

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**PATHWAYS FOR CHILDREN GENERALLY
COMPLIED WITH HEALTH AND SAFETY
REQUIREMENTS**

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Office of Inspector General

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: December 2018

Report No. A-01-18-02502

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

The Improving Head Start for School Readiness Act of 2007 required the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start (OHS), to develop a Designation Renewal System in which a grantee determined not to be providing a high-quality and comprehensive Head Start program would not be automatically renewed, but instead subject to an open competition for a new Head Start grant. In 2013, OHS notified Pathways for Children (Pathways) that it would be required to compete for Head Start funding. Pathways applied to compete for the Head Start funding and was awarded the grant again as the sole applicant. We selected Pathways for this review on the basis of its prior noncompliance.

Our objective was to determine whether Pathways complied with Federal and State requirements for ensuring the health and safety of the children in its care.

How OIG Did This Review

We conducted unannounced walk-throughs at the two Pathways facilities to make observations of Pathways safety practices for classrooms, common areas, outdoor space, and the maintenance of equipment and materials. We also reviewed background check records for 165 active employees and child health screenings for 45 judgmentally selected children.

Pathways for Children Generally Complied With Health and Safety Requirements

What OIG Found

Pathways generally complied with Federal and State requirements for ensuring the health and safety of children in its Head Start program. While we observed instances of noncompliance with select Federal and State health and safety requirements, we did not observe a systemic problem throughout Pathways. Pathways could improve its systems of health and safety practices and management to ensure children are kept safe at all times. Specifically, we found that Pathways did not always ensure its (1) buildings and physical premises were in compliance with Federal Head Start safety practices and State licensing standards, (2) employees received background checks as frequently as required, and (3) children received lead screening at the appropriate age.

These deficiencies occurred because Pathways did not provide training on the identification of hazards within a building or around the facility premises; did not have a reliable system to track when employees were due for renewed background checks; and did not adequately communicate with physicians' offices on children age appropriate lead screening. Without adequate safety procedures, Pathways potentially placed the children's health and safety at risk.

What OIG Recommends and Pathways Comments

We recommend that Pathways (1) correct all instances of noncompliance that we observed, (2) strengthen its systems of health and safety practices and management, (3) utilize the output from a reliable system to ensure all employees complete background checks in the timing and frequency required by Federal regulations and State licensing standards, (4) conduct a review of the remaining child health records to verify that there is documentation from a healthcare professional showing that screening for lead poisoning was conducted annually as prescribed by State licensing standards, and (5) follow up during a child's enrollment process with the physician's office when evidence demonstrates the child had not received an age appropriate lead screening and, if necessary, help parents schedule age-appropriate lead screening for their child.

In written comments on our draft report, Pathways concurred with our findings and recommendations and provided information on actions that it had taken to address our recommendations.

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INTRODUCTION

WHY WE DID THIS REVIEW

The Improving Head Start for School Readiness Act of 2007¹ (Head Start Act) required the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Head Start (OHS), to develop a Designation Renewal System (DRS) in which a grantee determined not to be providing a high-quality and comprehensive Head Start program would not be automatically renewed, but instead subject to an open competition for a new Head Start grant. On January 14, 2013, OHS notified Pathways for Children, Inc. (Pathways) that because of noncompliance with program requirements, it would be required to compete with other entities in its community for Head Start funding. Pathways applied to compete for the Head Start funding and was awarded the grant again as the sole applicant. In general, if ACF chooses not to renew a grant for which the grantee was the sole applicant, it has limited options for ensuring the continuity of Head Start services. On the basis of its noncompliance with program requirements and being awarded the grant as the sole applicant, we selected Pathways for this review.

OBJECTIVE

Our objective was to determine whether Pathways complied with Federal and State requirements for ensuring the health and safety of the children in its care.

BACKGROUND

Head Start Program

Title VI of the Omnibus Budget Reconciliation Act of 1981, as amended, establishes Head Start as a Federal discretionary grant program. In 1994, the Head Start program was expanded to establish Early Head Start. Head Start and Early Head Start programs (hereafter, collectively referred to as “Head Start” unless otherwise noted) support the comprehensive development of children from birth to age 5, to promote school readiness by enhancing the cognitive, physical, behavioral, and social-emotional development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families.

The Head Start Act required ACF to begin awarding 5-year grants for Head Start and to require grantees that ACF determines are not providing a high-quality and comprehensive Head Start program to “recompete.” ACF developed the DRS, which provides a structure for identifying lower performing programs that are required to compete for continued funding. Grantees that fall short on quality benchmarks, including classroom quality, health and safety, financial accountability, and program management standards, are designated for competition.

¹ The Improving Head Start for School Readiness Act of 2007 (P.L. No. 110-134, codified at 42 U.S.C. § 9801 et. seq.).

In addition, the Head Start Act required ACF to update its performance standards to ensure any such revisions to the standards do not eliminate or reduce quality, scope, or type of health, educational, parental involvement, nutrition, social, or other services programs provide. The updated Head Start Performance Standards final rule became effective November 7, 2016.

In fiscal year 2017, the Head Start programs were funded at approximately \$9.3 billion and served 899,374 children and pregnant women in centers, family homes, and in family childcare homes in urban, suburban, and rural communities throughout the country. Within HHS, ACF, OHS administers Head Start.

Federal Head Start Regulations

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 (45 CFR § 1302.47(a)). The facilities used by a program must meet State, Tribal, or local licensing requirements, even if exempted by the licensing entity. When State, Tribal, or local requirements vary from Head Start requirements, the most stringent provisions take precedence (45 CFR § 1302.21(d)(1)). In addition, a program must develop and implement a system of management, including ongoing training, oversight, correction, and continuous improvement in accordance with 45 CFR section 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, background checks, safety training, safety and hygiene practices, and administrative safety procedures are adequate to ensure child safety (45 CFR § 1302.47(b)).

State Regulations

In Massachusetts, the Department of Early Education and Care (EEC) has developed specific regulations governing all providers of early care and education services, whether home-, school-, or center-based. The Code of Massachusetts Regulations (CMR) sets forth the Standards for the Licensure or Approval of Family Child Care, Small Group and School Aged, and Large Group and School Aged Child Care Programs under 606 CMR chapter 7.00. These standards identify the practices necessary to ensure, among other things, the physical facilities are safe, clean, in good repair, and free from hazard and clutter. In addition, 606 CMR chapter 14.00 establishes standardized procedures for EEC's licensed programs for reviewing criminal records and other background information of candidates under consideration for employment or regular volunteer positions.

Pathways for Children

Pathways, based in Gloucester, Massachusetts, is a nonprofit entity providing education and care programs to over 500 children and their families from 14 communities in Massachusetts (Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Middleton, Peabody, Salem, Topsfield, Rockport, and Wenham). Pathways provides year-round programs serving children from birth to age 13, including Head Start and Early Head Start,

family and school age childcare, and community outreach and comprehensive wrap-around services to families.

Pathways was awarded \$3,185,402 for the period July 1, 2016, through June 30, 2018, and \$4,905,128 for the period May 1, 2016, through April 30, 2018, a total of \$8,090,530 of Head Start grant funds.

HOW WE CONDUCTED THIS REVIEW

We conducted unannounced visits at the two Pathways Head Start facilities on April 17, 2018, and performed a walk-through of the facilities to observe Pathways' safety practices for classrooms, common areas, outdoor space, and the maintenance of equipment and materials. We reviewed background-check records for all 165 active Pathways employees, and we reviewed whether and how often employees underwent required background-record checks. In addition, we judgmentally selected employee and children records. In the employee records, we reviewed teacher's qualifications and safety training documentation. In the children's records we reviewed medical, oral, vision, and hearing screening documentation. We also reviewed written policies and evaluated various aspects of Pathways' management of its Head Start program.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology.

FINDINGS

Pathways generally complied with Federal and State requirements by establishing systems of health and safety practices and management for ensuring the health and safety of children in its Head Start program. While we observed instances of noncompliance with select Federal and State health and safety requirements, we did not observe a systemic problem throughout Pathways. Pathways could improve its procedures to ensure children are kept safe at all times. Specifically, we found that Pathways did not always ensure its:

- buildings and physical premises complied with Federal Head Start safety practices and State licensing standards,
- employees received background checks as frequently as required, and
- children received lead screening at the appropriate age.

These deficiencies occurred because Pathways did not provide training on the identification of, and protection from, hazards within a building or around the facility premises; did not have a reliable system to set reminders and track when employees were due for renewed background checks; and did not adequately communicate with physicians' offices on children age appropriate lead screening. Without adequate safety procedures, Pathways potentially placed the children's health and safety at risk.

HEAD START HEALTH AND SAFETY PRACTICES

Federal and State Requirements

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 (45 CFR § 1302.47(a)).

A program must develop and implement a system of management, including ongoing training, oversight, correction, and continuous improvement in accordance with 45 CFR section 1302.102, that includes policies and practices to ensure all facilities, equipment and materials, safety training and hygiene practices, and administrative safety procedures are adequate to ensure child safety (45 CFR § 1302.47(b)). This system must ensure all facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are at a minimum meet licensing requirements in accordance with section 1302.21(d)(1) and equipped with safety supplies that are at a minimum, fully equipped and up-to-date first-aid kits and appropriate fire safety supplies (45 CFR § 1302.47(b)).

Staff with regular child contact must have ongoing training in all Federal, State, local, and program development health, safety, and childcare requirements. At a minimum, this must include training in building and physical premises safety identification of, and protection from, hazards (45 CFR § 1302.47(b)(4)(i)).

Facilities used by a program must meet State, Tribal, or local licensing requirements, even if exempted by the licensing entity. When State, Tribal, or local requirements vary from Head Start requirements, the most stringent provision takes precedents (45 CFR § 1302.21(d)(1)).

The licensee must ensure that the physical facilities are safe, clean, in good repair, and free from hazards and clutter. The licensee must monitor the environment daily to identify and remove or repair any hazards that may cause injury to children (606 CMR § 7.07(1)). The licensee must keep all equipment, materials, furnishings, toys, and games clean and in a safe, secure, and workable condition (606 CMR § 7.07(13)(b)).

Educators must ensure that all hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags, and purses are locked or inaccessible to children (Massachusetts 606 CMR § 7.07 (13)(g)).

Pathways Could Improve Its Compliance With Federal and State Health and Safety Requirements

Pathways had established systems of health and safety practices and management that ensure children are kept safe, as required. However, the systems did not always ensure compliance with Federal and State health and safety requirements. During our inspection of the two Head Start facilities, we observed instances in which select Federal and State health and safety requirements were not met. Examples of noncompliance included:

- A broken bookshelf located in one of the Head Start classrooms had an exposed screw protruding through the side of the shelf. The bookshelf was located in an area where children would rest and play (see Appendix B for picture).
- A wall located in one of the Head Start classrooms was in disrepair; the wallboard was falling apart and paint was peeling (see Appendix B for picture).
- Closets, cabinets, and drawers located in some Head Start classrooms were not always kept locked to ensure items, such as cleaning supplies, purses, and other hazardous objects, were kept inaccessible to children (see Appendix B for pictures).
- A fire extinguisher located in a common area had not been serviced for more than 2 years since its last service date of November 2015.

As we conducted our inspection of the Head Start facility, we discussed our observations with management, and when possible, management took immediate steps to address our concerns. (See Appendix C for complete list of our observations.)

Pathways provided some safety training to staff as part of its health and safety and management systems; however, when we reviewed the training records for 37 teachers, we found that none of the teachers were provided with training courses related to the identification of, and protection from, hazards within a building or around the facility premises. In addition, Pathways used a monitoring check list, developed in 2005 by ACF, to conduct annual health and safety assessments of its classrooms. However, in November 2016, ACF revised its Head Start performance standards and Pathways did not update its monitoring check to reflect this revision.

Pathways' systems did not always comply with Federal and State requirements because it:

- relied on written procedures based on outdated Head Start performance standards;
- did not provide ongoing safety training to staff with regular child contact on building and physical premises safety that includes the identification of, and protection from,

hazards; and

- relied on an annual classroom health and safety assessment monitoring checklists that were outdated with the Head Start performance standards and that did not take into consideration State health and safety licensing standards.

Due to the noncompliance issues we identified regarding its systems of health and safety practices and management, Pathways put at risk the safety of children in its care.

BACKGROUND CHECKS

Federal and State Requirements

A Head Start grantee may not hire an individual on a permanent or nonpermanent basis until it obtains (1) a State, Tribal, or Federal criminal record check covering all jurisdictions where the grantee provides Head Start services to children; (2) a State, Tribal, or Federal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services; or (3) a criminal record check as otherwise required by Federal law (Head Start Act § 648A(g)).

The licensee must maintain in each personnel record, among other things, evidence of completed background record checks, as required by 606 CMR section 1.05 (2) and 606 CMR chapter 14.00 (606 CMR § 7.04(18)(c)).

Massachusetts regulations at 606 CMR chapter 14.00 establish standardized procedures for the review of criminal records and other background information of candidates under consideration for employment or regular volunteer positions at EEC licensed, approved, or funded programs (606 CMR § 14.01). Under the regulations, all persons regularly providing childcare or support services with potential for unsupervised contact with children in any program of a facility licensed or funded by EEC must undergo a background record check. A background record check consists of, at a minimum, a Massachusetts Criminal Offender Record Information (CORI) check, a Department of Children and Families (DCF) background record check, a Sex Offender Registry Information (SORI) check, and a fingerprint-based check of State and national criminal history databases (606 CMR § 14.02).

The background record checks must be conducted at the time and frequency outlined below:

- CORI and DCF background record check investigations must be conducted when an offer of employment or a volunteer or intern position is made, and background record check approval is the final step in the hiring process. CORI and DCF background record checks investigations must be conducted at least every 3 years for those employees who have maintained continuous employment with the same employer unless the employer determines a greater frequency. CORI and DCF background record checks investigations must be conducted each time a candidate is hired by a new employer (606 CMR § 14.08(7)(a)).

- SORI checks must be conducted prior to employment or licensure and on a periodic basis thereafter for, among others, prospective and current family childcare employees, interns, and regular volunteers who have the potential for unsupervised contact with children (606 CMR § 14.08(7)(b)).
- Fingerprint-based checks of State and national criminal history databases must be conducted every 3 years (606 CMR § 14.08(7)(c)).

Pathways Did Not Conduct All Background Checks as Frequently as Required for Some of Its Employees

We determined that for 6 of the 165 active employees, Pathways did not conduct all background checks as frequently as required. For these employees, at least one of the required background checks was not conducted at least every 3 years. On average, 281 days had passed since the most recent overdue background check was completed (ranged between 39 and 969 days). Upon learning of the lapse in background checks, Pathways began conducting all the required checks between April 18 and April 24, 2018. After we finished our field work, Pathways provided evidence that it had completed the overdue background checks and determined it met the requirement for employment.

Pathways used Microsoft Outlook to set reminders and track when employees were due for renewed background checks, CPR certifications, and physicals. Due to the large volume of reminders the Human Resource department received per day, the process could not ensure that all employees who were due to renew their background checks did so. Microsoft Outlook did not have the functionality to generate the necessary reports to be used as a tracking method. Pathways informed us that it updated its process by using Checkwriters HR Payroll software to track the last completed employee background check and will run monthly reports to identify employees that need their background checks renewed.

Although Pathways completed the background checks for these six employees and they resulted in no new background check findings, Pathways put at risk the safety of children in its care.

CHILD LEAD SCREENING

Federal and State Requirements

Within 90 calendar days after a child first attends the program, it must obtain a determination from health-care and oral-health-care professionals as to whether the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral healthcare (45 CFR § 1302.42(b)). In addition, it must help parents continue to follow recommended schedules of well-child and oral healthcare (45 CFR § 1302.42(c)(1)).

Each child's record must contain a statement signed by a physician or an employee of a healthcare agency, obtained within 1 month of admission, stating the child has been screened for lead poisoning. All children, regardless of risk, must be screened for lead poisoning at least once between the age of 9 and 12 months and annually thereafter at ages 2 and 3 years (606 CMR § 7.04(7)(a)(13)(c)).

Some of Pathways Child Health Records Did Not Contain Evidence of Lead Screening at the Appropriate Age

Pathways generally maintained evidence of its efforts to help parents follow appropriate preventative and primary medical and oral healthcare and maintained documentation from healthcare professionals that children were up-to-date on this care for all 45 child records. However, 6 of the 45 child records we reviewed did not contain evidence from a healthcare professional that the child received screenings for lead poisoning or the evidence showed the screenings were not conducted at the appropriate age. Specifically, at the time of enrollment, all 6 children were over the age of 3; however, evidence of the last lead screening for 3 of the children occurred at the age of 1 and for the 3 other children occurred at the age of 2. In one child's record there was no evidence in the documentation received from the child's physician that the child had been screened for lead. Pathways stated that the physician's office notified it verbally that lead screening had been conducted. At the time of enrollment, the child was over the age of 3; however, when Pathways received the lead screening results from the child's physician office on June 12, 2018, the evidence showed the lead screening was conducted on March 19, 2015, when the child was approximately 1 year old. There was no evidence that the child was screened for lead at ages 2 or 3.

During the enrollment process, Pathways submits a fax to the child's physician's office requesting the most recent comprehensive physical exam and complete immunization records and labs, including lead screening. Pathways informed us that it was under the impression that the child's physician's office was providing complete information and that it was at the physician's discretion to conduct lead screenings at ages of 2 and 3. For this reason, Pathways did not see the need to follow up with the physician's office when it appeared the child did not receive age appropriate lead screening. In addition, Pathways only relied upon a verbal confirmation that the child had been screened for lead and failed to obtain a written record from a child's healthcare agency.

Without written evidence of lead screening from a healthcare professional, Pathways lacks sufficient assurance that a child received age appropriate lead screening, putting the child's health at risk.

RECOMMENDATIONS

We recommend that Pathways:

- correct all instances of noncompliance that we observed;
- strengthen its systems of health and safety practices and management by:
 - updating its policies and procedures to reflect changes made to the Head Start performance standards,
 - developing and providing ongoing safety training to staff that has regular contact with children in all State and Federal health and safety requirement related to building and physical premises safety that includes identification of and protection from hazards, and
 - updating annual classroom health and safety monitoring checklists to reflect changes to the Head Start performance standards and include State health and safety licensing standards;
- utilize the output from a reliable system to ensure all its employees complete background checks in the timing and frequency required by Federal regulations and State licensing standards;
- conduct a review of the remaining child health records to verify that there is documentation from a healthcare professional showing that screening for lead poisoning was conducted annually as prescribed by State licensing standards; and
- follow up during a child's enrollment process with the physician's office when evidence demonstrates that the child had not received an age appropriate lead screening and, if necessary, help parents schedule age-appropriate lead screening for their child.

PATHWAYS FOR CHILDREN COMMENTS

In written comments on our draft report, Pathways concurred with our findings and recommendations and provided information on actions that it had taken to address our recommendations. Pathways acknowledged that all instances of noncompliance have been corrected or are in the process of being corrected. Pathways stated that it has implemented systems of checks and balances to assure consistent application of all health and safety procedures. For example, Pathways stated that it has revised its staff orientation procedures to include a safety tour of the buildings where staff are located, and supervisors visit classrooms each month to ensure compliance with health and safety regulations and use the monitoring visits as an opportunity to remind staff of the importance of physical environment safety. In addition, Pathways stated that it immediately switched its background check notification

system to another system, the Checkwriters HR Payroll system, which has an advanced functionality to run monthly reports listing all employees who are due for a renewal of background checks. Pathways also stated it conducted a complete review of the children's health records to ensure that lead screenings are up to date for all children and devised strategies to address the problem.

Pathways comments are included in their entirety as Appendix D.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

We conducted unannounced visits at the two Pathways Head Start facilities on April 17, 2018, and performed a physical walk-through of the facilities to make observations of Pathways' safety practices for classrooms, common areas, outdoor space, and the maintenance of equipment and materials. We reviewed all 165 active employee background check records for the completion and frequency of completion of record checks. In addition, we judgmentally selected employee and children records and reviewed teachers qualifications and professional development records and children medical, oral, vision and hearing screening. We also reviewed written policies and evaluated various aspects of Pathways management of its Head Start program. To gain an understanding of Pathways operations, we conducted a limited review of its internal controls as they related to our audit objective.

We performed fieldwork at Pathways office in Gloucester, Massachusetts, from April 17 to July 18, 2018.

METHODOLOGY

To accomplish our objective, we:

- reviewed Federal and State laws and regulations related to the performance and licensing the Head Start program;
- reviewed Pathways Head Start grant applications and grant award documents;
- we conducted unannounced visits at two of Pathways Head Start facilities;
- reviewed Pathways licenses and documentation of building, fire, water, and lead paint inspections;
- interviewed Pathways officials and employees;
- reviewed Pathways policies and procedures for the operation of its Head Start program;
- reviewed Pathways employee background check records for all 165 active employees to determine whether record checks were completed and the frequency for which the checks were completed;
- reviewed a judgmental sample of employee records for all 14 teacher hired after October 1, 2011, and assistant teacher hired after September 30, 2013, to determine whether staff met the qualifications required and attended the required safety training;

- reviewed all 19 transportation staff (drivers and monitors) to determine whether the required driver qualifications were met, medical examinations performed, and CPR and first-aid certification were up-to-date;
- reviewed a judgmental sample of 45 child records to determine whether Pathways ensured children’s preventative primary medical and oral healthcare and vision and hearing screenings are up-to-date; and
- discussed our preliminary findings with Pathways and ACF officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: PHOTOGRAPHIC EXAMPLES OF INSTANCES IN WHICH SELECT FEDERAL AND STATE HEALTH AND SAFETY REQUIREMENTS WERE NOT ALWAYS MET



Photo 1: Broken bookshelf with an exposed screw in an area in which children play and rest.



Photo 2: Classroom wall made from particle board peeling apart and in disrepair.



Photo 3: Borax multipurpose household cleaner was found in an unlocked cabinet that was accessible to children. Cleaner box states “Keep out of reach of children.” In addition, cans of food were found to be stored alongside of Borax.

APPENDIX C: SUMMARY OF OBSERVATIONS OF NONCOMPLIANCE

Type of Observation	Description of Observation	Number of Observations	Citation
Hazardous Objects are Locked or Inaccessible	Unlocked cabinets, closets, and drawers contained the following items that were assessable to children: cleaning supplies and shaving cream which state “keep out reach of children;” employee purses; and adult scissors, screw driver and whiteout.	18	606 CMR 7.07 - <u>Safety Requirements for Equipment, Materials and Furnishings</u> . (13)(g) Educators must ensure that all hazardous objects, including but not limited to matches, lighters, toxic materials, sharp objects, plastic bags, and purses are locked or inaccessible to children.
Trash Containers	Garbage was not always kept in covered trash containers	10	606 CMR 7.07 - <u>Indoor Space</u> . (10)(m) <u>Refuse</u> . Garbage must be kept in lined and covered containers and all trash containers must be emptied at least daily.
Equipment and Furnishings	Broken bookshelf in area where children rest and play, playground merry-go-round cycle was missing a pedal, and furnishing tipping hazards.	5	606 CMR 7.07 <u>Safety Requirements for Equipment, Materials and Furnishings</u> . (13)(b) The licensee must keep all equipment, materials, furnishings, toys, and games clean and in a safe, secure, and workable condition.
Paint and Walls	Walls not always in good repair, peeling paint, wallboard chipping, and a hole in wall.	4	606 CMR 7.07 - <u>Chipping and Peeling Paint</u> . (6) The licensee must maintain the interior and exterior of the program in good repair, free from chipping, flaking, or peeling paint or broken plaster.
Strings and Cords	Strings and cords longer than six inches were not always kept out of children’s reach.	3	606 CMR 7.07 - <u>Safety Requirements for Equipment, Materials and Furnishings</u> . (13)(h) Strings and cords longer than six inches that are not part of recreational or educational materials, including, but not limited to, cords on window blinds, curtains or shades, must be kept out of children's reach.

Food	Refrigerators contained canned oranges and pineapple stored in a bowl only covered only with a paper towel covering; yogurt and cheese, cashew, raisin medley were beyond expiration date; and food not always labeled with expiration dates.	3	606 CMR 7.12 <u>Nutrition and Food Service</u> . (7) If the licensee provides meals and snacks for children: (b) the licensee must ensure that snacks and meals are prepared and served in a safe and sanitary manner; (c) the licensee must ensure that foods are not served to children beyond their recommended dates of use; (d) the licensee must store all food in clean, covered containers.
Electrical Outlets	Electrical outlet uncovered and accessible to children.	2	606 CMR 7.07 - <u>Electrical outlets</u> . (10)(o) All electrical outlets within the reach of children younger than school age must be made inaccessible by use of a safety device or covering that prevents access to the receptacle opening.
Toothpaste	Expired toothpaste, toothpaste beyond expiration date may have loss in fluoride stability, ingredients may separate out or crystallize, and flavors may diminish.	2	45 CFR 1302.43 - <u>Oral health practices</u> . A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.
First Aid and Fire Safety	First-aid kit contained expired eye drops, the eye drop bottle is made of materials that could leech into the product over time. Fire extinguisher not services timely.	2	45 CFR 1302.47 (b) - <u>Safety practices</u> . (1) Facilities. All facilities where children served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: (vi) equipped with safety supplies that are readily accessible to staff, including at a minimum, fully-equipped and up-to-date first-aid kits and appropriate fire safety supplies.
Free from Hazard and Clutter	Boxes and toys were stacked on top of each other in the corner of the room and posed a hazard of toppling over. The corner of the room was not free from hazards and clutter.	1	606 CMR 7.07 - <u>Physical Facility Requirements</u> . (1) The licensee must ensure that the physical facilities are safe, clean, in good repair, and free from hazards and clutter.

Playground Fence	Sharp wire protruding from playground gate entrance could cause a cut if child falls near fence.	1	606 CMR 7.07 - <u>Outdoor Space</u> . (7)(d) The outdoor play area must be free from hazards.
Toothbrushes	Toothbrushes touching cabinet wall that is chipping and stained; toothbrushes are not maintained in a safe and sanitary manner.	1	606 CMR 7.11 <u>Personal Hygiene</u> . (e) Children must use individual, labeled toothbrushes which must be stored in a safe and sanitary manner open to the air without touching each other.



Mr. David Lamir
 Regional Inspector General for Audit Services
 Office of Inspector General
 Office of Audit Services, Region I
 JFK Federal Building
 15 New Sudbury Street, Room 2425
 Boston, MA 02203

RE: Report #A-01-18-02502

Dear Mr. Lamir:

Pathways for Children, Inc. (Pathways) concurs that the organization generally complied with Federal and State requirements by establishing systems of health and safety practices and management for ensuring the health and safety of children in our Head Start program. Pathways has a culture of using data from audits and reviews to inform our commitment to continuous improvement. We have already implemented systems of checks and balances to assure consistent application of all health and safety procedures. Our recent notification from the National Association for the Education of Young Children, the accrediting body for our industry, that Pathways had achieved a 100%+ score on all categories that are evaluated for this stringent recognition validates our commitment to striving for excellence.

Correct all instances of noncompliance

Response: All instances of noncompliance have been corrected or are in process awaiting contractors.

Strengthen its systems of health and safety practices and management by:

- *Updating policies and procedures to reflect changes made to the Head Start performance standards;*

Response: We concur with the findings of the OIG audit in regard to updating policies and procedures to reflect all changes made in the Head Start Performance Standards. We have been methodically addressing this task since their implementation as we integrate new senior leadership and structure our program planning and governance processes. All integrated service plans and policies regarding health and safety that were not yet in the queue for revision to reflect the new standards are in process. We have completed the revision of our Emergency Response Protocols for each site location, updating information, procedures, and contacts reflective of guidelines from the Emergency Preparedness Manual published by the Office of Head Start, and have created the *Health and Safety Protocol for Monitoring Classroom Environments* that complies with regulation 1302.47 *Safety Practices* of the Head Start Program Performance Standards.

- *Developing and providing ongoing safety training to staff that has regular contact with children in all State and Federal health and safety requirements related to building and physical premises safety that includes identification and protection from hazards;*

Response: We concur with the OIG recommendation that the safety trainings we provide for staff need to address specific topics related to building and physical premises safety. To that end, we revised our staff orientation procedures to include a safety tour of the buildings where staff are located, a review of the Emergency Response Protocols, and beginning September 2018, have required that all staff are trained on various emergency protocols, including active intruder response, with a schedule of different types of emergency drills throughout the year. In addition, supervisors take the opportunity of the classroom monitoring checks to remind staff of the importance of physical environment safety.

- *Updating annual classroom health and safety monitoring checklists to reflect changes to the Head Start performance standards and includes State health and safety licensing;*

Response: We concur with the OIG recommendation that we update classroom-monitoring checklists. After receiving the initial findings from the OIG health and safety observations, the management team immediately implemented the Health and Safety Protocol for Monitoring Classroom Environments. Each month, supervisors visit each classroom with the checklist in hand to ensure compliance with regulation 1302.47. The checklist incorporates environmental safety criteria from: the ACF and HHS *Health and Safety Checklist for Early Care and Education Programs*, based on Caring for our Children Basics; and from the DEEC Small Group/Large Group Observation Record.

In response to observations made during OIG's Health and Safety review, Pathways for Children quickly secured private foundation funding to begin making safety upgrades to our building that our grant did not cover. After careful review of the OIG observation notes, we have used this private funding to implement the following upgrades:

1. Automated door closures to ensure classroom closets remain closed and locked at all times; Teachers' personal items will remain locked in the closets at all times and will remain inaccessible to students;
2. Childproof electric outlet covers installed in all classrooms and common areas. These automated outlet covers will ensure compliance at all times, with no opportunity for outlet covers to go missing or not be installed;
3. New classroom door locks installed to ensure classrooms are inaccessible to intruders during potential lockdown situations;
4. Upgraded classroom cabinets for high storage to ensure teachers have a uniform place to store all hazardous materials out of reach of students;
5. Repairing and painting all classroom and common area walls to ensure all remain in good repair.

Utilize the output from a reliable system to ensure all its employees complete Background checks in the timing and frequency required by Federal regulations and State licensing standards:

Response: In relation to the recommendation on background checks, Pathways concurs that 6 out of 165 active employees did not receive background checks as frequently as required. No employee may begin employment at Pathways without completed CORI, SORI, DCF and fingerprint checks in hand. The six identified were longer term employees who had transferred to other departments or sites and were not flagged by the system that was in place at the time. While the auditors were still on site, we resubmitted the background checks on the six employees. All six had clean records which we provided to the auditors. When informed of this issue, Pathways immediately switched its notification system to Checkwriters HR Payroll system with advanced functionality to run monthly reports listing all employees who are due for a renewal of background checks.

Conduct a review of the remaining child health records to verify that there is documentation from a health care professional showing that screening for lead poisoning was conducted annually as prescribed by State licensing standards; and a follow up during a child's enrollment process with the physician's office when evidence demonstrates that the child had not received an age appropriate lead screening and, if necessary, help parents schedule age-appropriate lead screening for their child.

Response: Pathways concurs with the findings from the OIG audit regarding documenting appropriate lead screening for children. Since this recommendation, we have conducted a complete review of the health records to ensure that lead screenings are up to date for all children. Our challenges with accessing up-to-date lead screenings are often subject to the discretion of local pediatricians who do not always test children on schedule or do not send full medical records that include most up to date lead dates or lead results. We recognize that this is an ongoing dilemma and have devised the following strategies to address the problem:

1. During the admissions process we will review with parents the importance of obtaining the lead screenings as well as immunizations;
2. Pathways' technical support team will set parameters in our database program, *ChildPlus*, to flag overdue lead screens from the initial information entered into the system. This will assist health staff with identifying overdue screenings quickly;
3. Staff will assist parents with the follow up with their primary care providers to get a lead test scheduled for their child when indicated;
4. If primary care providers fail to send lead test results or to schedule screenings we will obtain releases from parents who are on WIC to access data from WIC's database whose system requires up-to-date lead screenings and can screen on site for children entering their program;
5. As a last resort, we will work with our health care consultant to provide or obtain access to on-site screenings, similar to how we offer on-site dental screenings, when there appears no other way to ensure up to date lead screenings for children through their medical provider.

Pathways is accustomed to in-depth audits and federal reviews and has always been proud of our positive results and lack of findings. However, noting the scope and length of this audit, we recognize areas we need to improve upon. I want to express my gratitude to our staff for their vigilance and professionalism that assured more potentially critical areas of concern were not identified. I also want to express our leadership's gratitude that the auditors accepted our request for on-going feedback relative to their progress and any areas of concern identified, thus giving us the opportunity to correct in real time rather than waiting for issuance of the final report. Both parties have been mutually respectful making the demands of this audit more manageable.

Sincerely,



Susan Todd
President and CEO
Pathways for Children