

AI-ANPB Sample Template Confirmation of Scheduled Review

The Honorable **Grantee Official**
Title
Grantee Name
Address
City, State Zip

Ref: Head Start Grant #
 Early Head Start Grant #

Dear Grantee Authorizing Official:

As previously indicated in our letter of _____, the **(Grantee Name)** Head Start/Early Head Start program(s) has/have been selected by the American Indian-Alaska Native Program Branch (AI-ANPB) for an On-Site Monitoring Review this fiscal year. The purpose of the On-Site Monitoring Review is to assess the agency's overall Head Start operations. The dates of the review are **(Review Start Date) – (Review End Date)**. Mr. / Ms. **(HS Director)** has confirmed the dates of the visit.

On November 8, 2002, the Head Start Bureau's Associate Commissioner Windy Hill sent you a letter explaining that your Program Specialist will not be the Federal Team Leader on your monitoring visit. Your Program Specialist is **(Program Specialist Name)**. The Federal Team Leader conducting your review will be **(Federal Team Leader Name)**.

The review will begin with the Entrance Meeting and Grantee Presentation on Monday, **(Review Start Date)** at 9:00 am. The Tribal Chairman or Board Chairperson, the Executive Director, the Head Start Director, the Policy Council Chairperson, the Fiscal Officers, and the Service Area Managers should attend the Entrance Meeting. The Entrance Meeting and Grantee Presentation provide an opportunity for you to highlight any significant accomplishments of your Head Start program. This is also a time for you to share with the review team examples of the richness of the **(Grantee Name)** culture. These cultural experiences need not be limited to the Head Start program but should encompass your tribal identity.

During our visit, members of the Review Team will observe a Policy Council Meeting and interview Policy Council members to determine their involvement in the grantee's decision-making processes. If the Policy Council does not have a regularly scheduled meeting during the period of the visit, please arrange a called meeting in order to fulfill this part of the review requirement. We would also like to interview members of the Tribal Council or Governing Body for the **(Grantee Name)** to determine how they exercise oversight, ensure program accountability and their involvement in the Head Start planning process.

The On-Site Monitoring Review Team may conduct a Management Team Interview, a Content Area Experts Interview, a Staff Group Interview, a Family Group Interview, a Child Care Partnerships Interview, and a Community Partnerships Interview. Additionally, the team will complete a Health and Safety Checklist, a Fiscal Checklist, a Bus Ride Checklist, observations, site visitations, a review of records and interviews with staff and parents. The review will end with an Exit Meeting where the team will present an overview of its findings. Staff will be briefed throughout the week of the team's findings. If the program has substantial findings, the Federal Team Leader, upon return to the AI-ANPB, will debrief federal management staff to determine if the substantial findings constitute a deficiency.

In order to facilitate review activities, please read and become familiar with the enclosed materials. You are asked to provide any requested information to your Federal Team Leader by the deadlines designated.

If you have any questions regarding your review, please contact your Federal Team Leader, **(FTL Name)** at **(FTL Phone Number)**.

Sincerely,

Georgeline Sparks
Branch Chief
American Indian-Alaska Native Program Branch
Head Start Bureau

Attachments

On-Site Monitoring Pre-Review Draft Schedule
On-Site Monitoring Pre-Review Activities PRISM Records Request Form

Cc: Head Start Program Director
Early Head Start Program Director
Policy Council Chairperson
AI-ANPB Program Specialist
Federal Team Leader
AI-ANPB Monitoring File
Grantee Official File