



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 [eclkc.ohs.acf.hhs.gov](http://eclkc.ohs.acf.hhs.gov)

## Program Performance Summary Report

**To: Authorizing Official/Board Chairperson**

Mr. Serrell Smokey

Inter-Tribal Council of Nevada, Inc.

10 State St

Reno, NV 89501 - 2232

**From: Responsible HHS Official**

**Date: 06/06/2024**

**Mr. Khari M. Garvin**

**Director, Office of Head Start**

From February 12, 2024 to February 16, 2024, the Administration for Children and Families (ACF) conducted a Focus Area Two (FA2) monitoring review of Inter-Tribal Council of Nevada, Inc. This report contains information about the grant recipient's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, *Improving Head Start for School Readiness Act of 2007*.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. Based on the information gathered during this review, it has been determined that your program has at least one area of deficiency.

This 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. If you anticipate that you will not be able to correct all deficiencies 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. Failure to correct a deficiency within the approved timeline may result in termination of the grant.

In order to allow for sufficient time to consider extension requests, we ask that you submit your request within 10 days following receipt of this report. Extension requests shall not be considered approved unless you receive such approval in writing before the deadline for correction.

Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

### **DISTRIBUTION OF THE REPORT**

Copies of this report will be distributed to the following:

Mr. Todd Lertjuntharangool, Regional Program Manager

Ms. Deserea Quintana, Chief Executive Officer/Executive Director

Mrs. Maria Warf, Head Start Director

**Grant(s) included as part of this review**

<b>Grant Recipient Name</b>	<b>Grant Number(s)</b>
Inter-Tribal Council of Nevada, Inc.	90CI010041

**Glossary of Terms**

<b>Term</b>	<b>Definition</b>
<b>Additional Feedback for Program Improvement</b>	An area in which the agency needs to improve performance, also known as an Area of Concern (AOC). These issues should be discussed with the grant recipient's Regional Office for possible technical assistance. This feedback is not considered a non-compliance with federal requirements.
<b>Area of Noncompliance (ANC)</b>	An area in which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline for correction and possible technical assistance or guidance from the grant recipient's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
<b>Deficiency</b>	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> <li>(i) a threat to the health, safety, or civil rights of children or staff;</li> <li>(ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations;</li> <li>(iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management;</li> <li>(iv) the misuse of funds received under this subchapter;</li> <li>(v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or</li> <li>(vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified;</li> </ul> <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>
<b>Strong Practice</b>	An activity or strategy that shows promise for long term sustainable impact. A Strong Practice has an objective basis for claiming effectiveness, potential for replication, and is shareable among other organizations.

## How To Read This Report

The Focus Area Two report includes the following sections:

- **Program Overview**, provides a summary describing the grant recipient.
- **Performance Summary**, provides a table view of compliance by Performance Area.
- **Review Details**, provides details on the grant recipient performance in each Content Area, Performance Area, and Performance Measure.

### Program Overview

Inter-Tribal Council Of Nevada, Inc. has been in operation since 1966. The grant recipient is funded to provide Head Start services to 220 children and their families. Center-based options are offered across Nevada.

### Performance Summary

This section contains an overview of compliance information determined through this review. Detailed information can be found in the Review Details section.

Failure to correct a deficiency within the approved timeline may result in termination of the grant.

### Compliance Information

Content Area	Performance Area	Grant Number(s)	Compliance Level	Applicable Standards	Timeframe for Correction
Program Design, Management, and Improvement	Program Governance	90CI010041	Area of Noncompliance	642(d)(2)(A)-(I)	120 days
Education and Child Development Services	Qualifications, Professional Development, and Coaching	90CI010041	Area of Noncompliance	1302.91(e)(2)	120 days
Health Services	Child Health and Oral Health Status and Care	90CI010041	Deficiency	1302.42(b)(1)(i)	30 days
Health Services	Safe and Sanitary Environments	90CI010041	Area of Noncompliance	1302.47(b)(2)(v)	120 days
Health Services	Safe and Sanitary	90CI010041	Area of	1302.90(b)(1)	120 days

	Environments		Noncompliance		
Fiscal Infrastructure	Comprehensive Financial Management Structure and System	90CI010041	Area of Noncompliance	75.302(a)	120 days
Fiscal Infrastructure	Facilities and Equipment Management Systems	90CI010041	Area of Noncompliance	75.320(d)(2)	120 days
Eligibility, Recruitment, Selection, Enrollment, and Attendance	Enrollment	90CI010041	Area of Noncompliance	1302.14(b)(1)	120 days

## Review Details

This section of the report provides details on grant recipient performance in each Content Area, Performance Area, and Performance Measure.

- Each Performance Area includes the compliant Performance Measures monitored in this review.
- If there are any findings or Strong Practices observed, they will be listed within that Performance Area.



### Program Design, Management, and Improvement

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

#### Performance Area: Program Design and Strategic Planning

##### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient adjusts its program design to remain responsive to shifts in community needs, strengths, and resources over time.
- The grant recipient uses program data to routinely monitor performance, progress towards goals and desired outcomes, and drive program improvement.
- The grant recipient maintains a system and procedures for collecting, managing, and reporting on accurate, timely data.

#### Performance Area: Program Governance

##### *Finding Details*

##### **Area of Noncompliance - 642(d)(2)(A)-(I)**

##### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 120 days

##### *Performance Standard Details*

**Regulation Text:** Sec. 642 Powers and Functions of Head Start Agencies (d) Program Governance Administration- (2) CONDUCT OF RESPONSIBILITIES- Each Head Start agency shall ensure the sharing of accurate and regular information for use by the governing body and the policy council, about program planning, policies, and Head Start agency operations, including-- (A) monthly financial statements, including credit card expenditures; (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 of the Head Start agency, including any applicable updates; (H) communication and guidance from the Secretary; and (I) the program information reports.

##### *Compliance Details*

- The grant recipient did not ensure that accurate and regular program and fiscal information was shared with the governing body and the policy council.

Additional details from this review event:

- The grant recipient did not provide the policy council with financial information to support program planning and operations.
- An email from the Head Start director confirmed the policy council did not receive monthly financial reports.

#### Performance Area: Staffing and Staff Supports

##### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient supports staff members' continuous improvement and professional development.
- The grant recipient develops systems that support the Head Start workforce by providing fair compensation, opportunities for career advancement, and a positive work environment for staff.
- The grant recipient establishes high expectations for staff and implements ongoing communication and training systems to reinforce organizational accountability.
- The grant recipient's leadership and management team have clearly defined, manageable roles and responsibilities and the appropriate experience to effectively execute Head Start program operations.



## Education and Child Development Services

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

### Performance Area: Curricula, Screening, and Assessment Tools

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements appropriate ongoing child assessment tools to support children's progress and to individualize for every child.
- The grant recipient implements appropriate screening tools to refer children as indicated for evaluation.
- The grant recipient implements research-based and culturally appropriate curricula to achieve child outcomes.

### Performance Area: Teaching Strategies and Learning Environments

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient provides well-organized learning environments and schedules that promote healthy development for enrolled children.
- The grant recipient staff members provide responsive, effective care and effective teaching practices that are tailored to meet the needs of all children.
- The grant recipient uses intentionally designed lesson plans to deliver developmentally appropriate experiences for children.
- The grant recipient staff provide responsive, effective care and effective teaching practices that are tailored to meet the needs of all children.

#### *Strong Practice Details:*

During the review event the OHS monitoring team observed the following Strong Practice(s) in the Performance Area:

- The schedule promotes independent learning or the development of self-help skills through a variety of developmentally appropriate routines.

### Performance Area: Qualifications, Professional Development, and Coaching

#### *Finding Details*

**Area of Noncompliance - 1302.91(e)(2)**

#### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 120 days

#### *Performance Standard Details*

**Regulation Text:** 1302.91 Staff qualifications and competency requirements. (e) Child and family services staff. (2) Head Start center-based teacher qualification requirements.

#### *Compliance Details*

- The grant recipient did not ensure all Head Start center-based teachers had at least an associate's degree in early childhood education or equivalent coursework.

Additional details from this review event:

- The teacher qualification tracking document showed the grant recipient identified one of five Head Start center-based teachers who did not have the minimum of an associate's degree in early childhood education.
- The teacher, hired on April 10, 2023, had a professional development plan and was enrolled in a Child Development Associate program, which does not meet the degree requirement.



## Health Services

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

### Performance Area: Child Health and Oral Health Status and Care

#### *Finding Details*

#### **Deficiency - 1302.42(b)(1)(i)**

#### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 30 days

#### *Performance Standard Details*

**Regulation Text:** 1302.42 Child health status and care (b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems.

#### *Compliance Details*

- The grant recipient did not obtain initial medical and oral health determinations from a health care professional for all children.

Additional details from this review event:

- The grant recipient's 2023-2024 health data showed that 47 of 79 (59%) children did not have an initial medical health status determination.
- The grant recipient's 2023-2024 health data showed that 59 of 79 (75%) children did not have an initial oral health status determination.
- The grant recipient did not track or obtain initial health determinations for 16 additional children enrolled at the Lovelock center.
- The health manager confirmed health determinations were not tracked at the Lovelock center.
- The grant recipient considered the Lovelock center closed despite serving 16 children in 4 separate sessions and reporting them in its enrollment numbers.

### Performance Area: Mental Health and Social and Emotional Well-Being

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient develops a positive program environment, in partnership with a qualified mental health consultant, that promotes the mental health and social emotional well-being of children.
- The grant recipient provides family support services for mental health and social emotional well-being.
- The grant recipient implements positive discipline practices and policies that prohibit the use of expulsion and suspension.

### Performance Area: Child Nutrition

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements nutrition services that accommodate children's unique nutritional needs.

### Performance Area: Safe and Sanitary Environments

#### *Finding Details*

**Area of Noncompliance - 1302.47(b)(2)(v)****Summary****Grant Number(s) Cited:** 90CI010041**Timeframe for Correction:** 120 days**Performance Standard Details**

**Regulation Text:** 1302.47 Safety practices (b) A program must develop and implement a system of management, including ongoing training, oversight, correction and continuous improvement in accordance with §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. This system must ensure:

(2) Equipment and materials. Indoor and outdoor play equipment, cribs, cots, feeding chairs, strollers, and other equipment used in the care of enrolled children, and as applicable, other equipment and materials meet standards set by the Consumer Product Safety Commission (CPSC) or the American Society for Testing and Materials, International (ASTM). All equipment and materials must at a minimum: (v) Be kept safe through an ongoing system of preventative maintenance.

**Compliance Details**

- The grant recipient did not implement a system of management that ensures facilities, equipment, and materials and safety procedures are adequate to ensure child safety.

Additional details from this review event:

- The grant recipient did not ensure maintenance requests were corrected in a timely manner.
- A review of the maintenance checklist from the McDermitt center showed a request was submitted in September 2023 regarding the furnace not blowing warm air. As of February 16, 2024, it had not been fixed, and the center was being heated with space heaters.
- Additionally, the Nixon center checklist showed a request for the reinstallation of playground equipment was submitted in September 2023; however, it was not expected to be completed before summer 2024.
- The health manager stated the grant recipient did not have a timeline to correct safety concerns.

**Finding Details****Area of Noncompliance - 1302.90(b)(1)****Summary****Grant Number(s) Cited:** 90CI010041**Timeframe for Correction:** 120 days**Performance Standard Details**

**Regulation Text:** 1302.90 Personnel Policies. (b) Background checks and selection procedures. (1) Before a person is hired, directly or through contract, including transportation staff and contractors, a program must conduct an interview, verify references, conduct a sex offender registry check and obtain one of the following: (i) State or tribal criminal history records, including fingerprint checks; or, (ii) Federal Bureau of Investigation criminal history records, including fingerprint checks.

**Compliance Details**

- The grant recipient did not obtain the results of an initial background check prior to hiring one or more staff members.

Additional details from this review event:

- The grant recipient's criminal records check tracking document showed 8 of 8 staff members hired within the past 12 months did not complete fingerprint checks.
- The human resource specialist stated fingerprints were not part of the grant recipient's process.
- When employees were offered a position, they received an offer letter with a link for an online background check, but fingerprints were not required.

**Performance Area: Expectant Families**

Not applicable



## Family and Community Engagement Services

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

### Performance Area: Program Foundations to Support Family Well-Being and Family Engagement

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- Staff are qualified, supported, and develop family assignments based on the specific needs of enrolled families.
- The grant recipient continuously engages all families in the program through open and effective communication.

### Performance Area: Family Partnerships

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements a family partnership process that includes supports for family-driven goals and progress towards outcomes.

#### *Strong Practice Details:*

During the review event the OHS monitoring team observed the following Strong Practice(s) in the Performance Area:

- The grant recipient provides economic mobility support to help families with pathways out of poverty.

### Performance Area: Promoting Strong Parenting, Parent-Child Relationships, and Engagement in Children's Learning

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements strategies that promote parental skills and engage parents in children's development.
- The grant recipient chooses and implements a research-based parenting curriculum.

### Performance Area: Community Partnerships

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient has identified community partnerships that meet the needs and interests of families.



## Fiscal Infrastructure

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

### Performance Area: Budget Development, Implementation, and Oversight

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient engages in a transparent, data-informed strategic process to develop and maintain a budget that aligns with program goals and circumstances.

### Performance Area: Comprehensive Financial Management Structure and System

#### *Finding Details*

#### **Area of Noncompliance - 75.302(a)**

#### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 120 days

#### *Performance Standard Details*

**Regulation Text:** 75.302 Financial management and standards for financial management systems.(a) Each state must expend and account for the Federal award in accordance with state laws and procedures for expending and accounting for the state's own funds. In addition, the state's and the other non- Federal entity's financial management systems, including records documenting compliance with Federal statutes, regulations, and the terms and conditions of the Federal award, must be sufficient to permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditures adequate to establish that such funds have been used according to the Federal statutes, regulations, and the terms and conditions of the Federal award. See also §75.450.

#### *Compliance Details*

- The grant recipient did not submit reports documenting compliance with Federal statutes, regulations, and the terms and conditions of the Federal award in a timely manner.

Additional details from this review event:

- The grant recipient did not submit its final Federal Financial Report Standard Form (SF)-425 report for the budget period ending April 30, 2021 until January 5, 2022, and for the budget periods ending April 30, 2022 and April 30, 2023 until February 12, 2024.
- The finance director stated the grant recipient submitted the SF-425 reports late due to a lack of staff.
- In addition, the grant recipient did not complete an audit for the fiscal year ending September 30, 2020 until September 27, 2023.

### Performance Area: Facilities and Equipment Management Systems

#### *Finding Details*

#### **Area of Noncompliance - 75.320(d)(2)**

#### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 120 days

#### *Performance Standard Details*

**Regulation Text:** 75.320 Equipment. (d) Management requirements. Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, as a minimum, meet the following requirements: (2) A physical inventory of the property must be taken and the results reconciled with the property records at least once every two years.

*Compliance Details*

- The grant recipient did not have a procedure for managing equipment and did not complete a physical inventory every two years.

Additional details from this review event:

- The grant recipient did not perform an equipment inventory every two years.
- When a current inventory list was requested, the grant recipient provided two blank inventory lists dated 2021.
- The most recent capital asset list provided by the grant recipient was dated September 30, 2019 and included equipment purchased with program funds.



## Eligibility, Recruitment, Selection, Enrollment, and Attendance

Below is a list of all Performance Areas and compliant Performance Measures monitored in this Content Area, with details on findings, and additional feedback as applicable.

### Performance Area: Eligibility

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements a clear, consistent, and compliant process for enrolling eligible families.
- The grant recipient trains staff to follow ERSEA regulations and establishes written policies and procedures to ensure compliance with eligibility requirements.

### Performance Area: Recruitment

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient implements a recruitment strategy focusing on all families with eligible children, with specific outreach efforts to families with vulnerable children.

### Performance Area: Selection

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient establishes selection criteria and a waitlist based on community needs.

### Performance Area: Enrollment

#### *Finding Details*

#### **Area of Noncompliance - 1302.14(b)(1)**

#### *Summary*

**Grant Number(s) Cited:** 90CI010041

**Timeframe for Correction:** 120 days

#### *Performance Standard Details*

**Regulation Text:** 1302.14 Selection process. (b) Children eligible for services under IDEA. (1) A program must ensure at least 10 percent of its total funded enrollment is filled by children eligible for services under IDEA, unless the responsible HHS official grants a waiver.

#### *Compliance Details*

- The grant recipient did not ensure at least 10 percent of its total funded enrollment was filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA).

Additional details from this review event:

- The grant recipient did not have any children eligible for services under the IDEA enrolled in Head Start for the 2024 school year.
- The ERSEA manager confirmed children with Individualized Education Plans (IEP) were not enrolled.
- The Head Start director was unable to provide information about the number of children in the referral or evaluation process.
- A review of PIR reports for 2018, 2019, and 2023 showed the grant recipient reported 7, 3, and 4 children, respectively, receiving services under IDEA.
- The grant recipient's funded enrollment was 220.

### Performance Area: Attendance

#### *Compliance Details*

During the review event the OHS monitoring team identified the following Performance Measures as compliant:

- The grant recipient consistently employs strategies to encourage regular attendance.

----- End of Report -----