

MINUTES

COMMUNITY SERVICES COMMISSION OF THE CITY OF LA HABRA

Wednesday, July 8, 2020

PRELIMINARY: These Minutes to be considered for approval on August 12, 2020.

Chair Surich called the Regular Meeting of the Community Services Commission to order at 6:30 p.m. via Zoom teleconference call in La Habra, California.

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

OTHER OFFICIALS PRESENT: Kelly Fujio, Director of Community Services and Kimberly Albarian, Community Services Manager

I. PUBLIC COMMENTS:

II. CONSENT CALENDAR:

MOVED BY Commissioner Felix, seconded by Commissioner Schmidt and CARRIED (6-0), TO APPROVE THE COMMUNITY SERVICES COMMISSION MINUTES OF JUNE 10, 2020.

Said motion CARRIED by the following roll call vote:

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

III. CONSIDERATION ITEMS:

A. 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 Commissioner Felix, seconded by Commissioner Surich, and CARRIED (7-0) TO APPROVE THE CHILD DEVELOPMENT MANAGER'S MONTHLY REPORT, THE HEAD START COST REIMUBRSEMENT 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 Surich, seconded by Commissioner Trujillo, and CARRIED (7-0) TO APPROVE THE 2019-2020 SELF- ASSESSMENT REPORT AN CORRECTIVE ACTION PLAN.

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. COVID 19 UPDATE REGARDING SPECIAL EVENTS AND PROGRAMS

Director of Community Services Fujio and Community Services Manager Albarian gave updates on the following programs:

- Fourth of July Flyover
- Community Care Resource Center – Food Distribution
- Meals on Wheels and Congregate Meal Delivery Program
- Park It Market
- Graffiti Abatement Program
- Park Monitoring
- Skate Park
- Employment & Training
- Children's Museum
- Camp La Habra

I. ADMINISTRATIVE MATTERS:

II. COMMISSIONER DISCUSSION:

Commissioner Garcia would like to assist with enhancing the City's website, in particular navigating through all the COVID-19 information. Ideas include creating a Facts, Questions and Answers sheet so that residents can keep up on the latest COVID-19 updates from the County, State, California Public Health and Center for Disease Control agencies.

Commissioners loved the 4th of July flyover. They were disappointed about the fireworks show being cancelled. They suggested staff reach out in advance with program and event information so they can help with social media updates on their personal pages.


The Chamber of Commerce is encouraging businesses to apply for small grants through Supervisor Chaffee's office and Community Development.

The La Habra Host Lions Club continue to do service projects in the community during COVID-19.

III. ADJOURNMENT:

Chair Laveaga adjourned the Commission meeting at 7:27 p.m. to Wednesday, August 12, 2020, in the City Council Chamber, 100 East La Habra Boulevard, La Habra, California.

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

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

For Consideration for meeting dated July 8, 2020

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

Section A: Agency Profile

Item	Previous Month Report	Current Month Report
Funded Enrollment	50	50
Number Enrolled (Cumulative)		
Number of Children	65	67
Number of Pregnant Moms	2	2
Number in the Waiting list	4	4
Enrollment by Eligibility		
Below 100% Poverty Line	39	41
Categorically Eligible	14	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	64	64
Number of Children with an Ongoing Source of Continuous, Accessible Health Care (Medical Home)	58	61
Number of children up-to-date with well-baby checks	37	28
Number of children with expired well-baby checks	8	15

Number of children with expired well-baby checks 30 days or less	8	16
Number of children who are up-to-date with Immunizations	64	57
Number of children with continuous accessible dental care (Dental Home)	58	61
Number of children who are up-to-date with oral health care	67	66
Number of children with expired oral health care	29	29
Number of children with an IFSP	16	15

Family Partnership Agreements

Item	Previous Month Report	Current Month Report
Total Number of FPA's introduced	58	58
Total Number of FPA's completed	50	50
Total Number of FPA's with an established goal	65	63
Home based services (Month) Visits Completed	184	188
Home based services (year to date) Visits Completed	1648	1789
Number of Socializations (Month)	30	35
Number of Socializations (year to date)	188	239

Monitoring Report:

Financial Reports:

- Attached is the Cost Report for May 2020 and the amount requested is **\$27,500.76 (Attachment 2)**
 - Total In-kind to-date is **\$135,910.16 (of \$120,283.00)**
- Attached is the Credit Card Reports for May 2020. **(Attachment 3)**

CACFP Reports:

- The total reimbursement for the month of May 2020 is **\$6,448. 64 (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 May 2020. **(Attachment 5)**

Information Shared:

- *Training.* The Importance of Child Nutrition Plays In Head Start Programs **(Attachment 6)**
- **PI:** Update to Funding for FY 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 (COVID19) **(Attachment 7)**
- **PI:** Head Start Transportation Services and Vehicles During the COVID19 Pandemic **(Attachment 8)**

Action Items, For Approval:

- 2019-2020 Self-Assessment Report and Corrective Action Plan **(Attachment 9)**

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

- 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

PRIOR ENROLLMENT

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

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

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)

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

Number of children on Waitlist
 Monthly Enrollment
 Average Daily Attendance

	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	5/1	6/1		
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	2	2	2	2	2	2

AutoSum	50	50	51	54	56	57	63	64	64	64	67	69
34	34	29	30	31	31	33	34	37	39	41		
4	4	4	4	4	4	4	5	5	5	5		
2	2	2	2	2	2	2	2	2	2	2		
2	2	7	8	9	10	10	10	10	6	7		
3	3	4	5	5	5	5	7	7	7	7		
5	5	5	5	5	5	5	6	6	7	7		

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

		4	5	5	6	14	14	17	21	24		
0	0	0	0	0	0	0	0	0	0	0		
0	0	0	0	0	0	0	0	0	0	0		

1	3	7	5	4	4	4	4	3	6	4	4	
50	50	50	50	51	50	50	50	50	45	48	44	

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

2. Family development credential (FDC)
3. Child development associate credential (CDA)
4. 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
5. Other
- 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	60	61	61	62	64
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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	2	2	2	2	2
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Medical home - children (9700/9707)

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

AutoSum

49	49	49	53	55	55	58	58	58	58	61
48	49	50	53	55	56	62	61	41	45	43

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

28	36	39	36	39	39	43	33	33	37	28
18	12	10	14	13	16	16	23	8	8	15
2	1	1	3	3	1	3	5	0	0	0
9	6	5	9	8	8	6	10	11	8	16

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

0	0	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

10. Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts

- a. Underweight (BMI less than 5th percentile for child's age and sex)
- b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)
- c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)
- d. Obese (BMI at or above 95th percentile for child's age and sex)

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

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)

- a. Of these, the number of children diagnosed as needing treatment since last year's PIR was reported
 - 1. 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)

- 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

		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	5/1	6/1	

AutoSum		49	49	50	53	54	56	59	60	60	64	57
24	26	28	28	29	30	31	32	33	35	27		
25	23	22	25	25	26	28	28	27	29	30		
0	0	0	0	0	0	0	0	0	0	0		

AutoSum		49	49	49	53	55	55	58	58	58	58	61
15	48	49	50	52	55	55	43	56	57	61	66	
3	5	5	5	16	16	17	17	17	6	19		
29	36	42	41	41	41	36	38	34	38	27		
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					

AutoSum		49	49	50	53	55	56	58	61	63	67	56
29	36	42	41	41	41	36	38	34	38	27		
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					

Monthly | gram 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

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	5/1	6/1						
0	0	0	0	0	0	1	1	1	1	1	1					
14	14	17	19	20	21	21	19	18	16	15						

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

AutoSum	12	12	13	13	16	16	18	18	19	22	22	25	25	25	28	30
4	6	6	7	10	12	14	14	15	15	20						
0	0	0	1	3	4	4	4	4	4	8						
8	6	7	8	5	3	4	7	6	9	2						

Newly enrolled children with Hearing screenings completed (3001)

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

AutoSum	12	12	13	13	16	16	18	18	19	22	22	25	25	25	28	30
0	3	3	4	7	9	11	11	13	13	18						
0	1	1	2	5	6	7	7	6	6	10						
12	8	9	10	6	4	4	7	6	9	2						

Newly enrolled children with Developmental screenings completed (3001)

- On Time (45 days)

1	12	12	12	16	17	19	21	24	25	28	30					
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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

- Late
- None Completed

Newly enrolled children with Behavioral screenings completed (3001)

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

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

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

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

Family Success Plans (Agency Preference)

- FSP Introduced
- FSP Completed
- FSP with established goal

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)

		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	5/1	6/1							
0	0	0	0	0	0	0	0	0	0	0							
11	0	1	0	1	0	1	1	0	0	0							
12	12	13	16	18	19	22	25	25	28	30							
AutoSum																	

1	12	12	16	17	18	21	24	25	28	30							
0	0	0	0	0	0	0	0	0	0	0							
11	0	1	0	1	1	1	1	0	0	0							
12	12	13	16	18	19	22	25	25	28	30							
AutoSum																	

12	12	13	16	17	19	24	25	25	28	30						
0	10	11	12	14	15	18	18	19	19	24						

46	46	47	50	50	50	53	54	54	56	57						
1	3	9	9	13	14	14	14	15	16	16						

3	3	7	8	8	8	8	8	8	9	9						
3	3	7	8	9	10	10	10	10	11	11						
0	0	0	0	0	0	0	0	0	0	0						

46	46	46	52	54	52	54	54	55	58	58						
0	0	0	30	31	32	46	56	47	50	50						
0	0	0	30	35	35	35	35	61	65	63						

200	200	200	200	150	150	200	200	200	200	200						
198	200	200	200	146	150	200	195	180	179	176						
198	205	207	210	162	167	204	218	205	186	193						

178	185	177	185	147	143	166	133	191	184	188							
16	15	22	20	15	22	21	29	7	2	5							
4	5	8	5	0	2	17	56	0	0	0							
Current Month																	
Current Month																	
Current Month																	

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

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

	2019												20	21
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Number of Socializations Attended	8/6	9/4	10/4	11/5	12/5	1/6	2/5	3/5	4/3	5/1	6/1			
Home Base Services by MONTH (Agency Preference)-SOCIALIZATION Services	100	100	100	100	50	50	100	100	100	100	100	100	100	100
	100	100	100	100	49	50	100	96	90	96	88			

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

	Current Month	2019												20	21
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
Number of Home Visits Completed	27	15	24	33	6	24	6	17	1	30	35				
Home Base Services by YEAR-TO-DATE (Agency Preference)-HOME VISIT Services	200	400	600	800	950	1100	1300	1500	1700	1900	2100				
	198	398	598	798	944	1094	1294	1489	1669	1854	2030				
	198	395	604	807	954	1125	1328	1555	1760	1875	1981				
Number of Home Visit Program Cancellations (required to be made up)	178	363	548	733	869	1022	1188	1327	1519	1648	1789				
	16	26	46	65	80	99	120	151	160	157	153				
	4	6	10	9	5	4	20	77	81	70	39				

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

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

	Year-To-Date	2019												20	21
Number of Socializations Attended	27	42	66	99	105	132	138	157	158	188	239				
Home Base Services by YEAR-TO-DATE (Agency Preference)-SOCIALIZATION Services	100	200	300	400	450	500	600	700	800	900	1000				
	100	200	300	400	449	499	599	796	885	981	1069				

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	18,703.53	244,376.85	69,918.15
FRINGE BENEFITS	112,426.00	6,649.90	94,073.09	18,352.91
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	12,233.00	453.67	4,828.11	7,404.89
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	1,335.66	18,339.13	2,517.87
INDIRECT COSTS	0.00	0.00	0.00	0.00
TOTAL	\$469,882.00	\$27,142.76	\$370,214.92	\$99,667.08

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	358.00	1,979.74	-129.74
INDIRECT COSTS	0.00	0.00	0.00	0.00
Total	\$11,250.00	\$358.00	\$1,979.74	\$9,270.26

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	1,350.00	135,910.16	-17,428.90
EHS T&TA	1,801.74	0.00	0.00	1,801.74
Total	\$120,283.00	\$1,350.00	\$135,910.16	-\$15,627.16
Reimbursement Request Total		\$27,500.76		

**City of La Habra
Child Development Division**

Credit Card Expenses

Month Reporting: May, 2020

Charge By	Date Charged	Item/ Purpose	Amount
Smart & Final (Non-Food Program)	5/27/2020	CSPP: Facilities Supplies	\$23.55
Smart & Final (Food Program Items)	<i>No charges for this month</i>		
	Total:		\$23.55

Charge By	Date Charged	Item/ Purpose	Amount
Bank of the West Credit Card (M. Garcia)	4/27/2020	HS CA Training Registration	\$250.00
	5/7/2020	EEC: Registration for training	\$129.00
	5/8/2020	Child & Family Training	\$674.83
Bank of the West Credit Card (A. Morales)	4/27/2020	Discount School: Hand Sanitizers	\$273.48
	5/18/2020	Pure Bright: Disinfectant Supplies	\$430.96
Bank of the West Credit Card (D. Linn)	4/25/2020	Amazon: Ink	\$32.83
	5/7/2020	EEC: Registration for training	\$129.00
Bank of the West Credit Card (A. Marceau)	4/28/2020	Walmart: Classroom Supplies	\$183.97
	4/29/2020	Ecom Legends: Thermometers	\$332.34
	5/7/2020	EEC: Registration for training	\$129.00
Total:		\$2,565.41	

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

ATTACHMENT 4

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
May 2020	0	06/09/2020	06/09/2020	06/11/2020	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	774	1.8400	1,424.16
Reduced	431	1.5400	663.74
Base	335	0.3100	103.85
Total	1,540		2,191.75

PM Snack			
Free	774	0.9400	727.56
Reduced	431	0.4700	202.57
Base	335	0.0800	26.80
Total	1,540		956.93

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	811	1.8400	1,492.24
Reduced	471	1.5400	725.34
Base	253	0.3100	78.43
Total	1,535		2,296.01

PM Snack			
Free	811	0.9400	762.34
Reduced	471	0.4700	221.37
Base	253	0.0800	20.24
Total	1,535		1,003.95

Claim Reimbursement Total **6,448.64**

State Reimbursements

Meal Description	Meals	State Rate	State Earnings
Total Breakfast	2,487	\$0.0000	\$0.00

Total Lunches	0	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	6,448.64	0.00	0.00	6,448.64
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
Net Claim Reimbursement Total	6,448.64	0.00	0.00	6,448.64

Created By: LillianaN on: 6/9/2020 1:55:36 PM Modified By: LillianaN on: 6/9/2020 2:07:20 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-Preschool 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
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	\$ 5,206.15	\$ 2,515.63	\$ 2,690.52	\$ 7,457.55	\$ 6,949.19	\$ 508.36	\$ 12,663.70	\$ 9,464.82	\$ 3,198.88
Apr-20	\$ 2,020.99	\$ 2,284.43	\$ (263.44)	\$ 4,502.72	\$ 2,284.43	\$ 2,218.29	\$ 6,523.71	\$ 4,568.86	\$ 1,954.85
May-20	\$ 3,299.96	\$ 2,792.45	\$ 507.51	\$ 3,148.68	\$ 2,792.46	\$ 356.22	\$ 6,448.64	\$ 5,584.91	\$ 863.73
Total	\$ 68,578.87	\$ 51,058.99	\$ 17,519.88	\$ 97,389.16	\$ 80,677.87	\$ 16,711.29	\$ 165,968.03	\$ 131,736.86	\$ 34,231.17
YTD Cook	\$ -	\$ 20,269.75	\$ (20,269.75)	\$ -	\$ 47,052.34	\$ (47,052.34)	\$ -	\$ 67,322.09	\$ (67,322.09)
Adjusted Total	\$ 68,578.87	\$ 71,328.74	\$ (2,749.87)	\$ 97,389.16	\$ 127,730.21	\$ (30,341.05)	\$ 165,968.03	\$ 199,058.95	\$ (33,090.92)

% of Food expense

74%

83%

79%

The Importance Child Nutrition Plays in Head Start Programs

When most people think about Head Start Programs, they think about early childhood learning and education for low-income families. And while it's true that Head Start is an educational community service that millions have counted on since the program was first launched, the nutritional services of Head Start are just as important. It is the cooperative effort between education and quality nutrition that makes the Head Start Program so successful in the communities where it is needed most.

Head Start administrators work together with staff and participating families to identify the nutritional requirements of each child. This helps the program and the parents learn what each child needs based on the height and weight of the child, cultural preferences, allergies, health problems and disabilities. They don't just identify what each child needs, they educate parents on how to properly feed and care for their unique child based upon his or her personal data, not some national chart or scale.

The Responsibility of Nutritional Services at Head Start

Each Head Start Program must implement a nutrition program that meets the nutritional requirements and feeding needs of each child. This includes children that have disabilities or require special dietary assistance. The nutritional services at Head Start must serve a variety of different foods, taking into consideration the ethnic or cultural preferences of the child, as a means of broadening each child's food experience and willingness to try new things.

The nutritional portion of the Head Start Program is funded by USDA Food through the Child Adult Care Food Program (CACFP), however additional Head Start and Early Head Start funds may also be used to cover any costs that are not provided by the USDA program. Head Start administrators are required to provide meals and snacks that account for one-third of the child's daily nutritional needs for part-day services and one-half to two-thirds of the child's daily nutritional needs for full-day participants, based on the length of the program day. Breakfast is provided to children participating in morning center-based programs that did not receive a breakfast at home prior to arriving at Head Start or Early Head Start facilities.

Infants and Toddlers

Early Head Start administrators work with families to identify nutritional requirements for infants and toddlers as well, providing education for the family

unit as a whole. Discussions about current feeding schedules, the types and amounts of food that are provided, meal patterns and even how to introduce new foods can help new or struggling parents meet their child's needs through the program.

Other areas of discussion and education include food intolerance and preferences, dealing with food waste, proper portioning, voiding patterns and specific observations as they relate to developmental changes in the feeding and nutrition of each child. Early Head Start administrators share this information with parents and update the nutritional requirements of each child served by the program as he or she grows and develops.

Responsive Feeding for Infants and Toddlers

How we feed our children is often steeped in our culture, family traditions, and our own childhood memories. Parents often experience anxiety when determining how best or how much to feed their child. They may use food as a way to show love, provide comfort, or even measure how well they are parenting. For these reasons, home visitors should be highly respectful of an individual parent's needs and goals for their child's nutrition and feeding experiences. It is your role to guide families with the best information and help them make the best choice for their family.

Supporting Families with Infants (0-12 months)

Early Infancy 0-6 months

How does your baby tell you when they are hungry and when they are full?

Talking Points: It is great you are able to recognize how your baby is talking to you. While each baby is a little different they often give early warning signs they are getting hungry. Such as turning their head, putting their hands in their mouth, and even stretching. Do you ever notice any of these? Recognizing these signs can make feeding your baby less stressful and teach your baby that her family understands her.

Can you name some ways you interact with your baby while feeding?

Talking Points: Feeding your baby is a great way to bond and connect with your little one. They learn so much from what you do even if they can't copy your words or faces yet. You can also make silly faces, introduce new words by naming the type of food you are eating, demonstrate how you like the foods you are eating by smiling, or even introduce new colors and textures.

Do you think your baby is a healthy weight? Why?

Talking Points: Babies come in different shapes and sizes. Every baby is different and you know your baby the best. By listening to your babies signs of hunger and fullness, you can support a healthy weight. If you feel your baby isn't a

healthy weight, you might want to talk to his doctor about how much and what he is eating. The pediatrician can help you identify your baby's individual growth pattern and needs.

Do you ever have questions about whether they are getting enough or too much to eat?

Talking Points: I think every parent questions at some point whether their baby is getting enough or eating too much. Every baby is different and you know your baby the best. How much they eat may vary from day to day but understanding how your baby tells you they are hungry or full can help you feel assured they are getting enough to eat.

How do you feed your baby?

Talking Points: Feeding your baby can be an important time to learn about and bond with each other. When you have the time and space, you can try to find a calm, quiet corner to feed her. Look in her eyes and learn how she is communicating with you.

Middle and Late Infancy 6-12 months

How will you know when your baby is ready to try solids?

Talking Points: I'm glad to hear you are trying to listen to your baby. Every baby is different and are not always ready to try solids at the same time. When your baby can sit with some support; is able to control her head and neck; and when she is able to swallow and move solids foods. If she is gagging or spitting the food back out, she may not be ready yet.

How does your baby feed themselves?

Talking Points: I'm so glad to hear he is practicing fine motor skills during meals. Letting him grab the spoon can allow him to show you when he is still hungry too. He probably loves exploring his foods but sometimes if he is only playing but not really feeding himself, he may be telling you he is full.

Three to Five Year-Olds

The primary group in the Head Start Program would be the three to five year old children. The children who participate in this program must receive the types of food and the quantities of food that are recommended for the minimum standards of meal patterns according to the USDA. Foods must be served to children in this group that are high in nutrients, yet low in salt, sugar and fat, to help build healthy habits that will hopefully last a lifetime.

An appropriate schedule of meal and snack periods in Head Start Programs must be set to ensure that the needs of all individuals participating in the program are being properly met. For three to five year-olds, this can be on a set daily schedule around educational and play activities at the center, however for infants and

young toddlers, this schedule might be more of an on-demand or case-by-case situation. Appropriate snacks and meals must be provided during group socialization activities and good dental hygiene must also be promoted in conjunction with these meals.

Supporting Families with Toddlers and Preschoolers

What does a meal at your home look like (i.e. Where do you sit? Do you eat together? How do you talk with your child?)?

Talking Points: It seems you are starting to build some meal time routines with him. This is a great idea! It allows you to teach him about healthy eating and give you time to enjoy each other. As he learns about your family routines, he will begin to understand what you expect him to eat and when, how you want him to behave, and how important spending time with him is to you. As he gets older you can start adding more family habits. For example, eating at the same place for every meal, eating as a family as often as possible, letting him help you set the table (or place where they have meals).

What are some things you might want to add to your meals together? How does your child tell you when they are hungry and when they are full?

Talking Points: I'm so glad you are able to recognize these signals from her. As her language develops, she will be able tell you clearly when she is hungry or full. But it is important to let her decide when she wants more or is done eating. This can be really hard for parents as we always seem to worry if our child is eating enough. Letting her listen to her body for hunger and fullness helps her keep this skill for when she is older even as an adult. You might try asking at meal time, "What does your tummy feel like? Does it have enough food or would you like more?".

How do you encourage your child to try new foods?

Talking Points: Picky eating is very normal at this age. Your son is trying to find a balance between independence and his need for direction from you. I know this can be very frustrating especially since you may have to offer a new food to him 15 times before he will try it. It might help to serve a new food when you eat together as a family so he can see you eating it too. Or we can try to pick an activity for our next visit that uses this new food. For example, we could plan an activity where we find green things and you could serve a new green vegetable at your meals that week. We can be creative.

How does your child help with meal time?

Talking Points: It may seem a little early to ask your child to help with meal time but it helps her feel a part of your family habits. It can also be an alternative to using the TV or your phone as entertainment while you prepare food. I would suggest starting small such as letting her set the table with non-breakable items.

As she gets older she can even start helping prepare foods like stirring or adding ingredients. Letting her be a helpful part of your meals together can encourage her to try the foods you make. She will also love the extra time she gets to spend with you.

Does your child eat a variety of foods? What do they seem to like best?

Talking Points: Every child has favorite foods but new foods are simply favorite foods waiting to happen. It is important to expose him early to a wide variety of fruits, vegetables, proteins like beans or meat, dairy like cheeses, milk, etc. This gives him time to learn how each food tastes and build healthier habits. By introducing many different foods now, he may actually be a healthier and less picky eater as he gets older. Are there some new foods you might let him try?

Strategies for Families

- Be patient! You may need to offer a new food 10-15 times before your child will accept it. Make sure they see you eating healthy foods to encourage trying it.
- Let your child help you prepare meals. This can be as simple as setting the table, mixing or adding ingredients. They are more likely to try new foods they helped prepare.
- You are your child's first teacher. You can use meal times to talk about colors, shapes, and allow them to explore textures. These are learning opportunities that support what they learn in school.
- Encourage your child to eat until they are full but no more. Try asking, "what does your tummy feel like? Does it have enough food or would you like more?" Try not to worry about whether they cleaned their plate. Instead encourage them to take small amounts
- Make meal times fun. Tell your child stories from your day, your childhood, or just make a silly story up! They will love to hear your voice and laugh with you.
- How does your baby tell you when she is hungry? Knowing when her signals for when they are getting hungry.
- Use feedings with your new baby as an opportunity to bond. Try to find a quiet place or corner to nurse her, look into her eyes and talk to her. It may seem too early but she is already building language skills by listening and interacting with you.
- Eat meals as a family as often can you. This is how your baby learns

Meal Services Provided at Head Start Programs

When it comes to providing meal services to participants and their families through the national Head Start Programs, administrators must also ensure that nutritional requirements and socialization requirements are met. This means

that a variety of different foods must be offered in order to broaden the child's food experiences. Each child should be encouraged, not forced, to taste or try the food that is being offered, taking care that food is never used as a reward or as a punishment.

To build healthy eating habits, all toddlers and preschool children who participate in the program will eat "family style" with classroom staff and volunteers, sharing in the same menu as nutritional and dietary requirements allow. Opportunities should be provided for children to help with basic food preparation and nutritional education whenever available, including basic food safety and sanitation, understanding portion control and other food-related activities.

ATTACHMENT 7



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

eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-20-04

[View the Latest Coronavirus Disease 2019 \(COVID-19\) Updates from the Office of Head Start »](#)

Update to Funding for FY 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 (COVID-19) ACF-PI-HS-20-04

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

- 1. Log Number:** 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

See PDF Version of Program Instruction:

[Update to Funding for FY 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 \(COVID-19\) \[PDF, 120KB\]](#)

Historical Document

ATTACHMENT 8



Head Start Transportation Services and Vehicles During the COVID-19 Pandemic

eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-20-04

[View the Latest Coronavirus Disease 2019 \(COVID-19\) Updates from the Office of Head Start »](#)

Head Start Transportation Services and Vehicles During the COVID-19 Pandemic ACF-IM-HS-20-04

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

- 1. **Log Number:** ACF-IM-HS-20-04
- 2. **Issuance Date:** 06/22/2020
- 3. **Originating Office:** Office of Head Start
- 4. **Key Words:** Transportation Services; Vehicles; COVID-19 Pandemic

Information Memorandum

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

Subject: Head Start Transportation Services and Vehicles During the COVID-19 Pandemic

Information:

School buses and allowable alternate vehicles are generally the safest mode of transportation for children. They are also necessary for many children and families to participate in Head Start programs. Implementing safe practices is essential when providing transportation services during the coronavirus disease 2019 (COVID-19) pandemic.

When making decisions about transporting children, programs should consult local health officials and other state and local authorities, to the extent feasible. These authorities can help assess the current level of mitigation needed based on levels of COVID-19 community transmission and the capacities of local public healthcare systems. Staff should take steps to ensure they mitigate the risk with respect to school buses and allowable alternate vehicles. The steps Head Start programs take to reduce risk should be the same whether the program is providing its own transportation or relying on contracted or school district-provided transportation.

Support Transportation Staff Safety

- Strongly encourage staff members who are sick to stay home, particularly those who have tested positive or are showing COVID-19 symptoms . Sick staff members should not return to work until the criteria to discontinue home isolation are met , in consultation with healthcare providers and state and local health departments. Staff who have recently had close contact with a person with COVID-19 should also stay home and monitor their health . The U.S. Centers for Disease Control and Prevention (CDC) has recommendations sick people should follow .
- Send home staff experiencing symptoms during work hours.
- Assign vulnerable workers alternate duties that minimize their contact with children, families, and other employees, if possible.
- Make available and ensure the use of cloth face coverings per CDC recommendations. Vehicle operators should wear a cloth face covering only if it will not interfere with safe driving. Cloth face coverings should not be placed on children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Make available and ensure the use of hand hygiene supplies per CDC recommendations.

Key times to clean hands:

- Before and after eating, preparing, or handling food and drinks
- After using the toilet

- After coming in contact with bodily fluid
- After blowing your nose, coughing, or sneezing
- After handling garbage

Additional times to clean hands:

- Before and after work shifts and breaks
- After touching frequently touched surfaces, such as handrails
- After putting on, touching, or removing cloth face coverings

Use of Head Start Vehicles During Periods of Service Interruption

Based on public health guidance, programs may temporarily stop regular program operations, including center-based, family child care, and home-based services. During this time, to the extent possible, employees should continue to engage families and deliver critical services remotely. Programs should continue to provide children with supplies they would receive normally through the program, such as diapers, formula, snacks, meals, and learning supplies.

When programs use agency vehicles to transport food and supplies, they should:

- Minimize contact between vehicle operators and other staff, children, and families as they load and deliver supplies.
- Make available and ensure the use of cloth face coverings and hand hygiene supplies, as described above. Ensure staff maintain at least 6 feet (about two adult arms' length) between each other and families receiving supplies.

Use of Head Start Vehicles to Provide Transportation Services for Children

For programs that are currently operating:

- Minimize contact between vehicle operators and other staff. If possible, stay at least 6 feet from other people.
- Make available and ensure the use of cloth face coverings and hand hygiene supplies as described above.
- Conduct a health check of all children and staff before they board the vehicle. Do not transport individuals with a fever of 100.4°F (38°C) or above or who show other signs of illness. Do not transport individuals who have been in close contact (within 6 feet) of someone who has

tested positive for, or is showing symptoms of, COVID-19. Consider training and equipping bus monitors to use a non-contact thermometer.

- Position children as far apart as possible, preferably 6 feet apart, with one child per bench and no consecutive rows. If children are coming from the same home, they may sit together. If possible, ensure children sit 6 feet away from the vehicle operator.
- Reroute or stagger bus runs, as needed, to keep group size small and minimize potential exposure between children.
- If possible, keep class groups together on bus runs to minimize potential exposure between different groups of children.
- Use visible cues, such as stickers on the floors, to guide children and offer gentle prompts to help them understand the new protocols. Remember that young children do not understand the need for physical distancing. They rely on adults for their safety and care.
- Vehicle operators should avoid touching surfaces often touched by bus passengers, to the extent possible. Staff should use gloves if touching surfaces contaminated by body fluids.

Fluctuating Service

Programs should check state and local health department notices daily about COVID-19 transmission and mitigation levels in the area and adjust operations accordingly. As community conditions continue to change, some programs may need to adjust their program operations and services.

Based on local data and guidance or directives, programs should be prepared to stagger routes, reduce bus runs, or end bus runs temporarily. Programs should engage staff and families when making changes to transportation policies.

Clean Vehicles Between Each Use

Programs should clean and disinfect vehicles between each use pursuant to CDC's recommended process using products that are U.S. Environmental Protection Agency-approved for use against the virus that causes COVID-19. Be sure to thoroughly clean and disinfect commonly touched surfaces. Ensure safe and correct use of cleaning and disinfection products, including storing products securely away from children. Cleaning products should not be used near children. Staff should ensure there is adequate ventilation when using these products to prevent children or themselves from inhaling toxic vapors.

- For hard and non-porous surfaces inside the vehicle (e.g., hard seats, arm rests, door handles, light and air controls, doors, windows), clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application.
- For seatbelts, and other child safety restraints, programs must employ methods and products that are effective on COVID-19 and safe for use with the restraint system, particularly seatbelt webbing. Chlorine- or ammonia-based solutions may cause deterioration of safety restraint components and cannot be used. For cleaning guidelines, consult the vehicle or restraint system manufacturer.
- For soft or porous surfaces (e.g., fabric seats), remove any visible contamination and clean with appropriate cleaners indicated for use on these surfaces.

Refer to the [CDC](#) for additional information, particularly:

- [Interim Guidance for Administrators of US K–12 Schools and Child Care Programs](#)
- [Guidance for Child Care Programs That Remain Open](#)
- [Child Care Decision Tool](#)
- [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- [What Bus Transit Operators Need to Know About COVID-19](#)

Please stay in touch with your program specialist as you plan and provide program services.

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

See PDF Version of Information Memorandum:
[Head Start Transportation Services and Vehicles During the COVID-19 Pandemic \[PDF, 97KB\]](#)
Historical Document

ATTACHMENT 9

**CITY OF LA HABRA
CHILD DEVELOPMENT DIVISION
EARLY HEAD START PROGRAM**

2019-2020 SELF-ASSESSMENT REPORT

BACKGROUND

Each year the City of La Habra Early Head Start program conducts a program self-assessment using staff, parents, governing bodies and the community to evaluate the effectiveness and progress in meeting program goals and in implementing Federal and State Performance Standards and regulations, including the Head Start Act of 2007, SEC 461A.

METHODOLOGY

Due to the COVID19 pandemic, the process for the annual self-assessment had to be revised. Staff conducted the self-assessment using the Office of Head Start Aligned Monitoring System Focus Area Two Monitoring Protocol which assessed program management, Orange County Head Start, Inc. (OCHS) Monitoring Tools were used to examine the following areas: Health Services; Nutritional Services; Safe Environments; Disabilities Services; Mental Health Services; Family and Community Services; Education and Early Childhood Development, and Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA). The Monitoring protocol used provided a discussion point regarding the program’s program design and management, and governance structure. The protocol was designed to develop an understanding of the program’s foundation for program services.

There were 20 files reviewed utilizing the OCHS monitoring tools. There were no home-visits observed and socialization activity was observed via Zoom.

A review was also conducted of La Habra’s 2019-2020 goals and objectives; La Habra’s 2018-19 annual self-assessment & verification results, 2019-2020 child outcomes analysis for the 1st and 2nd assessment periods and School Readiness Goals.

PROGRESS MADE TOWARDS 2019-20 PROGRAM GOALS

Goal #1: Community Awareness		
City of La Habra EHS Program will increase community awareness of the quality school readiness programs and integrated support services provided to children and families.		
Objectives	Measure	Progress Towards Goal
Increase the City of La Habra EHS Program presence in the	Measure 1: Develop a City of La Habra EHS Program Facebook account in year one, and increase the number of Followers, Likes and Shares on Facebook by 10% each	<i>Program is using City's social media A Facebook account for the City of La Habra Child Development Division was created.</i>

community and on the internet.	year over the subsequent four years.	
	Measure 2: Redevelop the City of La Habra EHS Program Facebook website in year one, and increase the number of people visiting the website by 5% each year over the subsequent four years.	<i>EHS program is included in the La Habra Child Development Facebook page.</i>
	Measure 3: Increase attendance at open house events by 10% each year over the five-year period.	<i>At this time, the program is not conducting open-house.</i>
Increase City of La Habra EHS Program collaborations with community agencies.	Measure 1: Develop a coordinated community referral process in year one, and increase the number of agencies participating in the referral process by 50% each year, and the number of referrals received by 5% each year, over the subsequent four years.	<i>The program has coordinated with Orange County Regional Center for referrals. EHS Homebase, has children enrolled with IFSP's or have been referred during the month of July – September 2019, due to concerns from the ASQ-3 screening that was completed for each child.</i> <i>As of January 2020, there are 21 children with Individualized Family Service Plans (IFSP) enrolled in the program,</i>
	Measure 2: Increase the number of City of La Habra EHS Program hosting open house events by at least 25% each year, with full implementation by the end of year five.	<i>At this time, the program is not conducting open-house.</i>
	Measure 3: Attend at least one community meeting per quarter per Manager to maintain active partnerships, promote, and provide updates and announcements, regarding City of La Habra EHS Program services.	<i>At this time, Child Development Manager attends the LA Habra Collaborative Meeting and La Habra City School District EDI Task Force meetings wherein the EHS program information is shared.</i>
	Measure 4: Participate in at least two community events within the City by providing an information booth to promote City of La Habra EHS Program services each year over the five-year period.	<i>The Child Development Staff attended the Back to School Health Fair, Literacy Fair, and posted flyers at various places in the City.</i> <i>Program information was sent to all collaborative partners to share information regarding the program,</i>
Strengthen City of La Habra EHS Program relationships with the school districts.	Measure 1: In year one, conduct an analysis of current transition and collaborative activities at each City of La Habra EHS Program.	<i>The program is represented in the School District's school readiness collaborative wherein we are able to meet with district staff for transition.</i>
	Measure 2: In year one, evaluate and update all current school readiness, Memorandum of Understandings.	<i>Program Collaborates with La Habra City School District.</i>

	<p>Measure 3: In years two through five, develop a comprehensive set of MOUs based on the unique characteristics of each school district that Head Start children transition into, and implement the MOUs with at least 25% of school districts per year with full implementation with all school districts by the end of year five.</p>	<p><i>The EHS program collaborates with the La Habra City Child Development programs to transition the EHS children to preschool or with the grantee, School District does not have a program for transitioning EHS children.</i></p>
	<p>Measure 4: In years two through five, develop a comprehensive plan for collaboration with each elementary school based on the unique characteristics of the school district, and implement the plan with at 25% of City of La Habra EHS Program total centers per year with full implementation at all centers by the end of year five.</p>	<p><i>The EHS program collaborates with the La Habra City Child Development programs to transition the EHS children to preschool or with the grantee, School District does not have a program for transitioning EHS children.</i></p>

Goal #2: Parent and Family Engagement

City of La Habra EHS Program will increase parent and family engagement across all program areas and activities to promote family resilience.

Objectives	Measure	Progress Towards Goal
<p>Increase participation in City of La Habra EHS Program parent engagement programs:</p>	<p>Measure 1: UCLA by 5% each year (Health/Oral Health/Mental Health)</p>	<p><i>Healthy Smiles and the VCC: Gary Center provided dental screening to our children enrolled in EHS Home Base.</i></p> <p><i>Cal State Fullerton Nursing Student Intern provided a dental workshop.</i></p> <p><i>NAMI – Presented to our parents a on Promoting Positive Mental Health; Consequences for Toddlers and Strengthening Parent to Child Relationships.</i></p> <p><i>Vision Screening were provided to the children.</i></p> <p><i>UCI Eye mobile returned and provided full exams for children who did not pass the vision screening.</i></p> <p><i>Breast and Cervical Cancer Awareness; workshop to parents.</i></p> <p><i>Mental Health Consultant presented to our parents on Child Abuse and Domestic Violence.</i></p>

		<i>Orange County Department of Education provided a workshop for our parents OC SAFE from the START; A guide to your young child's healthy brain development.</i>
	Measure 2: PNA by 5% each year (Nutrition)	<i>Nursing Students Interning from Cal State Fullerton, presented a workshop to our families on healthy eating and making snack more appetizing to children using my plate portions, parents had the opportunity to make their own snacks.</i>
	Measure 3: SAM by 5% each year (Health and Safety)	<i>Program does not have a center-based program to complete the SAM.</i>
Develop, implement, and expand a Parent as Educators program (Education)	Measure 1: In years one and two, develop the Parent as Educators program.	<i>Olive Crest provided a series on Parenting. Classes that began March 4, 2020. Due to COVID19, there was only 2 sessions that were completed instead of the 7 in the series.</i>
	Measure 2: In years three through five, implement the program and increase participation by at least 5% each year in years four and five.	<i>Program will continue to work with agencies</i>
Increase quality of, and participation at, parent committee meetings.	Measure 1: In year one, conduct an analysis of current parent committee practices for the City of La Habra EHS Program.	<i>For 2019-2020 EHS Home Base School Year; we have 6 PC members including Community Representative and 3 other members as alternates.</i> <i>The PC practice is following the Robert's Rule of Order when conducting meetings and PC has by-laws which the parents follow.</i>
	Measure 2: In year two, develop a comprehensive format for implementing parent committee activities to include agency priorities and regulatory requirements, while considering the unique characteristics of each center;	<i>The EHS program does not have a center; the program will continue to implement trainings and activities to the Parent Committee</i>
	Measure 3: In years three through five, increase parent participation by at least 5% each year.	<i>Program will not be increasing the number of PC members, currently the by-laws indicate 6 members</i>
Implement and expand an agency-wide research-based parenting education curriculum.	Measure 1: In year one, conduct an analysis of current parent education programs offered at each City of La Habra EHS Program centers, select one curriculum to be used agency-wide, and develop a comprehensive plan for implementation.	<i>Program has been using the PITC curriculum for home-visits and to educate parents regarding their child's development.</i> <i>NAMI provided to parent variety of parent workshops; Promoting Academic Success; Communicating Effectively; Consequences for Toddlers; and Strengthening Parent to Child Relationships.</i> <i>Olive Crest will be providing a Parent</i>

		<p><i>Education course to our families enrolled in EHS beginning on March 4 – April 15, the course will be 7 weeks and will be provided here at our site from 6:00 – 8:00 pm. Due to COVID 19 only 2 sessions were provided.</i></p> <p><i>Orange County Department of Education; presented on A Guide to Young Children's Healthy Brain Development.</i></p> <p><i>Banc of California provided presentation on Financial Literacy.</i></p> <p><i>Domestic Violence/Child Abuse Presentation was presented to parents.</i></p>
	Measure 2: Implement the selected curriculum agency-wide.	<i>During this 2nd year of implementation, we will continue to use the PITC curriculum.</i>
	Measure 3: In years three through five, increase parent participation by at least 10% each year.	<i>No update at this time</i>
	Measure 4: In years three through five, measure the impact of the program through parent survey.	<i>No update at this time</i>
Goal #3: Staff Development		
City of La Habra EHS Program will implement a comprehensive set of practices for recruitment, retention and development of responsive staff.		
Objectives	Measure	Progress Towards Goal
Improve personnel recruitment practices.	<i>Measure 1:</i> In year one, develop and implement a strategic recruitment and screening process.	<i>Recruitment is done through the City website and completing applications on Neogov and by posting at colleges.</i>
	<i>Measure 2:</i> Increase the pool of eligible, well-qualified applicants by 5% each year.	<i>At this time, we are currently recruiting home-educators and will try to create a pool of applicants.</i>
Implement a systematic approach to staff training and professional development.	<i>Measure 1:</i> In year one, conduct an analysis of current practices across the agency; develop a system to be used agency-wide; and develop a comprehensive plan for implementation and tracking.	<p><i>Staff training is provided twice a year for all the Child Development staff and EHS staff is trained at least once a month on topics pertaining to their work and results of monitoring reports.</i></p> <p><i>Staff that complete trainings obtain a certificate of completion and this is logged in the staff tracking log.</i></p>
	<i>Measure 2:</i> In year two, begin implementation of the system agency-wide.	<i>We began the tracking of trainings in year 1 and will continue to track staff's professional development.</i>
	<i>Measure 3:</i> In year three through five-increase effectiveness by at least 10% each year based on data reports and staff survey.	<i>No update at this time</i>

Establish an agency wide approach for management and leadership, and implement the approach 20% each year with full implementation by the end of year five.	<i>Measure 1:</i> In year one, conduct an analysis of current leadership practices across the agency; select a leadership approach to be used agency-wide; and develop a comprehensive plan for implementation.	<i>Program is in the process of determining the leadership practice that is within the guidelines of the mission of the City and the program.</i>
	<i>Measure 2:</i> In year two, implement the selected leadership approach agency-wide.	<i>Program will be implementing the coaching-leadership and diplomatic leadership style.</i>
	<i>Measure 3:</i> In years three through five, evaluate effectiveness of implementation based on leadership assessments	<i>No update at this time</i>

PROGRESS MADE TOWARDS 2019-2020 CHILD OUTCOMES AND SCHOOL READINESS GOALS

The DRDP report represents a snap-shot of the developmental levels of students. The outcomes of this report should be used as one of many tools to guide the curriculum planning process. The DRDP (2015) tool and this report were not designed to "grade" the students, teachers, or the school and should not be used for those purposes.

Overall School Readiness Goal:

Children transitioning to Head Start from Early Head Start will be able to demonstrate abilities and knowledge as stated in the expectations described in the Head Start Early Learning Outcomes Framework at the Infant/Toddler level. Below are specific goals for program improvement for school readiness in the areas described: Approaches to Learning, Social and Emotional Development, Language Development, Cognitive Development, and Perceptual Motor and Physical Development? It is expected that at least 90% of the children transitioning to preschool at 36 months old will at Near, at or above age expectations as specified in the California Infant Toddler Learning Foundations in all Domains and specific School Readiness Goals Measures.

Analysis: Overall Domain level results show that all Domains made significant progress and that over 95% of children that transition to Head Start at 3 years old were Near, At or Above expectations according to the CDE Early Learning Infant and Toddler Foundations at 36months. This pattern exists across all agencies with very few differences. At the School Readiness Goal level the same pattern exists with the lowest measure being Expressive Language with 93% of 3 year olds Near, At or Above expectations. The other measures were all over 95% or higher. An overall review of all measures shows that the same patterns exist with no significant differences from past years. Delegate agency data while slightly varied shows similar patterns. As a result there are no proposed changes to the Early Head Start School Readiness Goals measures.

Initial Action Plan:

- For 19-20 school year the Executive Director or designee will work with the delegate agencies to adopt a common Assessment tool as well as data collection system to ensure accurate and reliable aggregated and disaggregated data for more concise data analysis across grantee and delegate data.
- Center Directors will continue to be provided with training and coaching on providing Practice Based Coaching to support teaching staff to ensure effective implementation of developmentally appropriate experiences for children in all Learning Domains utilizing CLASS assessment results and child outcome results.
- Center Directors will observe teaching staff at least monthly with focus on CLASS Instructional Support domain and give feedback to the teaching staff using language from the CLASS tool. HOVRs for Home Based programming
- Center Directors will ensure curriculum fidelity through classroom observation and feedback utilizing High Scope curriculum checklists.
- Rater Reliability exercises and focus groups will be carried out to continue to increase understanding of the DRDP 2015 measures.
- Senior Management Staff are investigating strategies including a parent education App that could increase Parent engagement in all School Readiness as well as Family engagement strategies
- Anticipated Outcome: Data that is collected on in a consistent manner agency wide will lead to more effective analysis of the child outcomes. This will allow OCHS to make better informed decision for program improvement for Grantee and Delegate classrooms alike.
- More effective Coaching practices for teaching staff both by Center Directors and Education Development coaches will help improve teaching practices according to the CLASS assessment tool promoting better outcomes for children across all Domains.
- Improved Rater Reliability will improve the reliability of the data used to inform Lesson Planning and aggregated child outcomes for agency wide program improvement.
- Engaging Parents in a more effective way will help improve their ability to support their child's School Readiness Goals and ultimately improve child outcomes across all domains.

Fall Evaluation:

Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO

Additional Actions/Steps to be taken to Supplement Prior Action Plan:

Program will continue to focus on the goals for the children in each domain.

Winter Evaluation:

Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO

Additional Actions/Steps to be taken to Supplement Prior Action Plan:

The 2nd assessment period, the children had a steady progress in their development; therefore, the goals will not be changed. For the beginning of the 3rd assessment period, the COVID19 pandemic changed the way services are provided to the children and home-visits are now conducted over the phone.

Domain: Approaches To Learning

Goal 1: Child demonstrates an increasing ability to control feelings and behavior

HSELOF: Goal IT-ATL 1

DRDP-PS: Measure IT ATL 2 – Self Comforting

Analysis: Spring DRDP results show that children made significant progress in this domain with 96% of children Near at or Above expectations.

Goal 2: Child develops the ability to show persistence in actions and behavior.

HSELOF: Goal IT-ATL 4
DRDP-PS: Measure IT ATL 1 – Attention Maintenance
Analysis: Spring DRDP results show that 97% of children were Near at or above expectations. Notably 40% of children were above expectations in spring up from 19% in the Fall.
Initial Action Plan:
<ul style="list-style-type: none"> ● Training and coaching on CSEFEL strategies to focus on encouraging impulse control and self comforting strategies for children. ● Training will also include a focus on helping children label emotions and strategies for children to use to deal with negative emotions. ● Provide training for staff and parents on Trauma Informed practices to support teaching staff in understanding how to support high risk children and families dealing with adverse experiences. ● Inclusion Support Facilitator team will provide specific support and training on Functional Behavior analysis process and specific strategies that teachers will be able to use on the second level of the Pyramid to ensure success for children with challenging behaviors. ● Anticipated Outcome: Staff with a better understanding of strategies to support the social and emotional functioning of children in their class will be more effective in fostering impulse control and positive peer interactions. Consistency in implementing the CSEFEL strategies will reduce issues with peer aggression and increase successful participation in classroom activities and routines. ● Teaching staff understanding the effects of Adverse Experiences for children and practices that support children experiencing Trauma will further help them be more successful with supporting children’s social and emotional development. ● Utilizing Functional Behavioral analysis strategies help teaching staff determine why children may be engaging in certain behaviors and help them determine the best intervention strategies.
Fall Evaluation:
Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Winter Evaluation:
Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Continue to provide social-emotional activities for the children in the program.
Domain: Social and Emotional Development
Goal 1: Child shows interest in, interact with, and develop personal relationships with other children.
HSELOF: Goal IT-SE 4
DRDP-PS: Measure IT SED 4 – Relationships with peer
Analysis: Spring DRDP results show that 98% of children were Near, At or Above expectations in this measure. Unlike other measure no children were above expectations.
Goal 2: Child uses objects or symbols to represent something else.
HSELOF: Goal IT-C 12
DRDP-PS: IT Measure SED5 – Symbolic Play
Analysis: Spring DRDP results show that 96% of children were Near, At or above expectations in this measure. It is notable that 42% of children were above expectations up from 22 % in the

Fall:
Initial Action Plan:
<ul style="list-style-type: none"> Center Directors will utilize the High scope Curriculum fidelity checklist to continue to support adult to child interactions that encourage children in interacting and building peer relationships. Center Directors will utilize the Curriculum Fidelity checklist to observe and give feedback on implementing curriculum specific to encouraging and providing opportunities for pretend play throughout the parts of the day. Training will be provided with teachers to support focusing on the stages of play and how teachers can support the development of play intentionally.
Anticipated Outcome: Teachers will have a better understanding of the importance of peer relationships and pretend (symbolic) play in the early development of executive functioning skills for children and how those skills impact a child's ability to interact successfully with others. As a result teaching staff will be able to better support children in their class with intentional activities that support peer interactions and pretend play and children will have greater gains in these areas.
Fall Evaluation:
Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Winter Evaluation:
Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Home-Educators will continue to provide social-emotional activities to the children and support for the parents to continue to provide the support and guidance to the children.
Domain: Cognition
Goal 1: Child understands simple patterns.
HSELOF: Goal IT – C 10
DRDP-PS: IT Measure COG 2 - Classification
Analysis: Spring DRDP results show that 97% of children were Near, At, or Above expectations. It is noted that no children were Above expectations in this measure. This will remain a School Readiness Goal for the 19-20 school Year
Initial Action Plan:
<ul style="list-style-type: none"> The Education Management team will provide focused coaching for teachers in providing curriculum that supports classification skills using the High School Numbers Plus Curriculum. Training will be provided on setting up Toddler environments to encourage these skills.
Anticipated Outcome: Teachers will increase their knowledge in skills in implementing the Numbers Plus curriculum specifically for toddlers in providing experiences that support classification. As a result children will be able to show greater gains in this Domain.
Fall Evaluation:
Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Winter Evaluation:
Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Continue to provide training and support to home-educators. Home-educators will continue to

implement sorting and classification activities for the children.
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Domain: Language and Literacy – Language and Communication
Goal 1: Child uses increasingly complex language in conversation with others
HSELOF: Goal IT-LC 5
DRDP-PS: IT Measure LLD 3 - Use of Language Expressive
Analysis: DRDP results show that 93% of children were Near, At or Above expectations in this measure. It is noted that no children were above expectations. But, significant gains were made from 83% in Fall.
Goal 2: Child recognizes pictures and some symbols, signs, or words
HSELOF: Goal IT-LC 11
DRDP-PS: IT Measure LLD 5 - Interest in Literacy
Analysis: Spring DRDP results show that 96% of children were Near, At, or Above expectations. It is notable that 42% of children were above expectations up from 22% in the Fall.
Initial Action Plan:
<ul style="list-style-type: none"> Center Directors will utilize the High Scope Curriculum fidelity checklist to continue to observe and give coaching support to teaching staff in ensuring language rich environments and specific support for children with language delays. Specifically, teachers will be supported in implementing strategies of Self and parallel talk, as well as Tiered vocabulary supports. These strategies will be employed in a consistent and intentional way to support burgeoning language for children in the program.
Anticipated Outcome: Teachers will learn research based ways to support children in gaining vocabulary and communication skills. As a result children will be able to be better supported in Peer to Peer interactions and language development in the classrooms.
Fall Evaluation:
Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Winter Evaluation:
Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO
Additional Actions/Steps to be taken to Supplement Prior Action Plan:
Domain: Perceptual Motor and Physical Development
Goal: 1. Child demonstrates healthy behaviors with increasing independence as part of everyday routines
HSELOF: Goal IT-PMP 9
DRDP-PS: : IT Measure PDHLTH 6,7,8 – Personal Care Routines hygiene, feeding, dressing
Analysis: DRDP spring results show that 96-99% of children were Near, At or Above expectations on an aggregate in these measures. This is a strength for the EHS children
Goal: 2. Child coordinates hand and eye movements to perform actions.
HSELOF: Goal IT-PMP 6
DRDP-PS: IT Measure PDHLTH 4 - Fine Motor Manipulative skills
Analysis: Spring DRDP results show that 98% of children are Near, AT, or Above expectations. It is notable that this is up from 84% in the Fall and that 44% of children are Above expectations up from 24% in the Fall.

Initial Action Plan:

- Center Directors for center based program will utilize the Curriculum Fidelity Tool for the Infant and Toddler High Scope Curriculum to ensure that teaching staff are providing interactive opportunities for children to learn Healthy Behaviors and practice self-help skills as well as Fine Motor manipulative skills.
- Based on the results of the Fidelity observation Center Directors will support staff through coaching and feedback in improving practices in these areas in the classroom.
- In Home Base, Home Base supervisors will review lesson plans and observe home visits to ensure that Home Educators are working in partnership with parents to support development in these areas.

Anticipated Outcome: Environments that are rich with experiences that support self-help and care skills will provide more opportunities for children to practice these skills. As a result children will be more successful in the areas of self-care and hygiene.

Fall Evaluation:

Additional Actions Needed Based on Fall Evaluation and Analysis: YES NO

Additional Actions/Steps to be taken to Supplement Prior Action Plan:

Winter Evaluation:

Additional Actions Needed Based on Winter Evaluation and Analysis: YES NO

Additional Actions/Steps to be taken to Supplement Prior Action Plan:

SELF-ASSESSMENT FINDINGS

Identified Strengths

Disabilities

There were no identified concerns on both areas. Enrollment for children with disabilities was above the 10% requirement.

Identified Areas of Non-Compliance

After a review of all self-assessment findings, some items were corrected immediately while others were determined to be non-compliant and improving in these areas are needed:

- **Management Systems:**
 - **Record-Keeping (1)**
 - **Monitoring (1)**
 - **ERSEA (1)**
- **Education (2)**
- **Family and Community Engagement (1)**

The areas of non-compliance were noted. Corrective Action Plans (CAP) were developed to address each area. *These plans are attached.*

Approved By:

Community Service Commission (Sub-Board): _____

Parent Committee: _____

CORRECTIVE ACTION PLAN (CAP)

City of La Habra _____ June _____ 2020
 Program Name _____ Month _____ Year _____

Reason for the CAP (choose one): Self-Assessment Self-Monitoring Grantee Monitoring Federal Review Other: _____
 2019-2020

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
Record-Keeping	Documentation not filed on File Staff completed the forms but was not filed in the family/child file. Various Forms on File (6/20) was not signed by either staff or parent.	<ol style="list-style-type: none"> At the end of each month, staff will file the completed paper-work in the child/family file. Add information in the monitoring form to reflect the files are located in the appropriate files. Complete monitoring on a monthly basis. Inform staff if forms are missing and ensure they are completed and filed accordingly. 	Home-Educators/ FSA CD Manager	Monthly 7/1/2020		
Monitoring 1302.102(b)	Inconsistent Schedule of Monitoring - Reports reviewed indicated there is a lack of consistent monitoring of Program Services. Although monitoring was completed, Program services was not consistently monitored in a monthly basis.	<ol style="list-style-type: none"> Update Monitoring timelines for completing monitoring of services. Implement monitoring timelines. Complete monitoring reports and corrective action plan, as needed. Share reports with stakeholders. 	CD Manager CD Manager/ EHS Coordinator CD Manager	7/1/2020 Monthly Monthly Monthly		

ERSEA 1305.2	Enrollment Signature Missing- 3/20 files did not have parent or staff signature for re-enrollments for the 2 nd year (the form used for year 1 enrollment was not updated for with the 2 nd year signature line).	<ol style="list-style-type: none"> 1. Review all files to ensure the correct/appropriate forms for enrollment is used. 2. Completed enrollment forms will be reviewed for completeness and accuracy. Ensure the forms used is the most current. 3. Conduct file monitoring as scheduled on a monthly basis. 	EHS Coordinator EHS Coordinator/ CD Manager CD Manager/ EHS Coordinator	6/30/2020 As needed Monthly		
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EDUCATION

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
1302.33(a)(1)	Child Screening Tool 4/20 files had the wrong age-appropriate screening tool for the ASQ-3 or ASQ:SE	<ol style="list-style-type: none"> 1. When children are enrolled, EHS Coordinator computes the age of the child and determine the appropriate screening tool to be used. 2. Before distributing to the parent, the Home-Educator will compute the child's age for accuracy. 3. Once the screening tool is completed, prior to reviewing the scores, staff will review and compute the birthday of the child to ensure the age-appropriate tool was administered for the child. 4. If the tool was of the wrong age, staff will re-do the screening process. 	EHS Coordinator Home-Educators EHS Coordinator/ FSA	As needed 7/30/2020		
1302.33(a)(3)(i)	Child Screening Follow-up 4/20 files, follow-up of the ASQ-3 and ASQ:SE was completed passed the date indicated to complete the follow-up screening.	<ol style="list-style-type: none"> 1. Staff meeting will be conducted to inform staff of the importance of completing the follow-ups by the indicated date. 2. Follow-up dates will be noted on Child Plus and set-up a reminder for when the follow-up screening needs to be conducted. 	EHS Coordinator EHS Coordinator/ CD Manager	As needed		

	3. Monitor forms monthly and ensure information and follow-ups are completed on time.	EHS Coordinator/ CD Manager	Monthly		
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FAMILY AND COMMUNITY ENGAGEMENT

HS/EHS Regulation Performance Standard Head Start Act	Potential Area of Non-Compliance	Corrective Action Plan	Person(s) Responsible	Completion Target (Date)	Validation Steps	Validation of Completion (Date)
1302.52	Timely follow-up of Family Goals 3 of the 30 files reviewed follow-up regarding family goals was completed after the due date.	<ol style="list-style-type: none"> 1. Discuss timelines for completion of each assessment for FSA 2. Record family goals and follow-up in Child Plus. 3. Once requested resources are provided to family FSA will follow up on family satisfaction. 4. FSA will provide an update on the transition process to the EHS Coordinator 5. EHS Coordinator will provide updates to the CD Manager 	<p>EHS Coordinator</p> <p>FSA</p> <p>FSA</p> <p>FSA</p> <p>EHS Coordinator</p>	<p>7/30/2020</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Monthly</p>		

Approved by:
Community Service Commission: _____
Policy Committee: _____



COMMUNITY SERVICES COMMISSION 2020 - 2021

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