audit;

(F) the annual self-assessment, including any findings related to such assessment;

(G) the communitywide strategic planning and needs assessment to the Head Start agency, including any applicable updates;

(H) communication and guidance from the secretary;

(I) the program information reports

The program did not ensure the sharing of accurate and regular information for use by the policy council about monthly financial statements; program planning, policies, and agency operations, including: monthly program information summaries; program enrollment reports; monthly reports of meals and snacks provided; the financial audit; the annual self-assessment, including any findings related to such assessment; the communitywide strategic planning and needs assessment of the agency, including any applicable updates; communication from the secretary; and the program information reports.

During an interview with Policy Council members, they stated that they have not received any reports regarding the program's operations. Additionally, they stated that Policy Council did not begin operating until January when members were selected.



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In reviewing Policy Council meeting minutes, a general parent meeting was held in September 2014. There were no Policy Council meeting minutes for the months of September, October, November, and December 2014. The meeting minutes from January and February 2015 reflect a focus on establishing the Policy Council and the election of members. There is no evidence in the Policy Council documents of the program sharing ECAP information with the Council. In addition, this was a concern in the triennial review completed in May 2011.

The program did not ensure the sharing of accurate and regular information for use by the policy council about program planning, policies, and agency operations, including information required by the Head Start Act; therefore, the program was out of compliance with the regulation.

### Head Start Performance Standards: Management Systems and Procedures 1304.51

#### (a) Program Planning

(1) Grantee and delegate agencies must develop and implement a systematic, ongoing process of program planning that includes consultation with the program's governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children. Program planning must include:

(ii) The formulation of both multi-year (long-range) program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Early Head Start and Head Start and reflect the findings of the program's annual self-assessment.

The program did not develop and implement a systematic, ongoing process of program planning.

Based on an interview with the EDC Director, there was little to no evidence of systematic planning for the Early Childhood Assistance Program that involved key stakeholders. Currently, planning that occurs involves the EDC Director, Education Coordinator, and the Family Service Coordinator and does not include parents, board members, or community representatives. Additionally, the Director stated that program data was not used to establish overall program goals and objectives, but rather is used to plan for individual student goals.



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During the interview, the EDC Director stated that she is “not sure” how data is used to monitor progress towards ECAP goals and objectives. In a review of self-assessment documents, the self-assessment was completed in May 2014 and subsequent action plan developed; however, the plan was incomplete and lacked evidence in the area of progress or completion of corrective action thus demonstrating the lack of planning and monitoring of progress.

The program did not develop and implement a systematic, ongoing process of program planning; therefore, it was not in compliance with the regulation.

### Head Start Act Sec. 641A STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 USC 9836A]

(g)(3) ONGOING MONITORING: Each 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 program did not establish and implement procedures for the ongoing monitoring of their respective programs, to ensure that the operations of the programs work towards meeting program goals and objectives.

The ECAP Director stated during an interview that she was unsure about the ongoing, consistent process for monitoring the program. While there are some procedures in place, such as monitoring classrooms through observations, procedures are not implemented consistently. During the interview, the Director stated that due to the vacancy of the ECAP Coordinator, classrooms observations have not occurred consistently.

A review of the Ongoing Monitoring records did not have evidence of tools and procedures to ensure compliance with Head Start regulations. There was a chart that identified the various responsibilities and actions of the staff; however, there was no evidence that those actions occurred.

The following areas were also impacted by an inadequate system of ongoing monitoring.

The organizational structure of the program changed within the past few months and subsequently affected the flow of information and monitoring of service areas. For example, the positions of nutrition, program manager, data specialist and ECAP Coordinator were all vacant,



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and the mental health consultant was only hired in January 2015. Additionally, the program did not have a structured system for implementing on-going monitoring and the information in files was fragmented, child and family data missing, and the procedure used to determine child eligibility and selection was non-compliant. The lack of a system of on-going monitoring will ultimately affect the implementation of comprehensive child development and education services.

Fiscal Operations - LACC is not allocating projects based on proportional benefit and monitoring and reporting of ECAP financials are not being done in required intervals. In addition, it was noted by the fiscal reviewer that the program is not allocating a monthly activity fee for parents, as required in the regulations.

The program did not establish and implement procedures for the ongoing monitoring of the program; therefore, it was not in compliance with the regulation.

Head Start Act Sec. 648A STANDARDS; MONITORING OF HEAD START AGENCIES AND PROGRAMS [42 USC 9836A]

(g) Staff recruitment and selection procedures – before a Head Start agency employs an individual, such agency shall –

(3) Obtain –

(C) A criminal record check as otherwise required by federal law.

The program did not obtain criminal record checks before employing individuals as required by federal law.

All staff had criminal record checks at the time of the review. However, in five out of seven cases, the criminal record checks were completed after the date of hire. A review of the staff criminal record clearances list provided by the program indicated three teachers, one assistant teacher, and one family service coordinator were hired before their clearances were completed. Teacher One was hired on August 5, 2013 and the clearance was completed August 13, 2013. Teacher Two was hired on August 5, 2013 and the clearance was completed on September 5, 2013. Teacher Three was hired on August 5, 2013 and the clearance was completed on August 28, 2013. The assistant teacher was hired on June 9, 2011 and the clearance was completed on June 28, 2011. The family service coordinator was hired on February 2, 2015 and the clearance was completed on February 9, 2015.



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During an interview with the ECAP Director, she stated that the program did not obtain criminal record checks before allowing individuals to begin working as the program was following the procedure for State licensing requirements. That procedure allows individuals to begin working in licensed child care programs with a receipt of appointment within five working days. In addition, this was a concern in the triennial review completed in May 2011.

The program did not obtain criminal record checks before employing individuals; therefore, it was not in compliance with the regulation.

### **Family and Community Engagement**

#### 1304.40 (a) (1)

Family goal setting. Grantee and delegate agencies must engage in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports. This process must be initiated as early as possible and it must take into consideration each family's readiness and willingness to participate in the process.

The grantee did not engage in process of collaborative partnership-building with parents to identify family goals, strengths, and necessary services and other supports as early as possible.

In an interview the Family Services Coordinator and staff stated they begin the collaborative process as soon as possible after enrollment; however the reviewer was unable to confirm this based upon a review of the Family Partnership Agreements.

Seventeen of thirty four child and family files were reviewed. Of the seventeen files reviewed, fourteen were not completed in a timely fashion. Eight of the files reviewed had family goals established in December-three months after school began; two were established in January – four months after school began and the dates of when three Family Partnership Agreements were established could not be confirmed because the forms were undated and one file had a Partnership Agreement that did not include any family goals. The start dates for the children ranged between September 2<sup>nd</sup> and 3<sup>rd</sup> with the exception of one who had a start date listed as November 11<sup>th</sup> 2014.



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*The grantee did not begin a process of forming collaborative partnership building as early as possible; therefore the program was not in compliance with the regulation.*

### **FISCAL REVIEW – MARCH 12, 2015**

#### Areas of Non-Compliance

#### 2CFR PART 200.405 – ALLOWABLE COSTS

(d) Direct cost allocation principles. If a cost benefits two or more projects or activities in proportions that can be determined without undue effort or cost, the cost should be allocated to the projects based on the proportional benefit.

LACC is not allocating projects based on proportional benefit.

The Chief Financial Officer provided a spreadsheet that cost allocated salaries for certain personnel. However, indicated that this is only a worksheet and the information is not entered into the general ledger and is not reconciled to the income statement. Upon review of the trial balance and the general ledger there was no allocation of salaries for the ECAP program.

Cost allocation for ECAP is not being recorded based on proportional benefit, therefore, the program is not in compliance with the regulation

#### 2CFR PART 200.328 – MONITORING AND REPORTING PROGRAM PERFORMANCE

- (a) Monitoring by the non-Federal entity. The non-Federal entity is responsible for oversight of the operations of the Federal award supported activities. The non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved. **Monitoring by the non-Federal entity must cover each program, function or activity.**
- (1) The non-Federal entity must submit performance reports at the interval required by the Federal awarding agency or pass-through entity to best inform improvements in program outcomes and productivity. Intervals must be no less frequent than annually nor more frequent than quarterly except in unusual circumstance, for example where more frequent reporting is necessary for the effective monitoring of the Federal award or could significantly affect program outcomes.



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LACC's monitoring does not cover each program, function, or activity and reporting is not done in intervals no less than annual nor more frequent than quarterly.

In an interview the Chief Financial Operator stated that ECAP reporting had been done in the past year and that when it ECAP reporting was done in the past, it was not based on any financial records.

There are no ECAP quarterly reports to view and since cost allocation is not recorded in the general ledger, there are no financial records with which to gather the information.

Monitoring and reporting of ECAP financials are not being done in required intervals; therefore, the program is not in compliance with the regulation.

### **ADDENDUM TO THE FINAL TRIENNIAL REVIEW REPORT OF LACC**

Based upon the preliminary results of the DDOE on-site monitoring review of the Latin American Community Center from February 22-26, 2015, it is determined that Latino American Community Center has **two immediate deficiencies**. One deficiency is pending further investigation and the second deficiency is pending corrective action at a timeline to be determined by the DDOE.

#### **Area(s) Impacted:**

- Fiscal
- Comprehensive Head Start Performance Standards (Health/Education, Family and Community Engagement)
- ERSEA

#### **Possible Immediate Deficiency Pending Further Investigation:**

##### **Specific Issues**

- **Violation of Contractual Agreements**
- **Dual Enrollment**

**Child's Name: Areli Rocha-Analco**

**Child's Name: Dantea Pitillo**

**Based upon the AGREEMENT BETWEEN THE INTERAGENCY RESOURCE MANAGEMENT COMMITTEE/THE DELAWARE DEPARTMENT OF EDUCATION (dated July 8, 2014), which states in # 2 of the agreement:**



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**The Vendor agrees to provide an Early Childhood Assistance Program based on Head Start Performance Standards for a minimum of 17.5 program hours per week to total 640 contact hours per program year.**

**The LACC is in violation of their contractual agreement. The two aforementioned students, who are disabled, are enrolled in the ECAP program and attend LACC for 1 hour or less per day (before and after school only) which totals approximately 5 hours per week. Therefore, these children and their families do not receive any ECAP services.**

**These children are also dually enrolled at the Early Years Preschool @Richardson Park Elementary School for 7 hours per day. Full day special education services, including transportation are provided by the Red Clay School District school district Special Education Department. The children are picked up at the LACC at 7:45 am and dropped back off at the LACC at 4:45 pm., 5 days per week. Finally, the Division of Social Services has contracted with La Fiesta (LACC) for the aforementioned students and authorized the provision of child care benefits; pending LACC provides services for 7 hours per day.**

**Corrective Action to be determined by the DDOE.**

### **Immediate Deficiency Eligibility, Recruitment, Selection, Enrollment and Attendance**

Due to the significance of the findings regarding the eligibility, recruitment, selection, enrollment and attendance of LACC children, the DDOE has determined those findings to represent an immediate deficiency and enforces the requirement of correction of the findings within 30 calendar days of receipt of this report. Failure to do so may result in de-funding of the agency by the DDOE. **Note: the agency has corrected this deficiency and documentation of systematic changes has been accepted by DDOE. DDOE will continue to support LACC with ERESA through visits, monitoring and technical assistance.**



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An immediate deficiency is defined as:

121 STAT. 1364

### Definitions

(18)The term “deficiency” means 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 subsection;
- (fi) 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;

### **Deficiency - ERSEA**

Based upon the guidelines established by the DDOE, 10% of enrollment applications were required to be reviewed. Due to the overwhelming number of inconsistencies and inaccuracies noted, the RTL requested a review of no less than half of applications of enrolled families. Upon review, nineteen out of thirty-four LACC enrollment applications (19/34) were found to be out of compliance. This number is deemed representative of all 34 enrollment applications.

Specific violations were found in the program’s implementation of the following Head Start Program Performance Standards:

1305.4 Age of children and family income eligibility.

(a) To be eligible for ECAP services, a child must be at least three years old by the date used to determine eligibility for public school in the community in which the ECAP program is located.

An application was reviewed and the child’s age could not be determined because there was no record of the child’s birth certificate in the file. The staff member who assisted with a review of the files was unable to provide this documentation; an explanation for why the child’s birth certificate was unavailable or to verify the child’s age.

(c) The family income must be verified by the Head Start program before determining that a child is eligible to participate in the program. A review of two applications found that family income was not verified by the LACC program staff prior to determining the child eligible to



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participate in the program. The review was held February 23-26, 2015. Children began school in September, 5 months prior to the review.

(d) Verification of income did not include an examination of "pay stubs". Applications were reviewed that only included an examination of one pay stub for families that were paid on a bi-monthly basis. In another application, family size could not be determined. The program did not list the family members in the household on the application; therefore income could not be determined based upon the size of the family.

In a third example, no income verification was made at all.

(e) Verification must also include a signed statement by an employee of the ECAP Program identifying which documents were examined and stating the child is eligible to participate in the program. This statement must be maintained to indicate that income verification was made.

Seven applications reviewed did not include the signature of by an employee or an indication of which identified which documents were examined. Upon the initial examination of the files, the signature of an ECAP employee was missing. When the files were returned to the Reviewer, the signatures were on the form. Therefore, evidence could not be provided because applications were altered.

On eleven applications, the staff did not adhere to the established formula when determining family income. Income was not calculated correctly. When re-calculated, it was determined the families may not have been eligible, or may have received a different ranking.

Additionally, the program did not use the Community Assessment to:

(6) set criteria that define the types of children and families who will be given priority for recruitment and selection.

The documents were provided that defined the types of children and families who were given priority for recruitment and selection. One document was the program's internal ERSEA policy which was not followed; the second document was an Income Guideline sheet from the State of Texas that defined the selection criteria for that State or program.

Because applications contained inconsistencies from one to the other and the ERSEA staff was unable to state the procedures used, it was determined the program did not develop or use the appropriate selection criteria based upon their Community Assessment and did not implement a systematic process to identify those children and families most in need to services for enrollment in their program.



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The family income must be verified by the Head Start program staff before determining that a child is eligible to participate in the program. The ECAP staff did not verify family income in accordance with their own Policy and the regulation. While verifications included examination of pay stubs, one application was verified using only one pay stub. In addition, family income was not calculated based upon the number of members in the household. For example, on one application, family size was listed as 4 and on the same application, no names of family members was documents. The section was left blank. Finally, out of seventeen applications reviewed, seven of those applications did not have the signature of a staff person verifying that the family income was correct.

The program was not in compliance with the regulations governing ERSEA. Due to the size and complexity of the problems, the area is deemed an immediate deficiency subject to correction within a timeframe specified by the DDOE.

**Note: the agency has corrected this deficiency and documentation of systematic changes has been accepted by DDOE. DDOE will continue to support LACC with ERESA through visits, monitoring and technical assistance.**

**End of Report**

Cc: Faith Scheibe, Director of Early Learning  
Policy Council Chairperson  
Board of Directors Liaison to Policy Council