

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

### Risk Assessment Notification (RAN) Review Monitoring Protocol



#### Purpose

The Head Start Risk Assessment Notification (RAN) review will be conducted as needed, when the Office of Head Start (OHS) requires more information about a significant incident affecting the health and safety of program participants. The RAN review will:

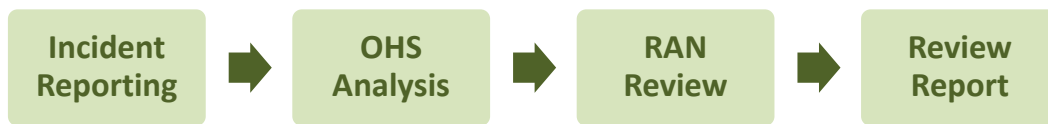
- Document serious health and safety incidents and ensure that recipients are following requirements for timely, accurate reporting.
- Identify if there are contributing program or management factors that may have enabled the incident.
- Communicate any required corrective action steps to the recipient.
- Provide feedback and inform support to strengthen program management approaches and prevent similar incidents from occurring in the future.

OHS will use information from RAN reviews to understand regional and national data trends, target support to recipients, and ensure healthy and safe learning environments for children, families, and program staff.



#### Approach

Exhibit 1: RAN Review Process



**Incident Reporting:** Head Start recipients are required to immediately report significant incidents affecting the health and safety of program participants. Reports must be submitted immediately through HSES Correspondence, and no later than seven days following an incident. To support recipients in meeting this requirement, OHS is providing a link to a sample template within this protocol that can be used to meet the reporting requirement (see page 9).

Incident reports must be sent to the Program Specialist or Regional Program Manager at the Regional Office through HSES Correspondence. Recipients may refer to [ACF-IM-HS-22-07 Reporting Child Health and Safety Incidents](#) for more information. If you have any questions about the reporting requirement, contact your Program Specialist.

**OHS Analysis:** Upon receiving a report of a significant health and safety incident, OHS will review the information and reach out to the program to request any additional information, as needed. Based on the information provided about the incident, OHS will determine if a RAN review is required.

**RAN Review:** If a RAN review is initiated, the Regional Office will contact the recipient to schedule the review, which is conducted by the Program Specialist. The review comprises a virtual data tour conducted with the recipient, which will explore the program’s management systems that support children’s health

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

and safety. Data, documents, and systems may be requested to screenshare and/or submit during virtual discussions. The Program Specialist will work with the recipient if they are unable to screenshare during the review event.

The virtual data tour will support a full understanding of the program’s strategies and approaches to ensure children’s health and safety and mitigate the risk of any serious incidents.

**Review Report:** After the review concludes, OHS will send a report to the recipient to communicate the review outcome. The report will contain information about any findings from the review, if applicable, and any corrective action steps that the program must take to prevent health and safety incidents in the future.



### Roadmap to the RAN Protocol

This protocol will guide the recipient to prepare for the RAN review. It includes information about incident reporting, and the focus topic areas and federal regulations in the RAN review.

#### Performance Areas and Performance Measures

The content of each section is organized into a set of Performance Areas, with each Performance Area containing a set of discrete Performance Measures. The Performance Area/Performance Measure framework organizes the protocol’s content. Performance Areas identify specific areas of performance associated with Head Start Program Performance Standards (HSPPS), while Performance Measures provide more focused measurement areas for the review event.

For example, the *Program Design, Management and Improvement* section includes two Performance Areas: (1) *systems for program management and improvement*; and (2) *staffing and staff supports*. Reviewers will use the Performance Area/Performance Measure framework to guide their discussion with recipients during the RAN review event.

#### Federal Regulations

Each Performance Measure includes a list of federal regulations grounding the discussions. This list ensures transparency regarding the regulations used to assess program performance. Grant recipients remain accountable for all the HSPPS as well as other federal, state, tribal and local regulations guiding program operations, management, and oversight.

During a RAN review, OHS may determine an area of failure under two categories: systemic or substantial. Following is the description of how OHS monitoring defines systemic and/or substantial failures and examples of how each have occurred in monitoring reports.

**Systemic failure:** Recipients must establish systems to ensure all staff, consultants, contractors, and volunteers are in compliance with HSPPS. These systems must include enough safeguards to ensure the health and safety of children, facilities, and federal funds are protected. A systemic failure could include, but is not limited to, failure to monitor staff, funds, or facilities to ensure compliance; failure to train staff on the appropriate implementation and execution of policies and procedures; failure to ensure staff abide by the program’s code of conduct; failure to ensure appropriate internal controls; or a high frequency of failure across systems. Systemic failure is not exclusively related to the number of times, percentages, or frequency an issue occurs. A systemic failure can be identified

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

as a result of a one-time occurrence that represents the failure to monitor, train, or safeguard children, parents, staff, or federal funds in a program.

*Substantial failure:* A significant one-time failure to meet the requirements. For example, when there is actual physical or emotional harm done to children or there is fraud, waste, and abuse detected.

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

### *Incident Reporting*

#### Overview

OHS considers a “significant incident” to be any incident that results in serious injury or harm to a child, incidents of abuse (physical, sexual, or emotional/verbal) or inappropriate conduct by staff, consultants, contractors, or volunteers, or incidents of inadequate supervision or unauthorized release of a child. The recipient must report to its Regional Office immediately following a significant health and safety incident (no later than 7 days after an incident).

Recipients must send incident reports to the Program Specialist or Regional Program Manager through HSES correspondence.

A link to a sample incident reporting form is included on page 9 of this protocol.

#### Monitoring Approach

Recipients must provide all requested information about any health and safety incidents. OHS may ask follow-up questions and may request supplementary information, if available.

OHS will use the information provided to assess whether there have been any violations of the HSPPS or other federal regulations or requirements, and whether a RAN review is needed.

#### Federal Regulations

- ✓ 1302.47(b)(5)(iv)—Unauthorized release
- ✓ 1302.90(c)(1)(ii)—Child maltreatment
- ✓ 1302.90(c)(1)(v)—Inadequate supervision
- ✓ 1302.102(d)(1)(ii)—Reporting to OHS
- ✓ 1303.72(a)(3)—Vehicle safety

#### Incident Definitions

OHS is providing a thorough list of the types of incidents that must be reported. Some examples of significant incidents include, but are not limited to:

- **Serious child injuries** that require either hospitalization or emergency room medical treatment, such as a broken bone, a severe sprain, chipped or cracked teeth, head trauma, deep cuts, contusions or lacerations, animal bites, or any incident resulting in a fatality.
- **Inappropriate conduct**, which is any behavior exhibited by or any interaction observed between a staff member, consultant, contractor, or volunteer and a child(ren) that is not best practice. The intent of the conduct may be to stop or prevent a child from engaging in an action or behavior, but it is not executed in a way that supports age-appropriate behavioral management techniques. Examples include, but are not limited to:
  - Using or withholding food as a punishment or reward
  - Using physical activity or outdoor time as a punishment or reward
  - Using blame or negative labeling of a child
  - Restraining, pulling, or pushing a child, without causing bodily injury

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

- **Physical abuse** is the intentional act by a staff member, consultant, contractor, or volunteer to cause physical harm to a child's body. Included in this definition are any actions such as grabbing, shoving, shaking, pinching, pulling, punching, pushing, or throwing a child; spanking or any other type of corporal or physical punishment; binding, tying, or taping.
- **Verbal or emotional abuse** occurs when an adult's actions or inactions cause harm to a child's psychological or intellectual functioning. Examples include, but are not limited to:
  - Using isolation to discipline a child
  - Using toilet learning/training methods that punish, demean, or humiliate a child
  - Use of public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
  - Using profanity, sarcastic language, threats, or derogatory remarks about the child or child's family
- **Sexual abuse** is a term used to describe the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist another person to engage in, sexually explicit conduct or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.
- **Inappropriate sexual behavior** is any conduct that does not meet the definition of sexual abuse but is derogatory in nature.
- **Child neglect** is defined as the failure of a staff member, consultant, contractor, or volunteer with responsibility for the child to provide needed food, clothing, shelter, and/or medical care to the degree that the child's health, safety, and well-being are threatened with harm.
- **Inadequate supervision** while in the care or under the supervision of a staff member, consultant, contractor, or volunteer, which includes leaving a child alone anywhere on the grounds of a Head Start facility, as well as outside the facility in a parking lot, on a nearby street, or on a bus or another program-approved transportation or excursion.
- **Unauthorized release** where a child is released from a Head Start facility, bus, or other program-approved transportation to a person without the permission or authorization from the child's parent or legal guardian, or to a location where no adult is present.

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

### Program Design, Management, and Improvement (PDMI)

#### Overview

The recipient’s leadership teams must work in partnership with program staff and families to implement organizational culture and management systems to ensure children’s well-being, healthy development, and safety.

The Performance Areas evaluated through the PDMI content area are (1) *systems for program management and improvement* and (2) *staffing and staff supports*.

#### Monitoring Approach

Recipients should be prepared to screenshare data, documents, and/or systems used regularly around topics such as:

- Staff management information, including:
  - Staffing plans and policies
  - Staff supervision policies and records
  - Training and Technical Assistance plan and training records
  - Standards of Conduct
- Systems for training, overseeing, monitoring, and improving child health and safety policies and practices

#### Federal Regulations

✓ 1302.47(a) and 1302.47(b)(5)—Management systems for safety practices	✓ 1302.101(a)(1)—Program management system
✓ 1302.90(c)—Standards of conduct	✓ 1302.101(a)(3)—Budget and staffing patterns
✓ 1302.92(b)(2)—Training for suspected child abuse and neglect	✓ 1302.102(b)(1)—Ongoing compliance oversight and correction
✓ 1302.92(b)(5)—Approach to professional development	✓ 1302.102(d)(1)(ii)—Reporting to OHS
✓ 1302.93(b)—Staff mental health	

#### Performance Area 1: Systems for Program Management and Improvement

Performance Measure 1.1: The recipient establishes and implements policies and procedures to promote children’s well-being and ensure children’s health and safety. 1302.47(a); 1302.47(b)(5); 1302.90(c); 1302.92(b)(2); and 1302.102(d)(1)

Elements of this measure include, but are not limited to, how the recipient:

- Establishes, trains staff on, implements, and enforces policies and procedures to ensure children’s health and safety.
- Trains staff on methods to handle suspected or known child abuse and neglect cases.

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

- Immediately reports to the OHS any significant incidents affecting the health and safety of program participants.

Performance Measure 1.2: The program’s leadership team has established and implemented a system of ongoing monitoring and quality improvement to provide effective management and ensure children’s safety.

1302.101(a)(1) and 1302.102(b)(1)

Elements of this measure include, but are not limited to, how the recipient:

- Offers effective management and oversight of the program through ongoing monitoring.
- Analyzes program data to rapidly identify, correct, and improve quality and compliance issues related to children’s health and safety.
- Works with the governing body and policy council to address any identified issues and implement updated procedures that prevent recurrence.
- Develops and implements effective strategies for program improvement.

### Performance Area 2: Staffing and Staff Supports

Performance Measure 2.1: The recipient has a process to ensure all service areas have sufficient staffing to provide continuity of care for all enrolled children and families. 1302.101(a)(3)

Elements of this measure include, but are not limited to, how the recipient:

- Allocates sufficient staff to service areas to promote continuity of care.
- Provides appropriate coverage with trained substitutes to allow for staff breaks and absences.

Performance Measure 2.2: The recipient establishes a system of professional development to promote a culture of safety and support delivery of quality education and child development services. 1302.92(b)(5)

Elements of this measure include, but are not limited to, how the recipient:

- Provides a comprehensive and systemic approach to professional development for all staff that supports an understanding of child development and behavior, providing effective and nurturing adult-child interactions, supporting children with disabilities and dual language learners, partnering with families, and addressing challenging behaviors.

Performance Measure 2.3: The recipient develops systems that support staff through a positive and supportive work environment. 1302.93(b)

Elements of this measure include, but are not limited to, how the recipient:

- Makes mental health and wellness information available to staff regarding health issues that may affect their job performance.
- Supports staff wellness through opportunities for staff to learn about mental health, health, and health education.

# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

### Health Services

#### Overview

The recipient must provide an environment that promotes the mental health and social emotional well-being of children, families, and staff.

One performance area will be monitored in this section: *mental health and social-emotional well-being*.

#### Monitoring Approach

Designing Quality Health Program Services (HEA) will be monitored through discussions with the health manager and any representatives from the health services team.

Recipients should be prepared to screenshare data, documents, and/or systems used regularly around topics such as:

- Monitoring data related to mental health consultation

#### Federal Regulations

- ✓ 1302.45(a)(1)—Program culture to promote children’s mental health, social-emotional well-being, and overall health
- ✓ 1302.45(b)—Mental health consultants

#### Performance Area 1: Mental Health and Social-Emotional Well-Being

Performance Measure 1.1: The recipient, in partnership with a qualified mental health consultant, develops a program environment that promotes mental health and social-emotional well-being of children. 1302.45(a)(1) and 1302.45(b)

Elements of this measure include, but are not limited to, how the:

- Program leadership supports staff to implement strategies for effective classroom management, positive learning environments, and supporting children with challenging behaviors.
- Mental health consultant provides support to program staff to assist children with mental health and social emotional concerns.



# Risk Assessment Notification (RAN) Review

## Fiscal Year (FY) 2024 Monitoring Protocol

### Sample Incident Reporting Form

The OHS has developed a Sample Incident Reporting Form that recipients can use to report significant incidents of child health and safety concerns to the OHS, as required by 45 CFR §1302.102(d)(1)(ii) and the September 2022 OHS Information Memorandum (ACF-IM-22-07). The form can be found [here](#).