

MINUTES

COMMUNITY SERVICES COMMISSION OF THE CITY OF LA HABRA

Wednesday, June 10, 2020

FINAL: These Minutes were approved on July 8, 2020 at the Commission meeting.

Chair Surich called the Regular Meeting of the Community Services Commission to order at 3:00 p.m. via Zoom teleconference call in La Habra, California.

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

OTHER OFFICIALS PRESENT: Kelly Fujio, Director of Community Services, Kimberly Albarian, Community Services Manager & Catherine Villanueva, Child Development Manager

I. PUBLIC COMMENTS: None

II. CONSENT CALENDAR:

MOVED BY Commissioner Laveaga, seconded by Commissioner Kempker and CARRIED UNANIMOUSLY (5-0), TO APPROVE THE COMMUNITY SERVICES COMMISSION MINUTES OF APRIL 8, 2020.

Said motion CARRIED by the following roll call vote:

AYES: Commissioners Garcia, Kempker, Laveaga, Schmidt, Surich
NOES: NONE
ABSENT: Trujillo
ABSTAIN: Felix

III. CONSIDERATION ITEMS:

- A. MOVED BY Commissioner Schmidt, seconded by Commissioner Garica and CARRIED UNANIMOUSLY (7-0), TO SELECT COMMISSIONER LAVEAGA AS THE NEW CHAIR OF THE COMMUNITY SERVICES COMMISSION.

MOVED BY Commissioner Felix, seconded by Chair Laveaga and CARRIED UN-AMIMOUSLY (7-0), TO SELECT COMMISSIONER KEMPKER AS THE NEW VICE CHAIR OF THE COMMUNITY SERVICES COMMISSION.

Said motion CARRIED by the following roll call vote:

AYES: Commissioners Felix, Garcia, Kempker, Laveaga, Schmidt, Surich, Trujillo
NOES: NONE
ABSENT: NONE
ABSTAIN: NONE

B. CHILD DEVELOPMENT

Discussion, review, and approval of the Child Development Monthly Reports.

Recommendation: That the Community Services Commission discuss, review and approve the Child Development Manager's Monthly Status Report for Early Head Start, Cost Reimbursement Report, Monthly Program Report and CACFP Report.

Moved by Vice Chair Kempker, seconded by Commissioner Garcia, and CARRIED (7-0) TO APPROVE THE CHILD DEVELOPMENT MANAGER'S MONTHLY REPORT, THE HEAD START COST REIMURBSEMENT REPORT, THE MONTHLY PROGRAM REPORT AND THE CACFP REPORT.

Said motion CARRIED by the following roll call vote:

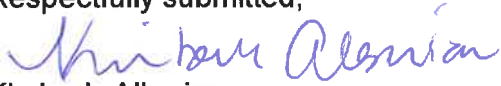
AYES: Commissioners Felix, Garcia, Kempker, Laveaga, Schmidt, Surich, Trujillo
NOES: NONE
ABSENT: NONE
ABSTAIN: NONE

Moved by Commissioner Schmidt, seconded by Chair Laveaga, and CARRIED (7-0) TO APPROVE THE PROGRAM PLANNING SERVICE AREA PLAN, POLICY AND PROCEDURES CALENDAR FOR THE 2020-2021 SCHOOL YEAR.

Said motion CARRIED by the following roll call vote:

AYES: Commissioners Felix, Garcia, Kempker, Laveaga, Schmidt, Surich, Trujillo
NOES: NONE
ABSENT: NONE
ABSTAIN: NONE

Respectfully submitted,



Kimberly Albarian,
Recording Secretary

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

Laurie Swindell, CMC
City Clerk

C. COVID 19 UPDATE REGARDING SPECIAL EVENTS AND PROGRAMS

Director of Community Services Fujio updated the Commission on Special Events that have been cancelled due to Covid19. During this time, the Community Services Department has shifted attention to assist with the following programs:

- Community Care Resource Center – Food Distribution
- Meals on Wheels and Congregate Meal Delivery Program
- Park It Market
- Graffiti Abatement Program
- Park Monitoring
- Reopening Plan for City Facilities
- 4th of July Fireworks Show – No spectators at La Bonita Park. There will be a commemorative flyover above La Habra at approximately 2:30 p.m. on Saturday. The Lions Club will be selling funnel cakes.

D. JOIN THE CONVERSATION

Director of Community Services Fujio continued to encourage the Commission to participate by completing a community survey to help prioritize funding in the City. Please share with family, friends, neighbors and residents of La Habra. The survey and additional information are on the City's website: www.lahabraca.gov

I. ADMINISTRATIVE MATTERS:

Director of Community of Community Services Fujio updated the Commission on the department budget. As part of the City's efforts to balance the budget, a 5% reduction in commission stipends will take effect in July. City staff will furlough approximately 130 hours during the next FY 2020-2021. City Council will review the budget in October and determine if adjustments can be made at this time based on the current Covid-19 pandemic, incoming revenue and other variables.

II. COMMISSIONER DISCUSSION:

- Meals on Wheels Fundraiser – Virtual Summer Solstice (donate online or cash, check or credit card options)
- Chamber Night at Senor Campos – June 30 (lunch & dinner, pick up only)
- Create Welcome Back signs at City facilities/parks
- *Two on the Town* has a local cable show that highlights various community services and programs in La Habra.

III. ADJOURNMENT:

Chair Laveaga adjourned the Commission meeting at 4:37 p.m. to Wednesday, July 8, 2020, in the City Council Chamber, 100 East La Habra Boulevard, La Habra, California.
COMMUNITY SERVICES COMMISSION MINUTES 6/10/2020

**CITY OF LA HABRA
EARLY HEAD START PROGRAM
MONTHLY REPORT
2019-2020 FISCAL SCHOOL YEAR**

For Consideration for meeting dated June 10, 2020

Program Information Summary (PIS) Report: April 2020 (Attachment 1)

Section A: Agency Profile

Item	Previous Month Report	Current Month Report
Funded Enrollment	50	50
Number Enrolled (Cumulative)		
Number of Children	62	67
Number of Pregnant Moms	2	2
Number in the Waiting list	6	4
Enrollment by Eligibility		
Below 100% Poverty Line	37	39
Categorically Eligible	13	14
Over-Income	14	14

Section B: Staff and Qualifications

Item	Supervisor	Home Base Educator
Total Number of Child Development Staff by Position	1	3
With a BA Degree	1	2
With an AA Degree	0	1
Without a Degree, enrolled with a Waiver	0	0

Section C: Child and Family Services

Item	Previous Month Report	Current Month Report
Number of Children/ Pregnant Women with Health Insurance	63	64
Number of Children with an Ongoing Source of Continuous, Accessible Health Care (Medical Home)	58	58
Number of children up-to-date with well-baby checks	33	37
Number of children with expired well-baby checks	8	8

Number of children with expired well-baby checks 30 days or less	11	8
Number of children who are up-to-date with Immunizations	60	64
Number of children with continuous accessible dental care (Dental Home)	58	58
Number of children who are up-to-date with oral health care	63	67
Number of children with expired oral health care	29	29
Number of children with an IFSP	18	16

Family Partnership Agreements

Item	Previous Month Report	Current Month Report
Total Number of FPA's introduced	55	58
Total Number of FPA's completed	47	50
Total Number of FPA's with an established goal	61	65
Home based services (Month) Visits Completed	191	184
Home based services (year to date) Visits Completed	1519	1648
Number of Socializations (Month)	1	30
Number of Socializations (year to date)	158	188

Monitoring Report:

Financial Reports:

- Attached is the Cost Report for April 2020 and the amount requested is **\$29,113.08 (Attachment 2)**
 - Total In-kind to-date is **\$134,560.18 (of \$120,283.00)**
- Attached is the Credit Card Reports for April 2020. **(Attachment 3)**

CACFP Reports:

- The total reimbursement for the month of April 2020 is **\$6,523.71 (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 April 2020. **(Attachment 5)**

Information Shared:

- *Training:* Head Start Health Services Competencies: A Tool to Support Health Managers and Staff **(Attachment 6)**
- Responding to Head Start Grantee Questions on COVID19: Volume May 21, 2020 **(Attachment 7)**
- **IM:** Coronavirus Disease 2019 Fiscal Flexibilities **(Attachment 8)**
- **IM:** Update on Funding for 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 **(Attachment 9)**

Action Items, For Approval:

- Program Planning Service Area Plan, Policy, and Procedures and Calendar for 2020-2021 school year **(Attachment 10)**

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	1/6	2/5	3/5	4/3				
0	0	0	0	0	0	0	0	0	0	0	2	

- 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

1	1	1	1	1	1	1	2	2	2	2		
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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	63	64	64	67			
34	34	29	30	31	31	33	34	37	39			
4	4	4	4	4	4	5	5	5	5			
2	2	2	2	2	2	2	2	2	2			
2	2	7	8	9	10	10	10	6	7			
3	3	4	5	5	5	7	7	7	7			
5	5	5	5	5	5	6	6	7	7			

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	24	24	24			
13	13	13	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

		4	5	5	6	14	14	17	21			
0	0	0	0	0	0	0	0	0	0			
0	0	0	0	0	0	0	0	0	0			

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)

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	4	3	6	4			
50	50	50	50	51	50	50	50	45	48			

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	1/6	2/5	3/5	4/3				
1	1	1	1	1	1	1	1	1	0	0		

- Family development credential (FDC)
- Child development associate credential (CDA)
- State-awarded certification, credential, or license appropriate to the option in which they are working, i.e. home-based option or family child care option
- Other
- 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:

- An advanced degree or license
- A baccalaureate degree
- An associate degree
- Studies leading to a non-degree license, certificate, or credential

C. Child & Family Services

Health Insurance - children (9700/9706)

- Number of all children with health insurance

49	49	49	53	55	56	60	61	61	62	
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Health insurance - pregnant women (EHS programs) (9700/9716)

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

1	1	1	1	1	1	2	2	2	2	
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Medical home - children (9700/9707)

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

AutoSum

49	49	49	53	55	55	58	58	58	58	
48	49	50	53	55	56	62	61	41	45	
28	36	39	36	39	39	43	33	33	37	
18	12	10	14	13	16	16	23	8	8	
2	1	1	3	3	1	3	5	0	0	
9	6	5	9	8	8	6	10	11	8	

Medical services - children (9707)

- 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

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

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

0	0	0	0	0	0	0	0	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	1/6	2/5	3/5	4/3			

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)

AutoSum

- Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age
- 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
- Number of children who meet their state's guidelines for an exemption from immunizations

49	49	50	53	54	56	59	60	60	64		
24	26	28	28	29	30	31	32	33	35		
25	23	22	25	25	26	28	28	27	29		
0	0	0	0	0	0	0	0	0	0		

Dental home - children (9700/9708)

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
- Of these, the number of children who have received or are receiving treatment

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)

AutoSum

- 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

15	48	49	50	52	55	43	56	57	61		
3	5	5	5	16	16	17	17	17	6		
29	36	42	41	41	41	36	38	34	38		
17	12	7	9	11	14	14	18	29	29		
3	1	1	3	3	1	3	5	0	0		
9	5	3	5	6	7	3	7	9	8		

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)

		2019					2020						
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
8/6	9/4	10/4	11/5	12/5	1/6	2/5	3/5	4/3					

0	0	0	0	0	0	1	1	1	1				
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14	14	17	19	20	21	21	19	18	16				
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AutoSum		4	6	6	7	10	12	14	14	15	15		
0	0	0	1	3	4	4	4	4	4	4	4		
8	6	7	8	5	3	4	4	7	6	9			
12	12	13	16	18	19	22	25	25	25	28			

AutoSum		0	3	3	4	7	9	11	11	13	13		
0	1	1	2	5	6	7	7	7	7	6	6		
12	8	9	10	6	4	4	4	7	6	9			
12	12	13	16	18	19	22	25	25	25	28			

1	12	12	16	17	19	21	24	25	28				
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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	1/6	2/5	3/5	4/3				
0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	1	0	1	0	1	0	1	1	0	0	0
AutoSum	12	12	13	16	18	19	22	25	25	25	28	28

Newly enrolled children with Behavioral screenings completed (3001)

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

1	12	12	16	17	18	21	24	25	28		
0	0	0	0	0	0	0	0	0	0		
11	0	1	0	1	1	1	1	1	0	0	
AutoSum	12	12	13	16	18	19	22	25	25	28	28

Screening (9700/9709)

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

12	12	13	16	17	19	24	25	25	28		
0	10	11	12	14	15	18	18	19	19		

Number of families (9700/9730/9731)

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

46	46	47	50	50	50	53	54	54	56		
1	3	9	9	13	14	14	14	15	16		

Homelessness Services (9700/9705/9731)

53. Total number of families experiencing homelessness that were served during the enrollment year
54. Total number of children experiencing homelessness that were served during the enrollment year
55. Total number of families experiencing homelessness that acquired housing during the enrollment year

3	3	7	8	8	8	8	8	8	9		
3	3	7	8	9	10	10	10	10	11		
0	0	0	0	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	54	54	55	58		
0	0	0	30	31	32	46	56	47	50		
0	0	0	30	35	35	35	35	61	65		

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 VISIT Services											
	AutoSum	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month	Current Month
200	200	200	200	150	150	200	200	200	200	200	200	200
198	200	200	200	146	150	200	195	180	179			
198	205	207	210	162	167	204	218	205	186			
178	185	177	185	147	143	166	133	191	184			
16	15	22	20	15	22	21	29	7	2			
4	5	8	5	0	2	17	56	7	0			

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	1/6	2/5	3/5	4/3				

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

100	100	100	100	50	50	100	100	100	100		
100	100	100	100	49	50	100	96	90	96		
27	15	24	33	6	24	6	17	1	30		

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
Year-To-Date
Year-To-Date
Year-To-Date

200	400	600	800	950	1100	1300	1500	1700	1900		
198	398	598	798	944	1094	1294	1489	1669	1854		
198	395	604	807	954	1125	1328	1555	1760	1875		
178	363	548	733	869	1022	1188	1327	1519	1648		
16	26	46	65	80	99	120	151	160	157		
4	6	10	9	5	4	20	77	81	70		

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	600	700	800	900		
100	200	300	400	449	499	599	796	885	981		
27	42	66	99	105	132	138	157	158	188		

Monthly Cost Report , FY 2019-20

ATTACHMENT 2

April, 2020

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	18,880.16	225,673.32	88,621.68
FRINGE BENEFITS	112,426.00	8,170.69	88,533.19	23,892.81
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	12,233.00	342.92	4,374.44	7,858.56
CONTRACTUAL	10,071.00	0.00	8,597.74	1,473.26
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	20,857.00	1,590.31	17,003.47	3,853.53
INDIRECT COSTS	0.00	0.00	0.00	0.00
TOTAL	\$469,882.00	\$28,984.08	\$344,182.16	\$125,699.84

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	129.00	1,620.74	229.26
INDIRECT COSTS	0.00	0.00	0.00	0.00
Total	\$11,250.00	\$129.00	\$1,620.74	\$9,629.26

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	19,637.92	134,560.18	-16,078.92
EHS T&TA	1,801.74	0.00	0.00	1,801.74
Total	\$120,283.00	\$19,637.92	\$134,560.18	-\$14,277.18
Reimbursement Request Total		\$29,113.08		

**City of La Habra
Child Development Division**

ATTACHMENT 3

Credit Card Expenses

Month Reporting: April, 2020

Charge By	Date Charged	Item/ Purpose	Amount
Smart & Final (Non-Food Program)		<i>No charges for the Month</i>	
Smart & Final (Food Program Items)		<i>No charges for the Month</i>	
Total:			\$0.00

Charge By	Date Charged	Item/ Purpose	Amount
Bank of the West Credit Card (M. Garcia)	4/18/2020	NHSA Online Conferene	\$369.00
Bank of the West Credit Card (A. Morales)	4/16/2020	Glasby: COVID19 Supplies	\$124.99
Bank of the West Credit Card (D. Linn)	4/16/2020	EEC: Training on Need/ Eligibility	\$538.00
	4/17/2020	Cannings: Disinfectant Supplies	\$491.43
	4/18/2020	Amazon: Phone charger	\$16.41
Bank of the West Credit Card (A. Marceau)	4/16/2020	EEC: Training on Need/ Eligibility	\$269.00
Total:			\$1,808.83

ATTACHMENT 4

**Child & Adult Care Food Program
Claim For Reimbursement Summary for April 2020**

04320-CACFP-30-GM-CS
CITY OF LA HABRA-CHILD DEV DIVISION
 110 E LA HABRA BLVD
 LA HABRA, CA 90631-5436
 Vendor #: 21830Z
 payment address

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	0	05/11/2020	05/11/2020	05/14/2020	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	246	1.8400	452.64
Reduced	137	1.5400	210.98
Base	107	0.3100	33.17
Total	490		696.79

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Lunch			
Free	246	3.4100	838.86
Reduced	137	3.0100	412.37
Base	107	0.3200	34.24
CIL	490	0.2375	116.38
Total	490		1,401.85

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	314	1.8400	577.76
Reduced	183	1.5400	281.82
Base	98	0.3100	30.38
Total	595		889.96

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
PM Snack			
Free	314	0.9400	295.16
Reduced	183	0.4700	86.01
Base	98	0.0800	7.84
Total	595		389.01

Claim Reimbursement Total 3,377.61

State Reimbursements

Meal Description	Meals	State Rate	State Earnings
------------------	-------	------------	----------------

Total Breakfast	880	\$0.0000	\$0.00
Total Lunches	383	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	3,261.23	116.38	0.00	3,377.61
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
Net Claim Reimbursement Total	3,261.23	116.38	0.00	3,377.61

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**Child & Adult Care Food Program
Claim For Reimbursement Summary for April 2020**

04320-CACFP-30-GM-CS
CITY OF LA HABRA-CHILD DEV DIVISION
 110 E LA HABRA BLVD
 LA HABRA, CA 90631-5436
 Vendor #: 21830Z
 payment address

Month/Year Claimed	Adjustment Number	Date Received	Date Accepted	Date Processed	Reason Code
Apr 2020	1	05/16/2020	05/16/2020	05/21/2020	Timely Adjustment

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	528	1.8400	971.52
Reduced	294	1.5400	452.76
Base	228	0.3100	70.68
Total	1,050		1,494.96
Lunch			
Free	528	3.4100	1,800.48
Reduced	294	3.0100	884.94
Base	228	0.3200	72.96
CIL	1,050	0.2375	249.38
Total	1,050		3,007.76

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	497	1.8400	914.48
Reduced	288	1.5400	443.52
Base	155	0.3100	48.05
Total	940		1,406.05
PM Snack			
Free	497	0.9400	467.18
Reduced	288	0.4700	135.36
Base	155	0.0800	12.40
Total	940		614.94
Claim Reimbursement Total			6,523.71

State Reimbursements

Meal Description	Meals	State Rate	State Earnings
------------------	-------	------------	----------------

Total Breakfast	1,607	\$0.0000	\$0.00
Total Lunches	822	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	6,274.33	249.38	0.00	6,523.71
Previous Claim Reimbursement Total	3,261.23	116.38	0.00	3,377.61
Net Claim Reimbursement Total	3,013.10	133.00	0.00	3,146.10

Created By: catherinev on: 5/16/2020 10:41:16 AM Modified By: catherinev on: 5/16/2020 10:42:44 AM

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-Preschool CSPP (38502)			Total			Revenue Over/(Under) Net Amount
	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense	Net Amount	4702 Food Revenue	7114 Food Expense	Net Amount	
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	\$ 868.88	\$ 14,769.38	\$ 13,297.99	\$ 1,471.39	
Jan-20	\$ 5,719.51	\$ 2,313.07	\$ 3,406.44	\$ 10,789.75	\$ 9,531.54	\$ 1,258.21	\$ 16,509.26	\$ 11,844.61	\$ 4,664.65	
Feb-20	\$ 4,009.71	\$ 3,463.77	\$ 545.94	\$ 10,308.10	\$ 8,233.29	\$ 2,074.81	\$ 14,317.81	\$ 11,697.06	\$ 2,620.75	
Mar-20	\$ 2,625.10	\$ 2,515.63	\$ 109.47	\$ 5,865.95	\$ 6,949.19	\$ (1,083.24)	\$ 8,491.05	\$ 9,464.82	\$ (973.77)	
Apr-20	\$ 2,020.99	\$ 2,280.04	\$ (259.05)	\$ 4,502.72	\$ 2,284.43	\$ 2,218.29	\$ 6,523.71	\$ 4,564.47	\$ 1,959.24	
Total	\$ 62,697.86	\$ 48,262.15	\$ 14,435.71	\$ 92,648.88	\$ 77,885.41	\$ 14,763.47	\$ 155,346.74	\$ 126,147.56	\$ 29,199.18	
YTD Cook	\$ -	\$ 18,657.07	\$ (18,657.07)	\$ -	\$ 42,677.61	\$ (42,677.61)	\$ -	\$ 61,334.68	\$ (61,334.68)	
Adjusted Total	\$ 62,697.86	\$ 66,919.22	\$ (4,221.36)	\$ 92,648.88	\$ 120,563.02	\$ (27,914.14)	\$ 155,346.74	\$ 187,482.24	\$ (32,135.50)	

% of Food expense

77%

84%

81%

Head Start Health Services Competencies: A Tool to Support Health Managers and Staff

Introduction

For over fifty years, Head Start* has had a commitment to health and wellness.¹ Promotion and prevention activities are central to the program's requirement to provide comprehensive services to support children's healthy growth and development. Today, a growing body of research demonstrates that healthy growth and development are critical for school readiness and later learning.^{2,3} Recent studies suggest that high-quality early childhood health and nutrition services provide the foundation for lifelong wellness.⁴

"An important part of the formative work for agencies and organizations involved in supporting children from birth through age 8 at the national, state, and local levels is to assess and revise as needed any current statements of professional competencies for both practitioners and leaders, and to review the extent to which all professional learning and workforce development opportunities, policies, and supports are informed by and aligned with those competencies."

[Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation](#)

Institute of Medicine
2015

Competencies are the ability to do something successfully or efficiently. Competencies are a way to assess what an individual values or does not value; knows or does not know; and can do or cannot do.

The Head Start National Center on Health (NCH) developed *Head Start Health Services Competencies: A Tool to Support Health Managers and Staff*. Health services managers and staff, supervisors, and program directors can use The Competencies Tool as a framework for identifying the critical elements in effective implementation of health services. Health leaders and staff can also use The Competencies Tool to identify their areas of strength as well as areas for improvement. This may build staff member as well as organizational capacity to provide high-quality early childhood health services and help children and families achieve positive health outcomes.

Many organizations and government agencies use a competency model to recruit, develop, and retain qualified individuals. The 2015 Institute of Medicine report (see sidebar) on how to support children's health, development, and learning, recommends a shared knowledge base and set of competencies for the early childhood workforce. It also highlights the need for role specific knowledge and competencies.

*The term Head Start in this document refers to both Head Start and Early Head Start programs.

What is The Competencies Tool?

The Competencies Tool is a set of 68 individual competencies. Each is indicative of an attitude, knowledge, or skill.* The competencies are consistent with science-informed practices for early childhood health staff.

NCH selected the competencies within this tool after reviewing

- more than two-dozen sets of competencies and performance measures for early care and education or health personnel;
- the Head Start Program Performance Standards;
- *Caring for Our Children, National Health and Safety Performance Standards for Early Care and Education Programs*, 3rd Edition (CFOC3);
- two descriptive studies of Head Start health services; and
- *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*

The competencies are organized into four categories. The first category, Overarching (O), includes a set of crosscutting competencies that are relevant to all health services. The other three categories, Child and Family Health (CFH), Engaging Families (EF), and Leadership (L), address one aspect of Head Start health services.

The Competencies Tool is not an exhaustive list of everything one person may need to know or be able to do. Individual competencies may not be relevant to every job description. In some agencies, more than one person may be responsible for meeting the health

requirements. In addition, health services staff may have other responsibilities that are not included in this list. Specific competencies, in whole or in part, may apply only to Early Head Start. Other competencies address management and leadership responsibilities. In some programs the health manager may not have certain competencies but will need to know how to manage teams of people or consultants with these skills. Each program will determine its own approach, job descriptions, and written services plan.

How to Use The Competencies Tool

Staff can use this tool to increase their awareness of the attitudes, knowledge, and skills needed to deliver high-quality health and safety practices. There will be some competencies where one excels, and others where one may benefit from continued learning. Developing staff expertise across multiple categories will assist programs to effectively provide and manage Head Start health services.

Programs can also use The Competencies Tool to

- explore values and ideas about health care practices;
- examine how to communicate with families about health topics;
- hire and supervise health services staff; and
- create individualized professional development plans for health staff.

Today's Head Start health services can provide a child a lifetime of advantages!

*Other sets of competencies refer to knowledge, skills and abilities or KSAs rather than attitudes. *The Competencies Tool* includes attitudes to underscore the need to be willing to consider multiple perspectives, engage in self-reflection, and consider ongoing professional development to learn new knowledge and skills.

Citations

1. Cooke, R. (1965) *Recommendations for a Head Start Program*. Johns Hopkins University. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/hs/about/docs/cooke-report.pdf>
2. Center on the Developing Child at Harvard University (2010). *The Foundations of Lifelong Health Are Built in Early Childhood*. Retrieved from <http://www.developingchild.harvard.edu>
3. High, Pam C. and the Committee on Early Childhood, Adoption, and Dependent Care and Council on School Health (April, 2008). School Readiness Technical Report. *Pediatrics*. 121(4), 1008-1015. Retrieved from <http://pediatrics.aappublications.org/content/121/4/e1008.full.pdf+html>
4. Campbell, F., Conti, G., Heckman, J.J., Moon, S.H., Pinto, R., Pungello, E., Pan, Y. (2014). Early Childhood Investments Substantially Boost Adult Health. *Science*, 343(6178): 1478–1485. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028126/pdf/nihms572287.pdf>



Health Services Managers and Staff Competencies

OVERARCHING COMPETENCIES

These competencies reflect the most critical set of attitudes, knowledge and skills. They form a foundation for providing health services within early care and education programs.

O-1	A	Value the connections between health and learning
O-2	A	Acknowledge how one's own values, beliefs, attitudes, and preferences affect interactions with children, families, and staff
O-3	K	Have a working knowledge of the Head Start Program Performance Standards (HSPPS) and other federal, tribal, state, and local requirements regarding health and safety in early care and education ¹
O-4	K	Understand the general principles of health and wellness, including promotion, prevention, early identification, and intervention
O-5	K	Understand the risk factors that make some people healthy, and other people unhealthy (e.g., determinants of health ²) that contribute to health disparities ³ among culturally and linguistically diverse populations
O-6	S	Assist staff and families to understand children's healthy growth and development
O-7	S	Model and reinforce healthy and safe behaviors
O-8	S	Assist children and families to address challenges that affect their well-being, promote resilience, and strengthen protective factors
O-9	S	Be able to find and use appropriate sources of evidence-based or science-informed health and safety information
O-10	S	Share culturally, linguistically, and developmentally-appropriate science-informed health education materials with children, families, and staff
O-11	S	Apply the principles of health literacy ⁴ when communicating with staff and families

¹Throughout the tool there are references made to federal, state, local, and tribal regulations. Users of the tool need to know the pertinent information regarding the entities that have authority over a program or its families.

²Healthy People 2020 defines determinants of health as "The range of personal, social, economic, and environmental factors that influence (an individual's) health status." Retrieved from <http://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>

³"Health disparities are differences in health outcomes between groups that reflect social inequalities." Centers for Disease Control and Prevention (2011). CDC Health Disparities and Inequalities Report—United States, 2011. *MMWR*, 2011;60, p.1. Retrieved from <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>

⁴Health literacy is "The degree to which individuals share the capacity to obtain, process, and understand basic information and services needed to make appropriate health decisions (Ratzan and Parker, 2000)." Nielsen-Bohlman, L., Panzer, A.M., Kindig, D.A. (Eds). (2004). *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies Press, p. 32. Retrieved from <http://www.nap.edu/catalog/10883/health-literacy-a-prescription-to-end-confusion>

CHILD AND FAMILY HEALTH COMPETENCIES

These competencies address the healthy growth and development of young children from birth to five years of age, family well-being, and Head Start requirements regarding the health and safety of children, families, and staff.

CFH-1	A	Believe that children and families have the right to be healthy and safe
CFH-2	A	Acknowledge the importance of safe, responsive, and nurturing relationships for healthy social and emotional development
CFH-3	K	Be familiar with early childhood developmental milestones including cognitive, motor, language, and social and emotional
CFH-4	K	Be aware that maternal and family health and wellness beginning with preconception ⁵ influence health across the lifespan
CFH-5	K	Know current pediatric periodicity schedules (EPSDT), dental periodicity schedules, and immunization recommendations and requirements, and understand screening, assessment, and examination results
CFH-6	K	Be aware of changes in health care delivery systems (e.g., eligibility, provider participation, covered services) ⁶
CFH-7	K	Understand how toxic stress and adverse childhood experiences influence health and development
CFH-8	K	Know the importance of healthy oral development, risks and protective factors
CFH-9	K	Know about food safety and sanitation practices (e.g., food preparation, cross-contamination, temperatures, and storage including breast milk and infant formula)
CFH-10	K	Be familiar with individual child and adult nutritional needs, preferences, and special dietary requirements including feeding recommendations for infants (e.g., breastfeeding, introduction of solids) and young children (e.g., food allergy/intolerance, portion size, BMI)
CFH-11	K	Know about physical activity and screen-time recommendations for infants, toddlers, and preschool children, and physical activity recommendations for adults
CFH-12	S	Assist eligible families to access health insurance for themselves and their children
CFH-13	S	Assist families to access medical and dental homes
CFH-14	S	Identify whether children are up-to-date on their EPSDT and immunization requirements

⁵The Centers for Disease Control and Prevention (CDC) define preconception health as “the health of women and men during their reproductive years”. Retrieved from <http://www.cdc.gov/preconception/overview.html>

⁶The examples listed in this and other competencies are not meant to be exhaustive.

CHILD AND FAMILY HEALTH COMPETENCIES

CFH-15	S	Help families identify and overcome barriers to completing further diagnostic testing, follow-up, and treatment
CFH-16	S	Develop and implement Individual Healthcare Plans (IHP) for children with special health care needs, in collaboration with families, the medical home, and other related service providers
CFH-17	S	In collaboration with the program's mental health consultant and families, promote children's social and emotional well-being, assess risk and make appropriate referrals for children with mental health concerns
CFH-18	S	In collaboration with the program's mental health consultant, assess risk and make appropriate referrals for families living with challenges such as domestic violence, child abuse and neglect, substance abuse, depression (especially for prenatal and post-partum women) and other mental health issues
CFH-19	S	Demonstrate infection control procedures: basic assessment, initial management, and prevention of communicable diseases
CFH-20	S	Identify indoor and outdoor hazards related to common child and adult injuries, and apply age and developmentally appropriate injury prevention strategies
CFH-21	S	Demonstrate safe methods that meet state and tribal requirements of administering medications, including consent, handling, labeling, storing, disposing, and recognizing possible side effects
CFH-22	S	Support family-style meals for children and staff as appropriate
CFH-23	S	Support positive oral health practices during program hours
CFH-24	S	Ensure that program staff can provide first aid and CPR and always have access to well-maintained first aid supplies in order to respond to medical and dental emergencies
CFH-25	S	Plan and oversee ongoing training to meet programmatic health and safety requirements
CFH-26	S	Assure staff implement health and safety practices including daily health checks
CFH-27	S	Establish and maintain confidentiality policies and procedures
CFH-28	S	Maintain effective recordkeeping systems, and accurately track individual child and family health information
CFH-29	S	Collect and use child and family health history, including current health needs, to help children and families achieve optimal wellness
CFH-30	S	Facilitate comprehensive services including appropriate education, information, support, and referrals for prenatal and postpartum women, fathers, and significant family members

CHILD AND FAMILY HEALTH COMPETENCIES

CFH-31	S	For enrolled pregnant women, develop a plan for the two-week newborn visit to offer support and identify family needs
CFH-32	S	Assure that programs implement and inform staff and families about safe sleep practices for infants

ENGAGING FAMILIES COMPETENCIES

These competencies reflect the relationship-based approach found in the *Head Start Parent, Family, and Community Engagement Framework* and recognize that families are the primary decision makers for their children's health.

EF-1	A	Believe that families are experts about, and the primary decision makers for, their children's health
EF-2	K	Understand how the attitudes, beliefs, and traditions of individuals from diverse ethnic, cultural, religious, educational and socioeconomic backgrounds, sexual orientations, and genders affect health practices
EF-3	K	Be familiar with strength-based communication strategies such as reflective listening and motivational interviewing
EF-4	S	Develop and sustain trusting relationships with families
EF-5	S	Identify and use family strengths when addressing health concerns
EF-6	S	Partner with families to promote safe, healthy, and nurturing home environments
EF-7	S	Educate families about how all aspects of health affect children's learning and school readiness
EF-8	S	Engage families in the review and development of program policies and activities related to all areas of health (e.g., health education curriculum, menu planning)

LEADERSHIP COMPETENCIES

These competencies address how to effectively manage and lead Head Start health services and work collaboratively with families, staff, individual providers, health organizations, and service delivery systems.

L-1	A	Be open to multiple perspectives, new information, and novel approaches to working with children, families, and staff
L-2	A	Be willing to take advantage of professional development and support activities (e.g., training, higher education, and professional networking)
L-3	K	Know how to access and use external health resources, including technical assistance providers, health consultants, and state, tribal, and community agencies

School readiness begins with health!

LEADERSHIP COMPETENCIES

L-4	K	Understand adult learning principles
L-5	S	Gather and use community health data, make use of available resources, and develop strategies to address service delivery gaps and barriers to care
L-6	S	Use data to plan, implement, and evaluate health services
L-7	S	Report program-level health information to meet program, federal, tribal, and state requirements and requests, including the Head Start Program Information Report (PIR)
L-8	S	Use technology to improve efficiency and strengthen the quality of health services
L-9	S	Demonstrate responsive program management practices (e.g., collaboration, communication, meeting facilitation)
L-10	S	Develop, disseminate, review, and update program health and safety policies and procedures
L-11	S	Conduct ongoing monitoring activities to assure healthy and safe program practices and implement improvements as needed
L-12	S	Maintain a state of readiness to address the needs of children, families, and staff that cover the three phases of an emergency: preparedness, response, and recovery
L-13	S	Be able to successfully use USDA Food and Consumer Services Child Nutrition Programs
L-14	S	Assist families and staff to increase their health literacy
L-15	S	Promote staff wellness, including stress management, injury and illness prevention (e.g., staff immunizations), and healthy active living
L-16	S	Establish partnerships with local health care providers to support the health needs of children and families and promote healthy communities
L-17	S	Maintain a Health Services Advisory Committee (HSAC) that includes engaged Head Start families, health professionals, program staff, and other community volunteers

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U.S. Department of Health & Human Services



Administration for Children & Families



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**OFFICE OF HEAD START**

Responding to Head Start Grantee Questions on COVID-19: Volume May 21, 2020

The Office of Head Start (OHS) is empowering grantee leadership to make decisions that support Head Start children and families first, and also help others in need. OHS has received many questions from grantees seeking approval for local decisions about operations. OHS provides general guidance below. Grantees may join the [MyPeers](#) community to discuss particular situations with their colleagues. The questions and responses below are also posted on the Early Childhood Learning and Knowledge Center (ECLKC) [coronavirus disease 2019 \(COVID-19\)](#) page.

Q1: Will stimulus payments authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and unemployment compensation payments made to individuals who have lost employment during COVID-19 count as income for Head Start eligibility purposes?

A1: OHS does not consider CARES Act payments or "stimulus payments," officially called recovery rebates, as income for program eligibility determination. The CARES Act recovery rebates are refundable tax credits paid in advance and, therefore, not considered income. Emergency unemployment compensation payments established by the CARES Act are also excluded when establishing Head Start income eligibility. The CARES Act payments are new short-term, federally funded assistance directly related to the COVID-19 pandemic and thus are treated differently than regular unemployment compensation for purposes of Head Start eligibility.

Q2: Should Head Start grantees continue to pay partners in Early Head Start-Child Care (EHS-CC) Partnership grants? Should they continue making payments to child care contractors?

A2: Head Start grantees should continue making payments to child care partners. While Head Start grantees continue to receive full grant funding, grantees are expected to abide by existing agreements, including all previously agreed-upon payments. Head Start children will need an enrollment space to return to upon resumption of services. Continuation of payments to child care partners will support EHS-CC Partnership programs in ensuring the availability of Head Start slots when programs re-open. Grantees should review their partnership agreements, and unless the agreements contain prohibition language, continue to pay partners.

Q3: What if staff are shared with other programs and Head Start only pays part of an employee's wages and benefits?

A3: Under normal operations, the cost of wages and benefits for agency staff whose services are shared between Head Start and other funding sources is allocated to the various funding sources based on the extent of benefit each program receives from the work. While sites are closed due to COVID-19, Head Start funds can only be used to pay the portion of staff wages and benefits that would have been paid prior to closure, unless the employee takes on additional Head Start duties on account of site closure. If additional Head Start duties are assigned, wages and benefits charged to Head Start should be adjusted accordingly. Grantees should review their own policies and procedures, consult state wage and hour requirements, and review the Family and Medical Leave Act (FMLA) and the CARES Act regarding ongoing availability of benefits to employees whose wages and benefits are not fully allocable to Head Start. If the non-Head Start portion of wages and benefits cannot be paid by another source, it may be in the employee's interests to apply for unemployment benefits. In most states, an employee can

receive both wages and unemployment benefits if the wages do not exceed applicable thresholds and are disclosed to the unemployment provider.

Q4: Can staff continue to be paid with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funds as well as Head Start funds?

A4: Yes, MIECHV funds can be used to pay staff wages and benefits during this time. Please refer to previous [OHS guidance](#) and U.S. Health Resources and Services Administration's (HRSA) [MIECHV guidance](#).

Q5: May programs hire staff if they are not able to get required health screenings?

A5: A candidate for hire may begin working virtually, even if they are not able to get required health screenings, if it is a sensible decision for the grantee. However, all required health screenings for new hires must be completed prior to the employee coming into in-person contact with children, families, and staff.

Q6: If state or local fingerprinting offices have been closed indefinitely due to COVID-19, do grantees still need to comply with background check requirements?

A6: To comply with current Head Start Act requirements found at Section [648A\(g\)](#), grantees must continue to complete a criminal record check prior to hiring a new individual. Despite the current closures of state and local fingerprinting offices, the name-based check can be completed using an internet-based background check service. The comprehensive background check requirements found in the Head Start Program Performance Standards (HSPPS), which include fingerprinting, are scheduled to go into effect Sept. 30, 2021.

Grantees required to comply with the updated Child Care and Development Block Grant Act requirement on background checks should check with their individual states. State Child Care and Development Fund administrators are making [state-based decisions about waivers of background checks](#) for licensed programs during the COVID-19 pandemic. Many states are accepting the same name-based checks referenced above, in addition to encouraging providers to check the [National Sex Offender Public Website](#)

Q7: How will programs be held accountable for requirements such as screenings, assessments, data collections, and enrollment?

A7: Most Head Start sites and communities have been closed for several weeks and may remain closed for some time. OHS expects programs to take actions that are feasible, reasonable, and safe in terms of continuing to provide services and implementing management and oversight systems. OHS will not hold programs accountable for requirements that are not possible or reasonable for them to achieve during the current closures. OHS expects programs to maintain records of services they provided and those that were not provided. Many grantees have found it helpful to join the [MyPeers](#) community to discuss particular situations with their colleagues.

Please be advised that no Head Start requirement or HSPPS will be waived where failure to comply results in unreasonable risk to the health and safety of children, or constitutes fraud or misuse of federal funds. Grantees must be able to assure the safety of children in their care and financial accountability for funds and property.

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ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-20-03	2. Issuance Date: 05/21/2020
	3. Originating Office: Office of Head Start	
	4. Key Words: Coronavirus Aid; COVID-19; Fiscal Flexibilities; Fiscal Year (FY) 2020	

INFORMATION MEMORANDUM

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

SUBJECT: Coronavirus Disease 2019 (COVID-19) Fiscal Flexibilities

INFORMATION:

On March 30, 2020, the Administration for Children and Families (ACF) issued [IM-ACF-OA-2020-01 ACF Grant Flexibilities in Conducting Human Service Activities Related to or Affected by COVID-19](#). It provides guidance related to fiscal flexibilities and waivers affecting grant applications, no-cost extensions, allowable costs, extension of certain deadlines, procurement, prior approvals, indirect cost rates, and single audit submissions.

This Information Memorandum (IM) describes how the Office of Head Start (OHS) is implementing each item from the ACF Memorandum. Please note that some items are implemented by OHS as issued by ACF and others are implemented with noted program-specific guidance.

1. Flexibility with System for Award Management (SAM) registration. (45 CFR §75.205; 2 CFR §200.205)

ACF is relaxing the requirement for active SAM registration at the time of application in order to expeditiously issue funding. However, Federal awarding agency review of risk posed by applicants at the time of award continues to apply. Current registrants in SAM with active registrations expiring before May 16, 2020, will be afforded a one-time extension of 60 days.

OHS will accept applications from entities not having a SAM number. However, within 60 days of the date of application or by the date of award issuance, whichever is sooner, the awardee must have obtained a SAM number. This flexibility will apply to applications submitted and awards made through September 30, 2020 subject to adjustment at the discretion of OHS.

2. Flexibility with application deadlines. (45 CFR §75.202; 2 CFR §200.202)

ACF is providing flexibility with regard to the submission of competing applications in response to specific announcements. As appropriate, ACF will post specific guidance on its websites and/or provide a point of contact for an Agency program official.

There are currently no OHS-specific flexibilities with regard to application deadlines. Applicants should continue to submit them on their scheduled due dates. One-time applications, such as those needed to address facility health and safety concerns, will continue to be accepted for consideration. An applicant/grantee must contact their Regional Grants Management officer in the event it is unable to meet a scheduled due date.

3. No-cost extensions on expiring awards. (45 CFR §75.308; 2 CFR §200.308)

To the extent permitted by law and at the respective Program Office's discretion, ACF will consider no-cost extension requests for awards active as of March 31, 2020, and scheduled to expire up to December 31, 2020, for a period of up to twelve (12) months. This will allow time for grantee/recipient assessments, resumption of individual projects, and a report on program progress and financial status to ACF staff. See Item 9 regarding financial, performance, and other reporting.

Grantees with Head Start awards active as of March 31, 2020 and scheduled to end on or before December 31, 2020 may, at the discretion of OHS, receive a no-cost extension of the project period of their award for up to 12 months, inclusive of any previous extensions. Grantees with awards active during the designated period of March 31, 2020 through December 31, 2020 who require no-cost extensions should submit their extension request to the Regional Grants Management officer as soon as possible to allow time for processing and issuance of a revised notice of award.

OHS will address on a case-by-case basis the need for no-cost extensions for project periods to transition program services and assets, including real property, to a replacement grantee designated as a successor to some or all of a grantee's service area because of a designation renewal system competition, OHS de-funding, or grantee relinquishment of an award.

4. Abbreviated non-competitive continuation requests. (45 CFR §75.308; 2 CFR §200.308)

For continuation requests scheduled to come in from April 1, 2020 to December 31, 2020, from projects with planned future support, ACF will accept a brief statement from grantees/recipients to verify that they are in a position to: 1) resume or restore their project activities; and 2) accept a planned continuation award. ACF will post any specific instructions on our website at <https://www.acf.hhs.gov/coronavirus>. ACF will examine the need to extend this approach on subsequent continuation award start dates as grantees/recipients have an opportunity to assess their situations.

*OHS is accepting abbreviated narrative information in support of continuation applications due between April 1 and December 31, 2020. A grantee submitting an application for a non-competitive continuation award during the noted period must complete the budget and schedule tables within the Head Start Enterprise System (HSES), and submit only a budget justification (Section II) for the Application and Budget Justification Narrative document. Applicants must also complete any other applicable tabs in HSES, with supporting documents. **Previously published guidance** around non-federal match waiver requests and governing body and Policy Council approvals is also applicable to continuation applications. Submission of the noted information indicates the applicant's intent to resume or restore their project activities and accept the continuation award once issued.*

5. Allowability of salaries and other project activities. (45 CFR §75.403, 45 CFR §75.404, 45 CFR §75.405, 45 CFR §75.430, 45 CFR §75.431, 45 CFR Part 75 Subpart E – Cost Principles; 2 CFR §200.403, 2 CFR §200.404, 2 CFR §200.405, 2 CFR §200.430, 2 CFR §200.431, 2 CFR Part 200 Subpart E – Cost Principles)

To the extent permitted by law, ACF will allow grantees/recipients to continue to charge salaries and benefits to their currently active awards consistent with the grantees'/recipients' policy of paying salaries (under unexpected or extraordinary circumstances) from all funding sources, Federal and non-Federal. Grantees/recipients will be permitted to amend/create emergency policies in order to put emergency contingencies in place. ACF will allow other allowable costs (e.g., program-related, allocable, reasonable) that are necessary to resume activities supported by the award to be charged to their awards, consistent with applicable Federal cost principles and the benefit to the project. ACF will evaluate the grantee's/recipient's ability to resume the project activity in the future and the appropriateness of future funding, as done under normal circumstances based on subsequent progress reports and other communications with the grantee/recipient. ACF will require grantees/recipients to maintain appropriate records and cost documentation as required by **45 CFR §75.302 (2 CFR §200.302)** (financial management) and **45 CFR §75.361 (2 CFR §200.333)** (record retention), to substantiate the charging of any salaries and other project activities costs related to interruption of operations or services. Grantees/Recipients are

prohibited from using grant funds for costs that are reimbursed or compensated by other federal or state programs that provide for such benefits, including but not limited to the Small Business Administration's Paycheck Protection Program, the \$100 billion in the Public Health and Social Services Emergency Fund, or unemployment compensation.

OHS has previously issued guidance related to ongoing payment of salary and benefits to employees during the COVID-19 outbreak and related center closures. Review:

- [COVID-19: Staff Wages and Benefits](#)
- [Update to Wages and Benefits Flexibility During the COVID-19 Pandemic](#)
- [Responding to Head Start Grantee Questions on COVID-19](#)

In summary, OHS has directed grantees to continue to pay regularly scheduled wages and benefits to employees unable to report to their usual work location because of COVID-19. Continued pay and benefits assures that families and children receive services to the full extent possible during center closures and employees are ready to report to work when centers re-open. This flexibility does not extend to non-COVID-19 related closures during which employees would not otherwise be paid, such as summer breaks.

6. Allowability of costs not normally chargeable to awards. (45 CFR §75.403, 45 CFR §75.404, 45 CFR §75.405, 45 CFR Part 75 Subpart E – Cost Principles; 2 CFR §200.403, 2 CFR §200.404, 2 CFR §200.405, 2 CFR Part 200 Subpart E – Cost Principles)

To the extent permitted by law, ACF will allow grantees/recipients who incur costs related to the cancellation of events, travel, and/or other activities necessary and reasonable for the performance of the award, or the pausing and restarting of grant funded activities due to the public health emergency, to charge these costs to their award without regard to allowability of costs, reasonable costs, and allocable costs. ACF will allow grantees/recipients to charge the full cost of cancellation when the event, travel, and/or other activities are conducted under the auspices of the grant. **Grantees/recipients should not assume additional funds will be available should the charging of cancellation or other fees result in a shortage of funds to eventually carry out the event, travel, and/or other activities.** ACF will require grantees/recipients to maintain appropriate records and cost documentation as required by [45 CFR §75.302 \(2 CFR §200.302\)](#) (financial management) and [45 CFR §75.361 \(2 CFR §200.333\)](#) (record retention), to substantiate the charging of any cancellation or other fees related to interruption of operations or services due to the public health emergency. As appropriate, ACF will post additional guidance on specific types of costs on its websites and/or provide a point of contact for an Agency program official.

OHS recognizes that delivery of Head Start and Early Head Start services and family supports during the COVID-19 outbreak is both challenging and complex, especially when many families are isolated within their homes and may have experienced changes in life circumstances, such as job layoffs. In this unprecedented service environment, OHS understands costs that are necessary and reasonable for the performance of a Head Start award may be very different from allowable costs during normal operations. Circumstances in local communities may also vary significantly from state to state and within geographic areas. Grantees are expected to use prudent judgment and their knowledge of service populations and community circumstances to determine what expenses are necessary and reasonable to maintain services and, when possible, re-open centers. It will be important for grantees to document that costs incurred are necessary, reasonable, and allocable to the program's COVID-19 response for enrolled children and their families.

7. Prior approval requirement waivers. (45 CFR §75.407, 2 CFR §200.407)

To the extent permitted by law and at the respective Program Office's discretion, ACF will waive existing requirements to seek prior approval for allowable costs within program-specific authorities to effectively address the public health emergency response. However, grantees/recipients may continue to seek prior approval to avoid any potential disallowance or dispute based on unreasonableness or allocability for the allowable cost proposed or charged to the Federal award related to COVID-19. Grantees/recipients should remain in communication with Office of Grants Management (OGM) and must continue to act within existing guidelines for use of Federal funds.

This temporary flexibility does not make unallowable expenses allowable under a Federal award. For those selected items of cost that are not directly related to COVID-19, the prior approval requirements remain in effect. All costs charged to Federal awards must be consistent with Federal cost policy guidelines and the terms of the award, except where specified in [this memorandum](#). ACF is requiring grantees/recipients to maintain appropriate records and cost documentation as required by [45 CFR §75.302 \(2 CFR §200.302\)](#) (financial management) and [45 CFR §75.361 \(2 CFR §200.333\)](#) (record retention), to substantiate the charging of any cancellation or other fees related to interruption of operations or services. As appropriate, ACF will post additional guidance on specific types of costs being allowed (or not allowed) on its websites and/or will provide a point of contact for an ACF program official.

Grantees may use funds from their current operating awards to respond to and recover from the impacts of COVID-19. For expenses necessary to respond to COVID-19, OHS grantees may utilize the following waivers of prior approval requirements. These waivers do not apply to COVID-specific summer program awards.

- a. *Prior approval for the purchase of equipment ([45 CFR §75.308\(c\)\(1\)\(xi\)](#)). Grantees may purchase equipment needed to respond to COVID-19 with a value of up to \$25,000 without prior ACF approval. This waiver applies to purchases made between January 20, 2020 and December 31, 2020.*
- b. *Budget modifications ([45 CFR §75.308\(e\)](#)). In order to allow grantees more flexibility to spend funds as needed to respond to COVID-19 and, when possible, quickly move to re-open closed centers, prior approval is waived for budget transfers between direct cost categories for an aggregate amount not to exceed \$1 million between January 20, 2020 and December 31, 2020.*
- c. *Procurement by noncompetitive proposals ([45 CFR §75.329\(f\)\(2\)](#)). OHS recognizes that COVID-19 has created a public emergency for all grantees. Competitive solicitations may result in delays that impair a grantee's ability to respond to or recover from COVID-19. OHS is authorizing grantees to engage in sole source purchasing between January 20, 2020 and December 31, 2020 to obtain goods and services needed for COVID-19 response and recovery.*

8. Exemption of certain procurement requirements. ([45 CFR §75.328](#), [45 CFR §75.330](#); [2 CFR §200.319\(b\)](#), [2 CFR §200.321](#))

As appropriate, ACF will waive the procurement requirements related to geographical preferences and contracting with small and minority businesses, women's business enterprises, and labor surplus area firms.

OHS does not have Head Start-specific guidance associated with this flexibility. The exemption of certain procurement requirements noted above applies as stated to Head Start grantees.

9. Extension of financial, performance, and other reporting. ([45 CFR §75.341](#), [45 CFR §75.342](#), [45 CFR §75.343](#); [2 CFR §200.327](#), [2 CFR §200.328](#), [2 CFR §200.329](#))

ACF will allow grantees to delay submission of financial, performance and other reports up to three (3) months beyond the normal due date. Grantees will be allowed to continue to draw down Federal funds without the timely submission of these reports. However, these reports must be submitted at the end of the postponed period. In addition, ACF will waive the requirement for recipients to notify the agency of problems, delays or adverse conditions related to COVID-19 on a grant by grant basis ([45 CFR §75.342\(d\)\(1\)](#); [2 CFR §200.328\(d\)\(I\)](#)).

The extension of financial performance and other reporting noted above applies as stated to Head Start grantees, except that grantees must continue to submit open/closed center status reports and enrollment information without postponement.

10. Extension of currently approved indirect cost rates. ([45 CFR §75.414.\(c\)](#); [2 CFR §200.414\(c\)](#))

The flexibility to extend currently approved indirect cost rates is the responsibility of the [HHS Program Support Center, Cost Allocation Services \(PSC/CAS\)](#). Grantees/recipients are instructed to contact PSC/CAS with any cost allocation and indirect cost rate questions. The contact information for PSC/CAS is available at

<https://rates.psc.gov/fms/dca/map1.html>. Visit the [disclaimer page](#). As a courtesy, grantees/recipients are encouraged to copy their respective assigned OGM specialist.

OHS does not have Head Start-specific guidance associated with this flexibility and the extension of currently approved indirect cost rates noted above applies as stated to Head Start grantees.

11. Extension of closeout. (45 CFR §75.381; 2 CFR §200.343)

ACF will allow the grantee/recipient to delay submission of any pending financial, performance, and other reports required by the terms of the award for the closeout of expired projects, provided that proper notice about the reporting delay is given by the grantee/recipient to the Agency. This delay in submitting closeout reports may not exceed one year after the award expires.

OHS grantees with project periods ending between April 1 and December 31, 2020 may request a delay of up to one year for submission of any pending financial, performance, or other reports required by the terms of their award. To request an extension, a grantee must submit a written request to its Regional Grants Management officer indicating the financial, performance, or other reports for which an extension is requested and the length of the requested extension. Extensions will generally be given in three-month increments and are effective only when approved in writing by ACF.

OHS will not entertain requests for extension of any closeout reports or other materials needed to transition program services and assets, including real property, to a replacement grantee designated as a successor because of a designation renewal system competition, OHS de-funding, or grantee relinquishment of an award.

12. Extension of Single Audit submission. (45 CFR §75.512; 2 CFR §200.512)

As permitted under the [OMB M-20-17 memo](#), ACF will allow grantees/recipients and subrecipients that have not yet filed their single audits with the Federal Audit Clearinghouse as of the date of the issuance of this memorandum and that have fiscal year-ends through June 30, 2020, to delay the completion and submission of the Single Audit reporting package, as required under Subpart F of [45 CFR §75.501 \(2 CFR §200.501\)](#) (audit requirements), to six (6) months beyond the normal due date. This extension does not require individual grantees/recipients and subrecipients to seek approval for the extension by ACF or oversight agency for audit; however, grantees/recipients and sub-recipients should maintain documentation of the reason for the delayed filing. Grantees/recipients and subrecipients taking advantage of this extension would still qualify as a "low-risk auditee" under the criteria of [45 CFR §75.520\(a\) \(2 CFR §200.520\(a\)\)](#) (low-risk auditee criteria).

OHS does not have Head Start-specific guidance associated with this flexibility. The extension of single audit submission information noted above applies as stated to Head Start grantees.

Thank you for your work 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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	1. Log No. ACF-PI-HS-20-04	2. Issuance Date: 05/21/2020
	3. Originating Office: Office of Head Start	
	4. Key Words: Coronavirus Aid, Relief, and Economic Security Act; Appropriations; Fiscal Year (FY) 2020; COVID-19	

PROGRAM INSTRUCTION

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

SUBJECT: Update to Funding for FY 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 (COVID-19)

INSTRUCTION:

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, 2020 (P.L. 116-136), makes available \$750 million for programs under the Head Start Act, which includes up to \$500 million for the purpose of operating supplemental summer programs.

The Office of Head Start (OHS) published Program Instruction (PI) [ACF-PI-HS-20-03](#) on April 14, 2020 with information on applying for funding made available under the CARES Act. Due to the continued fluidity of the coronavirus disease 2019 (COVID-19) pandemic, this PI supersedes ACF-PI-HS-20-03.

In this PI, OHS updates funding instructions to provide greater flexibility so all grantees can respond to the unique and constantly evolving circumstances within their communities during the COVID-19 pandemic. It provides updated guidance and a simplified process for applying for all funds under the CARES Act. All CARES Act funding, including funds for voluntary summer programs, will be distributed as one-time funding by formula based on each grantee's funded enrollment.

Updated Funding Guidance

Many states and localities implemented stay-at-home or shelter-in-place orders to combat the spread of COVID-19 in March, April, and May, resulting in an unprecedented closure of Head Start programs across the country. Federal, state, and local officials are issuing new guidance on how communities will reopen in the coming weeks and months, and decisions could shift based on emerging data. OHS recognizes grantees will need flexibility to carefully plan reopening Head Start and Early Head Start programs while adhering to state and local guidance. Even with the best of planning, grantees may not be able to anticipate all needs and challenges that will arise over time.

Because grantees cannot predict with certainty when programs can safely open, OHS wants to ensure CARES Act funds are awarded in a manner that supports grantees' operation of supplemental summer programs while maintaining flexibility to repurpose those funds for other one-time activities related to COVID-19, if needed. To achieve this, OHS has updated the funding guidance to fully distribute CARES Act funds by formula based on each grantee's funded enrollment. This will allow all grantees to be nimble and modify their spending plans as necessary based on state and local guidance. It will also mitigate the risk of either a substantial delay or unbalanced

distribution of funding if a significant portion is separately awarded for the sole purpose of summer programs and some grantees are not able to operate during the summer as intended.

Grantees planning to operate summer programs are expected to continue to move forward with those plans if able to do so. Further, grantees that were not planning to operate summer programs now have the flexibility to do so. Summer programs are critical to offset losses in learning opportunities and comprehensive services due to program closures resulting from COVID-19. Grantees that are able to operate should continue to make every effort to prioritize (1) enrolled children who are projected to enter kindergarten at the beginning of the 2020–2021 school year and (2) enrolled children with an Individualized Education Program (IEP). Summer programs are still expected to provide the full range of comprehensive services to the extent possible, with a focus on preparing children for the coming school year.

Most grantees will receive sufficient funding to implement a summer program as planned. Others may need to revise their original plans to align with the adjusted one-time funding amount by formula, based on each grantee's funded enrollment. Grantees will have the flexibility to make programmatic changes or implement innovative approaches to adhere to state and local guidance. In addition, this simplified approach allows grantees the opportunity to use those funds for other one-time activities in response to COVID-19 if a summer program cannot operate.

To implement this updated funding approach, Supplement – COVID-19 One-Time applications already in progress will be amended to reflect adjusted amounts made available by formula. Programs no longer need to submit the separate 2020 Summer Supplement application.

Additional Information

Additional information and materials on COVID-19, including summer programming, are available on the [Responding to COVID-19](#) page on the Early Childhood Learning and Knowledge Center (ECLKC) website. This webpage continues to be updated on a regular basis.

Please direct any questions regarding this PI to your Regional Office.

Thank you again for your work 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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City of La Habra

Service Area Plans, Policies & Procedures



Subject: Program Planning		Issued By: City of La Habra Child Development Division
Performance Standard/Regulation: 1302.101		Person Responsible: All Early Head Start Staff
Initial Date: October 12, 2006	Latest Revision: May 2019	Implementation Date:
Date Approved by Sub-Board (Community Services Commission):		
Date Approved by Policy Committee:		

Purpose:

The City of La Habra has established organizational systems which promote integrity, efficiency, and internal control to ensure high quality services to children and families while maintaining a high level of satisfaction for its clients and stakeholders. A management system that provides for proper planning and implementation of program design is essential to the overall success of this organization. Program planning for the City of La Habra will include involvement with the grantee, Orange County Head Start, Inc. as well as the local governing bodies, program staff, and community organizations. This approach will focus on meeting the needs of diverse communities and assigning a clear accountability. On-going assessment, evaluation, and plans for improvement will be essential elements of the planning process that contribute to the over-all success of the agency.

Procedure:

Program planning will include the following elements:

1. Community Needs Assessment (conducted every five years, updated yearly)
2. Strategic Planning (conducted every five years, updated yearly)
3. Area Plans/ Policies and Procedures (reviewed and approved yearly)
4. Board and Policy Committee Orientation (Yearly)
5. Self-Assessment and Verification (Yearly)
 - a. Self-Assessment Findings, if applicable (monthly)
6. On-Going Monitoring and Reporting (Monthly)
7. Child Assessment Data (Three times per school year)
8. School Readiness Goals (Three times per school year)
9. Grant Planning, including budgets (Yearly)

10. Continuous communication and feedback (on-going daily)

The major components of the planning process include:

1. **Child Outcome Data:** An analysis of child outcomes to determine needed individualization and program adjustment is conducted at the midpoint and end of the year.
2. **Community Assessment:** The agency conducts a Community Assessment every five years and an update to the Community Assessments in the intervening years that meet the requirements of 640(g)(1)(C) of the Head Start Act of 2007 and the Head Start Performance Standards, section 1302. The Community Assessment is informed by the most current local and statewide data available, and relevant demographic data regarding potential and enrolled Early Head Start (EHS) families in La Habra's service area.
3. **Program Information Report (PIR):** On an annual basis, the agency will complete the Program Information Report (PIR) on the Head Start Enterprise Systems (HSES). The PIR reports on the agency's progress in meeting all required program service criteria. The PIR is used to determine the need for revision in service area plans and the development of program goals and objectives.
4. **Self-Assessment:** Through the implementation of an annual Self-Assessment the agency evaluates its progress to meet regulations and achieving established program goals and objectives. The following steps are followed using the major planning documents above:

Step 1: Synthesize Data. The Management Team gathers information from the major planning components (Child Outcomes, Community Assessment, PIR and Self-Assessment) to inform program planning. The team reviews each data source and the statistics or facts that give information about the program without analyzing or drawing conclusions about what the data tells them.

Step 2: Analyze Data. The Management Team and other key stakeholders review the findings collected from each data source. They look for critical themes or significant findings that point to need for program improvement or staff development from each data source being sure to establish a reasonable number of manageable goals.

Step 3: Chart 5-Year Goals And Objectives. The Management Team and other key stakeholders looks across themes or significant issues that emerge from each data source and develops targeted goals and measurable objectives.

Step 4: Reflect On Systems For Data Collection. The Management Team and other key stakeholders considers the amount and type of data currently available from each data source. The team then assesses how it can improve the program's data collection systems to ensure that adequate, reliable data is available for the next planning cycle.

Step 5: Develop 3 Year Scope of Work. The Management Team and other key stakeholders develop action steps, and timelines for each goal identified in Step 3. Child Development Manager, EHS Coordinator or other staff leaders are assigned to ensure each action step is completed and identify resources such as funds, consultants, staff members, materials that will be helpful in carrying out the action step. Budget resources are identified to meet the designed goals and objectives.

Step 6: Approve The Plan. The Management Team is now ready to present the plan and the data that justifies it to the Policy Committee and Board of Directors for review and approval.

Step 7: Service Area Plans Policies and Procedures (SAPPPs) are revised as needed.

Step 8: Charting Progress: On a monthly basis, EHS Coordinator record the measurable progress made in meeting the activities and goals of the Scope of Work. The Child Development Manager provides progress reports to the Policy Committee, Board of Directors Sub-Board, and Board of Directors on a regular basis.

Step 9: An annual Program Planning Calendar is developed each July to identify timelines for completing major activities of the agency.

Step 10: On an annual basis, the Scope of Work and other planning documents are reviewed for needed updates and revisions.

**La Habra Early Head Start and State Preschool Programs
Program Planning Calendar
2020-2021**

July 2020	August 2020	September 2020	October 2020
<ul style="list-style-type: none"> ✦ Signed Contract Due ✦ Monthly Report to PC and Board ✦ Updated SAPPS - Approvals Needed ✦ School Readiness Goals and Action Plan 	<ul style="list-style-type: none"> ✦ Submit final fiscal reports for last program year to grantee ✦ P2 monitoring from OCHS report and CAP (Cancelled due to COVID19) ✦ Year-End Report (Completed PIR) (Cancelled Due to COVID19) ✦ Monthly Report to PC and Board ✦ Child Outcomes data from prior year reviewed and presented to PC, Board, and Staff (3rd Assessment Cancelled Due to COVID19) 	<ul style="list-style-type: none"> ✦ Staff Training Calendar ✦ PIR Report to Council and PC (Cancelled Due to COVID19) ✦ Governance Screener ✦ Health & Safety Screener ✦ Monthly Report to PC and Board ✦ Contract Requirements for Signatures ✦ Updated SAPPS - Approvals Needed ✦ Self-Assessment Timeline proposal 	<ul style="list-style-type: none"> ✦ Present CACFP Application ✦ Parent Interest Survey Report ✦ Parent Activity Calendar Presented ✦ Election of PC members ✦ PC Training ✦ Monthly Report to PC and Board ✦ Community Assessment ✦ Update process ✦ Final School Readiness Goals and Action Plan for Approval (3rd Assessment Cancelled Due to COVID19)
November 2020	December 2020	January 2021	February 2021
<ul style="list-style-type: none"> ✦ Audit (Prior year) due ✦ Report on Child Health Assessments ✦ Monthly Report to PC and Board ✦ Quarterly Goals and Objectives, Update 	<ul style="list-style-type: none"> ✦ Begin grant application process, begin program design, services options and calendars ✦ Monthly Report to PC and Board ✦ Draft ERSEA Plan with Selection Criteria for review and approval ✦ Child Outcomes, 1st assessment ✦ Community Assessment Data, Update Approval ✦ State Program – Refunding Application 	<ul style="list-style-type: none"> ✦ Monthly Report to PC and Board ✦ Refunding Application Approval to PC and Board ✦ If Applicable, Budget Adjustment ✦ Self-Assessment process for approval ✦ P1 Monitoring report and Corrective Action Plan 	<ul style="list-style-type: none"> ✦ Monthly Report to PC and Board ✦ Final ERSEA Plan for Approval
March 2021	April 2021	May 2021	June 2021
<ul style="list-style-type: none"> ✦ Monthly Report to PC and Board ✦ Child outcomes, 2nd assessment ✦ Self- Assessment Findings and Corrective action Plan 	<ul style="list-style-type: none"> ✦ Monthly Report to PC and Board 	<ul style="list-style-type: none"> ✦ Monthly Report to PC and Board ✦ State Program – Annual Self-assessment for approval 	<ul style="list-style-type: none"> ✦ Develop Program Planning Calendar for next fiscal year ✦ City Audit Report ✦ Monthly Report to PC and Board

Approved By: _____
 Community Service Commission (Sub-Board): _____
 Parent Committee: _____