

# MINUTES

## COMMUNITY SERVICES COMMISSION OF THE CITY OF LA HABRA

Wednesday, August 12, 2020

**PRELIMINARY:** These Minutes to be considered for approval on September 9, 2020.

Chair Laveaga called the Regular Meeting of the Community Services Commission to order at 6:48 p.m. via Zoom teleconference call in La Habra, California.

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

**COMMISSIONERS ABSENT:** 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 Surich, seconded by Commissioner Felix and CARRIED (6-0), TO APPROVE THE COMMUNITY SERVICES COMMISSION MINUTES OF JULY 8, 2020.

Said motion CARRIED by the following roll call vote:

AYES: Commissioners Felix, Garcia, Kempker, Laveaga, Schmidt, Surich  
NOES: NONE  
ABSENT: Trujillo  
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 Surich, seconded by Commissioner Felix, and CARRIED (6-0) TO APPROVE THE CHILD DEVELOPMENT MANAGER'S MONTHLY REPORT, THE HEAD START COST REIMBURSEMENT 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  
NOES: NONE  
ABSENT: Trujillo  
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:

- Concerts in the Community Online Series (Message from the Mayor, CS video, Zoom band interview and online concert)
- 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:**

- Red Cross Blood Donations continue at Veterans Hall. Check City website for updated schedule.

#### **II. COMMISSIONER DISCUSSION:**


- La Habra Host Lions Club continues to do services projects in the community. They are selling blue lights for \$5 a bulb to honor and recognize public safety officers.



**III. ADJOURNMENT:**

Chair Laveaga adjourned the Commission meeting at 7:21 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 August 12, 2020*

**Program Information Summary (PIS) Report: June 2020 (Attachment 1)**

**Section A: Agency Profile**

Item	Previous Month Report	Current Month Report
<b>Funded Enrollment</b>	50	50
<b>Number Enrolled (Cumulative)</b>		
Number of Children	67	67
Number of Pregnant Moms	2	2
<b>Number in the Waiting list</b>	4	4
<b>Enrollment by Eligibility</b>		
Below 100% Poverty Line	41	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)	61	61
Number of children up-to-date with well-baby checks	28	29
Number of children with expired well-baby checks	15	15

Number of children with expired well-baby checks 30 days or less	16	0
Number of children who are up-to-date with Immunizations	57	67
Number of children with continuous accessible dental care (Dental Home)	61	61
Number of children who are up-to-date with oral health care	66	66
Number of children with expired oral health care	29	29
Number of children with an IFSP	15	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	63	63
Home based services (Month) Visits Completed	188	188
Home based services (year to date) Visits Completed	1789	1977
Number of Socializations (Month)	35	25
Number of Socializations (year to date)	239	271

### Monitoring Report:

#### Financial Reports:

- Attached is the **Preliminary** Cost Report for June 2020 and the amount requested is **\$56,518.38 (Attachment 2)**
  - Total In-kind to-date is **\$137,260.16 (of \$120,283.00)**
- Attached is the Credit Card Reports for June 2020. **(Attachment 3)**

#### CACFP Reports:

- The total reimbursement for the month of June 2020 is **\$7,825.62 (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 June 2020. **(Attachment 5)**

**Information Shared:**

➤ **COVID-19 Information:**

- Funding and Administrative Flexibilities (**Attachment 6**)
- ERSEA (Eligibility, Recruitment, Selection, Enrollment, Attendance) (**Attachment 7**)
- Program Structure (**Attachment 8**)

**Action Items, For Approval:**





Monthly Program Information Summary Data Collection Worksheet  
 Delegate La Habra: Early Head Start

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

Report due on or before the 5th of each month

- 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	Jul	Aug
8/6	9/4	10/4	11/5	12/5	1/6	2/5	3/5	4/3	5/1	6/1	7/1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2
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AutoSum		50	50	51	54	56	57	63	64	64	64	67	69	69
34	34	29	30	31	31	33	34	37	39	41	41	41	41	41
4	4	4	4	4	4	4	4	5	5	5	5	5	5	5
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
2	2	7	8	9	10	10	10	10	10	10	10	7	7	7
3	3	4	5	5	5	5	7	7	7	7	7	7	7	7
5	5	5	5	5	5	5	6	6	7	7	7	7	7	7

24	24	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	13	13

		4	5	5	6	14	14	17	21	24	27			
0	0	0	0	0	0	0	0	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	4	4	4	4	4	4	4
50	50	50	50	51	50	50	50	45	48	44	44	44	44	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

		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	7/1		

### B. PROGRAM STAFF & QUALIFICATIONS (Agency Preference)

#### Home Base Educators

9. Total number of child development staff by position  
**Of B.9, the number with the following degrees:**

a. An advanced degree (MA) in:

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

b. A Baccalaureate degree (BA) in:

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

c. An associate degree (AA) in:

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

d. License, certification, or credential held:

1. \_\_\_\_\_sing, non-RN, i.e. LPN, CNA, etc.

5	5	5	5	5	5	5	5	5	5	3	3	3
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AutoSum	5	5	5	5	5	5	5	5	5	3	3	3
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1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	1	1	1

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

1	1	1	1	1	1	1	1	1	1	1	1	1
1	1	1	1	1	1	1	1	1	1	1	1	1

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

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

Physical Exams / Well Checks (3035)

Non-Expired Physical Exams / Well-Checks

Expired Physical Exams / Well-Checks

Missing Physical Exams / Well-Checks

Physical Exams / Well-Checks expired 30 days or less

Medical services - children (9707)

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

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

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

	2019												2020											
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AutoSum	49	49	49	53	55	55	58	58	58	61	61	61	48	49	50	53	55	56	62	61	41	45	43	44
Physical Exams / Well-Checks	28	36	39	36	39	39	43	33	33	37	28	29	18	12	10	14	13	16	16	23	8	8	15	15
Expired Physical Exams / Well-Checks	2	1	1	3	3	1	3	5	0	0	0	0	2	1	1	3	3	1	3	5	0	0	0	0
Missing Physical Exams / Well-Checks	9	6	5	9	8	8	6	10	11	8	16	0	9	6	5	9	8	8	6	10	11	8	16	0
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Of these, the number diagnosed by a health care professional with a chronic condition needing medical treatment since last year's PIR was reported	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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	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)

### Immunization services - children (9700/9708/9760)

11. Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age

12. Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age

13. Number of children who meet their state's guidelines for an exemption from immunizations

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	7/1

	AutoSum	49	49	50	53	54	56	59	60	60	64	57	67
24		26	28	28	29	30	31	32	33	35	27	37	
25		23	22	25	25	26	28	28	27	29	30	30	
0		0	0	0	0	0	0	0	0	0	0	0	0

	AutoSum	49	49	49	53	55	55	58	58	58	58	61	61
49		49	49	53	55	55	58	58	58	58	61	61	

	AutoSum	15	48	49	50	52	55	43	56	57	61	66	66
3		5	5	5	16	16	17	17	17	17	6	19	19
29		36	42	41	41	41	36	38	34	38	27	29	29
17		12	7	9	11	14	14	14	18	29	29	37	37
3		1	1	3	3	1	3	3	5	0	0	0	0
9		5	3	5	6	7	3	3	7	8	12	10	10

Monthly Program Information Summary Data Collection 1 ksheet

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											
	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	7/1	

0	0	0	0	0	0	1	1	1	1	1	1	1
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14	14	17	19	20	21	21	19	18	16	15	15	
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AutoSum	12	12	13	16	18	19	22	25	25	28	30	30
4	6	6	7	10	12	14	14	15	15	20	20	
0	0	0	1	3	4	4	4	4	4	8	8	
8	6	7	8	5	3	4	7	6	9	2	2	
12	12	13	16	18	19	22	25	25	28	30	30	

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

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

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

### Number of families (9700/9730/9731)

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

### Homeless Services (9700/9705/9731)

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

### 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)

LH EHS / Printe 7/30/2020

2019-20 Data Colle

LA HABRA - June 2020

		2019					2020						
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
AutoSum	8/6	9/4	10/4	11/5	12/5	1/6	2/5	3/5	4/3	5/1	6/1	7/1	
	0	0	0	0	0	0	0	0	0	0	0	0	0
	11	0	1	0	1	0	1	1	1	0	0	0	0
AutoSum	12	12	13	16	18	19	22	25	25	28	30	30	30

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

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

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

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

		Based on funded enrollment, the expected number of Home Visits												
		200	200	200	200	150	150	200	200	200	200	200	200	200
AutoSum	198	205	207	210	162	167	204	218	205	186	193	192	192	
Current Month	178	185	177	185	147	143	166	133	191	184	188	188	188	
Current Month	16	15	22	20	15	22	21	29	7	2	5	4	4	
Current Month	4	5	8	5	0	2	17	56	7	0	0	0	0	

**Monthly Program Information Summary Data Collection Worksheet**  
**Delegate La Habra: Early Head Start**

2019											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

\* 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

100	100	100	100	50	50	100	100	100	100	100	100
100	100	100	100	49	50	100	96	90	96	88	88

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

Number of Socializations Attended

27	15	24	33	6	24	6	17	1	30	35	25
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**Home Base Services by YEAR-TO-DATE (Agency Preference)-HOME VISIT Benchmarks**

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

200	400	600	800	950	1100	1300	1500	1700	1900	2100	2300
198	398	598	798	944	1094	1294	1489	1669	1854	2030	2206

AutoSum

198	395	604	807	954	1125	1328	1555	1760	1875	1981	2162
178	363	548	733	869	1022	1188	1327	1519	1648	1789	1977
16	26	46	65	80	99	120	151	160	157	153	157
4	6	10	9	5	4	20	77	81	70	39	28

**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

100	200	300	400	450	500	600	700	800	900	1000	100
100	200	300	400	449	499	599	796	885	981	1069	1157

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

Number of Socializations Attended

27	42	66	99	105	132	138	157	158	188	239	271
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Monthly Cost Report , FY 2019-20  
 June, 2020 (Prelim)

**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	27,317.41	271,694.26	42,600.74
FRINGE BENEFITS	112,426.00	11,066.34	105,149.43	7,276.57
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	12,233.00	10,276.36	15,104.47	-2,871.47
CONTRACTUAL	10,071.00	2,556.00	11,153.74	-1,082.74
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	20,857.00	3,032.34	21,371.47	-514.47
INDIRECT COSTS	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>\$469,882.00</b>	<b>\$54,248.45</b>	<b>\$424,473.37</b>	<b>\$45,408.63</b>

**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	2,269.93	4,249.67	-2,399.67
INDIRECT COSTS	0.00	0.00	0.00	0.00
<b>Total</b>	<b>\$11,250.00</b>	<b>\$2,269.93</b>	<b>\$4,249.67</b>	<b>\$7,000.33</b>

**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	137,260.16	-18,778.90
EHS T&TA	1,801.74	0.00	0.00	1,801.74
<b>Total</b>	<b>\$120,283.00</b>	<b>\$1,350.00</b>	<b>\$137,260.16</b>	<b>-\$16,977.16</b>
<b>Reimbursement Request Total</b>		<b>\$56,518.38</b>		



**City of La Habra  
Child Development Division**

ATTACHMENT 3

**Credit Card Expenses**

**Month Reporting: June, 2020**

<b>Charge By</b>	<b>Date Charged</b>	<b>Item/ Purpose</b>	<b>Amount</b>
<b>Smart &amp; Final (Non-Food Program)</b>	6/19/2020	Food Experience	\$21.73
<b>Smart &amp; Final (Food Program Items)</b>	6/5/2020	Milk Substitute	\$7.58
	6/19/2020	Milk Substitute	\$3.79
<b>Total:</b>			<b>\$33.10</b>

<b>Charge By</b>	<b>Date Charged</b>	<b>Item/ Purpose</b>	<b>Amount</b>
<b>Bank of the West Credit Card (M. Garcia)</b>	6/23/2020	Partners for Healthy Babies	\$455.50
<b>Bank of the West Credit Card (A. Morales)</b>	5/27/2020	Target: COVID-19 Supplies	\$52.80
	5/28/2020	Walmart: COVID19 Supplies	\$616.36
	6/3/2020	Amazon: COVID19 Supplies	\$479.38
	6/4/2020	Walmart: COVID19 Supplies	\$154.32
<b>Bank of the West Credit Card (D. Linn)</b>	5/28/2020	Ecom legends: Thermometers	\$239.96
	6/18/2020	Michaels: Supplies	\$52.12
	6/22/2020	Walmart: COVID19 Supplies	\$421.75
	6/22/2020	Walmart: COVID19 Supplies	\$135.18
<b>Bank of the West Credit Card (A. Marceau)</b>	5/28/2020	Walmart: Scrubs for Teachers	\$536.66
	6/1/2020	Walmart: Scrubs for Teachers	\$647.55
	6/2/2020	Trader Joe's: Specialty Food	\$32.49
<b>Total:</b>			<b>\$3,824.07</b>



ATTACHMENT 4

**Child & Adult Care Food Program  
Claim For Reimbursement Summary for June 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
Jun 2020	0	07/09/2020	07/09/2020	07/16/2020	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
<b>Breakfast</b>			
Free	494	1.8400	908.96
Reduced	275	1.5400	423.50
Base	214	0.3100	66.34
<b>Total</b>	<b>983</b>		<b>1,398.80</b>
<b>Lunch</b>			
Free	257	3.4100	876.37
Reduced	143	3.0100	430.43
Base	111	0.3200	35.52
CIL	511	0.2375	121.36
<b>Total</b>	<b>511</b>		<b>1,463.68</b>
<b>PM Snack</b>			
Free	499	0.9400	469.06
Reduced	278	0.4700	130.66
Base	215	0.0800	17.20
<b>Total</b>	<b>992</b>		<b>616.92</b>

**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
<b>Breakfast</b>			
Free	537	1.8400	988.08
Reduced	312	1.5400	480.48
Base	168	0.3100	52.08
<b>Total</b>	<b>1,017</b>		<b>1,520.64</b>
<b>Lunch</b>			
Free	377	3.4100	1,285.57
Reduced	219	3.0100	659.19
Base	118	0.3200	37.76

CIL		714	0.2375	169.58
	<b>Total</b>	<b>714</b>		<b>2,152.10</b>
<b>PM Snack</b>				
Free		544	0.9400	511.36
Reduced		316	0.4700	148.52
Base		170	0.0800	13.60
	<b>Total</b>	<b>1,030</b>		<b>673.48</b>
<b>Claim Reimbursement Total</b>				<b>7,825.62</b>

**State Reimbursements**

Meal Description	Meals	State Rate	State Earnings
Total Breakfast	1,618	\$0.0000	\$0.00
Total Lunches	996	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	7,534.68	290.94	0.00	7,825.62
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
<b>Net Claim Reimbursement Total</b>	<b>7,534.68</b>	<b>290.94</b>	<b>0.00</b>	<b>7,825.62</b>

Created By: LilianaN on: 7/9/2020 1:10:37 PM Modified By: LilianaN on: 7/9/2020 1:20:42 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	
Jun-20	\$ 4,346.22	\$ 7,675.26	\$ (3,329.04)	\$ 3,479.40	\$ 7,675.27	\$ (4,195.87)	\$ 7,825.62	\$ 15,350.53	\$ (7,524.91)	
<b>Total</b>	\$ 72,925.09	\$ 58,734.25	\$ 14,190.84	\$ 100,868.56	\$ 88,353.14	\$ 12,515.42	\$ 173,793.65	\$ 147,087.39	\$ 26,706.26	
<b>YTD Cook</b>	\$ -	\$ 23,674.74	\$ (23,674.74)	\$ -	\$ 51,983.82	\$ (51,983.82)	\$ -	\$ 75,658.56	\$ (75,658.56)	
<b>Adjusted Total</b>	\$ 72,925.09	\$ 82,408.99	\$ (9,483.90)	\$ 100,868.56	\$ 140,336.96	\$ (39,468.40)	\$ 173,793.65	\$ 222,745.95	\$ (48,952.30)	

% of Food expense

81%

88%

85%



ATTACHMENT 6



## Funding and Administrative Flexibilities

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 [eclkc.ohs.acf.hhs.gov/about-us/coronavirus/funding-administrative-flexibilities](https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/funding-administrative-flexibilities)

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

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. The Coronavirus Aid, Relief, and Economic Security (CARES) Act included \$750 million for programs under the Head Start Act to support preventative, preparedness, and responsive activities during the pandemic. Several administrative flexibilities are available to Head Start grantees during the COVID-19 emergency. Programs should maintain documentation to address any variations in their normal fiscal practices made to respond to the COVID-19 outbreak. This section is regularly updated with the most relevant guidance and resources. All published resources are listed under [Recent Updates](#).

### Funding

The CARES Act, 2020 (P.L. 116-136), made available \$750 million for programs under the Head Start Act, which includes up to \$500 million for the purpose of operating supplemental summer programs. All CARES Act funding, including for voluntary summer programs, will be distributed as one-time funding by formula based on each grantee's funded enrollment. OHS provides updated guidance so all grantees can respond to the unique and constantly evolving circumstances within their communities during the COVID-19 pandemic in [ACF-PI-HS-20-04 Update to Funding for FY 2020 Supplemental Funds in Response to the Coronavirus Disease 2019 \(COVID-19\)](#).

### Administrative Flexibilities

OHS will not hold programs accountable for requirements such as screenings, assessments, data collections, and enrollment that are not possible or reasonable for them to achieve during the current closures. Due to the impacts of the COVID-19, the 2019–2020 Program Information Report (PIR) will not be required this year. OHS wants to eliminate the reporting burden of the PIR, as well as remove any confusion on how certain elements of the PIR could be collected and interpreted when programs are closed.

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.

[ACF-IM-HS-20-03 Coronavirus Disease 2019 \(COVID-19\) Fiscal Flexibilities](#) 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.

[Fiscal Management During the COVID-19 Emergency \(Webinar: 5/22/2020\)](#)  
OHS leadership discusses dissemination of the CARES Act supplemental funds. They also address strategies and flexibilities for fiscal management programs should employ while responding to the COVID-19 pandemic.

[Fiscal Management During the COVID-19 Emergency: A Follow-Up Conversation \(Webinar: 5/29/2020\)](#)

In this follow-up presentation, OHS leadership responds to grantee questions regarding fiscal management during the COVID-19 pandemic. There is a special focus on [ACF-IM-HS-20-03 COVID-19 Fiscal Flexibilities](#) and [ACF-PI-HS-20-04 Update to Funding for FY 2020 Supplemental Funds in Response to the COVID-19](#).

In addition, the guidance from [ACF-HS-IM-19-01 General Disaster Recovery Flexibilities](#) applies to programs impacted by COVID-19. Although there are no formal waivers for the number of days of service provided via center-based programs, or number of home visits and socializations provided via home-based programs, programs will not be expected to make up the days missed due to COVID-19.

The following waivers are available, as provided in the Head Start Act:

- Programs may request a waiver of all or part of their 20% non-federal share based on emergency or disaster because other organizations may not be able to provide the usual contributions to Head Start grantees during this time.
- Programs may request a waiver of the 15% administrative cost limitation if additional program management attention is needed to respond to the COVID-19 outbreak.
- Procurement may be undertaken without utilizing the grantee's usual competitive practices if necessary to respond to COVID-19.

Topic: About Us

Keywords: Fiscal management issues, COVID-19

*Last Updated: July 28, 2020*



ATTACHMENT 7



## ERSEA | ECLKC

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 [eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ersea](https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/ersea)

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

Extended closures have impacted Head Start programs' eligibility, recruitment, selection, enrollment, and attendance (ERSEA) strategies. Head Start and Early Head Start programs should continue reporting monthly enrollment. This section is regularly updated with the most relevant guidance and resources. All published resources are listed under [Recent Updates](#).

### Enrollment Reporting

The Office of Head Start (OHS) expects programs to continue reporting monthly enrollment in the Head Start Enterprise System (HSES). When reporting monthly enrollment, grantees should continue to enter the number of children enrolled on the last operating day of the month.

Grantees currently [participating in the Full Enrollment Initiative](#) can reference enrollment inquiries and flexibilities according to each stage of the process.

### ERSEA FAQs from the Office of Head Start CAMP: Session 1

1. **Will programs be penalized if they do not reach full enrollment at this time? Will limited enrollment impact grant funding?**

[Enrollment, 45 CFR §1302.15\(a\) \(Funded enrollment\)](#)

**Answer:** No. Programs' current funding levels will not be reduced if they are unable to meet full enrollment during the 2020–2021 program year. As many programs may not be able to serve their funded enrollment while responding to the coronavirus disease 2019 (COVID-19) pandemic, programs' current funding levels will not be reduced. Actual enrollment figures will not be considered in determining a grantee's enrollment status at this time. The Office of Head Start (OHS)

will continue to monitor programs' monthly enrollment, but evaluation of under- or fully enrolled grantees has been paused.

The only cases in which adjustments could be made to a program's funding or funded enrollment, as a result of under-enrollment, would be where there is authority to designate a grantee as chronically under-enrolled based on enrollment data reported prior to COVID-19 program closures.

**2. Due to reduced class sizes based on public health and safety guidelines, how do you recommend we prioritize children for services? Selection process, 45 CFR §1302.14(a) (Selection criteria)**

**Answer:** Grantees should prioritize serving currently enrolled (returning) Head Start and Early Head Start children first. Programs should serve all currently enrolled children and attempt to pair families with a program option that meets their individual needs. Programs should continue to use their selection criteria when determining how to enroll and prioritize children on the waitlist.

All programs are encouraged to revisit their selection criteria to ensure it is relevant to the current health crisis. As always, programs must ensure they are serving the most vulnerable children.

**3. How can we prioritize families experiencing housing instability or homelessness as we reopen our programs? Selection process, 45 CFR §1302.14(a) (Selection criteria); Enrollment, 45 CFR §1302.15 (c) (Reserved slots)**

**Answer:** Programs should prioritize returning children for enrollment. They should also consider that some families may have had to seek temporary shelter due to job loss, homelessness, or illness. Programs should remain in touch with families and ensure currently enrolled families receive program services and supports. If homelessness prevents currently enrolled children from returning to the program, the program may consider reaching out to other service areas to assist these families in finding alternative Head Start or Early Head Start services, whenever possible.

If a program has followed federal, state, and local health guidance, has served all currently enrolled children, and has enrollment slots available, they may enroll new children and consider homelessness as

a priority in their selection criteria.

- 4. Will programs be required to re-verify a returning child's eligibility?** Determining, verifying, and documenting eligibility, 45 CFR §1302.12(j) (Eligibility duration)  
**Answer:** Programs do not have to re-verify a returning child's eligibility unless they are moving from Early Head Start to a Head Start program. In that scenario, program staff must re-verify the family's eligibility.
- 5. 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?** Determining, verifying, and documenting eligibility, 45 CFR §1302.12(i) (Verifying eligibility)  
**Answer:** The CARES Act payments or "stimulus payments," officially called recovery rebates, are not considered 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.
- 6. How do programs document income eligibility for families they are recruiting whose income has changed because of COVID-19?** Determining, verifying, and documenting eligibility, 45 CFR §1302.12(i) (Verifying eligibility)  
**Answer:** Generally, grantees verify a family's eligibility by reviewing their past 12 months of income. If a family can demonstrate a significant change in income, program staff may rather consider current income circumstances when determining eligibility. When verification is done virtually, programs must document their decision-making process. Programs may accept a family's self-attestation if program staff describe their efforts to verify this information.
- 7. Should programs continue to recruit and enroll new families during COVID-19?** Recruitment of children, 45 CFR §1302.13; Enrollment, 45 CFR §1302.15(a) (Funded enrollment)

**Answer:** While outreach and recruitment are encouraged for planning purposes, programs should be cautious not to overpromise availability and access to services during recruitment. After prioritizing services to currently enrolled children, programs can determine whether they have the capacity to enroll new children. Programs should assess local health conditions when making this decision and consider the needs of children and families within the community and their capacity to deliver services. During this time, outreach and recruitment should keep pace with the availability of services.

**8. How does remote recruitment and enrollment change documentation needs? Will programs be required to conduct in-person enrollment interviews? Determining, verifying, and documenting eligibility, 45 CFR §1302.12(a) (Process overview)**

**Answer:** Programs can always use virtual tools, such as video conferencing or picture messaging, to verify eligibility. In these scenarios, programs should document how they verified a child's eligibility and obtain required documentation as soon as feasible. Programs continue to have the option to conduct an enrollment interview by phone or video conference if an in-person interview is not possible. Until programs can gather this information, attestation will suffice, so long as the decision-making process is documented.

Example: A child is transitioning from Early Head Start to Head Start and the program must re-verify the family's income eligibility. The family does not have access to a scanner or fax machine to send the program proof of income. Instead, the family displays their pay stubs while video conferencing with program staff. The program confirms proof of income and documents in their files that the family's income was verified on a video conference. Later, when the family attends in person, the program gathers the required documentation and adds it to the existing file.

**9. If a child has a long absence due to COVID-19-related risks or illnesses, how long can the slot be held for them? Attendance, 45 CFR §1302.16(a) (Promoting regular attendance)**

**Answer:** If a child has extended or frequent absences due to COVID-19-related concerns and the family attests that the child will return to the program, programs should not consider the slot a vacancy. Programs should revisit their policy for determining when a slot becomes vacant to ensure it is relevant to the current pandemic.

If their facility is closed due to COVID-19, programs should continue to provide services to enrolled children and families using technology and other creative means, to the extent possible. Even if the program has not been able to engage a family during an extended absence, programs are expected to consider that slot enrolled unless the family has told the program the child will not return.

10. **Will programs be penalized for low or variations in attendance?**

**Attendance, 45 CFR §1302.16(a–b) (Promoting regular attendance and Managing systematic program attendance issues)**

**Answer:** Programs will not be penalized for low attendance or variation during the 2020–2021 program year. However, it is critically important that programs track and analyze the cause of absences for all children regardless of what type of services they are receiving.

Current requirements for attendance and attendance tracking in the Head Start Program Performance Standards will remain the same. A program's monthly average daily attendance rate might fall below 85% due to COVID-19-related concerns. Programs are encouraged to use attendance data to inform what services they are providing during the pandemic and whether those services are meeting the needs of families.

## ERSEA: Strategies During a Pandemic

Extended closures due to a pandemic can make programs rethink their ERSEA strategies. Programs may need to modify their recruitment and selection activities. Changing demographics may require eligibility criteria to evolve (e.g., increased numbers of eligible families, changes to recruitment and service areas). This [tip sheet](#) can help guide ERSEA planning and service delivery during times of transition.

Topic: [About Us](#)

Keywords: [Enrollment](#), [Attendance](#), [Eligibility determination](#)

*Last Updated: July 16, 2020*



ATTACHMENT 8



## Program Structure

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 [eclkc.ohs.acf.hhs.gov/about-us/coronavirus/program-structure](https://eclkc.ohs.acf.hhs.gov/about-us/coronavirus/program-structure)

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

The COVID-19 pandemic has impacted Head Start program options and schedules, service duration, group sizes, and staffing. These responses are designed to support Head Start program planning and decision-making for the 2020–2021 program year. This section is regularly updated with the most relevant guidance.

### Program Structure FAQs from the Office of Head Start CAMP: Session 1

- 1. Are programs expected to operate the program options they are funded to operate? If the Office of Head Start (OHS) will allow flexibility in program options, what is the accompanying waiver process? Determining program structure, 45 CFR §1302.20**

**Answer:** No. All programs should reassess the options they operated before the coronavirus disease 2019 (COVID-19) pandemic to determine what options or combination of options, including locally designed options, will work best for the 2020–2021 program year. Programs may determine it is not safe or feasible to provide center-based or home-based services at their pre-COVID-19 capacity. Since group sizes in centers will likely be smaller, programs may choose to provide home-based and virtual services for some or all enrolled children. Those service decisions could change throughout the 2020–2021 program year as local conditions improve and stabilize. Programs do not have to obtain a waiver before changing program options for the 2020–2021 program year. Instead, programs are required to notify their program specialists using the correspondence tab in the Head Start Enterprise System when changes in program structure are being implemented.

**2. To promote physical distancing and overall health and safety, what flexibilities will OHS allow for program schedules and service duration for center-based and family child care programs?**

Center-based option, 45 CFR §1302.21; Family child care option, 45 CFR §1302.23

**Answer:** Yes. OHS will allow flexibilities in program schedules and service duration that will ensure center-based and family child care programs meet physical distancing guidance and the overall health and safety needs of children. Such changes may include reducing the number of hours per day or days per week that children receive services. Programs should carefully consider state and local health and safety guidelines, as well as the individual needs of their children and families. For instance, programs that serve a large number of working families should balance health and safety with the needs of their families to have high-quality care for children during working hours. For enrolled children who cannot be served in the center, programs should provide alternative services, such as home-based, virtual, or other grantee-determined service delivery options.

**3. Are there consequences if programs cannot conduct the required number of home visits in home-based programs? Home-based option, 45 CFR §1302.22**

**Answer:** No. Due to the COVID-19 pandemic, home-based programs may not be able to conduct the required number of home visits in person during the 2020–2021 program year. To the extent possible, programs should provide the required number of home visits to each enrolled family. This can be done through virtual services, a combination of virtual and in-person services, or other creative options, such as conducting home visits in outdoor spaces, if safe and feasible. If programs conduct in-person visits, home visitors should comply with physical distancing and other related health and safety requirements. Programs will not be penalized if they are unable to achieve the required number of home visits during the upcoming program year, whether in-person or virtual. This also applies to the required home visits for children in center-based programs.

Similarly, home-based programs may not be able to conduct all required group socializations in person. Programs are encouraged to be creative in conducting them. As they may be more difficult to conduct during the COVID-19 pandemic, programs will not be penalized if they are not able to achieve the required number of group

socializations, whether in-person or virtual, in the 2020–2021 program year.

**4. Are center-based programs required to meet their typical service duration for the 2020–2021 program year? Center-based option, 45 CFR §1302.21(c) (Service duration)**

**Answer:** No. As programs adapt their program schedules due to the COVID-19 pandemic, OHS does not expect that center-based programs will be able to meet their typical service duration for the 2020–2021 program year.

**5. What are OHS requirements or recommendations for center-based classroom group sizes during the COVID-19 pandemic? Center-based option, 45 CFR §1302.21(b) (Ratios and group size)**

**Answer:** Programs need to follow state and local guidance on physical distancing recommendations and must protect the health and safety of children and staff, which will very likely result in reduced group sizes in center-based programs. In general, programs should consult official state and local guidance to make decisions on appropriate group size. Programs have flexibility to decide group sizes need to be smaller than state or local guidance to safely serve children. When making decisions, programs should determine the square footage needed to maintain physical distancing between children. Programs must consider the additional square footage necessary for naptime when children are not wearing face coverings and need to be farther apart.

**6. If a program's state does not have specific guidance in place regarding group sizes in relation to the COVID-19 pandemic, how should the program implement reduction in group sizes? Center-based option, 45 CFR §1302.21(b) (Ratios and group size)**

**Answer:** Programs should work with their health managers and Health Services Advisory Committees to explore different strategies and approaches to ensure they can adequately implement physical distancing in their classrooms. Programs are encouraged to consider the safety of children and staff when determining group size and the number of different contacts between children and staff throughout the day to reduce the risk of spreading COVID-19. Programs should consider ways they can alter their daily schedule and routines as needed to keep small groups of children and staff together during the entire program day. They should avoid mixing different groups of children and staff members with other groups, to the greatest extent

possible. Programs should build in sufficient time for disinfecting procedures, as appropriate. These are difficult decisions for programs to make, and decisions will vary across states and communities. OHS continues to stay informed on best practices and consult with experts. If necessary, we will return to this and other pressing program structure questions in future Collaborating Actively in Meaningful Planning (CAMP) Series webinars to offer additional guidance to programs.

**7. If programs are operating with reduced group sizes, do they still need two qualified staff in each group? Center-based option, 45 CFR §1302.21(b) (Ratios and group size)**

**Answer:** Yes. Two qualified staff are necessary to ensure high quality and safe environments for children in the vast majority of cases. While OHS will allow a waiver of the two-teacher provision for Early Head Start groups of four or fewer, it requires the grantee have a second adult in the room. If a grantee believes they have a compelling reason that a teacher and teacher assistant are not necessary to ensure high quality and safe environments in very small Head Start groups, they should discuss it with their Regional Office.

**8. For family child care programs, are child development specialists still required to conduct regular visits to each family child care home not less than once every two weeks? Family child care option, 45 CFR §1302.23(e)(1) (Child development specialist)**

**Answer:** Child development specialists will likely not be able to conduct regular on-site visits to each family child care home during the 2020–2021 program year. Programs can choose to conduct these visits virtually. Programs should take in to account the preference of the family child care provider when making decisions about how to conduct these visits (e.g., in-person or virtually). Keep in mind, the goal of small group sizes is to reduce exposure to other outside individuals. However, programs are expected to maintain the same frequency of visits to the greatest extent possible, whether in-person or virtual.

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