

MINUTES

COMMUNITY SERVICES COMMISSION OF THE CITY OF LA HABRA

Wednesday, February 12, 2020

FINAL: These Minutes were approved at the March 11, 2020 Commission meeting.

The Community Services Commission of the City of La Habra met at La Habra City Council Chambers at 100 E. La Habra Boulevard, La Habra on Wednesday, February 12, 2020 at 6:30 P.M.

COMMISSIONERS PRESENT: Garcia, Kempker, Laveaga, Schmidt, Surich and Trujillo.

OTHER OFFICIALS PRESENT: Kelly Fujio, Community Services Director, Kimberly Albarian, Community Services Manager, Catherine Villanueva, Child Development Manager, Miranda Cole-Corona, Housing & Economic Development Manager and Susan Louie, Housing Specialist.

INVOCATION Chair Carrie Surich

PLEDGE OF ALLEGIANCE: Commissioner Garcia

I. PUBLIC COMMENTS: None

II. CONSENT CALENDAR

MOVED by Commissioner Kempker, seconded by Commissioner Trujillo, and CARRIED 5-0, TO APPROVE THE COMMUNITY SERVICES COMMISSION MINUTES OF JANUARY 8, 2020.

III. CONSIDERATION ITEMS

A. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

It was requested that the Community Services Commission, serving as the role of the Citizen Participation Committee for the Community Development Block Grant (CDBG) program and the Community Development Department, make funding recommendations to the City Council addressing housing and community development needs for CDBG funding for fiscal year 2020-2021.

Please see Summary of CDBG Proposed Funding 2020-2021 attachment.

MOVED by Commissioner Trujillo, seconded by Commissioner Kempker, and carried 4-1 to RECOMMEND AND APPROVE THE PROPOSED CDBG FUNDING FOR 2020-2021 FOR CITY COUNCIL CONSIDERATION.

B. CHILD DEVELOPMENT

The Commission reviewed the Monthly Status Report, the Early Head Start Cost Reimbursement Report, the Monthly Program Report and the CACFP Report.

MOVED by Commissioner Garcia, seconded by Commissioner Trujillo, and carried 5-0 to APPROVE THE CHILD DEVELOPMENT MANAGER'S MONTHLY STATUS REPORT, THE HEAD START COST REIMBURSEMENT REPORT, THE MONTHLY PROGRAM REPORT AND THE CACFP REPORT.

C. SPECIAL EVENTS

The Commission was invited to the following upcoming events:

- Student Government Day – February 20
- State of the Community Lunch – February 21
- La Habra Races – March 14
- Employment & Training Open House – March 19

D. YOUTH COMMITTEE

The Youth Committee volunteered at and debriefed the Tamale Festival and Holiday Wishes programs. They had guest speaker Cesar Rangel from the City's Engineering Division make a presentation at the December meeting. Lt. Jim Tigner, Sgt. Eddie Torres and Cpl. Sumner Bohee made an impactful presentation about Distracted Drivers at the January meeting. The Youth Committee will be volunteering at the La Habra Races and are working on planning a Teen Movie Night in the Park.

E. ANTI-TOBACCO ORDINANCE

The City partnered with the St. Jude Community Foundation and has adopted the Move More Eat Healthy Initiative that promotes the policy that healthy eating and regular exercise is an ingredient to good health at any age. In 2019, the Foundation awarded the City a grant to fund exercise equipment and water bottle filling hydration stations at most of our parks. As part of the funding requirement, the City must adopt a "health related initiative" and the Community Services Department proposed an ordinance.

Kelly Fujio, Director of Community Services presented a staff report on the No Smoking in the Park Ordinance. This new ordinance will prohibit smoking, vaping and the use of any tobacco product or smoke-free devices in the parks.

MOVED by Commissioner Trujillo, seconded by Commissioner Surich, and carried 5-0 to MAKE A RECOMMENDATION TO THE CITY COUNCIL AT THE MARCH 16TH CITY COUNCIL MEETING TO APPROVE THE PROPOSED ANTI-TOBACCO ORDINANCE.

IV. ADMINISTRATIVE MATTERS:

Kelly Fujio, Director of Community Services reminded the Commission to visit the City website and JOIN THE CONVERSATION. The Commission can help promote the survey and should complete one as well to help prioritize funding needs in the community.

V. DISCUSSION ANY COMMISSIONER MAY WISH TO PRESENT:

VI. ADJOURNMENT:

On a motion by Commissioner Laveaga, seconded by Commissioner Kempker, the Commission adjourned the meeting at 7:45 P.M. to Wednesday, March 11, 2020 at 6:30 P.M. The Commission meeting will be held at La Habra City Council Chambers, 100 E. La Habra Blvd., La Habra, California.

Respectfully submitted,



Kimberly Albarian, Secretary

APPROVAL: This is to certify that these Minutes were approved by the La Habra City Council on _____.

Laurie Swindell, City Clerk

**CITY OF LA HABRA
EARLY HEAD START PROGRAM
MONTHLY REPORT
2019-20 FISCAL SCHOOL YEAR**

For Consideration for meeting dated February 12, 2020

Program Information Summary (PIS) Report: December 2019 (Attachment 1)

Section A: Agency Profile

Item	Previous Month Report	Current Month Report
Funded Enrollment	50	50
Number Enrolled (Cumulative)		
Number of Children	55	56
Number of Pregnant Moms	1	1
Number in the Waiting list	4	4
Enrollment by Eligibility		
Below 100% Poverty Line	31	31
Categorically Eligible	15	16
Over-Income	10	10

Section B: Staff and Qualifications

Item	Supervisor	Home Base Educator
Total Number of Child Development Staff by Position	1	5
With a BA Degree	1	2
With an AA Degree	0	2
Without a Degree, enrolled with a Waiver	0	1

Section C: Child and Family Services

Item	Previous Month Report	Current Month Report
Number of Children/ Pregnant Women with Health Insurance	55	56
Number of Children with an Ongoing Source of Continuous, Accessible Health Care (Medical Home)	55	55
Number of children up-to-date with well-baby checks	39	39
Number of children with expired well-baby checks	13	16

Number of children with expired well-baby checks 30 days or less	8	8
Number of children who are up-to-date with Immunizations	54	56
Number of children with continuous accessible dental care (Dental Home)	55	55
Number of children who are up-to-date with oral health care	52	55
Number of children with expired oral health care	11	14
Number of children with an IFSP	20	21

Family Partnership Agreements

Item	Previous Month Report	Current Month Report
Total Number of FPA's introduced	54	52
Total Number of FPA's completed	31	32
Total Number of FPA's with an established goal	35	35
Home based services (Month) Visits Completed	147	143
Home based services (year to date) Visits Completed	869	1022
Number of Socializations (Month)	6	24
Number of Socializations (year to date)	105	129

Monitoring Report:

- No Monitoring Report for January

Financial Reports:

- Attached is the Cost Report for November 2019 and the amount requested is **\$28,469.82 (Attachment 2)**
 - Total In-kind to-date is **\$65,193.10 (of \$120,283.00)**
- Attached is the Credit Card Reports for December 2019. **(Attachment 3)**

CACFP Reports:

- The total reimbursement for the month of December 2019 is **\$14,769.38 (Attachment 4)**
 - Note: EHS does not have a CACFP program because it is a home-based program option.*
- Attached is the Food Revenue and Expenditures analysis thru December 2019. **(Attachment 5)**

Information Shared:

- Training: Head Start Program Performance Standards for EHS (Attachment 6)
- IM: Inclusion of Children with Disabilities (Attachment 7)
- PI: Lowering the Head Start Service Duration Requirement to 45% (Attachment 8)
- Annual Update of the HHS Poverty Guidelines (Attachment 9)

Action Items, For Approval:

Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted

Report due on or before the 5th of each month

	2019					2020						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8/6	9/4	10/4	11/5	12/5								
0	0	0	0	0	0	0						
1	1	1	1	1	1	1						

- d. 3 years old
- e. 4 years old
- f. 5 years and older

14. Total cumulative enrollment of pregnant women (EHS programs) (9700/9740)

CUMULATIVE ENROLLMENT BY TYPE OF ELIGIBILITY

16. Cumulative enrollment by eligibility (9700/9702):

- a. Income below 100% of federal poverty line
- b. Receipt of public assistance such as TANF, SSI
- c. Status as a foster child - # children only
- d. Status as homeless
- e. Over income
- f. Enrollees exceeding the allowed over income enrollment with family incomes between 100% and 130% of the federal poverty guideline

AutoSum	50	50	51	54	56	57						
34	34	29	30	31	31	31						
4	4	4	4	4	4	4						
2	2	2	2	2	2	2						
2	2	7	8	9	10							
3	3	4	5	5	5	5						
5	5	5	5	5	5	5						

PRIOR ENROLLMENT

18. Enrolled in Head Start or Early Head Start for (9700/9702):

- a. The second year
- b. Three or more years

24	24	24	24	24	24	24						
13	13	13	13	13	13	13						

TURNOVER IN ENROLLMENT (9700/9701)

19. Total number of children who dropped out any time after classes or home visits began and did not re-enroll

- a. The number of children who were in class less than 45 days

TRANSITION AND TURNOVER (EHS programs) (9700/9701)

20. Total number of children who dropped out any time after classes or home visits began and did not re-enroll

- a. The number of children who were enrolled less than 45 days

21. Total number of pregnant women who left the program after receiving early head start services but before the birth of their infant, and did not re-enroll (9700/9741)

		4	5	5	6							
0	0	0	0	0	0	0						
0	0	0	0	0	0	0						

Waitlist (2006) / Enrollment (2007) / Average Daily Attendance (Center-based Programs) (2301)

- Number of children on Waitlist
- Monthly Enrollment
- Average Daily Attendance

1	3	7	5	4	4							
50	50	50	50	51	50							

Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted

Report due on or before the 5th of each month

2019						2020					
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8/6	9/4	10/4	11/5	12/5							

B. PROGRAM STAFF & QUALIFICATIONS (Agency Preference)

Home Base Educators

9. Total number of child development staff by position

Of B.9, the number with the following degrees:

a. An advanced degree (MA) in:

1. Social work/Licensed clinical social worker (LCSW)/Licensed master social worker (LMSW)
2. Marriage and family therapy/Licensed marriage and family therapist (LMFT)
3. Psychology
4. Sociology
5. Human services (include related areas such as child and family services or social services)
6. Nursing plus Nurse Practitioner (NP) license
7. Early childhood education
8. Other

AutoSum	5	5	5	5	5	5	5	5	5						

b. A Baccalaureate degree (BA) in:

1. Social work
2. Psychology
3. Sociology
4. Human services (include related areas such as child and family services or social services)
5. Nursing plus Registered Nurse (RN) license
6. Early childhood education
7. Other

1	1	1	1	1	1	1									
2	2	2	2	2	2	2									

c. An associate degree (AA) in:

1. Social work
2. Psychology
3. Sociology
4. Human services (include related areas such as child and family services or social services)
5. Nursing plus Registered Nurse (RN) license
6. Early childhood education
7. Other

1	1	1	1	1	1	1									

d. License, certification, or credential held:

1. Nursing, non-RN, i.e. LPN, CNA, etc.

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Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted

Report due on or before the 5th of each month

	2019					2020						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8/6	9/4	10/4	11/5	12/5								
1	1	1	1	1	1							

e. Of the child development staff by position, the number who do not have the qualifications listed in B.9.a through B.9.d

Of those in B.9.e, the number enrolled in:

1. An advanced degree or license
2. A baccalaureate degree
3. An associate degree
4. Studies leading to a non-degree license, certificate, or credential

C. Child & Family Services

Health Insurance - children (9700/9706)

1. Number of all children with health insurance

49	49	49	53	55	56							
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Health Insurance - pregnant women (EHS programs) (9700/9716)

3. Number of pregnant women with at least one type of health insurance.

1	1	1	1	1	1							
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Medical home - children (9700/9707)

5. Number of children with an ongoing source of continuous, accessible health care

Physical Exams / Well Checks (3035)

Non-Expired Physical Exams / Well-Checks

Expired Physical Exams / Well-Checks

Missing Physical Exams / Well-Checks

Physical Exams / Well-Checks expired 30 days or less

Medical services - children (9707)

8. Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care

a. Of these, the number diagnosed by a health care professional with a chronic condition needing medical treatment since last year's PIR was reported

1. Of these, the number who have received or are receiving medical treatment

	49	49	49	53	55	55						
48	49	50	53	55	56							
28	36	39	36	39	39							
18	12	10	14	13	16							
2	1	1	3	3	1							
9	6	5	9	8	8							

AutoSum

0	0	0	0	0	0							
0	0	0	0	0	0							

Body Mass Index (BMI) - children (HS and Migrant programs) (9700/9760)

Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted

Report due on or before the 5th of each month

2019					2020						
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8/6	9/4	10/4	11/5	12/5							

10. Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts
- Underweight (BMI less than 5th percentile for child's age and sex)
 - Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)
 - Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)
 - Obese (BMI at or above 95th percentile for child's age and sex)

Immunization services - children (9700/9708/9760)

11. Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age
12. Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age
13. Number of children who meet their state's guidelines for an exemption from immunizations

AutoSum	49	49	50	53	54	56					
	24	26	28	28	29	30					
	25	23	22	25	25	26					
	0	0	0	0	0	0					

17. Number of children with continuous, accessible dental care provided by a dentist

Professional Dental Exams (3035) (HS Programs)

- Non-Expired Professional Dental Exams
- Expired Professional Dental Exams
- Missing Professional Dental Exams
- Professional Dental Exams expired 30 days or less
19. Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination since last year's PIR was reported (9700/9708)
- Of these, the number of children diagnosed as needing treatment since last year's PIR was reported

49	49	49	53	55	55						
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Primary Oral Health (3035) (EHS programs)

- Number of children with oral health screens (EHS only)
- Number of children with dental exams (EHS only)
- Primary Oral Health (3035) (EHS programs)
- Non-Expired age-appropriate primary oral health care
- Expired age-appropriate primary oral health care
- Missing age-appropriate primary oral health care
- Age-appropriate primary oral health care expired 30 days or less

AutoSum	49	49	50	53	55	55					
	3	5	5	5	16	16					
	29	36	42	41	41	41					
	17	12	7	9	11	14					
	3	1	1	3	3	0					
	9	5	3	5	6	7					

Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted Report due on or before the 5th of each month

Pregnant women dental services (EHS programs) (9700/9740)

21. Of the number of pregnant women served, the number who received a professional dental examination(s) and/or treatment since last year's PIR was reported

IEP/IFSP (3501)

Open IEP/IFSP for the reporting month

27. Diagnosed primary disability (HS Programs) (9700/9710):

- a. Health impairment (i.e. meeting IDEA definition of "other health impairment")
- b. Emotional/behavioral disorder
- c. Speech or language impairments
- d. Intellectual disabilities
- e. Hearing impairment, including deafness
- f. Orthopedic impairment
- g. Visual impairment, including blindness
- h. Learning disabilities
- i. Autism
- j. Traumatic brain injury
- k. Non-categorical/developmental delay
- l. Multiple disabilities
- m. Deaf-blind

Newly enrolled children with Vision screenings completed (3001)

- On Time (45 days)
- Late
- None Completed

Newly enrolled children with Hearing screenings completed (3001)

- On Time (45 days)
- Late
- None Completed

Newly enrolled children with Developmental screenings completed (3001)

- On Time (45 days)

8/6	2019					2020						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

0	0	0	0	0	0							
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14	14	17	19	20	21							
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4	6	6	7	10	12							
0	0	0	1	3	4							
8	6	7	8	5	3							
12	12	13	16	18	19							
AutoSum												

0	3	3	4	7	9							
0	1	1	2	5	6							
12	8	9	10	6	4							
12	12	13	16	18	19							
AutoSum												

1	12	12	16	17	19							
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Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (9700) and audit reports where noted

Report due on or before the 5th of each month

	2019					2020						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	8/6	9/4	10/4	11/5	12/5							
• Late	0	0	0	0	0	0						
• None Completed	11	0	1	0	1	0						
AutoSum	12	12	13	16	18	19						

Newly enrolled children with Behavioral screenings completed (3001)

- On Time (45 days)
- Late
- None Completed

	1	12	12	16	17	18						
	0	0	0	0	0	0						
	11	0	1	0	1	1						
AutoSum	12	12	13	16	18	19						

Screening (9700/9709)

- Number of all newly enrolled children since last year's PIR was reported
- Number of all newly enrolled children who completed routine screenings for developmental, sensory, and behavioral concerns

	12	12	13	16	17	19						
	0	10	11	12	14	15						

Number of families (9700/9730/9731)

- Total number of families
- Of these, the number that received at least one of the services listed above

	46	46	47	50	50	50						
	1	3	9	9	13	14						

Homelessness Services (9700/9705/9731)

- Total number of families experiencing homelessness that were served during the enrollment year
- Total number of children experiencing homelessness that were served during the enrollment year
- Total number of families experiencing homelessness that acquired housing during the enrollment year

	3	3	7	8	8	8						
	3	3	7	8	9	10						
	0	0	0	0	0	0						

Family Success Plans (Agency Preference)

- FSP Introduced
- FSP Completed
- FSP with established goal

	46	46	46	52	54	52						
	0	0	0	30	31	32						
	0	0	0	30	35	35						

Home Base Services by MONTH (Agency Preference)-HOME VISIT Benchmarks

Based on funded enrollment, the expected number of Home Visits
Based on actual enrollment, the expected number of Home Visits

Home Base Services by MONTH (Agency Preference)-HOME VISIT Services

- Number of Home Visits Completed
- Number of Home Visit Parent Cancellations
- Number of Home Visit Program Cancellations (required to be made up)

	AutoSum	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month
Number of Home Visits Completed	200	200	200	200	150	150						
Number of Home Visit Parent Cancellations	198	200	200	200	146	150						
Number of Home Visit Program Cancellations (required to be made up)	198	205	207	210	162	167						
	178	185	177	185	147	143						
	16	15	22	20	15	22						
	4	5	8	5	0	2						

Monthly Program Information Summary Data Collection Worksheet

Delegate La Habra: Early Head Start

* Use ChildPlus Report (3700) and audit reports where noted Report due on or before the 5th of each month

Home Base Services by MONTH (Agency Preference)-SOCIALIZATION Benchmarks

Based on funded enrollment, the expected number of Socializations
Based on actual enrollment, the expected number of Socializations

Home Base Services by MONTH (Agency Preference)-SOCIALIZATION Services

Number of Socializations Attended

Current Month

	2019					2020						
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	8/6	9/4	10/4	11/5	12/5							

100	100	100	100	100	50	50						
100	100	100	100	100	49	50						

27	15	24	33	6	24							
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Home Base Services by YEAR-TO-DATE (Agency Preference)-HOME VISIT Benchmarks

Based on funded enrollment, the expected number of Home Visits
Based on actual enrollment, the expected number of Home Visits

Home Base Services by YEAR-TO-DATE (Agency Preference)-HOME VISIT Services

Number of Home Visits Completed

Number of Home Visit Parent Cancellations

Number of Home Visit Program Cancellations (required to be made up)

AutoSum

200	400	600	800	950	1100							
198	398	598	798	944	1094							
198	395	604	807	954	1125							
178	363	548	733	869	1022							
16	26	46	65	80	99							
4	6	10	9	5	4							

Home Base Services by YEAR-TO-DATE (Agency Preference)-SOCIALIZATION Benchmarks

Based on funded enrollment, the expected number of Socializations
Based on actual enrollment, the expected number of Socializations

Home Base Services by YEAR-TO-DATE (Agency Preference)-SOCIALIZATION Services

Number of Socializations Attended

Year-To-Date

100	200	300	400	450	500							
100	200	300	400	449	499							

27	42	66	99	105	129							
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Monthly Cost Report , FY 2019-20
December, 2019

ATTACHMENT 2

Early Head Start Basic Budget

Major Cost Category	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
PERSONNEL	314,295.00	19,049.46	141,079.49	173,215.51
FRINGE BENEFITS	112,426.00	7,291.35	50,846.11	61,579.89
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	12,233.00	152.86	2,816.46	9,416.54
CONTRACTUAL	10,071.00	242.84	2,074.34	7,996.66
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	20,857.00	1,690.65	10,139.23	10,717.77
INDIRECT COSTS	0.00	0.00	0.00	0.00
TOTAL	\$469,882.00	\$28,427.16	\$206,955.63	\$262,926.37

Early Head Start T&TA

Major Cost Category	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
PERSONNEL	0.00	0.00	0.00	0.00
FRINGE BENEFITS	0.00	0.00	0.00	0.00
TRAVEL	9,400.00	0.00	0.00	9,400.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	0.00	0.00	0.00	0.00
CONTRACTUAL	0.00	0.00	0.00	0.00
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	1,850.00	42.66	1,294.02	555.98
INDIRECT COSTS	0.00	0.00	0.00	0.00
Total	\$11,250.00	\$42.66	\$1,294.02	\$9,955.98

Non-Federal Share (In-Kind)

	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
EHS Basic	118,481.26	18,805.13	65,193.10	53,288.16
EHS T&TA	1,801.74	0.00	0.00	1,801.74
Total	\$120,283.00	\$18,805.13	\$65,193.10	\$55,089.90
Reimbursement Request Total		\$28,469.82		

**City of La Habra
Child Development Division**

ATTACHMENT 3

Credit Card Expenses

Month Reporting: December, 2019

Charge By	Date Charged	Item/ Purpose	Amount
Smart & Final (Non-Food Program)	12/6/2019	FCCH: Provider Night	\$185.77
	12/11/2019	EHS: Socialization	\$19.77
Smart & Final (Food Program Items)	12/9/2019	CSPP: Classroom Cooking Experience	\$84.88
	Total:		

Charge By	Date Charged	Item/ Purpose	Amount
Bank of the West Credit Card (M. Garcia)	12/13/2019	EHS: PC Meeting	\$53.05
Bank of the West Credit Card (A. Morales)	12/4/2018	Every Child CA - Training	\$129.00
Bank of the West Credit Card (D. Linn)	12/6/2019	FCCH: Dollar Tree - Provider Training	\$122.66
Bank of the West Credit Card (A. Marceau)	12/2/2019	Every Child - Section Meeting	\$50.00
	12/2/2019	Every Child CA - Training	\$129.00
	12/9/2019	Walmart - Kitchen Supplies	\$64.44
Total:			\$548.15

**Child & Adult Care Food Program
Claim For Reimbursement Summary for December 2019**

ATTACHMENT 4

04320-CACFP-30-GM-CS
CITY OF LA HABRA-CHILD DEV DIVISION
 110 E LA HABRA BLVD
 LA HABRA, CA 90631-2314
 Vendor #: 21830Z
 payment address

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Dec 2019	0	01/07/2020	01/07/2020	01/09/2020	Original

Child Care

	Free	Reduced	Base	Total
Enrollment Totals	97	54	42	193
Eligibility Percentages	50.26%	27.98%	21.76%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Breakfast			
Free	998	1.8400	1,836.32
Reduced	556	1.5400	856.24
Base	432	0.3100	133.92
Total	1,986		2,826.48

AM Snack			
Free	453	0.9400	425.82
Reduced	252	0.4700	118.44
Base	196	0.0800	15.68
Total	901		559.94

Lunch			
Free	892	3.4100	3,041.72
Reduced	497	3.0100	1,495.97
Base	386	0.3200	123.52
CIL	1,775	0.2375	421.56
Total	1,775		5,082.77

PM Snack			
Free	864	0.9400	812.16
Reduced	481	0.4700	226.07
Base	374	0.0800	29.92
Total	1,719		1,068.15

School Age

	Free	Reduced	Base	Total
Enrollment Totals	93	54	29	176
Eligibility Percentages	52.84%	30.68%	16.48%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Breakfast			
Free	996	1.8400	1,832.64
Reduced	578	1.5400	890.12
Base	310	0.3100	96.10

	Total	1,894		2,818.86
Lunch				
Free		192	3.4100	654.72
Reduced		112	3.0100	337.12
Base		60	0.3200	19.20
CIL		364	0.2375	86.45
	Total	364		1,097.49
PM Snack				
Free		1,063	0.9400	999.22
Reduced		617	0.4700	289.99
Base		331	0.0800	26.48
	Total	2,011		1,315.69
Claim Reimbursement Total				14,769.38

State Reimbursements

Meal Description	Meals	State Rate	State Earnings
Total Breakfast	3,128	\$0.0000	\$0.00
Total Lunches	1,693	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	14,261.37	508.01	0.00	14,769.38
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
Net Claim Reimbursement Total	14,261.37	508.01	0.00	14,769.38

Created By: catherinev on: 1/7/2020 4:02:09 PM Modified By: catherinev on: 1/7/2020 4:12:55 PM

CITY OF LA HABRA
 CCFP-CENTERS FOOD ALLOCATION
 FOR THE FISCAL YEAR 2019-20

ATTACHMENT 5

FOOD REVENUE vs FOOD EXPENDITURES ANALYSIS

Month	School Age CCTR (38501)			State-Pre-school CSPP (38502)			Total			Revenue Over/ (Under) Expenditure Net Amount
	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense		
Jul-19	\$ 16,315.75	\$ 11,982.35	\$ 4,333.40	\$ 6,776.67	\$ 5,543.30	\$ 1,233.37	\$ 23,092.42	\$ 17,525.65	\$ 5,566.77	
Aug-19	\$ 10,449.29	\$ 6,228.34	\$ 4,220.95	\$ 9,238.41	\$ 7,664.27	\$ 1,574.14	\$ 19,687.70	\$ 13,892.61	\$ 5,795.09	
Sep-19	\$ 5,332.49	\$ 6,043.98	\$ (711.49)	\$ 12,940.09	\$ 8,821.23	\$ 4,118.86	\$ 18,272.58	\$ 14,865.21	\$ 3,407.37	
Oct-19	\$ 5,573.67	\$ 4,183.00	\$ 1,390.67	\$ 13,127.22	\$ 12,113.80	\$ 1,013.42	\$ 18,700.89	\$ 16,296.80	\$ 2,404.09	
Nov-19	\$ 5,419.31	\$ 4,632.44	\$ 786.87	\$ 9,562.63	\$ 8,065.90	\$ 1,496.73	\$ 14,981.94	\$ 12,698.34	\$ 2,283.60	
Dec-19	\$ 5,232.04	\$ 4,619.53	\$ 612.51	\$ 9,537.34	\$ 8,678.46	\$ 858.88	\$ 14,769.38	\$ 13,297.99	\$ 1,471.39	
Total	\$ 48,322.55	\$ 37,689.64	\$ 10,632.91	\$ 61,182.36	\$ 50,886.96	\$ 10,295.40	\$ 109,504.91	\$ 88,576.60	\$ 20,928.31	
YTD Cook	\$ -	\$ 11,671.10	\$ (11,671.10)	\$ -	\$ 24,243.99	\$ (24,243.99)	\$ -	\$ 35,915.09	\$ (35,915.09)	
Adjusted Total	\$ 48,322.55	\$ 49,360.74	\$ (1,038.19)	\$ 61,182.36	\$ 75,130.95	\$ (13,948.59)	\$ 109,504.91	\$ 124,491.69	\$ (14,986.78)	

% of Food expense

78%

83%

81%

HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS
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 INFANTS AND TODDLERS AND EARLY HEAD START

ATTACHMENT 6

December 22, 2016

Citation	Text	Notes
PART 1302 - PROGRAM OPERATIONS		
Subpart A – Eligibility, Recruitment, Selection, Enrollment, and Attendance		
§1302.12 Determining, verifying, and documenting eligibility.	[...] (b) <u>Age requirements.</u>	(b) Relates to §1302.70(b) (2)
(b) <u>Age requirements.</u>	(1) For Early Head Start, except when the child is transitioning to Head Start , a child must be an infant or a toddler younger than three years old.	
(f) <u>Eligibility duration.</u>	(f) <u>Eligibility duration.</u> [...] (4) If a program operates both an Early Head Start and a Head Start program, and the parents wish to enroll their child who has been enrolled in the program's Early Head Start, the program must ensure, whenever possible, the child receives Head Start services until enrolled in school, provided the child is eligible.	(f) Continuity of care
§1302.15 Enrollment.	[...] (b) <u>Continuity of enrollment.</u> [...]	Continuity; EHS children eligible until they age out.
(b) <u>Continuity of enrollment.</u>	(2) Under exceptional circumstances, a program may maintain a child's enrollment in Head Start for a third year, provided that family income is verified again. A program may maintain a child's enrollment in Early Head Start as described in §1302.12.(1)(2).	
§1302.17 Suspension and expulsion.	[...] (b) <u>Prohibition on expulsion.</u> [...]	
(b) <u>Prohibition on expulsion.</u>	(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child's safe participation in the program. Such steps must include at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and supports under section 504 of the Rehabilitation Act to ensure the child who satisfies the definition of disability in 29 U.S.C. 705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with parents and child's teacher and: (i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP and IEP to ensure the child receives the needed support services; or, (ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine if the child is eligible for services.	IFSPs are developed for infants and toddlers with disabilities.

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Subpart B – Program Structure	
<p>§1302.20 Determining program structure. (c) <u>Conversion.</u> (d) <u>Source of funding.</u></p>	<p>[...] (c) <u>Conversion.</u> (1) <u>Consistent with section 645(a)(5) of the Head Start Act, grantees may request to convert Head Start slots to Early Head Start slots through the re-funding application process or as a separate grant amendment.</u> (2) Any grantee proposing a conversion of Head Start services to Early Head Start services must obtain policy council and governing body approval and submit the request to their regional office. (3) With the exception of American Indian and Alaska Native grantees as described in paragraph (c)(4) of this section, the request to the regional office must include: (i) A grant application budget and a budget narrative that clearly identifies the funding amount for the Head Start and Early Head Start programs before and after the proposed conversion; (ii) The results of the community assessment demonstrating how the proposed use of funds would best meet the needs of the community, including a description of how the needs of eligible Head Start children will be met in the community when the conversion takes place; (iii) A revised program schedule that describes the program option(s) and the number of funded enrollment slots for Head Start and Early Head Start programs before and after the proposed conversion; (iv) A description of how the needs of pregnant women, infants, and toddlers will be addressed; (v) A discussion of the agency's capacity to carry out an effective Early Head Start program in accordance with the requirements of section 645A(b) of the Head Start Act and all applicable regulations; (vi) Assurances that the agency will participate in training and technical assistance activities required of all Early Head Start grantees; (vii) A discussion of the qualifications and competencies of the child development staff proposed for the Early Head Start program, as well as a description of the facilities and program infrastructure that will be used to support the new or expanded</p>
	<p>Many considerations about converting to EHS slots</p>

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<p>Early Head Start program;</p> <p>(viii) A discussion of any one-time funding necessary to implement the proposed conversion and how the agency intends to secure such funding; and,</p> <p>(ix) The proposed timetable for implementing this conversion, including updating school readiness goals as described in subpart J of this part.</p> <p>(4) Consistent with section 645(d)(3) of the Act, any American Indian and Alaska Native grantee that operates both an Early Head Start program and a Head Start program may reallocate funds between the programs at its discretion and at any time during the grant period involved, in order to address fluctuations in client populations. An American Indian and Alaska Native program that exercises this discretion must notify the regional office.</p> <p>(d) Source of funding. A program may consider hours of service that meet the Head Start Program Performance Standards, regardless of the source of funding, as hours of planned class operations for the purposes of meeting the Head Start and Early Head Start service duration requirements in this subpart.</p> <p>[...] (b) Ratios and group size.</p>	<p>(1) Staff-child ratios and group size maximums must be determined by the age of the majority of children and the needs of children present. A program must determine the age of the majority of children in a class at the start of the year and may adjust this determination during the program year, if necessary. Where state or local licensing requirements are more stringent than the teacher-child ratios and group size specifications in this section, a program must meet the stricter requirements. A program must maintain appropriate ratios during all hours of program operation, except:</p> <p>(i) For or brief absences of a teaching staff member for no more than five minutes; and,</p> <p>(ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age.</p> <p>(2) An Early Head Start or Migrant or Seasonal Head Start class that serves children under 36 months old must have two teachers with no more than eight children, or three teachers with no more than nine children. Each teacher must be assigned consistent, primary responsibility for no more than four children to promote continuity of care for individual children. A program must minimize teacher changes throughout a</p>	<p>Recognizes state licensing.</p> <p>(b) New exceptions.</p> <p>Nap time relates to §1302.31(c)(1) and (e)(1) – flexible and individual schedules for infants and young toddlers.</p> <p>(b) (2) Supports continuity via local flexibility and mixed age groups.</p>
<p>§1302.21 Center-based option.</p> <p>(b) Ratios and group size.</p> <p>(c) Service duration.</p>		

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	<p>child's enrollment, whenever possible, and consider mixed age group classes to support continuity of care.</p>	<p>New – infant toddler group size options: 2;8 or 3;9. No waiver needed.</p>	
<p>Table to §1302.21(b) — Center-based group size</p> <table border="1" data-bbox="1117 583 1242 1465"> <tr> <td data-bbox="1117 583 1177 751">Under 3 years old</td> <td data-bbox="1117 751 1242 1465">No more than 8 or 9 children enrolled in any class, depending on the number of teachers.</td> </tr> </table>	Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.	
Under 3 years old	No more than 8 or 9 children enrolled in any class, depending on the number of teachers.		
<p>(c) Service duration.</p>	<p>(1) Early Head Start. (i) A program must provide 1,380 annual hours of planned class operations for all enrolled children. (ii) A program that is designed to meet the needs of young parents enrolled in school settings may meet the service duration requirements in paragraph (i) if it operates a center-based program schedule during the school year aligned with its local education agency requirements and provides regular home-based services during the summer break. [...]</p>	<p>(c) New – By Aug. 1, 2018.</p>	
<p>§1302.22 Home-based option. (c) Service duration.</p>	<p>(5) Exemption for Migrant and Seasonal Head Start programs. A Migrant or Seasonal program is not subject to the requirements described in §1302.21(c)(1) or (2), but must make every effort to provide as many days and hours of service as possible to each child and family. [...] (c) Service duration. (1) Early Head Start. By August 1, 2017, an Early Head Start home-based program must: (i) Provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year; and, (ii) Provide, at a minimum, 22 group socialization activities distributed over the course of the program year. [...] (b) Ratios and group size.</p>	<p>New – By Aug. 1, 2017. Codifies long-standing guidance.</p>	
<p>§1302.23 Family child care option. (b) Ratios and group size.</p>	<p>(1) A program that operates the family child care option, where Head Start children are enrolled must ensure group size does not exceed the limits specified in this section. If the family child care provider's own children under the age of six are present, they must be included in the group size.</p>	<p>Not new.</p>	

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	<p>(2) When there is one family child care provider, the maximum group size is six children and no more than two of the six may be under 24 months of age. When there is a provider and an assistant, the maximum group size is twelve children with no more than four of the twelve children under 24 months of age.</p> <p>(3) One family child care provider may care for up to four children younger than 36 months of age with a maximum group size of four children, and no more than two of the four children may be under 18 months of age.</p> <p>(4) A program must maintain appropriate ratios during all hours of program operation. A program must ensure providers have systems to ensure the safety of any child not within view for any period. A program must make substitute staff and assistant providers available with the necessary training and experience to ensure quality services to children are not interrupted.</p>	
<p>§1302.24 Locally designed program option variations (c) Waiver requirements.</p>	<p>[...] (c) Waiver requirements.</p> <p>(1) The responsible HHS official may waive one or more of the requirements contained in §1302.21(b), (c)(1)(i), (c)(2)(iii), and (c)(2)(iv); §1302.22(a) through (c); and §1302.23(b) and (c), but may not waive ratios or group size for children under 24 months. Center-based locally-designed options must meet the minimums described in section 640(k)(1) of the Act for center-based programs.</p> <p>(2) If the responsible HHS official determines a waiver of group size for center-based services would better meet the needs of children and families in a community, the group size may not exceed the limits below:</p> <p>(i) A group that serves children 24 to 36 months of age must have no more than ten children; and,</p> <p>(ii) A group that serves predominantly three-year-old children must have no more than twenty children; and,</p> <p>(iii) A group that serves predominantly four-year-old children must have no more than twenty-four children. [...]</p> <p>NOTE: https://www.federalregister.gov/documents/2016/09/06/2016-19748/head-start-performance-standards</p> <p>Preamble: Waiver Authority for Ratios in Early Head Start Two-year-old Groups</p> <p>For the first time, programs can request a waiver of ratios for groups with two-year-old children. We believe that programs in states that allow higher ratios for two-year-olds groups or mixed age groups may request waivers to allow them to serve more children and support continuity as children approach pre-school. We articulate awarding waivers to programs who propose to serve</p>	<p>Waivers for:</p> <ul style="list-style-type: none"> • Center-based (CB) ratios and group size for children 24 months and older. • EHS service duration. • Home-based (HB) caseload and service duration. • Family child care (FCC) ratios and group size. <p>(2) (i) New - waiver of ratios for groups with two-year-olds</p>

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<p>Subpart C—Education and Child Development Program Services</p>	
<p>§1302.31 Teaching and the learning environment. (b) Effective teaching practices. (c) Learning environment. (e) Promoting learning through approaches to rest, meals, routines, and physical activity.</p>	<p>two-year-old children at a ratio of 1:5 rather than 1:4, provided they have sufficient space to meet square footage requirements §1302.21(d) and can demonstrate it meets the needs of the community, the learning needs of children, and can ensure the change in ratio poses no health and safety risk.</p> <p>[...] (b) Effective teaching practices. (2) For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must: (i) For an infant or toddler dual language learner, include teaching practices that focus on the development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English; [...] (c) Learning environment. A program must ensure teachers implement well-organized learning environments with developmentally appropriate schedules, lesson plans, and indoor and outdoor learning experiences that provide adequate opportunities for choice, play, exploration, and experimentation among a variety of learning, sensory, and motor experiences and: (1) For infants and toddlers, promote relational learning and include individualized and small group activities that integrate appropriate daily routines into a flexible schedule of learning experiences; [...] (e) Promoting learning through approaches to rest, meals, routines, and physical activity. (1) A program must implement an intentional, age appropriate approach to accommodate children’s need to nap or rest.... [...] (2) A program must implement snack and meal times in ways that support development and learning. For bottle-fed infants, this approach must include holding infants during feeding to support socialization. Snack and meal times must be structured and used as learning opportunities that support teaching staff-child interactions and foster communication and conversations that contribute to a child’s learning, development, and socialization. Programs are encouraged to meet this requirement with family style meals when developmentally appropriate. A program must also provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food. (3) A program must approach routines, such as hand washing and diapering, and transitions between activities, as opportunities for strengthening development, learning, and skill growth. [...]</p>
	<p>The term teacher includes FCC providers. OHS recognizes them as the teachers of the children they serve.</p> <p>(e) (2) Holding bottle-fed children is not new.</p> <p>(e) (3) Intentional teaching.</p>

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<p>§1302.35 Education in home-based programs. (c) Home visit experiences.</p>	<p>[...] (c) Home visit experiences. A program that operates the home-based option must ensure all home visits focus on promoting high-quality early learning experiences in the home and growth towards the goals described in the <u>Head Start Early Learning Outcomes Framework: Ages Birth to Five</u> and must use such goals and the curriculum to plan home visit activities that implement: [...]</p> <p>(4) Research-based strategies and activities for children who are dual language learners that recognize bilingualism and biliteracy as strengths, and:</p> <p>(i) For infants and toddlers, focus on the development of the home language, while providing experiences that expose both parents and children to English; [...]</p>	<p>Intentional home visit strategies for DLLs.</p> <p>Home language promotes continuity of care; child's sense of security and attachment.</p>
<p>Subpart D—Health Program Services</p>		
<p>§1302.42 Child health status and care. (e) Use of funds</p>	<p>[...] (e) Use of funds.</p> <p>(1) A program must use program funds for the provision of diapers and formula for enrolled children during the program day. [...]</p>	<p>Codifies use of funds.</p>
<p>§1302.43 Oral health practices.</p>	<p>A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily.</p> <p>(a) <u>Nutrition service requirements.</u> [...]</p> <p>(2) Specifically, a program must: [...]</p> <p>(iv) Feed infants and toddlers according to their individual developmental readiness and feeding skills as recommended in USDA requirements outlined in 7 CFR parts 210, 220, and 226, and ensure infants and young toddlers are fed on demand to the extent possible;</p> <p>(v) Ensure bottle-fed infants are never laid down to sleep with a bottle;</p> <p>(viii) Promote breastfeeding, including providing facilities to properly store and handle breast milk and make accommodations, as necessary, for mothers who wish to breastfeed during program hours, and if necessary, provide referrals to lactation consultants or counselors;</p>	<p>Oral health and gum care for infants is still allowable.</p> <p>Individualized approach.</p> <p>(a) (iv) and (v) are not new.</p>
<p>§1302.44 Child nutrition. (a) <u>Nutrition service requirements.</u> (b) <u>Payment sources.</u></p>	<p>(b) <u>Payment sources.</u> A program must use funds from USDA Food, Nutrition, and Consumer Services child nutrition programs as the <u>primary source of payment for meal</u></p>	<p>(a) (viii) allows for local flexibility; doesn't require separate room for nursing.</p> <p>(b) Not new.</p>

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<p>§1302.46 Family support services for health, nutrition, and mental health. (b) Opportunities</p>	<p>services. Early Head Start and Head Start funds may be used to cover those allowable costs not covered by the USDA [...] (b) Opportunities.</p> <p>(1) Such collaboration must include opportunities for parents to: [...]</p> <p>(ii) Learn about healthy pregnancy and postpartum care, as appropriate, including breastfeeding support and treatment options for perinatal mental health or substance abuse problems, including perinatal depression; [...]</p>
<p>§1302.47 Safety practices.</p>	<p>[...] (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:</p> <p>(1) Facilities. All facilities where children are served, including areas for learning, playing, sleeping, toileting, and eating are, at a minimum: [...]</p> <p>(viii) Designed to separate toileting and diapering areas from areas for preparing food, cooking, eating, or children’s activities; [...]</p> <p>(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), and at a minimum: [...]</p> <p>(iv) Allow for the separation of infants and toddlers from preschoolers during play in center-based programs; [...]</p> <p>(4) Safety training.</p> <p>(i) Staff with regular child contact. All staff with regular child contact have initial orientation training within three months of hire and ongoing training in all state, local, tribal, federal and program-developed health, safety and child care requirements to ensure the safety of children in their care; including, at a minimum, and as appropriate based on staff roles and ages of children they work with, training in: [...]</p> <p>(B) Prevention of sudden infant death syndrome and use of safe sleeping.</p>
<p>Not new.</p>	<p>Relates to §1302.81</p> <p>Developmentally appropriate.</p>

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<p>practices; [...]</p> <p>(F) Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment; [...]</p> <p>(5) Safety practices. All staff and consultants follow appropriate practices to keep children safe during all activities, including, at a minimum: [...]</p> <p>(ii) Safe sleep practices, including ensuring that all sleeping arrangements for children under 18 months of age use firm mattresses or cots, as appropriate, and for children under 12 months, soft bedding materials or toys must not be used; [...]</p> <p>(6) Hygiene practices. All staff systematically and routinely implement hygiene practices that at a minimum ensure:</p> <p>(i) appropriate toileting, hand washing, and diapering procedures are followed;</p> <p>...</p>		
<p>Subpart F..... Additional services for children with disabilities</p>		
<p>§1302.61 Additional services for children with disabilities.</p> <p>(c) Additional services for children with an IFSP or IEP.</p>	<p>[...] (c) Additional services for children with an IFSP or IEP. To ensure the individual needs of children eligible for services under IDEA are met, a program must:</p> <p>(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:</p> <p>(i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;</p> <p>(ii) Children are working towards the goals in their IFSP or IEP;</p> <p>(iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;</p> <p>(iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA; and,</p> <p>(v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.</p> <p>(2) Plan and implement the transition services described in subpart G of this part, including at a minimum:</p> <p>(i) For children with an IFSP who are transitioning out of Early Head Start,</p>	<p>Relates to §1302.70 (c) Transition services for children with an IFSP.</p>

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HEAD START PROGRAM PERFORMANCE STANDARDS EXCERPTS
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<p>§1302.62 Additional services for parents.</p>	<p>collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and, [...] (b) Parents of children eligible for services under IDEA, a program must also help parents:</p> <p>(1) Understand the referral, evaluation, and services timelines required under IDEA;</p> <p>(2) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;</p> <p>(3) Understand the purpose and results of evaluations and services provided under an IFSP or IEP; and</p> <p>(4) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.</p>	<p>Relates to §1302.62</p>
<p>§1302.63 Coordination and collaboration with the local agency responsible for implementing IDEA.</p>	<p>[...] (c) A program must participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program must offer:</p> <p>(1) To provide relevant information from its screenings, assessments, and observations to the team developing a child's IFSP or IEP; and,</p> <p>(2) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.</p> <p>(d) A program must retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.</p>	<p>Relates to §1302.62</p>
<p>Subpart G—Transition Services</p>		
<p>§1302.70 Transitions from Early Head Start (a) Implementing transition strategies and practices. (b) Timing for transitions.</p>	<p>(a) Implementing transition strategies and practices: An Early Head Start program must implement strategies and practices to support successful transitions for children and their families transitioning out of Early Head Start</p> <p>(b) Timing for transitions. To ensure the most appropriate placement and service</p>	<p>(b) Consider transitions for</p>

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<p>(c) Family collaborations.</p> <p>(d) Early Head Start and Head Start collaboration.</p> <p>(e) Transition services for children with an IFSP.</p>	<p>following participation in Early Head Start, such programs must, at least six months prior to each child's third birthday, implement transition planning for each child and family that:</p> <p>(1) Takes into account the child's developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,</p> <p>(2) Transitions the child into Head Start or another program as soon as possible after the child's third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child's third birthday if necessary for an appropriate transition.</p> <p>(c) Family collaborations. A program must collaborate with parents of Early Head Start children to implement strategies and activities that support successful transitions from Early Head Start and, at a minimum, provide information about the child's progress during the program year and provide strategies for parents to continue their involvement in and advocacy for the education and development of their child.</p> <p>(d) Early Head Start and Head Start collaboration. Early Head Start and Head Start programs must work together to maximize enrollment transitions from Early Head Start to Head Start, consistent with the eligibility provisions in subpart A, and promote successful transitions through collaboration and communication.</p> <p>(e) Transition services for children with an IFSP. A program must provide additional transition services for children with an IFSP, at a minimum, as described in subpart F.</p>	<p>young children and families occur often.</p> <p>(b) (2) Allows for local flexibility</p> <p>(d) Consider: continuity of care</p> <p>(e) Relates to Subpart F— Additional services for children with disabilities</p>
Subpart H—Services to Enrolled Pregnant Women		
<p>§1302.80 Enrolled pregnant women.</p>	<p>(a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.</p> <p>(b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.</p>	<p>New - services to enrolled pregnant women is its own subpart.</p> <p>(b) Allows for local flexibility</p>

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	<p>(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.</p> <p>(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.</p>	<p>(d) Allows for flexibility and individual considerations, e.g., cultural practices and length of hospital stay; does not identify who visits.</p>
<p>§1302.81 Prenatal and postpartum information, education, and services.</p>	<p>(a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.</p> <p>(b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.</p>	<p>Ensures opportunity to learn about various topics.</p> <p>Relates to §1302.46 (b)</p>
<p>§1302.82 Family partnership services for enrolled pregnant women.</p>	<p>(a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.</p> <p>(b) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.</p>	<p>(a) Family engagement</p> <p>(b) Continuity of service</p>
<p>Subpart I – Human Resources Management</p>		
<p>§1302.91 Staff qualifications and competency requirements. (b) Early Head Start or Head Start director. (c) Child and family services staff</p>	<p>[...](b) Early Head Start or Head Start director. A program must ensure an Early Head Start or Head Start director hired after November 7, 2016, has, at a minimum, a baccalaureate degree and experience in supervision of staff, fiscal management, and administration. [...]</p> <p>(1) Early Head Start center-based teacher qualification requirements. As prescribed in section 645A(h) of the Act, a program must ensure center-based teachers that provide</p>	<p>(e) Not new. Codifies the Act</p> <p>(e) Programs are allowed to implement internal career ladder.</p>

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<p>direct services to infants and toddlers in Early Head Start centers have a minimum of a Child Development Associate (CDA) credential or comparable credential, and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development. [...]</p>	
<p>(4) Family child care provider qualification requirements.</p> <p>(i) A program must ensure family child care providers have previous early child care experience and, at a minimum, are enrolled in a Family Child Care CDA program or state equivalent, or an associate or baccalaureate degree program in child development or early childhood education prior to beginning service provision, and for the credential, acquire it within eighteen months of beginning to provide services.</p>	<p>(4) (i) Shorter time frame to earn credential.</p>
<p>(ii) By August 1, 2018, a child development specialist, as required for family child care in §1302.23(e), must have, at a minimum, a baccalaureate degree in child development, early childhood education, or a related field.</p> <p>(5) Center-based teachers, assistant teachers, and family child care provider competencies: A program must ensure center-based teachers, assistant teachers, and family child care providers demonstrate competency to provide effective and nurturing teacher-child interactions, plan and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five and applicable state early learning and development standards, including for children with disabilities and dual language learners, as appropriate.</p>	<p>(4) (ii) New degree requirement – by Aug. 1, 2018.</p> <p>(5) New</p>
<p>(6) Home visitors. A program must ensure home visitors providing home-based education services:</p> <p>(i) Have a minimum of a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's or bachelor's degree; and,</p>	<p>(6) New – by Aug. 1, 2018.</p>
<p>(ii) Demonstrate competency to plan and implement home-based learning experiences that ensure effective implementation of the home visiting curriculum and promote children's progress across the standards described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities and dual language learners, as appropriate, and to build respectful, culturally responsive, and trusting relationships with families. [...]</p>	

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PART 1303 FINANCIAL AND ADMINISTRATIVE REQUIREMENTS

Subpart F—Transportation		
§1303.70 In general. (c) Waiver.	[...] (c) Waiver.	No waivers for children in EHS.
PART 1305 – DEFINITIONS		
Continuity of care	Continuity of care means Head Start or Early Head Start services provided to children in a manner that promotes primary caregiving and minimizes the number of transitions in teachers and teacher assistants that children experience over the course of the day, week, program year, and to the extent possible, during the course of their participation from birth to age three in Early Head Start and in Head Start.	
Early Head Start agency	Early Head Start agency means a public or private non-profit or for-profit entity designated by ACF to operate an Early Head Start program to serve pregnant women and children from birth to age three, pursuant to Section 645A(e) of the Head Start Act.	
Dual language learner	Dual language learner means a child who is acquiring two or more languages at the same time, or a child who is learning a second language while continuing to develop their first language. The term "dual language learner" may encompass or overlap substantially with other terms frequently used, such as bilingual, English language learner (ELL), Limited English Proficient (LEP), English learner, and children who speak a Language Other Than English (LOTE).	
Family	Family means all persons living in the same household who are supported by the child's parent(s)' or guardian(s)' income; and are related to the child's parent(s) or guardian(s) by blood, marriage, or adoption; or are the child's authorized caregiver or legally responsible party.	
Head Start Early Learning Outcomes Framework: Ages Birth to Five	Head Start Early Learning Outcomes Framework: Ages Birth to Five means the Head Start Early Learning Outcomes Framework: Ages Birth to Five, which describes the skills, behaviors, and knowledge that programs must foster in all children. It includes five central domains: Approaches to Learning; Social and Emotional Development; Language and Literacy; Cognition; and Perceptual, Motor,	

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	<p>and Physical Development. These central domains are broken into five domains for infants and toddlers and seven domains for preschoolers. Infant and Toddler domains are Approaches to Learning; Social and Emotional Development; Language and Communication; Cognition; and Perceptual, Motor, and Physical Development. [...] Domains are divided into sub-domains with goals that describe broad skills, behaviors, and concepts that are important for school success. Developmental progressions describe the skills, behaviors and concepts that children may demonstrate as they progress. [...]</p>
<i>Individualized Family Service Plan (IFSP)</i>	<p><i>Individualized Family Service Plan</i> is defined in the same manner as presented in the Individuals with Disabilities Education Act (20 U.S.C. 1400 <i>et seq.</i>).</p>
<i>Migrant or Seasonal Head Start Program</i>	<p><i>Migrant or Seasonal Head Start Program</i> means:</p> <p>(1) With respect to services for migrant farm workers, a Head Start program that serves families who are engaged in agricultural labor and who have changed their residence from one geographic location to another in the preceding 2-year period; and,</p> <p>(2) With respect to services for seasonal farmworkers, a Head Start program that serves families who are engaged primarily in seasonal agricultural labor and who have not changed their residence to another geographic location in the preceding 2-year period.</p>
<i>Parent</i>	<p><i>Parent</i> means a Head Start child's mother or father, other family member who is a primary caregiver, foster parent or authorized caregiver, guardian or the person with whom the child has been placed for purposes of adoption pending a final adoption decree.</p>
<i>Participant</i>	<p><i>Participant</i> means a pregnant woman or child who is enrolled in and receives services from a Head Start, an Early Head Start, a Migrant and Seasonal Head Start, or an American Indian Alaska Native Head Start program.</p>
<i>Program</i>	<p><i>Program</i> means a Head Start, Early Head Start, migrant, seasonal, or tribal program, funded under the Act and carried out by an agency, or delegate agency, to provide on a comprehensive child development services.</p>
	<p>IFSPs are developed for infants and toddlers with disabilities.</p> <p>MSHS programs serve infants and toddlers and do not need Early Head Start funding.</p>

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 U.S. Department of Health & Human Services  Administration for Children & Families

OFFICE OF HEAD START

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-20-01	2. Issuance Date: 01/22/2020
	3. Originating Office: Office of Head Start	
	4. Key Words: Head Start and Early Head Start; Children with Disabilities; Inclusion	

TO: All Head Start and Early Head Start Agencies and Delegate Agencies

SUBJECT: Inclusion of Children with Disabilities

ABSTRACT:

This Information Memorandum (IM) highlights requirements in the Head Start Program Performance Standards (HSPPS) related to the inclusion of children with disabilities and delays. It includes a list of free resources for grantees' use in implementation efforts.

BACKGROUND:

Head Start and Early Head Start programs are required to ensure that at least 10% of enrollment slots are occupied by children with disabilities. In fact, Head Start's founders and early pioneers recognized that both children with and without disabilities would benefit from participating together in the same classrooms. Since 1972, over 3 million children with disabilities have fully participated in Head Start.

The 2016 HSPPS provide additional specificity regarding the inclusion of children with disabilities within Head Start and Early Head Start programs. Additionally, at [45 CFR §§1302.62](#) and [1302.60](#), the HSPPS explicitly require that every effort be made to include and provide services to children identified with delays or suspected delays, even if they are not eligible for services under Individuals with Disabilities Education Act (IDEA).

Section [640\(d\)\(1\)](#) of the Head Start Act defines the term "child with a disability" as:

- A child with a disability, as defined in section 602(3) of IDEA
- An infant or toddler with a disability, as defined in section 632(5) of such Act

INFORMATION

Grantees often have questions regarding the requirement that 10% of slots be occupied by children with disabilities. The following information reminds grantees of specific HSPPS requirements for services to children with disabilities.

Enrollment of Children with Disabilities

Each Head Start grant must include a minimum of 10% of all slots occupied by children with disabilities. This requirement helps ensure programs recruit children who are already identified as eligible for IDEA services prior to entering Head Start or Early Head Start, and accurately screen and refer for evaluation any children who may benefit from early intervention, special education, or related services. If a child is found eligible for services under IDEA, they are counted as a Head Start child with a disability even if they have not begun receiving the special education or related services for which they were determined eligible.

When a Head Start agency operates two different Head Start or Early Head Start grants in adjoining counties, or enrolls children from birth to 5, it should be vigilant in analyzing data. The grantee must ensure, across its programs and grants, that all children with potential disabilities are being identified and evaluated so that early intervention, special education, or related services are being provided as necessary.

For example, a birth to 5 program could report that 12% of enrolled children are children with disabilities, with none of the enrolled infants and toddlers receiving IDEA services. Such a program would need to consider the recruiting, screening, and referral process for infants and toddlers to identify the cause of this difference and ensure that at least 10% of its enrolled infants and toddlers are eligible for services under IDEA.

Many programs will find that significantly more than 10% of enrolled children are eligible for services under IDEA. If, however, after exhaustive efforts, programs cannot meet the requirement, they may request a waiver from their Regional Office.

Timing

Nearly half of the children with disabilities in Head Start and Early Head Start are diagnosed after they enroll in the program. This usually occurs through Head Start and Early Head Start screening or the ongoing assessment and referral process. It takes time to refer children to the agency responsible for conducting evaluations under IDEA, schedule Individualized Family Service Plan (IFSP) and Individualized Education Plan (IEP) meetings, and identify providers. Therefore, the Office of Head Start expects that programs may be midway through the program year (January, for many programs) before reaching the 10% requirement.

If programs are monitored prior to the mid-point, data from the previous year is reviewed. If it is past the middle of the program year and determinations are still pending for children who were referred for evaluation, monitoring teams will look at the number of evaluations pending and when the referrals were made in determining compliance.

Engaging Parents

Head Start programs must work with parents to ensure they understand their right to obtain an evaluation, the benefit of receiving services as early as possible, and their ability to participate in decisions about their children including where services should be delivered. Engaging parents early on and empowering them to advocate for their child's services is imperative to obtaining services during Head Start or Early Head Start enrollment and as the child transitions to kindergarten and beyond.

Children may need to receive IDEA services at another site. When this occurs, careful planning of the child's transition to and from each program is established. The time away from Head Start or Early Head Start is minimized to ensure receipt of comprehensive services.

Distribution of Children with Disabilities Throughout the Program

There is no regulation stipulating the number of children with disabilities who should be in each classroom. The following elements can all influence how many children with disabilities are in a particular room:

- Children's needs
- Staff capacity
- Availability of early intervention, special education, and related service providers
- Number of children identified as having disabilities after enrollment

Programs must ensure staffing is sufficient to ensure safe, nurturing environments and individualized teaching and learning for all children.

Settings need to be inclusive. If the classroom is predominantly comprised of children with disabilities, it may be a de facto special education classroom rather than a classroom inclusive of children with and without disabilities.

Children with Delays Not Eligible Under IDEA

Children with a suspected delay who are referred for evaluation may not always qualify for services under IDEA

even though they have a developmental delay in one or more areas. These children are not counted as part of the program's 10% as they do not meet the statutory requirement as children eligible for services under IDEA. However, Head Start and Early Head Start programs must ensure the individualized needs of all children are being met and all children have access to and are able to fully participate in the full range of activities and services. In some situations, program funds may be used to provide additional support, materials, or accommodations. Individualized services and support may also be available through the child's health insurance.

504 Plans

Section 504 of the Rehabilitation Act requires a "504 Plan" be established by the local education agency responsible for implementing IDEA for an eligible child. A 504 Plan defines, in writing, the protection from discrimination and necessary accommodations or services for children who have special needs but who do not qualify under IDEA. A child who scores within typical ranges but needs physical accommodations, such as a weighted spoon or a standing table to fully access the program, could be an example. Other frequent accommodations under a 504 Plan are the ability to stand while working, sit near the teacher, or take more breaks. It is different than an IEP or an IFSP, which always includes specific special education and related services, such as speech or occupational therapy or itinerant special education services in addition to accommodations.

Head Start programs must protect all children from discrimination and make accommodations as necessary to fully include them in the program. 504 Plans are not required to implement these requirements. If a child enters Head Start with an established 504 Plan, or one is obtained during the child's enrollment, the program must ensure the plan is fully implemented.

While Head Start programs are expected to provide such supports to all children in need, it can be helpful for eligible children to have 504 Plans established as they transition to kindergarten to ensure continued success.

For All Children

Programs are required to screen children, conduct ongoing assessment, partner with families to support them as advocates for their own children, consult with specialists as necessary, help children and families obtain additional services as appropriate, and take all possible steps to ensure each child's full participation in the program.

Resources for Including Children with Disabilities or Delays

- [Inclusion Webinars](#)
- [Supporting Interactions for Children with Disabilities or Suspected Delays](#)
- [SpecialQuest: Including Infants and Toddlers with Disabilities](#)
- [Children with Disabilities](#)
- [Infographic: Young Children with Special Needs](#)

If you have any questions regarding inclusion, please contact your Regional Office. Thank you for all you do to serve the most vulnerable children and families.

/ Dr. Deborah Bergeron /

Dr. Deborah Bergeron
Director
Office of Head Start
Office of Early Childhood Development

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 OFFICE OF HEAD START

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-20-01	2. Issuance Date: 01/30/2020
	3. Originating Office: Office of Head Start	
	4. Key Words: Head Start Service Duration; Duration Requirements	

PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Grantees and Delegate Agencies

SUBJECT: The U.S. Department of Health and Human Services' Secretary Azar Lowers Head Start Service Duration Requirement to 45%

INSTRUCTION:

This Program Instruction (PI) notifies programs that the U.S. Department of Health and Human Services' (HHS) Secretary has exercised his authority under Head Start Program Performance Standard [45 CFR §1302.21\(c\)\(3\)\(ii\)](#) to lower the requirement that a program provide 1,020 hours of planned class operations by August 1, 2021, from 100% of center-based funded enrollment to 45%.

Head Start Center-based Service Duration Requirement

The final rule at 45 CFR §1302.21(c)(2)(iv) states a program must provide 1,020 annual hours of planned class operations over at least eight months per year for 100% of its center-based funded enrollment by August 1, 2021.

The final rule also includes a provision that allows the Secretary to lower the percentage of Head Start center-based slots that must operate at 1,020 annual hours (45 CFR §1302.21(c)(3)(ii)). This decision must be based on an assessment of the availability of sufficient funding to mitigate a substantial reduction in Head Start-funded enrollment.

The Secretary has determined that current Head Start appropriations are not sufficient to support the requirement for 100% of each Head Start program's center-based slots to operate for 1,020 annual hours. It was concluded that if the 100% requirement goes into effect without additional funding, it will result in a substantial reduction in Head Start center-based slots. Therefore, to mitigate a substantial reduction in children served, the requirement is lowered to 45%. Lowering the 1,020 annual hour requirement from 100% to 45% of center-based funded enrollment slots reflects prior Congressional appropriations. The most recent appropriations allowed Head Start programs operating less than 45% of center-based slots at 1,020 hours to apply for funding to increase service duration so that up to 45% of their center-based slots operate for 1,020 hours.

Programs may elect to provide 1,020 annual hours of planned class operations for more than 45% of their center-based funded enrollment. We believe lowering the requirement to 45% affords programs more flexibility to meet the needs of their communities.

Waiver of 45% Service Duration Requirement

Programs may request a waiver of the 45% service duration requirement. In order to receive a waiver, a program must demonstrate that their proposed program design effectively supports children's development and progress in early learning outcomes and better meets the needs of their community (45 CFR §1302.24). If the waiver of the 45% service duration requirement is approved, or in the case of a double session variation, a program must meet the requirements described in 45 CFR §1302.21(c)(2)(i) or (ii).

The **Federal Register notice** announcing this determination with additional details is available for review. If you have questions regarding this PI, please contact your Regional Office.

Thank you for the work you do on behalf of children and families.

/ Dr. Deborah Bergeron /

Dr. Deborah Bergeron
Director
Office of Head Start
Office of Early Childhood Development

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 U.S. Department of Health & Human Services &  Administration for Children & Families

OFFICE OF HEAD START

Title: Annual Update of the HHS Poverty Guidelines

Category: Notices

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URL: <https://www.govinfo.gov/content/pkg/FR-2020-01-17/html/2020-00858.htm>

Summary: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year's increase in prices as measured by the Consumer Price Index.

Action Date: January 14, 2020 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

Contact: For information about how the guidelines are used or how income is defined in a particular program, contact the federal, state, or local office that is responsible for that program. For information about poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, contact Kendall Swenson, Office of the Assistant Secretary for Planning and Evaluation, Room 422F.5, Humphrey Building, Department of Health and Human Services, Washington, DC 20201—telephone: (202) 795-7309—or visit <http://aspe.hhs.gov/poverty/>.

Full Text: <https://www.govinfo.gov/content/pkg/FR-2020-01-17/html/2020-00858.html>

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HHS Poverty Guidelines for 2020

On behalf of the U.S. Department of Health and Human Services (HHS), the Office of the Assistant Secretary for Planning and Evaluation has prepared **new poverty guidelines**. Many programs across the federal government, as well as state governments and non-profit organizations, rely on these guidelines to determine family eligibility for systems and services. The 2020 poverty guidelines are calculated by taking the 2018 Census Bureau's poverty thresholds and adjusting them for price changes between 2018 and 2019 using the Consumer Price Index (CPI-U).

Select the link for the guidelines and additional information: <https://aspe.hhs.gov/poverty-guidelines>

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U.S. Department of Health & Human Services



OFFICE OF THE ASSISTANT SECRETARY
FOR PLANNING AND EVALUATION

POVERTY GUIDELINES

01/08/2020

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U.S. FEDERAL POVERTY GUIDELINES USED TO DETERMINE FINANCIAL ELIGIBILITY FOR CERTAIN FEDERAL PROGRAMS

HHS POVERTY GUIDELINES FOR 2020

The 2020 poverty guidelines are in effect as of January 15, 2020

The Federal Register notice for the 2020 Poverty Guidelines was published January 17, 2020.

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
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For families/households with more than 8 persons, add \$4,480 for each additional person.

1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
6	\$35,160
7	\$39,640
8	\$44,120

2020 POVERTY GUIDELINES FOR ALASKA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,600 for each additional person.	
1	\$15,950
2	\$21,550
3	\$27,150
4	\$32,750
5	\$38,350
6	\$43,950
7	\$49,550
8	\$55,150

2020 POVERTY GUIDELINES FOR HAWAII

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$5,150 for each additional person.	
1	\$14,680
2	\$19,830

2020 POVERTY GUIDELINES FOR HAWAII

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
3	\$24,980
4	\$30,130
5	\$35,280
6	\$40,430
7	\$45,580
8	\$50,730

RESOURCES

- [Prior Poverty Guidelines and Federal Register References Since 1982](#)
- [A chart with percentages \(e.g., 125 percent\) of the guidelines \(PDF\)](#)
This content is in the process of Section 508 review. If you need immediate assistance accessing this content, please submit a request to Kendall Swenson, (202) 795-7309, Kendall.Swenson@HHS.GOV. Content will be updated pending the outcome of the Section 508 review.
- [Frequently Asked Questions \(FAQs\) on the Poverty Guidelines and Poverty](#)
 - [Poverty guidelines — gross or net income](#)
 - [The poverty line for a state or city](#)
 - [The number of poor people in a state or city](#)
 - [How the poverty line was developed](#)
- [Further Resources on Poverty Measurement, Poverty Lines, and Their History](#)
- [Mollie Orshansky’s career, achievements, and publications](#)
- [ASPE research on poverty](#)
- [The Census Bureau's Poverty Home Page](#)

The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds — the original version of the poverty measure — have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines — for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility. For a more detailed list of programs that do and don't use the guidelines, see the Frequently Asked Questions (FAQs).

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in January 2020 are designated the 2020 poverty guidelines. However, the 2020 HHS poverty guidelines only reflect price changes through calendar year 2019; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2019. (The 2019 thresholds are expected to be issued in final form in September 2020; a preliminary version of the 2019 thresholds is now available from the Census Bureau.)

The poverty guidelines may be formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

There are two slightly different versions of the federal poverty measure: poverty thresholds and poverty guidelines.

The **poverty thresholds** are the original version of the federal poverty measure. They are updated each year by the **Census Bureau**. The thresholds are used mainly for **statistical** purposes — for instance, preparing estimates of the number of Americans in poverty each year. (In other words, all official poverty population figures are calculated using the poverty thresholds, not the guidelines). Poverty thresholds since 1973 (and for selected earlier years) and weighted average poverty thresholds since 1959 are available on the Census Bureau's Web site. For an example of how the Census Bureau applies the thresholds to a family's income to determine its poverty status, see "How the Census Bureau Measures Poverty" on the Census Bureau's web site.

The **poverty guidelines** are the other version of the federal poverty measure. They are issued each year in the Federal Register by the **Department of Health and Human Services (HHS)**. The guidelines are a simplification of the poverty thresholds for use for **administrative** purposes — for instance, determining financial eligibility for certain federal programs.

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

Key differences between poverty thresholds and poverty guidelines are outlined in a table under Frequently Asked Questions (FAQs). See also the discussion of this topic on the Institute for Research on Poverty's web site.

The January 2020 poverty guidelines are calculated by taking the 2018 Census Bureau's poverty thresholds and adjusting them for price changes between 2018 and 2019 using the Consumer Price Index (CPI-U). The poverty thresholds used by the Census Bureau for statistical purposes are complex and are not composed of standardized increments between family sizes. Since many program officials prefer to use guidelines with uniform increments across family sizes, the poverty guidelines include rounding and standardizing adjustments.

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