



ADMINISTRATION FOR
CHILDREN & FAMILIES

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To: Board Chairperson

*Mr. Larry Sims
Board Chairperson
Rocky Mountain SER/Jobs for Progress, Inc.
3555 Pecos St.
Denver, CO 80211*

From: Responsible HHS Official

*Ms. Ann Linehan
Acting Director, Office of Head Start*

Ross Weaver for 6/6/14
Date

Overview of Findings

On 8/6/2013, the Administration for Children and Families (ACF) conducted a monitoring review of the Rocky Mountain SER/Jobs for Progress, Inc. Head Start program to determine whether the previously identified findings had been corrected.

Based on the information gathered during our review, we have closed the previously identified findings. Accordingly, no corrective action is required at this time. If you have questions about this report, please contact your ACF Regional Office.

This Head Start Review Report has been issued to Mr. Larry Sims, Board Chairperson, as legal notice to your agency of the results of the program review.

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. Ariel Ruvolo, Policy Council Chairperson
Mr. Lance Vieira, CEO/Executive Director
Ms. Judy Lopez, Head Start Director

Overview Information

Review Type: *Desk Review*
Organization: *Rocky Mountain SER/Jobs for Progress, Inc.*
Program Type: *Head Start*
Team Leader: *Ms. Cheryl Lutz*
Purpose: *Follow Up*
Funded Enrollment HS: *2276*

Funded Enrollment EHS: *Not Applicable*

Status of Previously Identified Areas of Noncompliance

Management Systems

Date of Review in which Noncompliance was identified	Applicable Standards	Program Type	Status	Finding Type
<i>Oct 28, 2012</i>	<i>1304.51(g)</i>	<i>HS</i>	<i>Corrected</i>	<i>Record Keeping and Reporting</i>
<i>Oct 28, 2012</i>	<i>1304.52(a)(1)</i>	<i>HS</i>	<i>Corrected</i>	<i>Ongoing Monitoring</i>
<i>Oct 28, 2012</i>	<i>1304.52(k)(1)</i>	<i>HS</i>	<i>Corrected</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.

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee established and maintained efficient and effective record-keeping systems to provide accurate and timely information regarding children and staff. Routine mechanisms for data collection were in place, and records were consistent, accurate, and up to date.

The grantee effectively used the Program Resources and Outcomes Management Information System (PROMIS) to maintain accurate staff and child records. In an interview, the Head Start Director stated the grantee used PROMIS to document and monitor personnel files and the waiting list for enrolling children. She further stated the program reviewed all personnel files to ensure all physicals, tuberculosis screenings, criminal record checks, and credentials were correctly entered into PROMIS. A review of the Maintaining Personnel Information in PROMIS procedure found personnel files were reviewed for completion quarterly and reconciled with PROMIS; missing information was requested from staff; and any changes and updates were entered into PROMIS.

A revised procedure was in place to ensure a waiting list ranking children according to the program's selection criteria was implemented so eligible children entered the program as vacancies occurred. The Head Start Director stated the grantee revised and strengthened its waiting-list procedures and documentation. A review of the August 22, 2013 Application Pool report confirmed a waiting list noting each child's selection-criteria score and eligibility status was maintained for different geographic areas. The waiting list was maintained by the Family Services Workers and monitored monthly by the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator using the Family Partnerships and ERSEA Supervision and Monitoring Tool.

The grantee established and maintained efficient and effective record-keeping systems to provide accurate and timely information regarding children and staff. This area of noncompliance is corrected.

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.

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee established and maintained an organizational structure to support the accomplishment of program objectives. Leadership at the regional and State-wide levels was in place to ensure oversight of all content areas.

A State-wide management system and a regional content-area system were instituted. In an interview, the Head Start Director stated the grantee established State-Wide Managers for each component along with component coordinators for each geographic area. The Head Start Director supervised the State-Wide Managers, and the State-Wide Managers supervised the Content/Geographical Area Coordinators, who in turn supervised their respective staffs. The Head Start Director stated the managers provided oversight and monitoring of their respective components, and the Geographical Area Coordinator teams provided leadership at the regional level.

A review of the Rocky Mountain SER Head Start organizational chart found it designated managers for Health, Education, Nutrition, Systems Administration, Operations--maintenance and transportation, Disabilities/Mental Health, and Family Services. The managers oversaw the data-entry technicians and the four Regional Coordinators for Health, Education, Nutrition, Disabilities/Mental Health, and Family and Community Partnerships/Eligibility, Recruitment, Selection, Enrollment, and Attendance.

The grantee established and maintained an organizational structure to support the accomplishment of program objectives. This area of noncompliance is corrected.

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.

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee ensured each staff member had an initial health examination including screening for tuberculosis (TB). Procedures and a monitoring system for personnel files were instituted to ensure oversight of staff health requirements.

All staff had health examinations and TB screenings. A review of Personnel Tracking Lists determined all staff had initial health examinations including TB screenings. In an interview, the Head Start Director stated the grantee used the Program Resources and Outcomes Management Information System (PROMIS) database to record and monitor the completion of staff initial health examinations and TB screenings. She also stated the grantee reviewed all personnel files to ensure all initial health examinations and TB screenings were correctly entered into PROMIS. In addition, staff were notified of missing documents and instructed to provide evidence of initial health examinations and TB screenings. A review of the Maintaining Personnel Information in PROMIS procedure found it stated personnel files were to be reviewed for completion quarterly, and information in personnel files--including physical examinations and TB screenings--was to

be reconciled with PROMIS; missing information was to be requested from staff; and any changes and updates were to be entered into PROMIS.

The grantee ensured each staff member had an initial health examination including screening for TB. This area of noncompliance is corrected.

Fiscal Integrity

Date of Review in which Noncompliance was identified	Applicable Standards	Program Type	Status	Finding Type
Oct 28, 2012	74.23(a)(1)	HS	Corrected	Cost Principles
Oct 28, 2012	230, App A(A)(2)(g)	HS	Corrected	Procurement
Oct 28, 2012	230, App A(A)(4)(a)(2)	HS	Corrected	Cost Principles

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;

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee ensured third-party in-kind contributions were verifiable from its records. The grantee's claimed in-kind contributions were supported by a fair-market rental analysis for each

space donation and by contracts or Memoranda of Understanding (MOUs) for contributions from community partners and service providers.

The grantee provided documentation to support amounts claimed as non-Federal share (NFS). In an interview, the Chief Financial Officer (CFO) stated a new staff person was dedicated to monitoring in-kind for accuracy and ensuring all claims used as NFS were verifiable. A review of the fair-market rental analysis for the Conejos site found the estimated annual fair-market rental value was \$42,522. The amount claimed as NFS exceeded the estimated fair rental value by \$8,103; however, the CFO stated the grantee had sufficient excess NFS to cover the difference between the amount originally claimed for use of the Conejos site and the appraised value. A review of the 2012-13 MOU with the Alamosa School District found the agreement provided formula-based funding to the grantee for 40 slots at a rate of \$3,053 per year, for an estimated in-kind contribution of \$122,092.80 for the program year. A review of the \$6,900 check from San Luis Valley Board of Cooperative Education found it represented Board of Cooperative Education funds and was properly claimed as NFS.

The grantee ensured third-party in-kind contributions were verifiable from its records. This area of noncompliance is corrected.

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.

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee ensured all lease costs charged to the grant were adequately documented. The grantee monitored Lease Agreements for all Head Start locations annually.

The grantee tracked both grantee-owned and leased facilities used by the Head Start program using a Rents and Depreciation Schedule. A review of the current schedule found one site had an expired lease. In an interview, the Chief Financial Officer stated the location was currently under review and said since the grantee planned to relocate, no new lease would be issued. He also stated the rent-free space was used under a month-to-month lease.

The grantee ensured all lease costs charged to the grant were adequately documented. This area of noncompliance is corrected.

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

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee ensured salaries and wages of employees engaged in more than one Federal program were allocated based on relative benefits received. The grantee's Nutrition Manager worked on both the Head Start and Migrant Head Start programs and was allocated between the two.

In an interview, the Chief Financial Officer stated payroll cost allocations were based on actual activity recorded on timesheets. He further stated the Migrant Head Start activities performed by the Nutrition Manager were sporadic throughout the year but were charged to Division Code 280 for Western Slope Head Start, 320 for Weld County Migrant Head Start, and 300 for Western Slope Migrant Head Start activities through timesheet entries. A review of the timesheet activity for the Nutrition Manager for the period January 1, 2013 through May 4, 2013 found 14 hours were charged to code 320; 688 hours to code 280; and 10 hours to code 300 during the four-month period.

The grantee ensured salaries and wages of employees engaged in more than one Federal program were allocated based on relative benefits received. This area of noncompliance is corrected.

ERSEA

Date of Review in which Noncompliance was identified	Applicable Standards	Program Type	Status	Finding Type
<i>Oct 28, 2012</i>	<i>1305.6(d)</i>	<i>HS</i>	<i>Corrected</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.

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee developed and maintained a waiting list during the year ranking children according to the program's selection criteria to ensure eligible children entered the program as vacancies occurred. Revised procedures were instituted to maintain and monitor a waiting list.

Revised procedures were developed to strengthen the selection process. In an interview, the Head Start Director stated the grantee used the Program Resources and Outcomes Management Information System (PROMIS) to document and monitor the waiting list for enrolling children. She further stated the grantee revised and strengthened its waiting list procedures and documentation. A review of the Maintaining Waitlist Procedure found it instructed staff to develop and maintain a waiting list ranking children according to the program's selection criteria. The procedure stated a waiting list was to be maintained for designated areas and monitored monthly by the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator. In addition, Family Service Workers were trained on applications, enrollment, and waiting lists. The Family Partnerships and ERSEA Supervision and Monitoring Tool was used to review waiting lists for each Family Advocate. A review of the August 22, 2013 Application Pool report determined the grantee maintained waiting lists for different geographic areas, with children ranked according to the program's selection criteria.

The grantee developed and maintained a waiting list during the year ranking children according to the program's selection criteria to ensure eligible children entered the program as vacancies occurred. This area of noncompliance is corrected.

Child Health & Safety

Date of Review in which Noncompliance was identified	Applicable Standards	Program Type	Status	Finding Type
Oct 28, 2012	1304.53(a)(7), 1304.53(a)(10)(vii i)	HS	Corrected	Safe Physical Environments
Oct 28, 2012	1304.53(a)(10)(x- xi)	HS	Corrected	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;**

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee provided for the maintenance and repair of Head start facilities and equipment and ensured indoor and outdoor premises were cleaned daily and kept free of undesirable and hazardous materials and conditions. The grantee removed playground debris and made interior repairs to ensure safe environments for children.

Centers were maintained and safe for children. The grantee removed the debris from the Avondale Center playground. A review of a photograph determined the playground was clean and free of undesirable and hazardous materials and conditions. A review of a photograph of the Lincoln classroom at the Quigg-Newton Center found the grantee repaired the linoleum flooring between the bathroom and classroom so it no longer posed a tripping hazard. The Alamosa Main Center facility, which was in use at the time of the triennial review, was no longer a Head Start center.

In an interview, the Head Start Director stated the grantee strengthened its Facilities Maintenance and Monitoring Procedures. As part of the Self-Assessment process, staff were to complete health and safety observations of facilities other than their own; teacher assistants were to complete daily Health and Safety Checklists before classes began; and Component Coordinators were responsible for regularly monitoring the health and safety of classrooms and playgrounds.

A review of monitoring tools and checklists found the Integrated Service Plan stated: "Each day, teachers and other center staff conduct visual safety checks to ensure that the classrooms, hallways, and outdoor play areas are hazard-free." The Outdoor Playground Daily Checklist Procedure instructed staff to remove debris daily. In addition, the Classroom and/or Site Outdoor/Playground Daily Checklist Calendar was used to assign the classroom responsible for each daily playground inspection, and the Outdoor/Playground Daily Checklist was used to document the inspections. The Public Playground Safety Checklist was the resource staff used in inspecting the playgrounds. The Health and Safety Monitoring Procedure instructed Component Coordinators to conduct health and safety checks prior to the beginning of each program year and bi-monthly using the Health and Safety Monitoring Checklist.

The grantee provided for the maintenance and repair of Head start facilities and equipment and ensured indoor and outdoor premises were cleaned daily and kept free of undesirable and hazardous materials and conditions. This area of noncompliance is corrected.

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;

Triennial (10/28/2012)

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.

Desk Review - Corrected

The grantee ensured the selection and maintenance of playground equipment and surfaces minimized the possibility of injury to children, and electrical outlets accessible to children were covered. Maintenance and repairs and purchases of new equipment supported correction of prior safety issues.

A review of photographs submitted by the grantee found they documented the actions taken to minimize the possibility of injury to children on playgrounds. Wooden slats were installed over the large open area on the Centro Center playground equipment platform, and the perimeter fence on the playground was sanded and painted. The wood slide was removed from the Craig Center playground and replaced with a new slide, and a new chain-link fence was installed at the Sanford Center playground.

Electrical outlets were covered to prevent shock to children. The grantee covered the wall-mounted electrical outlets in the Westridge classroom at the Avondale Center, and the electrical power-strip outlets in the Lincoln classroom at the Quigg-Newton Center were also covered. A review of photographs of both classrooms confirmed the outlets were covered.

In an interview, the Head Start Director stated the grantee strengthened its Facilities Maintenance and Monitoring Procedures. As part of the Self-Assessment process, staff were to complete

health and safety observations of facilities other than their own; teacher assistants were to complete Health and Safety Checklists each day before classes began; and Component Coordinators were responsible for regularly monitoring the health and safety of classrooms and playgrounds.

A review of monitoring tools and checklists found the Integrated Service Plan stated: "Each day, teachers and other center staff conduct visual safety checks to ensure that the classrooms, hallways, and outdoor play areas are hazard-free." The Outdoor Playground Daily Checklist Procedure instructed staff to remove debris daily. The Classroom and/or Site Outdoor/Playground Daily Checklist Calendar was used to assign the classroom responsible for the daily playground inspection, and the Outdoor/Playground Daily Checklist was used to document the inspections. The Public Playground Safety Checklist was the resource staff used in inspecting the playgrounds. The Health and Safety Monitoring Procedure instructed Component Coordinators to conduct health and safety checks prior to the beginning of each program year and bi-monthly using the Health and Safety Monitoring Checklist.

The grantee ensured the selection and maintenance of playground equipment and surfaces minimized the possibility of injury to children, and electrical outlets accessible to children were covered. This area of noncompliance is corrected.

— END OF REPORT —