




ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Head Start | 8th Floor Portals Building, 1250 Maryland Ave, SW, Washington DC 20024 | eclkc.ohs.acf.hhs.gov



**To: Board Chairperson**  
*Mrs. Rosa Lee Vigil*  
Board Chairperson  
Rocky Mountain SER/Jobs for Progress, Inc.  
3555 Pecos St.  
Denver, CO 80211

**From: Responsible HHS Official**  
*Ms. Yvette Sanchez Fuentes*  
Director, Office of Head Start

 2/4/13  
Date

## Overview of Findings

From 10/28/2012 to 11/2/2012, the Administration for Children and Families (ACF) conducted an on-site monitoring review of the Rocky Mountain SER/Jobs for Progress, Inc. Head Start program. We wish to thank the governing body, Policy Council, staff, and parents of your program for their cooperation and assistance during the review. This Head Start Review Report has been issued to Mrs. Rosa Lee Vigil, Board Chairperson, as legal notice to your agency of the results of the on-site program review.

Based on the information gathered during our review, your Head Start program was found to be out of compliance with one or more applicable Head Start Program Performance Standards, laws, regulations, and policy requirements. The report provides you with detailed information in each area where program performance did not meet applicable Head Start Program Performance Standards, laws, regulations, and policy requirements. Each area of noncompliance identified in this report should be corrected within 120 days following receipt of this report.

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

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

the OHS to use information collected through the representative samples to make generalizations regarding your program as a whole.

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

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

### **Distribution of the Head Start Review Report**

Copies of this report will be distributed to the following recipients:

Ms. Debbie Hedin, Regional Program Manager  
Ms. Antonette Hurd, Policy Council Chairperson  
Mr. Joseph P. Johnson III, CEO/Executive Director  
Ms. Judy Lopez, Head Start Director

### **Overview Information**

Review Type: *Triennial*  
Organization: *Rocky Mountain SER/Jobs for Progress, Inc.*  
Program Type: *Head Start*  
Team Leader: *Ms. Elsa Hernandez*  
Funded Enrollment HS: *2276*  
Funded Enrollment EHS: *Not Applicable*

## **Area of Strength**

### **Management Systems**

The grantee had grants, community partnerships and a nutrition curriculum that impacted the quality of services it was able to provide to children and families. Recent grants received included the Temple Buell Grant, which allowed the grantee to implement the "Treasure Chest Program" into their Pueblo, Alamosa, and Denver Head Start regions. They also received the Packard Foundation Grant to improve the security system in the Pueblo Head Start Facility. The partnership with Spanish Peaks Mental Health program facilitated the provision of quality mental health services for children and families in RMSER's Pueblo, Walsenburg and Trinidad Head Start Centers.

The grantee implements the "Food Friends" curriculum, based on research conducted by the Department of Food Science and Human Nutrition at Colorado State University. Its goal was to encourage children to try new foods in order to enhance their food choices and to increase

dietary variety lasting into adulthood, with the goal of decreasing their risk of chronic diseases. The Colorado State University Extension Program provided nutrition lessons to children in each center monthly to promote healthy food choices and eating habits.

The grantee also had a partnership with local libraries and children were involved in the (Police) Officer Guest Reader Program Library Partnership which involved having children visit the library every other month for a special story time; special guest readers visiting the Head Start Centers; and the Books A La Cart Program, which was a library-maintained onsite book cart deemed successful in encouraging families to utilize library services in a non-threatening manner. The children welcomed the guests and listened attentively while the stories of Eric Carle were read to them. Guest readers included Colorado Senators and Congressional Representatives.

## New Area of Noncompliance Determinations

At least one area of noncompliance was documented at Rocky Mountain SER/Jobs for Progress, Inc. Head Start program.

### Management Systems

| Applicable Standards | Program Type | Status               | Finding Type                        |
|----------------------|--------------|----------------------|-------------------------------------|
| <i>1304.51(g)</i>    | <i>HS</i>    | <i>Noncompliance</i> | <i>Record Keeping and Reporting</i> |
| <i>1304.52(a)(1)</i> | <i>HS</i>    | <i>Noncompliance</i> | <i>Ongoing Monitoring</i>           |
| <i>1304.52(k)(1)</i> | <i>HS</i>    | <i>Noncompliance</i> | <i>Human Resources</i>              |

### **PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies**

#### **1304.51 Management Systems and Procedures.**

**(g) Record-keeping systems. Grantee and delegate agencies must establish and maintain efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and must ensure appropriate confidentiality of this information.**

The grantee did not establish and maintain effective record-keeping systems to provide accurate and timely information regarding staff and children. No routine mechanisms for data collection were in place, resulting in inconsistencies in grantee reports. The grantee used the Program Resources and Outcomes Management Information System (PROMIS); however, records were not accurate and were not kept up to date.

A review of staff files and an October 31, 2012 PROMIS staffing report found inconsistencies regarding staff who completed criminal record checks (CRCs), physical examinations, and tuberculosis (TB) screenings and provided professional credentials. The grantee was able to generate staffing reports from the PROMIS system; however, it did not have a personnel tracking system in place to regularly review, notify, and update employees regarding missing CRCs, physical examinations, TB screenings, and professional credentials. In an interview, the Human

Resources Generalist confirmed personnel files were not consistently maintained.

A review of the grantee's October 29, 2012 PROMIS-generated Statewide Waiting List and the Fruita classroom waiting list found information was not consistent between the two. The Fruita classroom waiting list included children who did not appear on the Statewide Waiting List. In an interview, the Head Start Director stated she was not aware of the record-keeping issues and said the program recently implemented new record-keeping procedures, but staff were resistant to implementing them.

The grantee did not establish and maintain effective record-keeping systems to provide accurate and timely information regarding staff and children; therefore, it was not in compliance with the regulation.

#### **PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies**

##### **1304.52 Human Resources Management.**

###### **(a) Organizational Structure**

**(1) Grantee and delegate agencies must establish and maintain an organizational structure that supports the accomplishment of program objectives. This structure must address the major functions and responsibilities assigned to each staff position and must provide evidence of adequate mechanisms for staff supervision and support.**

The grantee did not maintain an organizational structure to support the accomplishment of program objectives. The management team did not fulfill its responsibilities regarding program oversight and adherence to policies and procedures. A review of an October 31, 2012 grantee Program Goal report found it reflected completion of a structural re-organization.

In an interview, the Head Start Director stated the grantee went through major organizational changes in the past 16 months but said some staff were resistant to the re-organization, resulting in gaps in oversight of centers and staff support. She further stated the program moved from regionally based supervision to component-based supervision and implemented new service plans to standardize services. She added the organizational structure was compartmentalized and said centers did not have Site Supervisors or Directors; rather, each component area manager supervised specific component areas within his or her region, and the State Component Lead served as the regional component area managers' coach, mentor, and supervisor. She also stated the regional component coordinators supervised only their own components in their own regions and said the management team did not sufficiently oversee and supervise staff responsible for the service areas, and the managers did not use the grantee's supervisory tools as required.

A review of an October 30, 2012 organizational chart and staffing pattern found it did not identify leadership at the regional level. Regional component area managers were responsible for specific component areas and reported to a State-level component manager who was responsible for a specific service area. In addition, the organizational chart did not indicate managers responsible for Transportation or Health services. During observations at centers, it was found the lack of oversight impacted service areas and did not ensure program objectives were met.

The grantee did not maintain an organizational structure to support the accomplishment of

program objectives; therefore, it was not in compliance with the regulation.

## **PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies**

### **1304.52 Human Resources Management.**

#### **(k) Staff and volunteer health.**

**(1) Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.**

The grantee did not ensure each staff member completed an initial health examination including screening for tuberculosis (TB). Nineteen percent of staff files reviewed lacked documentation the employees completed initial health examinations including TB screenings. A sample of 110 staff files was reviewed. Of the sample, 21 files lacked evidence of health examinations, TB screenings, or both.

The review of staff files found three teachers hired September 11, 1997, August 16, 2004, and July 23, 2012, respectively, did not receive TB screenings. Two additional employees--a bus monitor hired August 31, 2009 and a teacher hired August 23, 2012--had no evidence of health examinations. Furthermore, 16 employees hired between October 1, 2009 and September 20, 2012--9 teachers, 5 teacher assistants, a cook aide, and a bus driver--did not complete health examinations or TB screenings. In an interview, the Human Resources Generalist stated evidence of health examinations and TB screenings was not consistently maintained in the personnel files.

The grantee did not ensure each staff member completed an initial health examination including screening for TB; therefore, it was not in compliance with the regulation.

### **Fiscal Integrity**

| <b>Applicable Standards</b>   | <b>Program Type</b> | <b>Status</b>        | <b>Finding Type</b>    |
|-------------------------------|---------------------|----------------------|------------------------|
| <i>74.23(a)(1)</i>            | <i>HS</i>           | <i>Noncompliance</i> | <i>Cost Principles</i> |
| <i>230, App A(A)(2)(g)</i>    | <i>HS</i>           | <i>Noncompliance</i> | <i>Procurement</i>     |
| <i>230, App A(A)(4)(a)(2)</i> | <i>HS</i>           | <i>Noncompliance</i> | <i>Cost Principles</i> |

## **PART 74 - Financial And Program Management**

### **74.23 Cost sharing or matching.**

**(a) To be accepted, all cost sharing or matching contributions, including cash and third party in-kind, shall meet all of the following criteria:**

**(1) Are verifiable from the recipient's records;**

The grantee did not ensure third-party in-kind contributions were verifiable from its records. Records for the Southern Colorado region were not able to be reconciled to grantee records.

A review of third-party in-kind contributions for the Southern Colorado region found contributions supported only by unsigned one-page documents on the grantee's letterhead included South Conejos School District RE-10--FY 2011 space--total yearly in-kind of \$50,625; Alamosa School District RE-11-J-CPP--September 2011 through June 2012 services--total yearly in-kind of \$121,082; and a November 9, 2011 San Luis Valley Board of Cooperative Educational Services check for \$6,900 for an unknown contribution. In an interview, the former Volunteer Coordinator, who was responsible for verifying and recording third-party in-kind contributions for the grantee's Southern Colorado region, confirmed the grantee's in-kind records did not include supporting documentation.

The grantee did not ensure third-party in-kind charges were verifiable from its records; therefore, it was not in compliance with the regulation.

Additional fieldwork may be required in order to determine the total amount of unallowable costs included in the non-Federal share. The Office of Head Start will notify you in advance of a special review, if one is required. This matter may also be referred to Office of Administration, Administration for Children and Families, to determine whether a disallowance is appropriate.

**PART 230 - Cost Principles For Non-Profit Organizations (OMB Circular A-122)**

**2 CFR Part 230, Appendix A - General Principles**

**(A) Basic Considerations**

**(2) Factors affecting allowability of costs.**

**(g) Be adequately documented.**

Costs charged to the award were not adequately documented. The grantee did not ensure all leases were supported by a contract or a Letter of Agreement.

A review of the Rents and Depreciation Schedule as of September 2012 found it identified the landlord, center name, annual lease, and expiration date for each of the grantee's leased facilities. The review determined facility leases were expired, and no current contract or Letter of Agreement was in place for Garfield School District RE-2, Rifle Head Start Center, at an annual rate of \$2,400 and expired July 31, 2012; Garfield County School District, Parachute, at an annual rate of \$7,200 and expired May 31, 2012; Steve Virgil, Fruita at an annual rate of \$19,200 and expired June 30, 2012; and Latin Angelo Alliance Foundation, Winters, at an annual rate of \$18,000 and expired August 31, 2012.

In addition, leases designated as month-to-month were listed for Sierra Grande School District, Ft. Garland-Blanca, at an annual rate of \$26,400; Huerfano School District, Peakview School, at an annual rate of \$22,869.96; John Foulkrod, Carbondale, at an annual rate of \$10,800; and Shanghai Land Investments, Avondale Westridge, at an annual rate of \$44,004. In interviews, the Chief Financial Officer and Finance Manager confirmed leases were outdated.

The grantee did not ensure lease costs were adequately documented; therefore, it was not in compliance with the regulation.

**PART 230 - Cost Principles For Non-Profit Organizations (OMB Circular A-122)****2 CFR Part 230, Appendix A - General Principles****(A) Basic Considerations****(4) Allocable costs.**

**(a) A cost is allocable to a particular cost objective, such as a grant, contract, project, service, or other activity, in accordance with the relative benefits received. A cost is allocable to a Federal award if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it:**

**(2) Benefits both the award and other work and can be distributed in reasonable proportion to the benefits received, or**

The grantee did not ensure salaries and wages of employees engaged in more than one Federal program were allocated based on relative benefits received. The grantee's Statewide Nutrition Manager worked on both the Head Start and Migrant Head Start programs but was not allocated between the two.

The grantee was awarded funds to operate a Migrant Head Start program. In interviews, the Head Start Director, Chief Financial Officer, and Senior Accountant stated the Statewide Nutrition Manager for the Head Start program assisted in the launch of the Migrant Head Start program. The Head Start Director stated between 10 and 25 percent of the Statewide Nutrition Manager's time might be spent on the Migrant Head Start program and said payrolls would need to be reclassified to reflect time actually spent on each program.

The Senior Accountant confirmed electronic timesheets had two applicable codes--for Head Start and Migrant Head Start--available to the State-wide leads; however, the Statewide Nutrition Manager charged her time only to the Head Start program. A review of the Statewide Nutrition Manager's electronic timesheet for the pay period September 16 through 30, 2012 confirmed her time was charged 100 percent to Western Slope Head Start: the regional Head Start program.

The grantee did not ensure salaries and wages of employees engaged in more than one Federal program were distributed in proportion to relative benefits received; therefore, it was not in compliance with the regulation.

**ERSEA**

| <b>Applicable Standards</b> | <b>Program Type</b> | <b>Status</b>        | <b>Finding Type</b> |
|-----------------------------|---------------------|----------------------|---------------------|
| <i>1305.6(d)</i>            | <i>HS</i>           | <i>Noncompliance</i> | <i>Enrollment</i>   |

**PART 1305 - Eligibility, Recruitment, Selection, Enrollment And Attendance In Head Start 1305.6 Selection process.**

**(d) Each Head Start program must develop at the beginning of each enrollment year and maintain during the year a waiting list that ranks children according to the program's selection criteria to assure that eligible children enter the program as vacancies occur.**

The grantee did not develop, at the beginning of each enrollment year and maintain during the year, a waiting list ranking children according to the program's selection criteria to ensure eligible children entered the program as vacancies occurred. The grantee's waiting list did not rank children according to the program's selection criteria.

A review of the grantee's October 29, 2012 Program Resources and Outcomes Management Information System (PROMIS)-generated Statewide Waiting List found it was organized alphabetically and did not reflect the selection criteria. In an interview, the State Family Service Worker Manager confirmed the October 29, 2012 waiting list generated from PROMIS included the grantee's entire service area and was organized alphabetically. She further confirmed it was not ranked according to the program's selection criteria and stated each classroom maintained its own waiting list. A review of the Fruita classroom waiting list found three children were listed with no indication of eligibility, and two children had selection scores and ranks, but neither appeared on the October 29, 2012 Statewide Waiting List.

The grantee did not develop at the beginning of each enrollment year and maintain a waiting list ranking children according to the program's selection criteria to ensure eligible children entered the program as vacancies occurred; therefore, it was not in compliance with the regulation.

### Child Health & Safety

| Applicable Standards                   | Program Type | Status        | Finding Type               |
|--|--------------|---------------|----------------------------|
| 1304.53(a)(7),<br>1304.53(a)(10)(viii) | HS           | Noncompliance | Safe Physical Environments |
| 1304.53(a)(10)(x-xi)                   | HS           | Noncompliance | Safe Physical Environments |

### **PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies**

#### **1304.53 Facilities, Materials, and Equipment.**

##### **(a) Head Start Physical Environment and Facilities**

**(7) Grantee and delegate agencies must provide for the maintenance, repair, safety, and security of all Early Head Start and Head Start facilities, materials and equipment**

**(10) Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:**

**(viii) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions;**

The grantee did not provide for the maintenance and repair of Head Start facilities and equipment or ensure indoor and outdoor premises were cleaned daily and kept free of undesirable materials and hazardous conditions. Eighteen percent of the facilities and equipment observed were not well maintained, in good repair, or free from undesirable materials and conditions.

A sample of 17 settings was observed. Of the sample, three were not properly maintained and in good repair. An observation at the Alamosa Main Center found paint on bathroom and hallway walls, baseboards, window frames, moldings, and a classroom door was chipped and peeling. In interviews, the Nutrition Coordinator, Parent Advocate, and Maintenance Coordinator confirmed the paint was chipped and peeling. In addition, the observation found a broken printer table with rough edges in the center's entryway. In an interview, the Nutrition Coordinator confirmed the



printer table was in poor condition.

An observation of the Avondale Center found debris on the playground, including cigarette butts and a PVC pipe 5 inches in diameter and 9 feet in length leaning on a wooden storage shed and structural wall. In an interview, the Quality Assurance/Compliance Manager stated it was difficult to keep the playground clean due to strip-mall renovation occurring near the center.

An observation in the Lincoln classroom at the Quigg-Newton Center found a piece of linoleum located between the bathroom and classroom was raised from the subfloor, posing a tripping hazard. In an interview, the teacher and Quality Assurance/Compliance Manager confirmed it was a hazardous situation.

The grantee did not provide for the maintenance and repair of Head Start facilities or ensure indoor and outdoor premises were cleaned daily and kept free of undesirable materials and hazardous conditions; therefore, it was not in compliance with the regulation.

#### **PART 1304 - Program Performance Standards For Operation Of Head Start Programs By Grantees And Delegate Agencies**

##### **1304.53 Facilities, Materials, and Equipment.**

###### **(a) Head Start Physical Environment and Facilities**

**(10) Grantee and delegate agencies must conduct a safety inspection, at least annually, to ensure that each facility's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, agencies must ensure that:**

**(x) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children;**

**(xi) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs;**

The grantee did not ensure the selection and maintenance of playground equipment and surfaces minimized the possibility of injury to children or ensure electrical outlets accessible to children were covered. Twenty-four percent of playgrounds observed contained equipment presenting safety hazards to children, and 10 percent of classrooms observed had uncovered electrical outlets.

A sample of 17 playgrounds and 20 classrooms was observed. Of the sample, four playgrounds did not minimize the possibility of injury to children, and two classrooms had uncovered electrical outlets. An observation on the Centro Center playground found the platform of the play structure/climbing wall was 5 feet, 3 inches above the ground and included a large open area on the platform from which a child might fall. In addition, a perimeter fence was made of rough and splintered lumber, and children were observed in line against the fence and rubbing their hands on it while waiting to go back inside. In an interview, the Quality Assurance/Compliance Manager confirmed the platform was high and agreed a child might fall from it and also confirmed the fence was rough and children might get splinters in their hands.

An observation on the Craig Center playground found the base of the wood slide was rotted, and the ladder wobbled when leaned against. The wood was split, and it cracked when touched. In an

interview, the Dental Services Coordinator confirmed the base supporting the structure was rotted and posed a possible hazard to children.

An observation on the Sanford Center playground found the perimeter fence consisted of 4 feet of cattle fencing and 1 foot of barbed wire. The fence was 18 feet from the play equipment. During an interview, the Maintenance Coordinator and Health Coordinator agreed the fence was made of cattle fencing and barbed wire. In another interview, the Maintenance Coordinator stated the fence belonged to the City of Sanford and was shared with an adjoining ranch.

An observation in the Westridge classroom at the Avondale Center found two wall-mounted electrical outlets near the children's computer were not covered. In an interview, the teacher assistant stated she unplugged the computer because it was not working. An observation in the Lincoln classroom at the Quigg-Newton Center found five electrical outlets on a power strip near the listening center were not covered. The teacher stated the strip was accessible to children and confirmed the outlets were not covered.

The grantee did not ensure the selection and maintenance of playground equipment and surfaces minimized the possibility of injury to children or ensure electrical outlets accessible to children were covered; therefore, it was not in compliance with the regulation.

#### Timeframe for Corrective Action

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

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

— END OF REPORT —