

**CITY OF LA HABRA
EARLY HEAD START PROGRAM
MONTHLY REPORT
2020-21 FISCAL SCHOOL YEAR**

For Consideration for meeting dated April 14, 2021

Program Information Summary (PIS) Report: February, 2021 (Attachment 1)

Section A: Agency Profile

Item	Previous Month Report	Current Month Report
Funded Enrollment	50	50
Number Enrolled (Cumulative)		
Number of Children	50	51
Number of Pregnant Moms	2	3
Number in the Waiting list	0	0
Enrollment by Eligibility		
Below 100% Poverty Line	33	34
Categorically Eligible	12	13
Over-Income	7	7

Section B: Staff and Qualifications

Item	Supervisor	Home Base Educator
Total Number of Child Development Staff by Position	1	5
With a BA Degree	1	3
With an AA Degree	0	1
Without a Degree, enrolled with a Waiver	0	1

Section C: Child and Family Services

Item	Previous Month Report	Current Month Report
Number of Children/ Pregnant Women with Health Insurance	52	54
Number of Children with an Ongoing Source of Continuous, Accessible Health Care (Medical Home)	50	48
Number of children up-to-date with well-baby checks	25	32

Number of children with expired well-baby checks	22	18
Number of children with expired well-baby checks 30 days or less	6	7
Number of children who are up-to-date with Immunizations	47	48
Number of children with continuous accessible dental care (Dental Home)	43	46
Number of children who are up-to-date with oral health care	34	36
Number of children with expired oral health care	16	20
Number of children with an IFSP	18	19

Family Partnership Agreements

Item	Previous Month Report	Current Month Report
Total Number of FPA's introduced	50	50
Total Number of FPA's completed	18	42
Total Number of FPA's with an established goal	18	42
Home based services (Month) Visits Completed	171	172
Home based services (year to date) Visits Completed	1117	1289
Number of Socializations (Month)	16	17
Number of Socializations (year to date)	98	115

Monitoring Report:

Financial Reports:

- Attached is the Cost Report for February 2021; the amount requested is **\$38,209.58** – this is 63% of the budget (**Attachment 2**)
 - Total In-kind to-date is **\$83,903.72 (of \$120,283.00)** – this is **70%**
- Attached is the Credit Card Reports for February 2021. (**Attachment 3**)

CACFP Reports:

- The total reimbursement for the month of February 2021 is **\$9,271.94** (**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. (Attachment 5)

Information Shared:

- **Training Info:** School Readiness Goals/ Child Assessments (Attachment 6)
- **PC Meeting Minutes:** February 2021 (Attachment 7)
- **PI:** American Rescue Plan & Head Start (Attachment 8)
- **PI:** Head Start Center-Based Service Duration Requirement for 45% of Slots (Attachment 9)

Action Items, For Approval:

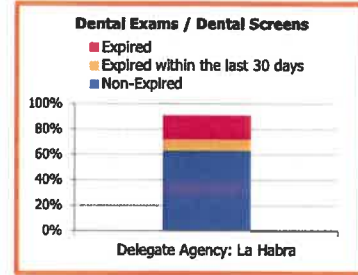
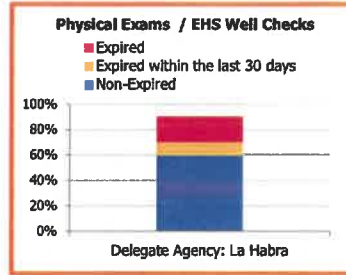
- Monthly Report
- Period I – Internal Monitoring Corrective Action Plan (Attachment 10)
- Period I – Grantee Monitoring Corrective Action Plan (Attachment 11)
- Community Assessment 2019-2024, Year 3 Update (Attachment 12)
- Eligibility, Recruitment, Selection, Enrollment and Attendance (ERSEA) Plan 2021-22SY
 - ER-02 Recruitment of Children (Attachment 13)
 - ER-03 Determining, Verifying and Documenting Eligibility (Attachment 14)
 - ER-05 Selection Process (Attachment 15)
 - 2021-2022 Selection Criteria
 - ER-06 Enrollment (Attachment 16)
 - ER-07 Head Start and Early Head Start Re-Enrollment Process (Attachment 17)
 - ER-08 Transfers, Terminations, and Completion of Children (Attachment 18)

2020-2021 Program Information Summary
Delegate Agency: La Habra
February 2021

ATTACHMENT 1

Physical Exams / EHS Well Checks

20.0%	11	Expired
10.9%	6	Expired within the last 30 days
60.0%	33	Non-Expired
90.9%	50	Total

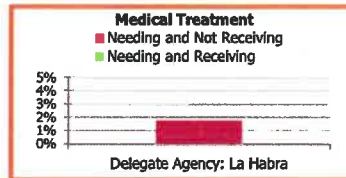


Dental Exams / Dental Screens

18.2%	10	Expired
9.1%	5	Expired within the last 30 days
63.6%	35	Non-Expired
90.9%	50	Total

Medical Treatment

		Needing and Receiving
1.8%	1	Needing and Not Receiving



Dental Treatment

		Needing and Receiving
		Needing and Not Receiving

Access to Health Care

94.5%	52	w/Health insurance
87.3%	48	w/Medical Home
83.6%	46	w/Dental Home

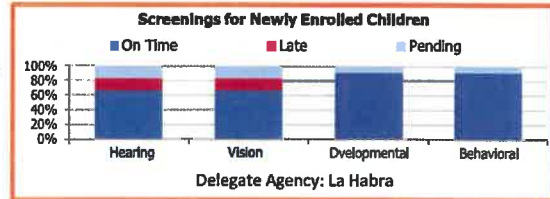


Immunizations

90.9%	50	Immunizations
-------	----	---------------

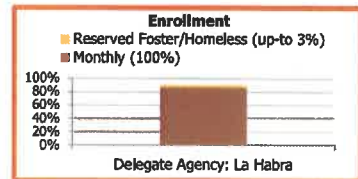
Screenings for Newly Enrolled Children

Hearing	Vision	Developmental	Behavioral	Total Screenings
12	12	12	12	48
66.7%	66.7%	91.7%	91.7%	On Time
16.7%	16.7%			Late
16.7%	16.7%	8.3%	8.3%	Pending



Children with Disabilities

28.0%	14	Open IEP/IFSP
-------	----	---------------

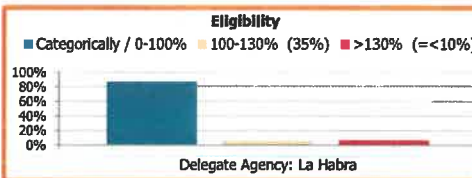


Enrollment

88.0%	44	Monthly (100%)
3.0%		Reserved Foster/Homeless (up-to 3%)
	50	Funded Enrollment
	55	Cumulative Enrollment

Eligibility

87.3%	48	Categorically / 0-100%
5.5%	3	100-130% (35%)
7.3%	4	>130% (= <10%)



Attendance

		ADA
--	--	-----

Family Success Plans

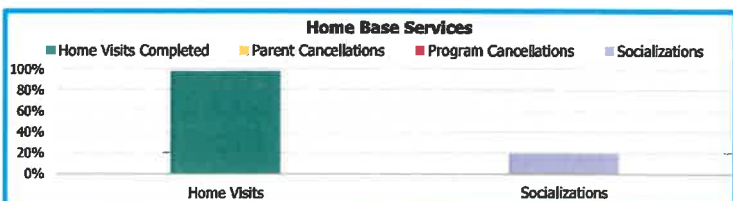
	47	Total number of families
104%	49	Introduced
78.7%	37	Completed
44.7%	21	Received at least one Family Service



Home Base Services

February Benchmark (HV = 4 / Soc = 2)

98%	172	Home Visits Completed
		Parent Cancellations
		Program Cancellations
19.3%	17	Socializations



February, 2021

Early Head Start Basic Budget

Major Cost Category	Approved Budget Amount	Cost This Period Amount	Cost to Date Amount Total	Budget Amount Remaining
PERSONNEL	316,191.00	23,735.93	191,043.44	125,147.56
FRINGE BENEFITS	110,997.00	10,394.33	80,036.48	30,960.52
TRAVEL	0.00	0.00	0.00	0.00
EQUIPMENT *	0.00	0.00	0.00	0.00
SUPPLIES	17,702.00	209.12	4,728.72	12,973.28
CONTRACTUAL	11,500.00	1,770.00	4,515.30	6,984.70
CONSTRUCTION	0.00	0.00	0.00	0.00
OTHER COSTS	13,492.00	1,311.20	13,365.59	126.41
INDIRECT COSTS	0.00	0.00	0.00	0.00
TOTAL	\$469,882.00	\$37,420.58	\$293,689.53	\$176,192.47

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	789.00	789.00	1,061.00
INDIRECT COSTS	0.00	0.00	0.00	0.00
Total	\$11,250.00	\$789.00	\$789.00	\$10,461.00

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	8,849.00	83,903.72	34,577.54
EHS T&TA	1,801.74	0.00	0.00	1,801.74
Total	\$120,283.00	\$8,849.00	\$83,903.72	\$36,379.28
Reimbursement Request Total		\$38,209.58		

**City of La Habra
Child Development Division**

ATTACHMENT 3

Credit Card Expenses

Month Reporting: February, 2021

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

Charge By	Date Charged	Item/ Purpose	Amount
Bank of the West Credit Card (M. Garcia)	1/29/2021	CAHSA Conference Registration (3)	\$1,500.00
	2/19/2021	NHSA Conference Registrations (3)	\$1,347.00
Bank of the West Credit Card (A. Morales)	1/24/2021	Amazon: Classroom Supplies	\$719.19
	1/29/2021	Uniform Advantage: Teacher's Smock	\$1,296.85
	2/2/2021	Target: Staff Training	\$76.80
	2/11/2021	Amazon: Classroom Supplies	\$8.65
Bank of the West Credit Card (A. Marceau)		<i>No Charges for the Month</i>	
Bank of the West Credit Card (C. Villanueva)	2/5/2021	Spin Sushi: Lunch Staff PD Day	\$390.62
Total:			\$5,339.11

**Child & Adult Care Food Program
Claim For Reimbursement Summary for February 2021**

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
Feb 2021	0	03/09/2021	03/09/2021	03/11/2021	Original

Child Care

	Free	Reduced	Base	Total
Enrollment Totals	34	24	15	73
Eligibility Percentages	46.58%	32.88%	20.54%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Breakfast			
Free	335	1.8900	633.15
Reduced	236	1.5900	375.24
Base	148	0.3200	47.36
Total	719		1,055.75
AM Snack			
Free	93	0.9600	89.28
Reduced	66	0.4800	31.68
Base	41	0.0800	3.28
Total	200		124.24
Lunch			
Free	367	3.5100	1,288.17
Reduced	259	3.1100	805.49
Base	161	0.3300	53.13
CIL	787	0.2450	192.82
Total	787		2,339.61
PM Snack			
Free	358	0.9600	343.68
Reduced	253	0.4800	121.44
Base	158	0.0800	12.64
Total	769		477.76

School Age

	Free	Reduced	Base	Total
Enrollment Totals	32	32	24	88
Eligibility Percentages	36.36%	36.36%	27.28%	100%

Agency Totals	Meals/Snacks	Federal Rate	Reimbursement Amount
Breakfast			
Free	427	1.8900	807.03

Reduced	427	1.5900	678.93
Base	320	0.3200	102.40
Total	1,174		1,588.36
Lunch			
Free	487	3.5100	1,709.37
Reduced	487	3.1100	1,514.57
Base	366	0.3300	120.78
CIL	1,340	0.2450	328.30
Total	1,340		3,673.02
PM Snack			
Free	392	0.9600	376.32
Reduced	392	0.4800	188.16
Base	293	0.0800	23.44
Total	1,077		587.92
Claim Reimbursement Total			9,846.66

State Reimbursements

Meal Description	Meals	State Rate	State Earnings
Total Breakfast	1,425	\$0.0000	\$0.00
Total Lunches	1,600	\$0.0000	\$0.00
Total			\$0.00

Agency Claim Reimbursement Totals	Meal Reimbursement	CIL Reimbursement	State Reimbursement	Totals
Current Claim Reimbursement Total	9,325.54	521.12	0.00	9,846.66
Previous Claim Reimbursement Total	0.00	0.00	0.00	0.00
Net Claim Reimbursement Total	9,325.54	521.12	0.00	9,846.66

Created By: LilianaN on: 3/9/2021 4:01:55 PM Modified By: LilianaN on: 3/9/2021 4:09:26 PM

CITY OF LA HABRA
CCFP-CENTERS FOOD ALLOCATION
FOR THE FISCAL YEAR 2020-21

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-20	\$ 7,740.43	\$ 6,929.46	\$ 810.97	\$ 1,117.47	\$ 944.94	\$ 172.53	\$ 8,857.90	\$ 7,874.40	\$ 983.50
Aug-20	\$ 7,369.38	\$ 4,074.38	\$ 3,295.00	\$ 3,311.97	\$ 2,841.27	\$ 470.70	\$ 10,681.35	\$ 6,915.65	\$ 3,765.70
Sep-20	\$ 8,653.85	\$ 9,038.84	\$ (384.99)	\$ 4,946.83	\$ 6,346.62	\$ (1,399.79)	\$ 13,600.68	\$ 15,385.46	\$ (1,784.78)
Oct-20	\$ 7,728.23	\$ 6,079.98	\$ 1,648.25	\$ 5,518.13	\$ 4,319.04	\$ 1,199.09	\$ 13,246.36	\$ 10,399.02	\$ 2,847.34
Nov-20	\$ 6,405.77	\$ 6,817.00	\$ (411.23)	\$ 4,469.89	\$ 7,153.77	\$ (2,683.88)	\$ 10,875.66	\$ 13,970.77	\$ (3,095.11)
Dec-20	\$ 5,425.49	\$ 4,089.43	\$ 1,336.06	\$ 3,369.33	\$ 3,532.18	\$ (162.85)	\$ 8,794.82	\$ 7,621.61	\$ 1,173.21
Jan-21	\$ 5,446.82	\$ 6,009.24	\$ (562.42)	\$ 3,825.12	\$ 4,030.70	\$ (205.58)	\$ 9,271.94	\$ 10,039.94	\$ (768.00)
Feb-21	\$ 5,849.30	\$ 4,727.62	\$ 1,121.68	\$ 3,997.36	\$ 3,249.99	\$ 747.37	\$ 9,846.66	\$ 7,977.61	\$ 1,869.05
Total	\$ 54,619.27	\$ 47,765.95	\$ 6,853.32	\$ 30,556.10	\$ 32,418.51	\$ (1,862.41)	\$ 85,175.37	\$ 80,184.46	\$ 4,990.91
YTD Cook	\$ -	\$ 24,051.11	\$ (24,051.11)	\$ -	\$ 32,086.13	\$ (32,086.13)	\$ -	\$ 56,137.24	\$ (56,137.24)
Adjusted Total	\$ 54,619.27	\$ 71,817.06	\$ (17,197.79)	\$ 30,556.10	\$ 64,504.64	\$ (33,948.54)	\$ 85,175.37	\$ 136,321.70	\$ (51,146.33)

% of Food expense

87%

106%

94%

OFFICE OF HEAD START

An Office of the Administration for Children & Families



HEAD START APPROACH TO SCHOOL READINESS – OVERVIEW

The Head Start Approach to School Readiness means that **children are ready for school, families are ready to support their children's learning, and schools are ready for children.** Learn more about the approach:

- ✓ Physical, cognitive, social, and emotional development are all essential ingredients of school readiness.
- ✓ Head Start views school readiness as children possessing the skills, knowledge, and attitudes necessary for success in school and for later learning and life.
- ✓ Programs must establish school readiness goals that are appropriate for the ages and development of enrolled children in the following domains:
 - Approaches to Learning
 - Social and Emotional Development
 - Language and Literacy
 - Cognition
 - Perceptual, Motor, and Physical Development
- ✓ Implementing and measuring progress toward school readiness goals helps programs individualize for each child and ensure that children know and can do what is needed to be ready for kindergarten.
- ✓ Head Start respects parents as their children's primary nurturers, teachers, and advocates, and programs are required to consult with parents in establishing school readiness goals.
- ✓ As children transition to kindergarten, Head Start programs and schools should work together to promote school readiness and engage families.

Positive & Goal-Oriented Relationships

Equity, Inclusiveness, Cultural and Linguistic Responsiveness

PROGRAM FOUNDATIONS	PROGRAM IMPACT AREAS	FAMILY OUTCOMES	CHILD OUTCOMES
Program Leadership Professional Development Continuous Learning and Quality Improvement	Program Environment Family Partnerships Teaching and Learning Community Partnerships Access and Continuity	Family Well-being Positive Parent-Child Relationships Families as Lifelong Educators Families as Learners Family Engagement in Transitions Family Connections to Peers and Community Families as Advocates and Leaders	Children are: Safe Healthy and well Learning and developing Engaged in positive relationships with family members, caregivers, and other children Ready for school Successful in school and life

The Head Start Approach to School Readiness means that **children are ready for school, families are ready to support their children's learning, and schools are ready for children.**

School Readiness Goals

Head Start Program Performance Standard [Achieving program goals, 45 CFR § 1302.102\(a\)\(3\)](#), requires all agencies to establish school readiness goals. They are defined as "the expectations of children's status and progress across domains of language and literacy development, cognition and general knowledge, approaches to learning, physical well-being and motor development, and social and emotional development that will improve readiness for kindergarten goals" in [Terms, 45 CFR § 1305.2](#).

Each agency must use the five domains, represented by the central domains of the Framework, as the basis for school readiness goals. Agencies need to articulate how:

- Their goals appropriately reflect the ages of children participating in the program ([45 CFR § 1304.11\(b\)\(1\)\(i\)](#))
- The curriculum and child assessment(s) address or align with the program's established goals ([45 CFR §§ 1302.32, 1302.33, and 1302.35](#))
- Parents were involved in the development of the goals ([45 CFR §§ 1304.11\(b\)\(1\)\(iii\) and 1304.11\(b\)\(2\)](#))

Head Start programs are expected to:

- Align program school readiness goals with the ELOF and with state and tribal early learning standards, as appropriate ([45 CFR § 1302.102\(a\)\(3\)](#))
- Create and implement a plan of action for achieving the goals ([45 CFR § 1302.102\(c\)\(1\)](#))
- Assess child progress on an ongoing basis and aggregate and analyze data three times per year ([45 CFR §§ 1302.102\(c\)\(2\)\(ii-iii\) and 1304.11\(b\)\(2\)](#))
- Examine data for patterns of progress for groups of children in order to individualize services as well as to develop and implement a plan for program improvement ([45 CFR §§ 1302.33\(b\), 1302.102\(b\)&\(c\)\(2\)\(iv-v\), and 1304.11\(b\)\(2\)](#))

Core Strategies to Promote School Readiness

In order to help prepare children to be successful when they enter school, Head Start programs may implement core strategies like the following:

- Implementing an integrated curriculum that addresses the essential domains of school readiness in the ELOF.
- Aggregating and analyzing child-level assessment data at least three times per year (except for programs operating less than 90 days, which must do so at least twice within the operating program period) and using that data in combination with other program data to determine grantee progress toward meeting its goals, to inform parents and the community of results, and to direct continuous improvement related to curriculum, instruction, professional development, program design, and other program decisions. ([45 CFR 1304.11 \(b\)\(2\)](#))
- Providing early learning coaching to staff across program options and settings.

- Establishing Individualized Wellness Plans that promote healthy development for every child.
- Ensuring a parent partnership process that promotes an understanding of their child's progress, provides support, and encourages learning and leadership.
- Providing ongoing communication with local schools and other agencies receiving Head Start or Early Head Start children, such as local preschool programs, to exchange information about children and programs and to align services for early learning, health, and family engagement.
- Creating a learning community among staff to promote innovation, continuous improvement, and integrated services across education, family services, and health.

Early Head Start School Readiness Goals

Overall: 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.

Approaches to Learning Domain

- ✚ Child develops the capacity to comfort or soothe self in response to distress from internal or external stimulation Child manages feelings and emotions with support of familiar adults
 - HSELOF Goal IT-ATL 1
 - DRDP 2015 IT ATL 2 – Self Comforting
- ✚ Child develops the ability to show persistence in actions and behavior
 - HSELOF Goal IT-ATL 4
 - DRDP 2015 IT ATL 1 – Attention Maintenance
 - DRDP 2015 IT ATL 6 - Engagement and Persistence

Social Emotional Domain

- ✚ Child shows interest in, interacts with, and develops personal relationships with other children.
 - HSELOF Goal IT-SE 4
 - DRDP 2015 IT Measure SED 4 – Relationships with peer
- ✚ Child uses objects or symbols to represent something else.
 - HSELOF Goal IT-C 12
 - DRDP2015 IT Measure SED5 – Symbolic Play

Cognition Domain

- ✚ Child shows an increasing ability to compare, match, and sort objects into groups according to their attributes
 - HSELOF Goal IT – C 10
 - DRDP 21015 IT Measure COG 2 – Classification

Language and Literacy Domain

- ✚ Child uses increasingly complex language in conversation with others.
 - HSELOF Goal IT-LC 5
 - DRDP2015 IT Measure LLD 3 - Use of Language Expressive
- ✚ Child recognizes pictures and some symbols, signs, or words.
 - HSELOF Goal IT-LC 11
 - DRDP 2015 IT Measure LLD 5 - Interest in Literacy

Perceptual Motor and Physical Development Domain

- ✚ Child demonstrates healthy behaviors with increasing independence as part of everyday routines
 - HSELOF Goal IT-PMP 9
 - DRDP 2015 IT Measure PDHLTH 6,7,8 – Personal Care Routines hygiene, feeding, dressing
- ✚ Child Coordinates hand and eye movements to perform actions.
 - HSELOF Goal IT-PMP 6
 - DRDP 2015 IT Measure PDHLTH 4 - Fine Motor Manipulative skills
- ✚ 100 % of children will be up to date on Dental exams by transition to Head Start/Preschool.
 - Child.Plus data report

City Of La Habra Early Head Start
Policy Committee Minutes
February 26, 2021

ATTACHMENT 7

I. Call to Order

The virtual meeting was called to order by Chairperson Jessica Ochoa, at 10:20 am.

II. Roll call made by: Michelle Garcia (Virtual meeting)

III.

Present

Absent

1. Jessica Ochoa (Chairperson)
2. Diana Cabrera (Vice Chariperson)
3. Patty Herrera (Community Representative)
5. Mariela Juarez
5. Sandra Torres (Tardy)
6. Columba Chavez

Staff Present:

Michelle Garcia and Rosa Castrejon De Lopez

IV. Approval of Policy Committee Agenda February 26, 2021

Motion to Approve February 26, 2021 Agenda

First Motion made by: Columba Chavez

Seconded by: Diana Cabrera

Record of Voting:

Favor: 3

Against: 0

Abstention: 0

V. Approval of January 22, 2021 Minutes:

Motion to Approve January 22, 2021 Minutes

First Motion made by: Diana Cabrera

Seconded by: Columba Chavez

Record of Voting

Favor: 3

Against: 0

Abstention: 0

VI. Exploring The Head Start Program Performance Standards – The Head Start Program Performance Standards are the foundation for Head Start’s mission. They provide the roadmap to delivering comprehensive, high quality individualized services for Head Start children and families and to supporting the school readiness and healthy development of children from low-income families. Reviewed Head Start Program Performance Standards.

VII. Chairperson Jessica Ochoa, reported; during OCHS meeting, OCHS reviewed regulations and program school readiness goals. OCHS will be conducting their Self-Assessment. OCHS reviewed DRDP assessments. OCHS will be introducing and begin using virtual coaching groups to better assists the teachers in providing Virtual calls to family and children.

VIII. Child Development Manager Report: Michelle Garcia

Michelle Garcia reviewed December 2020 Reports:

1. Early Head Start Program Monthly Report
2. Early Head Start Information Summary Report
3. Financial Report
4. CACFP Report
5. Commission Meeting Minutes: December 2020
6. Office of Head Start: HHS Poverty Guidelines for 2021
7. 2020-2021 Child Outcomes/Child Assessment, 1st Assessment Period Report and Action Plan.

Early Head Start Coordniator, Michelle Garcia, informed PC about updates in EHS Monthly Report, reviewed Information Summary Report, reviewed financial reports, CACFP reports, and Commission Meeting Minutes: December for 2021.

Action items to be approved by PC; 2020-2021 Child Outcomes/Child Assessment, 1st Assessment Period Report and Action Plan.

Jessica Ochoa Chairperson presented the following Action Items for approval:

Motion to approve; 2020 – 2021 Child Outcomes/Child Assessment, 1st Assessment Period Report and Action Plan

First Motion made by: Diana Cabrera Seconded by: Columba Chavez

Record of Voting

Favor: 3

Against: 0

Abstention:

0

Community Representative: Community Representative informed parents of the variety of workshops being offered by FRC in the month of March. 6 Sessions, Triple P (Positive Parenting Program), Art for Healing – Expressing through Art ages 6 – 10. Self-esteem/Stress workshop children and pre-teen, ages 9 – 13 years of age.

Open Discussion:

Meeting Adjourn: 10:52 am

SECRETARY:

A handwritten signature in cursive script, appearing to read "M. Paul Jones", is written over a horizontal line. The signature is enclosed within a hand-drawn oval.



Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.



The American Rescue Plan

Policy Change Affecting Head Start Families and Programs

On March 11, 2021, President Biden signed the [American Rescue Plan \(ARP\)](#) into law. The sweeping \$1.9 trillion legislation has the potential to lift millions of children and families out of poverty. Through expanded access to benefits and increased direct support, the ARP will have a ripple effect throughout the communities that Head Start serves. As trusted partners of so many families, Head Start has the opportunity to build awareness and leverage policy changes to ensure the families it serves are best positioned to succeed through access to these new and expanded supports.

This document is a guide to provisions in the law that are designed to lessen the economic impact of the pandemic on children and families. Please review these resources, use the links provided to explore more, and share your feedback, questions, or concerns to advocacy@nhsa.org.



Keep an eye out for this symbol for ideas about how changes may apply to your circumstances.

Brought To You By the Dollar Per Child Campaign

Making Head Start part of the COVID-19 relief response... lobbying Congress for more funding... influencing public opinion through the media. Every day, in different ways, the Dollar per Child campaign enables NHSA to achieve Head Start's advocacy goals.

KAPLAN[®]

Contribute to keep the momentum going!

Table of Contents

Early Learning	4
Head Start	4
Child Care Stabilization	4
Child Care and Development Block Grant (CCDBG)	4
Child Care Entitlement to the States	5
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)	5
Financial Support for Individuals	6
Direct/Stimulus Payments	6
Child Tax Credit (CTC)	6
Child and Dependent Care Tax Credit (CDTC)	7
Earned Income Tax Credit (EITC)	7
Nutrition	8
Supplemental Nutrition Assistance Program (SNAP)	8
Pandemic EBT (P-EBT)	8
Women, Infants, and Children (WIC) Program	8
K-12 Education	9
Elementary and Secondary School Emergency Relief Fund	9
Emergency Connectivity Fund	9
Higher Education	11
Higher Education Emergency Relief (HEER)	11
Student Loans	11
Housing and Utilities	12
Low-Income Home Energy Assistance Program (LIHEAP)	12
Water Utility Bill Assistance	12
Emergency Rental Assistance	12
Housing Counseling	13
HOME Investment Partnerships Program	13
Emergency Housing Vouchers	13
Mortgage and Utility Assistance	13
Fair Housing	13
Support in Communities	14
Corporation for National and Community Service (CNCS)	14
Federal Emergency Management Agency (FEMA) Grant Programs	14

Broadband for Remote Learning	15
State and Local Aid	15
Health, Including Mental Health	16
Mental Health	16
Behavioral Health	16
National Child Traumatic Stress Network	17
Health Care Coverage and Services	17
For Employers	19
Paycheck Protection Program (PPP)	19
Paid Sick and Family Leave	19
Employee Retention Tax Credit (ERTC)	19
Unemployment Supports	20
Federal Pandemic Unemployment Compensation	20
Key Takeaways Chart	21

Early Learning

Early care and education is a vital factor in families' abilities to recover financially from the pandemic, and is necessary to revitalize the country's workforce and ensure all parents and caregivers are able to participate. As such, early education received substantial support in the ARP.

Head Start

- The ARP provides \$1 billion to Head Start and Early Head Start for the continuation of services.
- According to the Office of Head Start, funding will be awarded as a separate grant, in conjunction with COVID-19 relief provided by Congress in December.
- Funding will be disseminated based on funded enrollment.
- Funding is one-time.



For program leadership:

Want to engage with other program leadership across the country to hear what they are doing? Do you want to share a success story? Join the conversation about Head Start and Early Head Start on [The Block](#).

Child Care Stabilization

- \$24 billion is provided to child care through the Child Care Stabilization Fund. This funding will be provided to states from the U.S. Department of Health and Human Services based on Child Care and Development Block Grant (CCDBG) guidance.
- States will make grants available to child care providers, both those who remained open and those who closed during the pandemic.
- Uses include but are not limited to:
 - staffing
 - rent/mortgage payments
 - personal protective equipment (PPE)
 - other supplies
 - mental health support staff
- Employee benefits and compensation must not be reduced from the date of application for funding.

Child Care and Development Block Grant (CCDBG)

- The ARP provides another \$15 billion in new funding directly to CCDBG.
- Funds must be obligated by fiscal year 2024 and spent by September 30, 2025.
- States can use the funding to provide child care for essential workers, regardless of whether they meet eligibility requirements.
- For a state-by-state breakdown of funding, read more [here](#).



For program leadership:

State child care administrators will be looking far and wide for the best ways to use this historic amount of funding. You should consider weighing in with your State Head Start Association and [your state's Head Start Collaboration Office](#). Some states allowed Head Start programs to access this funding in the past and others barred it, so take action early to help inform your state's plans. It is also important to be in touch with local child care providers, so you can collaborate to best meet the needs of your community.

Explore more [here](#).

For staff working with families:

At the discretion of the provider, child care funding can be used to relieve co-payments and tuition payments for families participating in child care programs.

For parents:

Funding for early education means that programs will have the resources they need to reopen when they are safely able to do so. If you use child care and are struggling to make co-pays, ask the provider if they plan on using relief funding to subsidize family co-pays.

Child Care Entitlement to the States

- The ARP provides \$633 million in ongoing funding for states. It is distributed in the same way as CCDBG funding.
- There will be no state match requirement for fiscal years 2021 and 2022.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

- \$150 million in additional funding will be available for [home visiting programs](#) through September 30, 2022.
- Grants are awarded to states to distribute to approved home visiting models (this includes Early Head Start in some states.) States are encouraged to focus on priority populations and partner with diaper banks.
- Uses include but are not limited to:
 - devices and connectivity for families and staff to support remote home visits
 - training and staffing costs
 - emergency supplies for families, including diapers, wipes, and infant formula
 - grocery cards

Financial Support for Individuals

Direct financial support for individuals and families is the most noteworthy way the American Rescue Plan (ARP) assists those who have been impacted economically by the COVID-19 pandemic. This section details some of the most high-profile provisions in the ARP, including the Child Tax Credit. Read more [here](#).

Direct/Stimulus Payments

- \$1,400 payment will be provided to all eligible individuals.
- Eligible individuals include single tax filers earning less than \$75,000 and joint filers earning less than \$150,000.
 - Single filers earning between \$75,000 and \$80,000 and joint filers earning between \$150,000 and \$160,000 are eligible for reduced payment.
- Dependents (e.g. children) and nonresident aliens are not eligible.
- Stimulus payments began being disseminated in March 2021.



For parents:

Claim and track your direct/stimulus payment [here](#).

Didn't get the first and/or second stimulus payments?

You may be eligible to claim the 2020 Recovery Rebate Credit and must file a 2020 tax return, even if you don't normally file. The third Economic Impact Payment however, will not be used to calculate the 2020 Recovery Rebate Credit. Claim your recovery rebate credit [here](#).

Child Tax Credit (CTC)

- The ARP substantially increases the Child Tax Credit (CTC).
 - For each child age 6-17, the CTC is increased from \$2,000 to \$3,000.
 - For each child under age six, the CTC is increased from \$2,000 to \$3,600.
- The ARP authorizes advance payments to begin starting July 1, 2021. For example, monthly payments of the CTC would amount to \$300 or \$350 per month per child (depending on age). The IRS is still determining the details of how and when the advance payments will be made.
- Children age 17 will now be eligible for the refundable benefit
- The CTC will be fully [refundable](#)—which is great news for Head Start families—meaning that low-income parents will qualify for full benefits even if it is more than what they owe in taxes. To receive the CTC, a parent must file a tax return since this is what the IRS will use to distribute the child tax credit.
- What are the income limits to be eligible for the new fully refundable credit?
 - \$150,000 for joint filers
 - \$75,000 for single filers
 - \$112,500 for head of household filers
 - Single filers earning \$75,000 - \$200,000 and joint filers earning \$150,000 - \$400,000 can still receive the previous \$2,000 child tax credit (up to \$1,400 refundable).



For staff working with families and for parents:

Credit will be based on the most recent filing. This means that new moms and families that have grown in the past year should file this year's taxes as soon as possible to receive the maximum credit.

Child and Dependent Care Tax Credit (CDTC)

- The CDTC partially reimburses families for qualified child care expenses while a parent goes to work. The ARP increases the maximum amount of child care expenses able to be considered to \$8,000 for one child and \$16,000 for two or more children.
- The maximum reimbursement percentage is increased from 35 percent to 50 percent for families earning less than \$125,000. For example, a family that spent \$10,000 for child care for two children could receive a tax credit of \$5,000. Read more [here](#).
- The CDTC is fully refundable, meaning that families can receive a refund if their tax liability is reduced below \$0.
- This applies to the 2021 tax year only.

Earned Income Tax Credit (EITC)

- Changes to the EITC in the American Rescue Plan pertain to adults with low incomes who are not raising children in the home and who earn less than \$21,000 (previously was \$16,000).
- Provides a credit of \$1,502 (up from \$543).



For staff working with families:

Find additional resources and outreach materials on Economic Impact Payments and the Recovery Rebate Credit in both English and Spanish [here](#).

For parents:

The Earned Income Tax Credit (EITC) helps low- to moderate-income workers and families get a tax break. If you qualify, you can use the credit to reduce the taxes you owe—and maybe increase your tax refund. Read more [here](#).

- Check if you qualify [here](#).

Please note, if you claim this credit, your refund may be delayed. By law, the IRS must wait until mid-February to issue refunds to taxpayers who claim the Earned Income Tax Credit.

Nutrition

The ARP invests \$12 billion in food programs to mitigate growing food insecurity and hunger. Read more about this comprehensive approach [here](#), and explore a breakdown of the key programs below.

Supplemental Nutrition Assistance Program (SNAP)

- The ARP extends the temporary 15% increase in maximum SNAP benefits through September 30, 2021 (this is about \$28 per person per month).
- Find the estimated increase in SNAP benefits by state [here](#).
- Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands (territories that do not participate in SNAP) will receive an additional \$1 billion for food assistance.



For staff working with families and parents:

Find out where to apply for SNAP in your own state [here](#).

Pandemic EBT (P-EBT)

- The ARP extends P-EBT through at least summer 2021 and until the end of the public health emergency determination.
- For families who no longer have access to free or reduced-price meals through schools, P-EBT can provide support for nutrition, in addition to SNAP benefits.



For program leadership:

More than half of states are approved for P-EBT. Find out if your state is one of them [here](#). If it is, build awareness among staff working with families about how to access the benefit. The process to obtain the benefit varies by state, so check in with state officials or visit your state's P-EBT webpage to learn more.

Women, Infants, and Children (WIC) Program

- The ARP provides \$490 million to increase benefits for WIC participants.
 - States will have the option to increase the amount of the WIC benefit that can be used for fruits and vegetables. For women and children currently receiving \$11 and \$9 each month for this purpose, respectively, states can opt to increase the amount to \$35/person/month until September 30, 2021.
 - States have until Sept 30, 2021 to notify the federal government of increased vouchers to claim their share.
- Read more [here](#).

K-12 Education

K-12 public schools will receive \$123 billion in flexible funds through the Elementary and Secondary School Emergency Relief Fund (ESSER), the most one-time funding ever provided to K-12 schools and almost 200% more funding than the federal government usually spends on K-12 in an entire year. . Read more [here](#).

Elementary and Secondary School Emergency Relief Fund

- What is the timing?
 - The U.S. Department of Education will distribute funding to states. It will *not* be a competitive process.
 - States will then have 60 days to make subgrants.
 - School districts will need to obligate the funding by September 30, 2024.
- What are some of the uses?
 - technology for remote learning
 - facilities
 - staffing to support child well being
 - summer and after-school programming
 - support for children experiencing homelessness
- 20% of funding must be used to address learning loss.
- How will the funding be distributed?
 - Most funding will be distributed through the Title I formula, which prioritizes school districts serving low-income families.



For program leadership:

This substantial new K-12 funding means there will be new opportunities for Head Start to collaborate with school districts, ranging from summer programming to joint professional development to more robust services for children experiencing homelessness.

Emergency Connectivity Fund

- The ARP provides \$7 billion to subsidize internet access for schools and libraries through the existing E-Rate program.
- Participating schools can now also use the funding to support at-home internet access for students and teachers.



For program leadership:

Find out if schools or others in your area are participating in E-Rate. If not, they may want to apply this spring, when a new application window is expected to open. If they are, perhaps there are opportunities for collaboration to meet the needs of families in Head Start.

For staff working with families:

Older siblings at participating schools may create an inroad to additional supports for families attending Head Start.

For parents:

If you have a child who attends a K-12 school, ask staff if there is—or will be—support for at-home internet access that they can provide.

Higher Education

Support for institutions of higher education will affect many in the Head Start workforce as well as anyone with a family member attending an institution of higher education. A historic amount of funding is going toward building a strong workforce and ensuring more equitable access to higher education.

Higher Education Emergency Relief (HEER)

- The ARP provides \$39.6 billion for institutions of higher education and students. This is more than has cumulatively been provided to-date through HEER.
 - Institutions must spend half of this funding on aid for students who are struggling financially.
- View college-by-college estimates [here](#), and explore the specifics of the funding [here](#).

Student Loans

- Student loan forgiveness in 2021-2025 is tax free.
- The moratorium on student loan payments and interest accrual is still active through September 2021 as a result of administration action (not ARP).



For program leadership:

If staff are participating in a loan forgiveness program, there is good news! Changes brought about by the ARP mean no surprise tax bills for loans that are forgiven. For staff who are also in school, be sure they know that there are additional resources that may be available to them through their colleges or universities.

For staff working with families:

If parents or staff are in school and experiencing financial hardship, higher education institutions will receive substantial funding to help cut students' cost of attendance. Think about urging connections to financial aid offices now, so they can receive info about how their particular school is going to go about providing that emergency aid directly to students.

For parents:

If you are attending school, be in touch with the financial aid office to find out what their plans are for disseminating additional aid to students.

Housing and Utilities

For renters, homeowners, and those experiencing homelessness, the ARP provides a wide range of supports to secure and stabilize housing. From counseling to rental assistance to assistance with utility bills, supports have been dramatically expanded to address housing needs.

Low-Income Home Energy Assistance Program (LIHEAP)

- The ARP provides an additional \$4.5 billion for LIHEAP.



For staff working with families:

Visit [here](#) to find local agencies to access support through LIHEAP, and share information about how to apply with families who may be eligible.

Learn more about eligibility for LIHEAP [here](#).

For parents: Check your eligibility for assistance with utilities [here](#).

Water Utility Bill Assistance

- \$500 million for water assistance will address needs among low-income households.
- Funding will be disseminated to utility companies and used to offset costs in low-income neighborhoods.
- Funds may be used to cancel debt or reduce the rates for low-income households.

Emergency Rental Assistance

- \$21.55 billion will be provided to states, localities, and territories to provide emergency rental assistance. This includes:
 - \$305 million for territories
 - \$2.5 billion specifically for high-need communities
- Eligibility includes (as summarized [here](#)):
 - those who have qualified for unemployment insurance or lost income, incurred significant costs, or experienced financial hardship due to COVID-19
 - those who can demonstrate risk of housing instability, and
 - those with a household income below 80 percent of the [Area Median Income](#).



For program leadership:

A list of community organizations that have been disseminating emergency rental assistance funding can be found [here](#).

For staff working with families:

Read more about accessing rental assistance [here](#).

For parents: Check out [this list](#) of affordable rental options in your state. You can also start exploring housing voucher options [here](#).

Housing Counseling

- \$100 million in new funding will support housing counseling provided by NeighborWorks
- Find your nearest NeighborWorks [here](#).

HOME Investment Partnerships Program

- There is an additional \$5 billion included to provide assistance for people experiencing homelessness.
- Uses include:
 - rental assistance
 - housing counseling
 - emergency shelters

Emergency Housing Vouchers

- \$5 billion will be made available in the form of housing vouchers until September 30, 2027
- Eligibility includes:
 - those who are currently homeless,
 - those at risk of homelessness, and
 - those fleeing or attempting to flee domestic violence and other forms of violence.
- Read more [here](#).



For staff working with families and parents:

Find more information about resources, like the emergency housing vouchers which can be helpful for long-term support, through the U.S. Department of Housing and Urban Development [here](#).

For parents:

If you prefer to speak with someone about options for housing support, call (800) 569-4287.

Mortgage and Utility Assistance

- There is an additional \$10 billion that will be disseminated to states, territories, tribes, and tribally designated housing entities to provide direct assistance to homeowners.

Fair Housing

- The ARP includes \$20 million for fair housing organizations.

Support in Communities

The American Rescue Plan clears a path to recovery for local governments and the communities they serve. It gives communities the opportunity to support those who are struggling in the wake of COVID-19 by allowing schools to access FEMA Disaster Relief Fund resources, get reimbursed for certain COVID-19 related expenses, and receive support to implement regular testing protocols.

Corporation for National and Community Service (CNCS)

- The ARP provides \$620 million in additional funding for AmeriCorps to increase the number of national service participants to support COVID-19 recovery by:
 - helping schools reopen safely,
 - tackling the growing hunger crisis, and
 - helping communities across the nation address other challenges brought on by the pandemic.



For program leadership: Talk with officials in your state to see if it would be possible to sponsor an Americorps project. Americorps volunteers can add much-needed capacity to meet organizations' needs. Read more [here](#).

Federal Emergency Management Agency (FEMA) Grant Programs

- The Disaster Relief Fund received \$50 billion to assist states, tribes, and territories, as well as individuals and qualifying private nonprofits.
 - Uses:
 - personal protective equipment
 - vaccine distribution
 - sanitization of schools, public transit, and courthouses
 - health care overtime costs
 - Staffing (including emergency managers, firefighters, and governmental and nongovernmental organizations, such as food pantries and shelters)
- The [Emergency Food and Shelter Program](#) received an additional \$400 million.
 - Any locality receiving funding through this program must convene a local advisory board.



For program leadership:

Check [here](#) to see if there is an Emergency Food and Shelter Program grantee operating near you.

For parents:

Have you been impacted by a natural disaster? Please go [here](#) to see if you qualify for additional support.

Broadband for Remote Learning

- The ARP provides \$7 billion for schools and libraries through the Federal Communications Commission to help schools and libraries ensure that our nation's children can participate in remote learning.
- By mid-May, the FCC will release more information about how eligible schools and libraries can access funding to provide eligible connected devices, internet service, and equipment necessary to support internet service to students and teachers in locations other than schools or libraries.
- Read more [here](#), and check out the [Emergency Connectivity Fund section](#) for more information about support for connectivity.



For program leadership:

Find out if your program qualifies for additional relief [here](#).

State and Local Aid

- The ARP includes \$350 billion for states, territories, tribes, and local governments (57% of these funds will go to states and 35% to localities).
- Uses:
 - water, sewer or broadband infrastructure fixes and updates
 - premium pay for eligible workers performing essential work (as determined by each state or tribal government) during the pandemic
 - responding to the negative economic impacts resulting from COVID-19, including assistance to households, small businesses and nonprofits, or aid to impacted industries such as tourism, travel and hospitality

Health, Including Mental Health

Health and well-being have been profoundly impacted by the broad repercussions of COVID-19 and the ensuing economic fallout. There have been increases in depression, anxiety, suicide and domestic violence, and at the same time a decrease in the reporting of child abuse and neglect. More than a year into this national crisis, it is abundantly clear that recovery from COVID-19 will require robust health and mental health support for all individuals. The ARP includes a series of provisions aimed at helping families access the health and mental health services that they need. Read more on the overall approach [here](#).

Mental Health

- Community Mental Health Services: The ARP makes \$1.5 billion available through HHS through FY25 for states to use to provide community mental health services.
- Pediatric Mental Health Care Access Program: \$80 million goes to HHS for state-wide or region-wide grants to promote behavioral health in pediatric care as well as waivers and flexibilities related to telehealth services that allow providers to use new, innovative ways to support patients, including for pediatric mental health.
- For a list of states currently participating, read more [here](#).
- There is an additional \$1.5 billion for the prevention and treatment of substance use disorder.



For program leadership, staff working with families, and parents:

- If COVID-19 has brought additional stressors into your life, you have options. If you would like to speak with someone directly, call or text this hotline at 1-800-985-5990.
- If you or someone you know could benefit from virtual recovery options, including Skype Narcotics Anonymous meetings, Reddit support for sobriety, women-only and secular recovery supports, find an option that supports your needs [here](#).

Behavioral Health

- The ARP provides \$50 million for local behavioral health needs that will be awarded to state, local, Tribal, and territorial governments, Tribal organizations, nonprofit community-based entities, and primary care and behavioral health organizations to train the behavioral and mental health workforce, address needs, use telehealth, and more.
- There is an additional \$100 million for grants for mental and behavioral health education and training programs.
- There is an additional \$420 million for [Certified Community Behavioral Health Clinics](#).

National Child Traumatic Stress Network

- The ARP includes \$10 million for the 116 centers that are currently funded through the National Child Traumatic Stress Network.
- Funding will support the continued provision of services of the members of the network which include:
 - clinical services,
 - dissemination of resources,
 - education and training,
 - collaboration with systems of care,
 - data collection and analysis, and
 - other awareness efforts.
- Identify current and former grantees operating in your community [here](#).



For program leadership:

Consider identifying the organizations in your community that have received or will receive additional funding to support mental and behavioral health, so you can reach out to identify potential partnerships.

For starters:

- [Certified Community Behavioral Health Clinics](#)
- [National Child Traumatic Stress Network grantees](#)

Health Care Coverage and Services

- The ARP provides \$35 billion to increase premium subsidies and expand eligibility for premium subsidies.
- Those who receive unemployment benefits will have access to maximum premium subsidy, and individuals with reduced hours or those who have lost employment can access 100% subsidized COBRA premiums for up to six months.
- If individuals receive excess premium subsidy, they will not need to pay the excess back when filing taxes.



For staff working with families:

More robust premium subsidies will be available for those enrolling in health coverage through [the Marketplace](#) on April 1, 2021. According to the Centers for Medicare and Medicaid, premiums will decrease on average, by \$50 per person per month or by \$85 per policy per month. More information about eligibility and how to access the benefit can be found [here](#).

For families: There is a special open enrollment period for those looking to change or acquire health coverage now. Anyone receiving health coverage through the Affordable Care Act/[the Marketplace](#), can enroll or change plans up until May 15. More details about this process are available [here](#).

- Until December 30 2022, insurance premiums for Marketplace coverage are effectively eliminated for those earning below 150% of the federal poverty line. Those earning more will still see dramatic reductions in premiums.
- The ARP includes mandatory coverage, with no cost sharing, of COVID-19 vaccines and treatment under Medicaid and the Children’s Health Insurance Program (CHIP) for one year after the end of the public health emergency.
- The ARP also incentivizes states to provide increased services:
 - If states expand Medicaid, they can receive additional federal funding (+5% FMAP rate for two years)
 - If states provide community-based mobile crisis intervention, the federal government will provide the vast majority of funding needed to do so (80% FMAP)
 - Home-based and community-based services provided by Medicaid will receive additional federal funding (+7.35% FMAP)
 - States may choose to provide full Medicaid (or CHIP in some cases) benefits for women during pregnancy and one year postpartum (vs. the current 60 days). This takes effect beginning April 1, 2022.
- The ARP also provides funding for activities that will contribute to vaccine confidence, COVID-19 testing, contact tracing, and mitigation activities.

For Employers

In addition to provisions of the ARP that will affect families and staff individually, there are particular changes that may affect your program's operation. These changes are detailed below.

Paycheck Protection Program (PPP)¹

- The ARP includes \$7.25 billion for the Small Business Administration to expand access to the PPP.
- The ARP also expands eligibility for PPP to virtually all 501(c) organizations (except 501(c)(4) and 501(c)(7)) and relaxes employer size requirements.
- Read more [here](#).



For program leadership:

The current deadline [to apply](#) for PPP is March 31, 2021, but Congress is aiming to pass legislation to extend this deadline to May 31, 2021. You can [search for lenders](#) in your area to identify new sources of support.

Paid Sick and Family Leave

- The ARP does not require paid and emergency family leave.
- However, the ARP extends Emergency Paid Sick Leave (EPSL) and Emergency Family and Medical Leave Act (EFMLA) through September 30, 2021.
 - Employers offering paid leave for these purposes can receive payroll tax credits for up to:
 - 10 days of paid sick leave
 - 12 weeks of paid emergency family and medical leave
 - Both capped at \$200 per day.
- The allowable reasons for leave have expanded to include COVID-19 testing or vaccination, quarantine, caring for someone who is quarantined, or caring for a child/children whose schools or care provider is closed, among others.

Employee Retention Tax Credit (ERTC)

- The ARP increases the availability of the ERTC through December 31, 2021.
- WIPFLI summarizes the [eligibility of employers](#): “an employer may be eligible for the credit if they either experienced a decline of more than 20% of gross receipts in any quarter in 2021 compared to the same quarter in 2019 or were required to fully or partially suspend their business operations due to a governmental order.”
- For employers that have been severely impacted by COVID-19, WIPFLI continues, “employers that have experienced at least a 90% decline in gross receipts compared to the same quarter in 2019 may take all wages paid during those quarters into account for the ERTC.”

¹ <https://www.jdsupra.com/legalnews/initial-key-takeaways-from-the-american-4789010/>

Unemployment Supports

Federal Pandemic Unemployment Compensation

- The ARP includes \$300 per week in unemployment benefits in addition to benefits provided by your state, available until September 6, 2021.
- The first \$10,200 of unemployment benefits in tax year 2020 is nontaxable for households with incomes under \$150,000.
- Pandemic Unemployment Assistance extends coverage to the self-employed, those in the gig economy, and others in non-traditional employment and is also extended to September 6, 2021.
- Pandemic Emergency Unemployment Compensation extends unemployment support to those who have exhausted their state benefits and is also extended to September 6, 2021. Additional weeks of the benefit are now available.



For program leadership:

Federal unemployment insurance does not count toward Head Start's income eligibility, but tracking this is what will be difficult.

For staff working with families: Since unemployment programs are run by states, please see [your state's Department of Labor website](#) for more details.

Key Takeaway Chart

Category	Parent	Staff	Leaders	Key Takeaway
Early Learning				
Head Start			✓	<p>Want to engage with other program leadership across the country to hear what they are doing? Do you want to share a success story? Join the conversation about Head Start and Early Head Start on The Block.</p>
Child Care Stabilization			✓	<p>State child care administrators will be looking far and wide for the best ways to use this historic amount of funding. You should consider weighing in with your State Head Start Association and your state's Head Start Collaboration Office. Some states allowed Head Start programs to access this funding in the past and others barred it, so take action early to help inform your state's plans. It is also important to be in touch with local child care providers, so you can collaborate to best meet the needs of your community. Explore more here.</p>
Child Care and Development Block Grant (CCDBG)	✓			<p>Funding for early education means that programs will have the resources they need to reopen when they are safely able to do so. If you use child care and are struggling to make co-pays, ask the provider if they plan on using relief funding to subsidize family co-pays.</p> <p>At the discretion of the provider, child care funding can be used to relieve co-payments and tuition payments for families participating in child care programs. Ensure that families accessing child care have the information they need to start a conversation about the possibility of reduced co-payments.</p>
		✓		

Financial Support for Individuals

Direct/Stimulus Payments

✓

Claim and track your payment [here](#).

If you did not get the first and/or second stimulus payments, you may be eligible to claim the 2020 Recovery Rebate Credit and must file a 2020 tax return even if you don't normally file. The third Economic Impact Payment however, will not be used to calculate the 2020 Recovery Rebate Credit. Claim your recovery rebate credit [here](#). Find additional resources and outreach materials on Economic Impact Payments and the Recovery Rebate Credit in both English and Spanish [here](#).

✓

✓

Child Tax Credit (CTC)

✓

✓

Credit will be based on the most recent filing. This means that new moms and families that have grown in the past year, should file this year's taxes soon to receive the maximum credit.

Earned Income Tax Credit (EITC)

✓

The Earned Income Tax Credit (EITC) helps low-to moderate-income workers and families get a tax break. If you qualify, you can use the credit to reduce the taxes you owe—and maybe increase your tax refund. Read more [here](#).

- Check if you qualify [here](#).

Please note, if you claim this credit, your refund may be delayed. By law, the IRS must wait until mid-February to issue refunds to taxpayers who claim the Earned Income Tax Credit.

Nutrition

Supplemental Nutrition Assistance Program (SNAP)

✓

✓

SNAP increases will be around through at least September 30, 2021. Find out where to apply for SNAP in your own state [here](#).

Pandemic EBT (P-EBT)

✓

More than half of states are approved for P-EBT. Find out if your state is one of them [here](#), and if it is, build awareness among staff working with families about how the benefit can be accessed. Process to obtain the benefit varies by state, so check in with state officials or visit your state's P-EBT webpage to learn more.

K-12

**Elementary and
Secondary
School
Emergency Relief
Fund**

✓

K-12 schools are about to receive an unprecedented influx of funding with strings attached. There will be new opportunities for collaboration with school districts, ranging from summer programming, joint professional development, and more robust services for children experiencing homelessness.

**Emergency
Connectivity
Fund**

✓

E-Rate, the federal program that supplies internet and devices, will be receiving a funding infusion, and the funding can now be used for students and teachers connectivity at home. If you have a child who attends a k-12 school, ask staff if there is—or will be—support for internet access that they can provide.

✓

E-Rate will be receiving a funding infusion, and the funding can now be used for students and teachers connectivity at home. Older siblings at participating schools may create an inroad to additional supports for families at Head Start.

✓

Find out if schools or others in your area are participating in E-Rate. If not, they may want to apply this spring, when a new application window is expected to open. If they are, perhaps there are opportunities for collaboration to meet the needs of families in Head Start.

Higher Education

**Higher Education
Emergency Relief
(HEER)**

✓

If you are attending school, be in touch with the financial aid office to find out what their plans are for disseminating additional aid to students.

✓

If parents or staff are in school and experiencing financial hardship, higher education institutions will receive immense funding to help cut students' costs. Think about urging connections to financial aid offices now, so they can receive info about how their particular school is going to go about providing that emergency aid directly to students.

Higher Education *(continued)*

Student Loans



If staff are participating in a loan forgiveness program, there is good news! Changes brought about by the ARP mean no surprise bills for loans that are forgiven. For staff attending who are also attending school, be sure they know that there are additional resources that may be available to them through their universities or colleges.

Housing and Utilities

Low-Income Home Energy Assistance Program (LIHEAP) and Water Utility Bill Assistance



Visit [here](#) to find local agencies to access support through LIHEAP, and share information about how to apply with families who may be eligible. Learn more about eligibility for LIHEAP [here](#).

Check your eligibility for assistance with utilities [here](#).



Emergency Rental Assistance and Housing Vouchers



Check out [this list](#) of affordable rental options in your state. You can also start exploring voucher options [here](#). If you prefer to speak with someone about the choices you have, call (800) 569-4287. Find more information about resources, like the emergency housing vouchers which can be helpful for long-term support, through the U.S. Department of Housing and Urban Development [here](#).

Housing and Utilities *(continued)*

**Emergency
Rental Assistance
and Housing
Vouchers**
(continued)

✓

Read more about accessing rental assistance [here](#). Find more information about resources, like the emergency housing vouchers which can be helpful for long-term support, through the U.S. Department of Housing and Urban Development [here](#).

✓

A list of community organizations that have been disseminating emergency rental assistance funding can be found [here](#).

Support in Communities

**Corporation for
National and
Community
Service (CNCS)**

✓

Talk with officials in your state to see if it would be possible to sponsor an AmeriCorps project. AmeriCorps volunteers can add much-needed capacity to meet organizations' needs. Read more [here](#).

**Federal
Emergency
Management
Agency (FEMA)
Grant Programs**

✓

Have you been impacted by a natural disaster? Please go [here](#) to see if you qualify for additional support.

✓

Check [here](#) to see if there is an Emergency Food and Shelter Program grantee operating near you. Find out if your program qualifies for additional relief [here](#).

Health, Including Mental Health

Mental Health

✓

If COVID-19 has brought additional stressors into your life, you have options. If you would like to speak with someone directly, call or text 1-800-985-5990 anytime, any day.

✓

If you or someone you know could benefit from virtual recovery options, including Skype Narcotics Anonymous meetings, Reddit support for sobriety, women-only and secular recovery supports, find an option that supports your needs [here](#).

✓

Health, Including Mental Health *(continued)*

Behavioral Health



Consider identifying the organizations in your community that have received or will receive additional funding to support mental and behavioral health, so you can reach out to identify potential partnerships. For starters check out the lists of [Certified Community Behavioral Health Clinics](#) and [National Child Traumatic Stress Network grantees](#).

Health Care Coverage and Services



More robust premium subsidies will be available for those enrolling in healthcare through the Marketplace [here](#) on April 1, 2021. According to the Centers for Medicare and Medicaid, premiums will decrease on average, “by \$50 per person per month or by \$85 per policy per month.” More information about eligibility and how to access the benefit can be found [here](#).

There is a special open enrollment period for those looking to change or acquire health coverage now. Anyone receiving health coverage through the Affordable Care Act/the Marketplace/[HealthCare.gov](#), can enroll or change plans up until May 15. More details about this process are available [here](#).



More robust premium subsidies will be available for those enrolling in healthcare through the Marketplace [here](#) on April 1, 2021. According to the Centers for Medicare and Medicaid, premiums will decrease on average, “by \$50 per person per month or by \$85 per policy per month.” More information about eligibility and how to access the benefit can be found [here](#).

For Employers

Paycheck Protection Program (PPP)



Current deadline [to apply](#) for PPP is March 31, 2021, but Congress is aiming to pass legislation to extend this deadline to May 31, 2021. You can [search for lenders](#) in your area to identify new sources of support.

Unemployment Support

Federal Pandemic Unemployment Compensation



Since unemployment programs are run by states, please see [your state's Department of Labor website](#) for more details.



Federal unemployment insurance does not count toward Head Start's income-eligibility, but tracking this is what will be difficult.



Head Start Center-Based Service Duration Requirement for 45 Percent of Slots

 eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-21-02

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

Head Start Center-Based Service Duration Requirement for 45 Percent of Slots ACF-PI-HS-21-02

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

- 1. Log Number:** ACF-PI-HS-21-02
- 2. Issuance Date:** 03/19/2021
- 3. Originating Office:** Office of Head Start
- 4. Key Words:** Head Start Program Performance Standards; HSPPS; Final Rule; Regulation; Head Start; Center-Based Program Option; Service Duration; 1,020 Annual Hours; Planned Class Operations; 45 percent

Program Instruction

To: All Head Start Grantees Operating the Center-Based Program Option

Subject: Head Start Center-Based Service Duration Requirement for 45 Percent of Slots

Instruction:

By August 1, 2021, each Head Start program must provide at least 1,020 annual hours of planned class operations over the course of at least 8 months per year for at least 45 percent of Head Start center-based funded enrollment or submit a request for a waiver of this requirement. In some instances, a program partnering with their local education agency (LEA) may need to align their program schedule with the LEA to support service delivery. This could include shared use of facilities space or transportation. In such instances, if the total number of annual hours is less than

1,020 or less than 8 months per year but aligns with the annual hours required by the LEA for grade one, these center-based slots are still considered to meet the requirement and count toward the 45 percent of slots without the need for a waiver. These requirements are outlined in the Head Start Program Performance Standards (HSPPS) at [45 CFR 1302.21\(c\)](#).

Some programs may not believe 1,020 annual hours for at least 45 percent of their Head Start center-based funded enrollment best meets the needs of their families and communities. These grantees are strongly encouraged to review all relevant program data and discuss options with their Regional Office. By August 1, 2021, such programs must submit a waiver request to operate an alternative program schedule for approval, consistent with the requirements in [45 CFR 1302.24\(a-c\)](#). More information on waiver requests is provided below.

Background

The Office of Head Start (OHS) established requirements in the 2016 HSPPS [final rule](#) for programs to provide longer service duration, which research links to stronger child outcomes. The provision in 45 CFR 1302.21(c)(2)(iv) [was lowered by the Secretary](#), based on an assessment of available funding, from 100 percent of a program's Head Start center-based slots that must operate for at least 1,020 annual hours to 45 percent. The implementation timeline established in 2016 for the longer duration requirements was intended to provide programs sufficient time to plan and implement program designs that best meet community and family needs while also ensuring children have greater access to increased learning time to prepare for kindergarten. Congress provided more than \$550 million in supplemental funding to Head Start grantees in fiscal years 2016 and 2018 to support this increase in service duration.

Importance of Longer Duration

Research supports the importance of longer preschool duration in achieving meaningful child outcomes and preparing children for success in school. Preschool programs providing fewer annual hours of service may not have as much time to adequately support strong early learning outcomes for children and provide necessary comprehensive services. The long summer break in many programs likely results in summer learning loss that undermines gains children make during the program year. Programs operating for longer hours may also better support parents' education, job training, and employment opportunities.

Finally, children who have not had access to in-person learning due to the ongoing public health emergency may particularly benefit from more learning time in Head Start programs to help them arrive at kindergarten ready to succeed.

Implementation

Grantees have the flexibility to design programs with varying hours per day and days per year, as long as at least 45 percent of children in center-based slots receive at least 1,020 annual hours of planned class operations over the course of at least 8 months or, where appropriate, align with LEA calendars. As described above, slots operating in programs partnering with an LEA for Head Start

service delivery may operate for fewer than 1,020 annual hours of planned class operations or fewer than 8 months of service if this program schedule aligns with the annual hours required for first grade by the LEA and the alignment is necessary to maintain these partnerships.

The 45 percent calculation includes each grant's Head Start center-based funded enrollment and any slots for which a locally designed program option waiver has been approved for requirements not related to service duration, such as ratios or group size.

As August 1, 2021 approaches, programs are encouraged to review their Head Start center-based program designs to determine whether their program schedule (under normal operations) provides at least 1,020 annual hours over at least 8 months per year for at least 45 percent of their center-based enrollment or if action is needed to meet the requirement. Programs not yet meeting the 45 percent requirement should review their community needs assessment, self-assessment, and budget to develop their proposed approach. They are also encouraged to consult their Regional Office for guidance. Program design should reflect how services would be delivered during normal operations, rather than temporary service delivery plans during the Coronavirus Disease 2019 public health emergency.

Waiver Requests

Programs may request a waiver of the requirement to provide at least 1,020 annual hours for at least 8 months per year for 45 percent of their Head Start center-based funded enrollment to better meet the unique needs of their communities or to demonstrate or test alternative approaches for providing program services. Waiver requests must be submitted to the Regional Office through an annual funding application or change in scope amendment in the Head Start Enterprise System (HSES) by August 1, 2021. To be considered for approval, the waiver request must:

- Demonstrate that the proposed program design will deliver the full range of services consistent with [45 CFR 1302.20\(b\)](#) – [45 CFR 1302.24\(a\)](#)
- Demonstrate how the proposed program design is consistent with achieving program goals in [Program Management and Quality Improvement, 45 CFR Part 1302 Subpart J](#) – [45 CFR 1302.24\(a\)](#)
- Provide evidence that demonstrates the proposed program design effectively supports appropriate development and progress in children's early learning outcomes – [45 CFR 1302.24\(c\)\(4\)](#)
- Provide evidence that the proposed program design better meets the needs of parents than the service duration minimum of 45 percent of Head Start center-based slots operating for at least 1,020 annual hours over 8 months per year – [45 CFR 1302.24\(c\)\(5\)](#)
- Assess the effectiveness (or provide a plan to assess the effectiveness) of the proposed program design in supporting appropriate development and progress in children's early learning outcomes – [45 CFR 1302.24\(c\)\(5\)](#)

Waiver requests are subject to approval by OHS and may be revoked based on progress toward program goals ([45 CFR 1302.102](#)) and monitoring ([45 CFR 1304.2](#)).

Next Steps

~~We understand programs are focused on responding to the needs of children and families during the pandemic. However, we urge grantees to take the time to thoughtfully consider their future program design and the benefits of longer service duration. Benefits include promoting school readiness and stronger child and family outcomes, supporting the needs of parents, delivering the full range of services, and meeting program goals. Your Regional Office staff is available to provide direction, guidance, and training and technical assistance resources to support your program in delivering on the Head Start program's mission of preparing children and families for school and beyond.~~

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

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell
Director
Office of Head Start

See PDF Version of Program Instruction:

[Head Start Center-Based Service Duration Requirement for 45 Percent of Slots](#) [PDF, 260KB]

Historical Document

City of La Habra
Early Head Start Program

ATTACHMENT 10

ONGOING INTERNAL MONITORING REPORT

Program Year: 2020-2021, Period I

ONGOING MONITORING RESULTS			CORRECTIVE ACTION PLAN				
Regulation	System or Service Area	Compliance Measure (Description)	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	Validation Steps	Validation of Completion (Date)
1302.15(a)	ERSEA	Program is not fully enrolled for most part of the school year (although OHS has indicated due to the pandemic programs will be held harmless in this area it is still highly recommended programs be fully enrolled) and program does not have a waitlist of children of eligible children for the program.	<ol style="list-style-type: none"> 1. FSA, Office Staff, Program Leads are recruiting families in the community by approaching them in the community and dropping flyers in various locations within the City. 2. Home educators are recruiting families while dropping of packets for families already enrolled. 3. Posts have been placed in Facebook, Instagram, and social media. 4. Recruitment is in place with Friskers & La Habra Youth Center 5. Recruitment in place with Familias Unidas de La Habra 6. Called former parents to inform neighbors in the community 	CD Manager, EHS Coordinator, FSA, Home Educators	6/09/2021		

ONGOING MONITORING RESULTS			CORRECTIVE ACTION PLAN				
Regulation	System or Service Area	Compliance Measure (Description)	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	Validation Steps	Validation of Completion (Date)
1302.22(c)(1)(ii)	Record Keeping and Reporting - Education	Home-visit sign-in sheets/ lesson plan completion dates are not the same as the dates indicated on ChildPlus – the information on file and childplus are inconsistent.	<ol style="list-style-type: none"> 1. Early Head Start Coordinator met with Home Educators to go over the findings regarding inconsistency with Child Plus, sign in sheets, tracking sheets and lesson plans. 2. Plan of action; Home Educators will review, Child Plus, sign in sheets, lesson plans and tracking sheets before turning in sign in sheets to make sure dates match. 3. EHS Coordinator will review sign in sheets and Child Plus to make sure dates are consistent. 	Home-Educators, EHS Coordinator	4/30/2021		
1302.101(b)(4)	Record Keeping and Reporting - ERSEA	Income indicated on file is inconsistent with the income indicated on ChildPlus. Eligibility points on file did not match eligibility points indicated on ChildPlus	<ol style="list-style-type: none"> 1. Provided meeting with Clerk regarding inconsistencies; Clerk will input applications and information in Child Plus; 2. FSA will review application inputs to make sure there are no inconsistencies. 3. EHS Coordinator will triple check information in Child Plus 	FSA, EHS Coordinator	4/30/2021		
	PFCE	PFCE timeline - Family Success Plans were not completed based on the timeline indicated on the SAPPS	<ol style="list-style-type: none"> 1. FSA and EHS Coordinator have met to discuss completion dates; 2. EHS Coordinator is monitoring the completion of all Family Success Plans. 	FSA, EHS Coordinator	4/30/2021		

ONGOING MONITORING RESULTS			CORRECTIVE ACTION PLAN				
Regulation	System or Service Area	Compliance Measure (Description)	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	Validation Steps	Validation of Completion (Date)
1302.42(b)-(d)	Health	Timely follow-up and intentionality of health services to children and families, primarily due to insufficient follow-up on screenings/ exams/well-baby checks referrals, if needed	1. Nurse Consultant is working closely with FSA to review Well Baby Checks and follow ups are completed in a timely manner.	FSA Nurse Consultant EHS Coordinator	6/09/2021		
1302.70(b)	Education	Implementation of the transition plan at least six months prior to child's third birthday and indicated in the SAPPS.	1. EHS Coordinator will schedule transition plans to be completed by 6 months before their 3 rd Birthday. 2. During the 6 months; Home educators will review transition goals with families, will make notations in Transition form and Child Plus.	EHS Coordinator EHS Home Educators	6/09/2021		

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



ONGOING MONITORING CORRECTIVE ACTION PLAN (CAP)—Period 1

CAP due on April 9, 2021

CAP received on _____

Corrections due on June 9, 2021

Program Name: City of La Habra

Date: March 11, 2021

ONGOING MONITORING RESULTS - Completed by Grantee Only				CORRECTIVE ACTION PLAN - To Be Completed by Delegate				GRANTEE ONLY		GRANTEE ONLY	
Regulation/ SAPPP	System or Service Area	Compliance Level	Compliance Measure (Description)	OCHS Assigned Due Date	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	OCHS Corrective Action Approval (Date)	Validation Steps	Validation of Completion (Date)	OCHS Completion of Corrective Action Approval (Date)
45 CFR §1302.15(a) Delegate Agreement Section 12	ERSEA	Non- Compliance	Delegate has not ensured full enrollment based on the City of La Habra's EHS funded enrollment level.	CAP due 4/9/21, 30 calendar days from issued date; Correction of Non-Compliance due 5/9/21, 90 calendar days from issued date	FSA, Office Staff, Program Leads are recruiting families in the community by approaching them in the community and dropping flyers in various locations within the City. Home educators are recruiting families while dropping of packets for families already enrolled. Posts have been placed in Facebook, Instagram, and social media. Flyers were shared with community partners who posted the information on their website/e-mail blasts. Recruitment is in place with Friskers & La Habra Youth Center. Recruitment in place with Familias Unidas de La Habra. Called former parents to inform neighbors in the community	Catherine Villanueva Michelle Garcia	6/09/2021				
					A recruitment log sent to the grantee every two weeks indicating where recruitment is being conducted.						
					Contacted former parents to pass on info to neighbors regarding enrollment in EHS						
					Home educators are recruiting in the community while dropping of packets to families enrolled in EHS						

ATTACHMENTS 11

ONGOING MONITORING RESULTS - Completed by Grantee Only				CORRECTIVE ACTION PLAN - To Be Completed by Delegate				GRANTEE ONLY		To Be Completed by Delegate		GRANTEE ONLY	
Regulation/ SAPPP	System or Service Area	Compliance Level	Compliance Measure (Description)	OCHS Assigned Due Date	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	OCHS Corrective Action Approval (Date)	Validation Steps	Validation of Completion (Date)	OCHS Completion of Corrective Action Approval (Date)		
45 CFR §1302.101(b)(4)	ERSEA Recordkeeping	Non- Compliance	Delegate did not implement a recordkeeping system to effectively ensure the accuracy, completeness, and consistency of ERSEA documentation, primarily due to enrollment forms/ChildPlus data not fully/accurately completed.	CAP due 4/9/21, 30 calendar days from issued date; Correction of Non- Compliance due 6/9/21, 90 calendar days from issued date	A meeting was conducted with staff who complete the data entry in ChildPlus EHS Coordinator reviewed all files to ensure information was consistent in the file and ChildPlus. EHS Coordinator and/or Child Development Manager will review information on ChildPlus and on file for accuracy.	Michelle Garcia Catherine Villanueva	6/09/2021						
45 CFR §1302.101(b)(4)	Education Recordkeeping	Non- Compliance	Delegate did not implement a recordkeeping system to effectively ensure the accuracy, completeness, and consistency of education documentation, primarily due to lack of documentation indicating if translation was provided (Individual Development Form, Parent-Teacher Conference Form), and socializations not being accurately documented in ChildPlus.	CAP due 4/9/21, 30 calendar days from issued date; Correction of Non- Compliance due 6/9/21, 90 calendar days from issued date	Meeting was provided with EHS Coordinator & Home Educators regarding inconsistencies with Child Plus, lesson plans, tracking sheets and sign in sheets. Prior to turning in sign in sheets, Home educators will review tracking sheets, sign in sheets, tracking sheets and lesson plans to make sure dates are consistent. EHS Coordinator will review sign in sheets with Child Plus for accuracy. EHS Coordinator will review SAPPP's to make sure SAPPPs are properly followed.	EHS Coordinator EHS Home Educators	6/9/2021						
45 CFR §1302.101(b)(4)	Health Recordkeeping	Non- Compliance	Delegate did not ensure consistent and accurate recordkeeping of Health data per agency procedures, including Health History forms not scanned/attached in ChildPlus and ChildPlus Health events missing/incomplete. Overall, Health recordkeeping not consistent with grantee SAPPPs.	CAP due 4/9/21, 30 calendar days from issued date; Correction of Non- Compliance due 6/9/21, 90 calendar days from issued date	FSA and Nurse Consultant are working closely and reviewing and completing follow ups in a timely manner. All Health History's have been uploaded into Child Plus. Well Baby Checks and Dentals have been uploaded into Child Plus. EHS Coordinator will set up a tracking system to make sure follow ups are being completed.	FSA Nurse Consultant EHS Coordinator	6/09/2021						

ONGOING MONITORING RESULTS - Completed by Grantee Only				CORRECTIVE ACTION PLAN - To Be Completed by Delegate				GRANTEE ONLY		To Be Completed by Delegate		GRANTEE ONLY			
Regulation/ SAPPP	System or Service Area	Compliance Level	Compliance Measure (Description)	OCHS Assigned Due Date	Corrective Action Plan	Person(s) Responsible	Timeline for Completion (Date)	OCHS Corrective Action Approval (Date)	Validation Steps	Validation of Completion (Date)	OCHS Completion of Corrective Action Approval (Date)				
45 CFR \$1302.42(b)-(d) Delegate Agreement Section 15	Health Follow-Up	Non- Compliance	Delegate did not ensure timely and/or intentional health follow-up with families, primarily due to insufficient follow-up on Well Checks, both new and expiring; and missing components of Well Checks. Overall, Health follow-up documentation not consistent with grantee SAPPPs.	CAP due 4/9/21, 30 calendar days from issued date; Correction of Non-Compliance due 6/9/21, 90 calendar days from issued date	FSA and Nurse Consultant are working closely and reviewing and completing follow ups in a timely manner. EHS Coordinator will set up a tracking system to make sure follow ups are being completed.	FSA Nurse Consultant EHS Coordinator	6/09/2021								
*Non-compliance issued due to not meeting regulation and/or Agency SAPPP requirements.															
Approval of Corrective Action Plan				Signature of Board Chairperson				Approval of Corrective Action Plan				Signature of Policy Committee Chairperson			
Signature:				Date:				Signature:				Date:			
Approval of Validation of Correction				Signature of Board Chairperson				Approval of Validation of Correction				Signature of Policy Committee Chairperson			
Signature:				Date:				Signature:				Date:			



CITY OF LA HABRA EARLY HEAD START PROGRAM COMMUNITY ASSESSMENT 2019 - 2024



Head Start grantees and delegate agencies are mandated to conduct a Community Assessment every five years, with a review and update in each year, following the main assessment.

The Head Start Performance Standards, Subpart A, 1302.11 (b), states that this Community Assessment must include information about the following aspects of the grantee and delegate agency's service area:

- I. The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
 - a. Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));
 - b. Children in foster care; and
 - c. Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;
- II. The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;
- III. Typical work, school, and training schedules of parents with eligible children;
- IV. Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;
- V. Resources that are available in the community to address the needs of eligible children and their families; and,
- VI. Strengths of the community.

The report is organized according to the mandated assessment criteria listed above.

Description of the Data Sources

A variety of data is used to assist in completion of the refunding narrative and budget. The Community Assessment of Orange County Head Start was valuable in giving a broad perspective of trends and patterns in Orange County. Likewise, information gathered from the City of La Habra website, United Way Quality of Life Report, California Department of Education website, and the Conditions of Children in Orange County book served as a valuable tool in determining the information needed for the community assessment.

Internal data sources included the programs past self-assessment reports, Program Information Reports (PIR), child outcomes analysis, monitoring reports, staff training evaluations, parent surveys, and progress reports on goals and objectives and written plans.

Pandemic Programmatic and Community Update

Guiding Questions to Assess the Impact of a Pandemic	Immediate Actions The most urgent issues a Head Start program needs to address	Potential Actions Workable solutions for a Head Start program to consider during a pandemic
Grantee Response and Pandemic Assessment		
<ul style="list-style-type: none"> ✓ How has the pandemic impacted the following: <ul style="list-style-type: none"> • Governing body/Tribal Council? • Policy Council? • Program leadership? • Family services? • Education? • Transportation? • Health? • Nutrition? ✓ How have federal, tribal, state, and local government directives and guidance impacted program operations and service delivery? ✓ Does the program have a plan for delivering services? ✓ What is required to provide appropriate services during this time (e.g., support, resources, technology)? ✓ Who are the essential staff? What are their roles and responsibilities during a pandemic? ✓ How are services being documented and monitored? ✓ What has worked so far? ✓ What could be working better? 	<p>Our meetings with the CS Commission and PC are all conducted virtually.</p> <p>Most of the services/needs of the family have focused on housing, food, and mental health since the pandemic began.</p> <p>Our program for EHS currently operates a home-based program and the home-educators usually conduct visits in the home of the children but due to the pandemic visits are conducted via phone calls or video calls. The calls are quite different and they are shorter than the typical visits. Home-educators also deliver home-packets for the parents which contains activities for parents to do with their child which is part of the lesson plans created. Due to visits conducted virtually, all home-educators were provided with a laptop to conduct the visits and completing data entry in ChildPlus and Learning Genie.</p>	<p>Updating technology to be able to communicate with the CS Commission and PC</p> <p>Collaboration with non-profit organization to assist parents with their concerns during the pandemic.</p> <p>Parents have been receptive to staff leaving packets at their front doors and discussing these when home-visits are conducted. Although the home-educators are working with the parents in providing assistance and guidance, conducting this virtually has been a challenge and staff have managed to work with this. All services are documented in the same forms and in ChildPlus.</p>
Communication Plan		
<ul style="list-style-type: none"> ✓ Outline the modified strategy for communicating with staff, governing body/Tribal Council and Policy Council members, parents, and community partners. ✓ Describe the protocol for 	<p>Communication with staff is conducted either in-person, virtual, or through emails. Although the home-educators are telecommuting, meetings occur as scheduled to be</p>	<p>The laptops issued to the home-educators have been helpful since all applications that are needed were installed to assist them in telecommuting.</p>

<p>community and media communication. Who is the point of contact for the media?</p> <ul style="list-style-type: none"> ✓ What is the organization's experience with telework? ✓ Has the organization been able to use technology to support service delivery? How is this evaluated? ✓ How accessible are the grantee's data systems? ✓ How do those data systems protect personally identifiable information? ✓ How will the grantee communicate its ongoing efforts to provide responsive services? 	<p>able to share information with all staff. Due to the pandemic and staff telecommuting – each home educator was given a laptop to be able to complete reports in ChildPlus and virtually meet with the parents for home-visits.</p> <p>Most meetings are conducted virtually.</p>	
<p>National and Regional Office Communications</p>		
<ul style="list-style-type: none"> ✓ What information and resources are being recommended by the Office of Head Start (OHS) at the regional and national levels? Have you checked the <u>Early Childhood Learning and Knowledge Center (ECLKC)</u> and reviewed relevant standards, Information Memoranda, and Program Instructions? ✓ What are the central and Regional Offices' immediate concerns? ✓ What is the protocol for communicating with the Regional Office? 	<p>All information from OHS was received and shared with the CS Commission and Parent Committee. If changes were needed, updates was shared. Staff is also informed of any updates from OHS and the grantee.</p>	<p>Program will continue to share information with the Commission, PC, and staff.</p>
<p>Human Resource (HR) Considerations</p>		
<ul style="list-style-type: none"> ✓ How are HR functions maintained during a pandemic, including: <ul style="list-style-type: none"> • Recruitment? • Hiring? • Onboarding? • Retention and resignation? • Leave time? 	<p>No changes in staffing during the pandemic – this has not been a concern or the EHS program.</p>	

<ul style="list-style-type: none"> • Health and mental health? • Other HR functions? <p>✓ How is staff health and well-being supported during a pandemic?</p> <p>✓ What insurance-sponsored telecare, telehealth, and telemedicine services are offered to employees?</p>		
<p>Community Partnerships</p>		
<p>✓ How can existing or new community partnerships be leveraged to address needs caused by the pandemic?</p> <p>✓ How are community partners supporting the child care needs of essential workers?</p> <p>✓ What services are being provided, including emergency services?</p> <p>✓ Outline the community-wide strategic plan for recovery. How does the grantee monitor and assess its efforts in addressing the plan's goals and objectives?</p>	<p>Community partners have been providing support services to the program. This was not a concern during the pandemic. The information was shared with parents.</p>	<p>No changes as this time.</p>
<p>Family Considerations and Resources</p>		
<p>✓ How are families coping with the pandemic?</p> <p>✓ How are program staff communicating with families to ensure basic needs are being met?</p> <p>✓ How will the program continue to provide referrals for families? What services remain available during a pandemic? Describe the virtual platforms available for the following services:</p> <ul style="list-style-type: none"> • Social • Mental health • Health • Dental • Nutrition • Disability • Financial aid 	<p>The concern with the family during the pandemic is paying their rent since some have lost their employment – resources were given to the families. Food distribution information was also shared with the families from community partners and the grantee.</p> <p>Referrals continue to be generated, as needed, and information has been forwarded to the appropriate services needed.</p>	<p>Program will continue to work with program partners as referrals are needed.</p>

<ul style="list-style-type: none"> • Employment • Child care and education 		
<p>Program Options</p>		
<ul style="list-style-type: none"> ✓ How are modified services monitored by the grantee to provide oversight and support for virtual work? ✓ What supplies, resources, or materials are needed to deliver alternative service? ✓ What type of remote learning is offered to children? How are families helped to meet their children's learning needs (e.g., virtually, materials physically provided, or a combination)? 	<p>Program will not change program options.</p> <p>Program will utilize more supplies to be given to the parents for the program.</p>	<p>Program will continue to recruit families for the home-based program option – although it has been quite difficult to have families qualify for the program due to the increase in minimum wage and the Federal Poverty Guidelines are low.</p>
<p>Technology Needs</p>		
<ul style="list-style-type: none"> ✓ Are there adequate internet and cell phone services to provide and sustain distance learning? ✓ How does the program communicate with families in areas with limited Wi-Fi access? ✓ What training and technical assistance is needed to provide staff and families with virtual services? ✓ What technological needs should be addressed in the future? ✓ How have children with special needs been impacted? How can we minimize the disruption for children receiving these services? ✓ How are prenatal services supported during a pandemic? 	<p>Program can update wi-fi for the sites because program is currently using a pocket wi-fi. At this time since staff is telecommuting, they are utilizing their own wi-fi at their homes.</p> <p>Program can have a better system to be able to communicate with all parents – a Class Dojo might be useful to share the information with all parents at the same time.</p>	<p>Program will work with IT department into the cost of installing wi-fi at the main office.</p> <p>Seek guidance if staff who telecommute can receive a reimbursement for the cost of phone and wi-fi since this is the way staff is communicating with families.</p>
<p>Health and Social Service Needs</p>		
<ul style="list-style-type: none"> ✓ How does a pandemic impact the availability of medical and mental health services? What services are offered by community 	<p>Mental Health consultant has been available for all parents, which some have utilized. All parents know, this is a service they can</p>	<p>Program will continue to offer the services to the families.</p>

<p>partners or through virtual platforms (e.g., telehealth, telecare, and telemedicine)?</p> <p>✓ How are families receiving up-to-date information on how to be safe during a pandemic?</p>	<p>request and scheduled meeting will be arranged.</p> <p>Community partners have been sharing information regarding services offered to families that they can request.</p>	
<p>Nutrition Needs</p>		
<p>✓ Do families have access to low-cost, nutritious foods, including food distribution programs?</p> <p>✓ What role can Head Start programs play in expanding food delivery or nutrition services?</p>	<p>Food distribution information is shared with the parents.</p>	<p>Program will continue to share information to the families.</p>

COVID-19 IMPACT PLANNING SNAPSHOT

The following snapshot includes data points both depicting direct impacts of COVID-19, as well as children and families who may be uniquely susceptible to its health, social and economic effects. Data included elsewhere in the report (e.g., child poverty) has not been included.

Children 0 to 17 Years Old, 2018

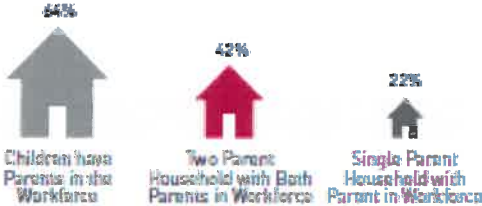
CHILDREN IN SINGLE PARENT HOUSEHOLDS¹⁷



CHILDREN LIVING WITH GRANDPARENT¹⁸



PERCENT OF HOUSEHOLDS WITH CHILDREN WITH PARENTS IN THE WORKFORCE¹⁷



CHILDREN UNDER 6 WITH BOTH PARENTS IN THE WORKFORCE



CHILDREN UNDER 6 WITH SINGLE PARENT IN THE WORKFORCE



PERCENT OF CHILDREN 5 TO 17 YEARS WITH SELF-CARE DIFFICULTY¹⁹



PERCENT OF CHILDREN WITH DISABILITY²⁰



Child Food Insecurity²¹

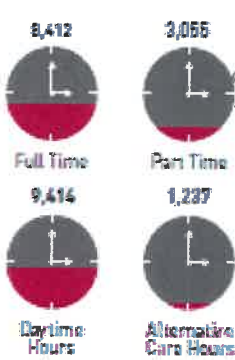


Child Care, 2018/19²²

NUMBER OF FAMILIES NEEDING CHILD CARE, BY REASON

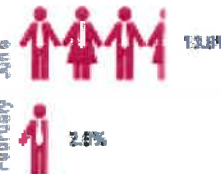


NUMBER OF CHILDREN NEEDING CHILD CARE, BY TYPE

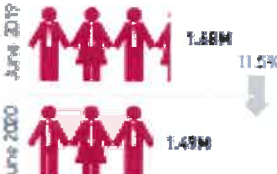


Employment

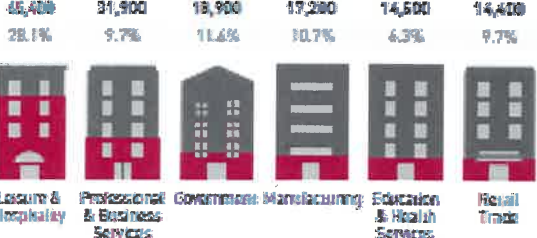
UNEMPLOYMENT IN 2020²³



NUMBER OF INDIVIDUALS IN THE WORKFORCE²⁴



INDUSTRIES WITH LARGEST NUMBER OF JOB LOSSES²⁵



¹ Orange County Health Care Agency; ² KFF/Edison; ³ California Department of Finance; ⁴⁻⁵ California County Population Economic and Components of Change by Year; ⁶⁻⁸ CBO Database; ⁹ U.S. Census Bureau American Community Survey, 2018 5-Year Estimates, Table S1601; ¹⁰ California Health Inequality Survey, 2018; ¹¹ California Health Inequality Survey, 2018; ¹² California Health Inequality Survey, 2018; ¹³ California Department of Education, Current Expenses of Education; ¹⁴ California Health Inequality Survey, 2018; ¹⁵ California Department of Education, Housing, Income, Median Price of Existing Single-Family Home; ¹⁶ U.S. Census Bureau ACS, 5-Year Estimates 2014-2018, Table DP02; ¹⁷ U.S. Census Bureau, ACS, 2018 5-Year Estimates, Table S0901; ¹⁸ U.S. Census Bureau ACS, 5-Year Estimates, Table S1801; ¹⁹ U.S. Census Bureau, ACS, 1-Year Estimates 2018, Table S1810; ²⁰ U.S. Census Bureau, ACS, 1-Year Estimates 2018, Table S0901; ²¹ Feeding America, Map the Need: Top 100 Areas of Need for Food Insecurity; ²² Child Care Resource Society of California, 2018/2019; ²³ Federal Reserve Bank of St. Louis; ²⁴ California Employment Development Department, Labor Market Information Division.

(i) The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:

- (A) Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Agency Liaisons (42 U.S.C. 11432 (6)(A));**
- (B) Children in foster care; and**
- (C) Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies;**

Population:

Population	2000	2010	2015	2017	2018	2019
Area, La Habra	59,191	60,239	61,725	61,965	62,183	60,513
Counties (Orange)	2,846,289	3,010,232	3,116,069	3,190,400	3,010,232	3,175,692
State (California)	33,871,648	37,253,956	38,421,464	39,536,653	37,253,956	39,512,223

Racial Characteristics:

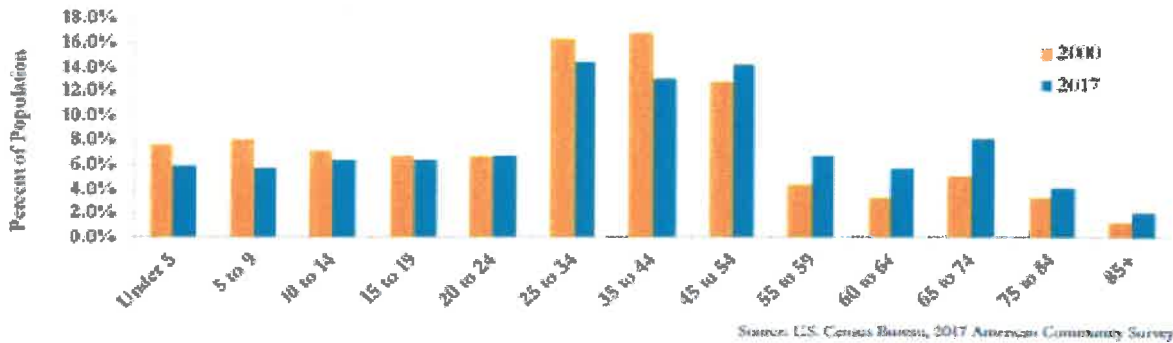
Race	2000	2010	2015	2017	2019
White	37,276	35,147	38,277	36,791	34,169
African American	979	1,025	673	720	841
Asian	3,397	5,653	5,756	7,565	7386
Native Hawaiian or Pacific Islander	145	103	39	37	0
American Indian or Alaskan Native	434	531	266	383	407
Some Other Race	14,350	15,224	14,175	13,761	15,210
Two or More Races	2,610	2,556	2,539	2,708	2,581

Ethnicity	2000	2010	2015	2017	2019
Hispanic	29,126	34,449	37,562	36,975	36,186

Age Distribution (2019):

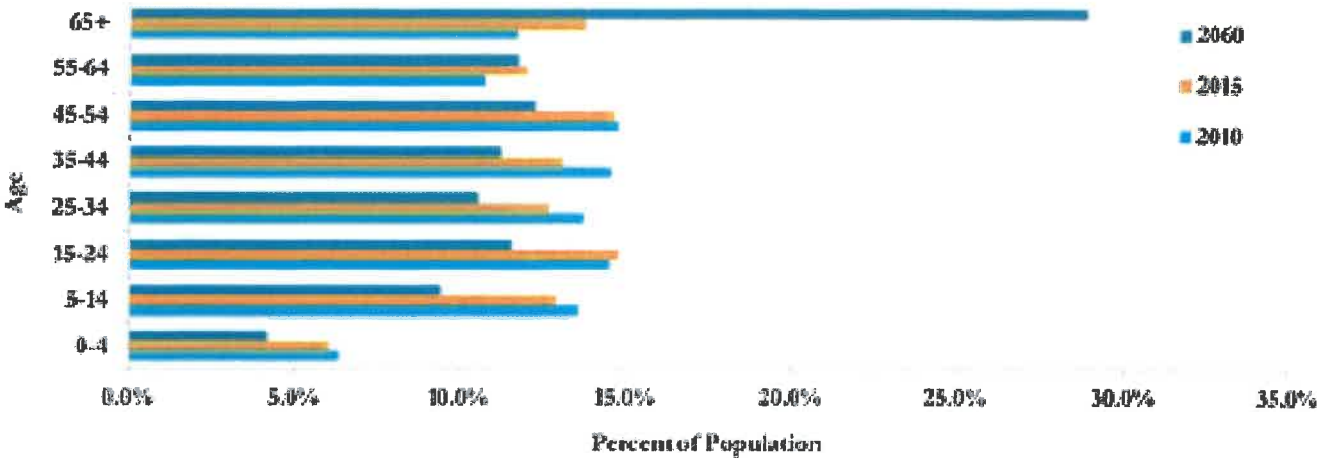
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Under 5 years	4,111	±402	6.8%	±0.7
5 to 9 years	3,968	±393	6.5%	±0.7
10 to 14 years	3,794	±344	6.3%	±0.6
15 to 19 years	3,927	±386	6.5%	±0.6
20 to 24 years	4,341	±507	7.2%	±0.8
25 to 34 years	9,449	±606	15.6%	±1.0
35 to 44 years	7,759	±484	12.8%	±0.8
45 to 54 years	7,798	±471	12.9%	±0.8
55 to 59 years	4,326	±423	7.1%	±0.7
60 to 64 years	3,401	±343	5.6%	±0.6
65 to 74 years	4,481	±409	7.4%	±0.7
75 to 84 years	2,030	±280	3.4%	±0.5
85 years and over	1,209	±252	2.0%	±0.4

Orange County Age Trends, 2000-2017



Orange County has also seen accelerating population growth in recent years. In 2017, for example, its population grew by 21,626, compared to a population growth of only 16,500 the previous year. This increasing population growth is largely due to a decrease in negative domestic migration; almost 19,000 residents moved out of the county in 2016 compared to less than 14,000 in 2017, as more Orange County residents choose to stay in the county rather than relocate to neighboring counties and states. This positive trend may be the result of increasing wage growth in Orange County, which helps offset increases in housing costs and other affordability concerns.

Projected Components of Population by Age in Orange County, 2010-2060



Incomes:

The median household income in the City of La Habra is \$79,325 in 2019. This is an increase from the \$72,178 in 2017.

Income information below:

Label	Households		Families		Married-couple families		Nonfamily households	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Total	18,416	±397	14,007	±320	9,938	±375	4,409	±368
Less than \$10,000	3.7%	±1.0	3.1%	±1.2	1.7%	±1.2	7.8%	±2.4
\$10,000 to \$14,999	2.2%	±0.5	1.8%	±0.8	0.9%	±0.6	5.9%	±1.8
\$15,000 to \$24,999	7.0%	±1.2	6.5%	±1.4	5.0%	±1.4	10.0%	±2.7
\$25,000 to \$34,999	6.2%	±0.9	5.4%	±1.1	4.0%	±1.2	8.6%	±2.2
\$35,000 to \$49,999	10.5%	±1.4	10.9%	±1.5	9.4%	±1.9	14.0%	±3.5
\$50,000 to \$74,999	17.3%	±1.8	16.8%	±2.1	16.2%	±2.7	17.4%	±3.8
\$75,000 to \$99,999	15.9%	±1.7	15.1%	±1.9	14.6%	±2.1	14.7%	±3.5
\$100,000 to	21.8%	±1.9	22.7%	±2.3	26.8%	±2.8	14.9%	±3.1

\$149,999								
\$150,000 to \$199,999	7.9%	±1.3	8.9%	±1.5	11.2%	±2.0	4.2%	±1.8
\$200,000 or more	7.6%	±1.2	8.8%	±1.5	10.1%	±1.9	2.7%	±1.6
Median income (dollars)	79,325	±2,931	82,848	±3,189	97,416	±5,767	54,980	±6,293
Mean income (dollars)	95,334	±3,175	100,621	±3,804	N	N	67,221	±4,524

Ratio of income to Poverty Level in the past 12 months by Nativity of Children under 18 years.

LABEL	ESTIMATE	MARGIN OF ERROR
Total:	13,412	±565
Under 1.00:	2,458	±544
Living with two parents:	1,034	±383
Both parents native	192	±184
Both parents foreign born	674	±280
One native and one foreign-born parent	168	±149
Living with one parent:	1,424	±433
Native parent	749	±312
Foreign-born parent	675	±286
1.00 to 1.99:	2,896	±523
Living with two parents:	1,971	±513
Both parents native	253	±156
Both parents foreign born	1,307	±375
One native and one foreign-born parent	411	±289
Living with one parent:	925	±261
Native parent	577	±200
Foreign-born parent	348	±143
2.00 and over:	8,058	±591
Living with two parents:	6,071	±541
Both parents native	3,723	±531
Both parents foreign born	1,356	±279
One native and one foreign-born parent	992	±268
Living with one parent:	1,987	±348
Native parent	1,369	±288
Foreign-born parent	618	±208

Poverty status: (in the last 12 months, 2019)

Label	Total		Below poverty level		Percent below poverty level	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population for whom poverty status is determined	60,060	±185	7,120	±985	11.9%	±1.6
AGE						
Under 18 years	13,950	±561	2,592	±540	18.6%	±3.9
Under 5 years	4,016	±391	902	±300	22.5%	±6.9
5 to 17 years	9,934	±607	1,690	±380	17.0%	±3.9
Related children of householder under 18 years	13,851	±565	2,493	±544	18.0%	±3.9
18 to 64 years	38,559	±644	3,815	±544	9.9%	±1.4
18 to 34 years	15,283	±609	1,763	±330	11.5%	±2.1
35 to 64 years	23,276	±671	2,052	±380	8.8%	±1.6
60 years and over	10,952	±633	988	±274	9.0%	±2.3
65 years and over	7,551	±480	713	±248	9.4%	±3.1
SEX						
Male	29,389	±536	3,210	±526	10.9%	±1.8
Female	30,671	±526	3,910	±604	12.7%	±1.9
RACE AND HISPANIC OR LATINO ORIGIN						
White alone	33,974	±1,504	3,773	±703	11.1%	±1.9
Black or African American alone	837	±342	43	±51	5.1%	±6.4
American Indian and Alaska Native alone	399	±153	26	±32	6.5%	±8.3
Asian alone	7,304	±578	440	±182	6.0%	±2.4
Native Hawaiian and Other Pacific Islander alone	0	±29	0	±29	-	**
Some other race alone	14,999	±1,299	2,588	±673	17.3%	±4.1
Two or more races	2,547	±594	250	±170	9.8%	±6.3
Hispanic or Latino origin (of any race)	35,856	±1,052	5,385	±908	15.0%	±2.4
White alone, not Hispanic or Latino	15,346	±791	1,120	±254	7.3%	±1.7
EDUCATIONAL ATTAINMENT						
Population 25 years and over	40,275	±682	3,764	±503	9.3%	±1.2
Less than high school graduate	6,913	±493	1,260	±246	18.2%	±3.2

High school graduate (includes equivalency)	9,542	±766	898	±217	9.4%	±2.2
Some college, associate's degree	12,286	±694	916	±231	7.5%	±1.8
Bachelor's degree or higher	11,534	±645	690	±258	6.0%	±2.1
EMPLOYMENT STATUS						
Civilian labor force 16 years and over	32,637	±711	2,142	±373	6.6%	±1.1
<i>Employed</i>	30,181	±730	1,579	±298	5.2%	±1.0
Male	15,786	±441	852	±190	5.4%	±1.2
Female	14,395	±599	727	±207	5.1%	±1.4
<i>Unemployed</i>	2,456	±272	563	±194	22.9%	±7.2
Male	1,343	±192	359	±159	26.7%	±10.2
Female	1,113	±230	204	±103	18.3%	±8.5
WORK EXPERIENCE						
Population 16 years and over	47,679	±568	4,736	±593	9.9%	±1.2
Worked full-time, year-round in the past 12 months	20,949	±634	690	±193	3.3%	±0.9
Worked part-time or part-year in the past 12 months	11,860	±629	1,263	±259	10.6%	±2.1
Did not work	14,870	±720	2,783	±423	18.7%	±2.5
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS						
50 percent of poverty level	2,622	±515	(X)	(X)	(X)	(X)
125 percent of poverty level	9,641	±1,064	(X)	(X)	(X)	(X)
150 percent of poverty level	11,677	±1,223	(X)	(X)	(X)	(X)
185 percent of poverty level	16,648	±1,311	(X)	(X)	(X)	(X)
200 percent of poverty level	18,452	±1,259	(X)	(X)	(X)	(X)
300 percent of poverty level	27,416	±1,275	(X)	(X)	(X)	(X)
400 percent of poverty level	35,918	±1,193	(X)	(X)	(X)	(X)
500 percent of poverty level	42,877	±1,111	(X)	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED						
Male	4,049	±457	828	±203	20.4%	±4.2
Female	4,374	±382	1,131	±190	25.9%	±4.0
15 years	10	±15	10	±15	100.0%	±97.3
16 to 17 years	89	±71	89	±71	100.0%	±31.4
18 to 24 years	744	±256	362	±140	48.7%	±15.4
25 to 34 years	1,785	±273	352	±120	19.7%	±6.9
35 to 44 years	1,187	±241	201	±96	16.9%	±7.2

45 to 54 years	1,139	±318	187	±91	16.4%	±6.6
55 to 64 years	1,256	±292	245	±119	19.5%	±7.9
65 to 74 years	1,071	±198	265	±97	24.7%	±8.2
75 years and over	1,142	±235	248	±109	21.7%	±7.5
Mean income deficit for unrelated individuals (dollars)	8,108	±546	(X)	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	3,700	±406	152	±88	4.1%	±2.4
Worked less than full-time, year-round in the past 12 months	1,925	±298	427	±135	22.2%	±6.0
Did not work	2,798	±353	1,380	±237	49.3%	±5.8

Immigration:

Data from the U.S. Census Bureau for 2011-2015 indicate that **17,382** people or **28.16%** of the population living in this area were "foreign born". Census defines foreign born as anyone who is not a U.S. citizen at birth. This area is located in California, which, according to the Department of Homeland Security, was home to **198,379** people who were granted Legal Permanent Residence status in 2014. Those LPRs, or "green cards", represent **19.52%** of green cards issued in the nation that year.

Families and Households:

Label	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSING OCCUPANCY				
Total housing units	19,025	±442	19,025	(X)
Occupied housing units	18,416	±397	96.8%	±0.9
Vacant housing units	609	±169	3.2%	±0.9
Homeowner vacancy rate	0.3	±0.4	(X)	(X)
Rental vacancy rate	4.1	±1.6	(X)	(X)
UNITS IN STRUCTURE				
Total housing units	19,025	±442	19,025	(X)
1-unit, detached	10,048	±392	52.8%	±1.8
1-unit, attached	1,751	±243	9.2%	±1.2
2 units	139	±50	0.7%	±0.3
3 or 4 units	997	±172	5.2%	±0.9
5 to 9 units	1,083	±191	5.7%	±1.0
10 to 19 units	1,283	±217	6.7%	±1.1
20 or more units	2,834	±303	14.9%	±1.6

Mobile home	890	±158	4.7%	±0.8
Boat, RV, van, etc.	0	±29	0.0%	±0.2
HOUSING TENURE				
Occupied housing units	18,416	±397	18,416	(X)
Owner-occupied	10,655	±415	57.9%	±1.8
Renter-occupied	7,761	±365	42.1%	±1.8
Average household size of owner-occupied unit	3.17	±0.10	(X)	(X)
Average household size of renter-occupied unit	3.40	±0.13	(X)	(X)
YEAR HOUSEHOLDER MOVED INTO UNIT				
Occupied housing units	18,416	±397	18,416	(X)
Moved in 2017 or later	1,754	±232	9.5%	±1.3
Moved in 2015 to 2016	2,456	±263	13.3%	±1.4
Moved in 2010 to 2014	4,670	±381	25.4%	±2.0
Moved in 2000 to 2009	4,728	±388	25.7%	±2.0
Moved in 1990 to 1999	2,215	±234	12.0%	±1.3
Moved in 1989 and earlier	2,593	±282	14.1%	±1.5
SELECTED CHARACTERISTICS				
Occupied housing units	18,416	±397	18,416	(X)
Lacking complete plumbing facilities	47	±38	0.3%	±0.2
Lacking complete kitchen facilities	241	±79	1.3%	±0.4
No telephone service available	271	±100	1.5%	±0.5
OCCUPANTS PER ROOM				
Occupied housing units	18,416	±397	18,416	(X)
1.00 or less	15,996	±502	86.9%	±1.5
1.01 to 1.50	1,656	±233	9.0%	±1.3
1.51 or more	764	±166	4.1%	±0.9
VALUE				
Owner-occupied units	10,655	±415	10,655	(X)
Less than \$50,000	347	±119	3.3%	±1.1
\$50,000 to \$99,999	329	±95	3.1%	±0.9
\$100,000 to \$149,999	137	±81	1.3%	±0.7

\$150,000 to \$199,999	200	±86	1.9%	±0.8
\$200,000 to \$299,999	698	±171	6.6%	±1.6
\$300,000 to \$499,999	2,925	±256	27.5%	±2.1
\$500,000 to \$999,999	5,545	±340	52.0%	±2.7
\$1,000,000 or more	474	±145	4.4%	±1.4
Median (dollars)	539,200	±12,659	(X)	(X)
MORTGAGE STATUS				
Owner-occupied units	10,655	±415	10,655	(X)
Housing units with a mortgage	7,409	±372	69.5%	±2.6
Housing units without a mortgage	3,246	±316	30.5%	±2.6
SELECTED MONTHLY OWNER COSTS (SMOC)				
Housing units with a mortgage	7,409	±372	7,409	(X)
Less than \$500	68	±47	0.9%	±0.6
\$500 to \$999	348	±121	4.7%	±1.6
\$1,000 to \$1,499	897	±153	12.1%	±2.1
\$1,500 to \$1,999	1,436	±186	19.4%	±2.1
\$2,000 to \$2,499	1,608	±220	21.7%	±2.4
\$2,500 to \$2,999	1,218	±205	16.4%	±2.7
\$3,000 or more	1,834	±213	24.8%	±2.9
Median (dollars)	2,297	±64	(X)	(X)
Housing units without a mortgage	3,246	±316	3,246	(X)
Less than \$250	340	±101	10.5%	±3.0
\$250 to \$399	638	±148	19.7%	±3.9
\$400 to \$599	762	±152	23.5%	±4.4
\$600 to \$799	456	±134	14.0%	±3.8
\$800 to \$999	390	±120	12.0%	±3.5
\$1,000 or more	660	±168	20.3%	±4.8
Median (dollars)	569	±40	(X)	(X)
GROSS RENT				
Occupied units paying rent	7,614	±367	7,614	(X)
Less than \$500	121	±61	1.6%	±0.8
\$500 to \$999	574	±150	7.5%	±1.9
\$1,000 to \$1,499	2,745	±298	36.1%	±3.8
\$1,500 to \$1,999	2,674	±296	35.1%	±3.7

\$2,000 to \$2,499	1,099	±212	14.4%	±2.7
\$2,500 to \$2,999	290	±125	3.8%	±1.6
\$3,000 or more	111	±68	1.5%	±0.9
Median (dollars)	1,569	±52	(X)	(X)
No rent paid	147	±67	(X)	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)				
Occupied units paying rent (excluding units where GRAPI cannot be computed)	7,495	±366	7,495	(X)
Less than 15.0 percent	523	±126	7.0%	±1.7
15.0 to 19.9 percent	807	±178	10.8%	±2.3
20.0 to 24.9 percent	927	±177	12.4%	±2.3
25.0 to 29.9 percent	1,414	±309	18.9%	±4.0
30.0 to 34.9 percent	703	±170	9.4%	±2.3
35.0 percent or more	3,121	±339	41.6%	±4.0
Not computed	266	±127	(X)	(X)

Comparative Housing Characteristics:

Label	2015-2019 Estimates	2010-2014 Estimates
HOUSING OCCUPANCY		
Total housing units	19,025	19,531
Occupied housing units	96.8%	96.4%
Vacant housing units	3.2%	3.6%
Homeowner vacancy rate	0.3	1.1
Rental vacancy rate	4.1	3.9
UNITS IN STRUCTURE		
Total housing units	19,025	19,531
1-unit, detached	52.8%	50.3%
1-unit, attached	9.2%	8.6%
2 units	0.7%	1.0%
3 or 4 units	5.2%	5.9%
5 to 9 units	5.7%	4.7%
10 to 19 units	6.7%	6.0%
20 or more units	14.9%	19.1%
Mobile home	4.7%	4.1%
Boat, RV, van, etc.	0.0%	0.1%
YEAR STRUCTURE BUILT		
Total housing units	19,025	19,531
Built 2014 or later	1.0%	(X)

Built 2010 to 2013	0.8%	(X)
Built 2000 to 2009	2.8%	2.7%
Built 1990 to 1999	7.1%	3.8%
Built 1980 to 1989	10.4%	12.8%
Built 1970 to 1979	20.8%	23.9%
Built 1960 to 1969	22.0%	23.5%
Built 1950 to 1959	29.2%	29.0%
Built 1940 to 1949	2.4%	2.2%
Built 1939 or earlier	3.5%	1.9%
ROOMS		
Total housing units	19,025	19,531
1 room	2.8%	10.2%
2 rooms	4.1%	2.4%
3 rooms	12.1%	12.1%
4 rooms	25.1%	20.4%
5 rooms	18.3%	20.5%
6 rooms	17.0%	15.0%
7 rooms	9.5%	9.6%
8 rooms	6.2%	5.1%
9 rooms or more	4.8%	4.8%
Median rooms	4.8	4.7
BEDROOMS		
Total housing units	19,025	19,531
No bedroom	3.0%	10.4%
1 bedroom	12.6%	11.5%
2 bedrooms	32.7%	28.8%
3 bedrooms	31.3%	32.7%
4 bedrooms	16.9%	13.4%
5 or more bedrooms	3.5%	3.2%
HOUSING TENURE		
Occupied housing units	18,416	18,832
Owner-occupied	57.9%	56.3%
Renter-occupied	42.1%	43.7%
Average household size of owner-occupied unit	3.17	3.11
Average household size of renter-occupied unit	3.40	3.39
YEAR HOUSEHOLDER MOVED INTO UNIT		
Occupied housing units	18,416	18,832
Moved in 2017 or later	9.5%	(X)
Moved in 2015 to 2016	13.3%	(X)
Moved in 2010 to 2014	25.4%	25.9%

Moved in 2000 to 2009	25.7%	40.2%
Moved in 1990 to 1999	12.0%	15.9%
Moved in 1989 and earlier	14.1%	17.9%
VEHICLES AVAILABLE		
Occupied housing units	18,416	18,832
No vehicles available	4.0%	5.3%
1 vehicle available	23.3%	29.9%
2 vehicles available	41.3%	38.8%
3 or more vehicles available	31.4%	26.1%
HOUSE HEATING FUEL		
Occupied housing units	18,416	18,832
Utility gas	67.7%	69.6%
Bottled, tank, or LP gas	1.4%	1.4%
Electricity	24.4%	25.5%
Fuel oil, kerosene, etc.	0.0%	0.0%
Coal or coke	0.0%	0.1%
Wood	0.4%	0.0%
Solar energy	0.6%	0.1%
Other fuel	0.0%	0.3%
No fuel used	5.5%	3.0%
SELECTED CHARACTERISTICS		
Occupied housing units	18,416	18,832
Lacking complete plumbing facilities	0.3%	0.3%
Lacking complete kitchen facilities	1.3%	1.6%
No telephone service available	1.5%	1.6%
OCCUPANTS PER ROOM		
Occupied housing units	18,416	18,832
1.00 or less	86.9%	82.1%
1.01 to 1.50	9.0%	8.5%
1.51 or more	4.1%	9.3%
VALUE		
Owner-occupied units	10,655	10,601
Less than \$50,000	3.3%	5.2%
\$50,000 to \$99,999	3.1%	3.2%
\$100,000 to \$149,999	1.3%	3.6%
\$150,000 to \$199,999	1.9%	5.1%
\$200,000 to \$299,999	6.6%	12.2%
\$300,000 to \$499,999	27.5%	46.6%
\$500,000 to \$999,999	52.0%	22.3%
\$1,000,000 or more	4.4%	1.9%

Median (dollars)	539,200	378,800
MORTGAGE STATUS		
Owner-occupied units	10,655	10,601
Housing units with a mortgage	69.5%	70.8%
Housing units without a mortgage	30.5%	29.2%

SELECTED MONTHLY OWNER COSTS (SMOC)

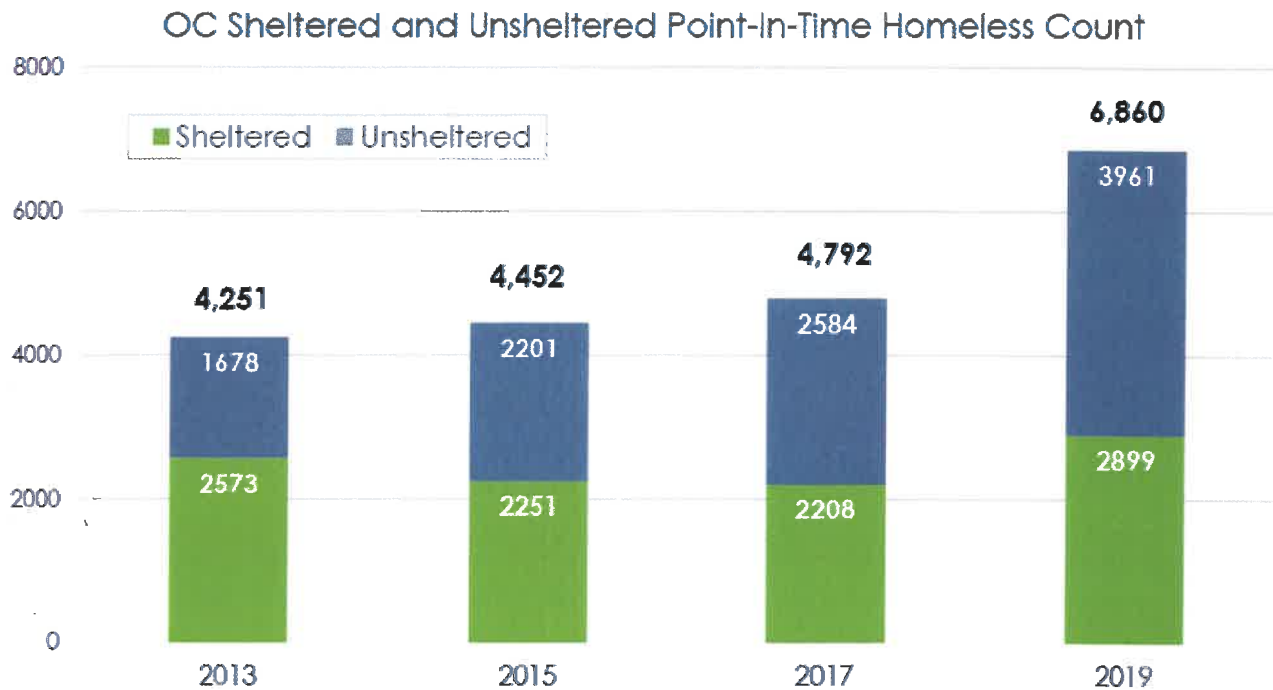
Housing units with a mortgage	7,409	7,504
Less than \$500	0.9%	0.8%
\$500 to \$999	4.7%	6.8%
\$1,000 to \$1,499	12.1%	10.7%
\$1,500 to \$1,999	19.4%	18.2%
\$2,000 to \$2,499	21.7%	20.0%
\$2,500 to \$2,999	16.4%	17.8%
\$3,000 or more	24.8%	25.7%
Median (dollars)	2,297	2,339
Housing units without a mortgage	3,246	3,097
Less than \$250	10.5%	13.6%
\$250 to \$399	19.7%	25.2%
\$400 to \$599	23.5%	26.4%
\$600 to \$799	14.0%	11.9%
\$800 to \$999	12.0%	5.9%
\$1,000 or more	20.3%	17.0%
Median (dollars)	569	491

SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)

Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	7,332	7,459
Less than 20.0 percent	33.3%	29.2%
20.0 to 24.9 percent	12.4%	12.2%
25.0 to 29.9 percent	12.6%	14.4%
30.0 to 34.9 percent	12.0%	10.3%
35.0 percent or more	29.8%	33.9%
Not computed	77	45

Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	3,230	3,073
Less than 10.0 percent	47.2%	49.8%
10.0 to 14.9 percent	17.7%	15.6%
15.0 to 19.9 percent	7.1%	6.3%
20.0 to 24.9 percent	7.2%	5.1%
25.0 to 29.9 percent	4.7%	3.4%
30.0 to 34.9 percent	4.3%	3.7%
35.0 percent or more	11.8%	16.0%
Not computed	16	24
GROSS RENT		
Occupied units paying rent	7,614	8,078
Less than \$500	1.6%	2.1%
\$500 to \$999	7.5%	9.6%
\$1,000 to \$1,499	36.1%	49.9%
\$1,500 to \$1,999	35.1%	28.6%
\$2,000 to \$2,499	14.4%	6.6%
\$2,500 to \$2,999	3.8%	2.8%
\$3,000 or more	1.5%	0.3%
Median (dollars)	1,569	1,401
No rent paid	147	153
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)		
Occupied units paying rent (excluding units where GRAPI cannot be computed)	7,495	7,991
Less than 15.0 percent	7.0%	6.2%
15.0 to 19.9 percent	10.8%	9.4%
20.0 to 24.9 percent	12.4%	11.5%
25.0 to 29.9 percent	18.9%	11.9%
30.0 to 34.9 percent	9.4%	10.0%
35.0 percent or more	41.6%	50.9%
Not computed	266	240

On a single night in January 2019, **6,860 people** experienced homelessness in Orange County.



Source: Homeless Point-In-Time Count at <http://ochmis.org/point-in-time-count-pit/>

Employment:

The following table shows the number of people who were employed, unemployed, in the labor force, and the unemployment rate for the market in which the report area is located, according to the Bureau of Labor Statistics.

2020 Unemployment Rate per Month:

Month/Year	La Habra, CA%	California%	National %
1 / 2020	3.0%	4.3%	3.6%
2 / 2020	3.0%	4.3%	3.5%
3 / 2020	4.1%	5.8%	4.4%
4 / 2020	14.1%	16.2%	14.7%
5 / 2020	15.0%	16.0%	13.3%
6 / 2020	13.9%	15.1%	11.1%
7 / 2020	12.9%	13.9%	10.2%
8 / 2020	9.9%	11.3%	8.4%
9 / 2020	9.6%	10.7%	7.9%
10 / 2020	8.5%	8.7%	6.9%
11 / 2020	7.0%	7.9%	6.7%

- La Habra’s Current Unemployment rate is 7.0%
- According to California’s Employment Development Department, during the first months of the pandemic, Orange County experienced the loss of 222,400 jobs, increasing the unemployment rate to 14 percent in April.² Orange County organizations who have historically provided safety net services and resources for families and children experiencing economic and health challenges, found themselves needing to mobilize and identify new ways to increase their capacity to meet the growing demand.
 - County of Orange Social Services Agency (SSA), which receives calls for Medi-Cal public health insurance, CalFresh (aka Food Stamps)³, General Relief and CalWORKs benefits, saw an increase on average (March-August 2020) of approximately 20,000 additional calls per month about public assistance benefits versus monthly call volumes in the prior year. Of this call volume, approximately 55 to 60% of all inquiries were for CalFresh.⁴ The increase in applications for benefits from March to August 2020 compared to the same time period in 2019 were as follows:
 - Medi-Cal applications, federally known as Medicaid, were up 10.6%;⁵
 - CalFresh, federally known as the Supplemental Nutrition Assistance Program (SNAP), applications were up 29.1%⁶; and
 - Direct cash aid, known as CalWORKs, for families with children increased by 36.4%.
- Disparities among racial/ethnic groups contribute to high numbers of head start and early head start eligible children in Orange County.
- Overall, in Orange County, about 1 in 8 people are living below the federal poverty level in Orange County.
 - 1 in 4 children is living in poverty, 1 in 4 Hispanic children; 1 in 8 Asian children, and 1 in 17 White children.
 - At the poverty rate of 27.9%, Hispanic children are the greatest risk of living in poverty in Orange county, compared to 11.9% for Asian Children and 6.3% for white children.
 - In Orange County, 16.9% of children (123,845) live in poverty.
- There are no significant demographic changes determined by the Community Assessment in regards to the Head Start and Early Head Start eligible children and families in relation to the estimated number, geographical location, or racial/ethnic composition.
- The assessment continued to document no major changes in social services than those currently identified and being addressed through the program’s objectives and services.

Special Education Enrollment by Age and Disability 3066563 - -La Habra City Elementary (2018-19)

Age	Intellectual Disability	Hard of Hearing	Deaf	Speech or Language Impairment	Visual Impairment	Emotional Disturbance	Orthopedic Impairment	Other Health Impairment	Specific Learning Disability	Deaf-Blindness	Multiple Disability	Autism	Traumatic Brain Injury
0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	*	0	0	0	0	0	0	0	0
3	0	0	0	26	0	0	0	*	0	0	0	*	0

4	*	0	0	25	0	0	0	*	0	0	*	20	0
5	*	*	0	27	0	0	*	*	0	0	0	12	0
6	*	0	0	31	0	*	*	12	0	0	0	*	0
7	*	*	0	34	0	*	*	*	*	0	0	*	0
8	*	0	0	22	0	0	*	*	*	0	0	*	0
9	*	0	0	23	0	*	0	17	19	0	0	*	0
10	*	0	0	13	*	0	*	*	28	0	*	12	0
11	*	*	0	*	0	*	0	20	32	0	0	*	0

* Denotes values under 11

<u>County Total</u>	2,682	784	218	13,814	213	1,595	665	8,436	17,216	*	664	10,750	96
<u>State Total</u>	43,770	10,657	3,223	164,698	3,405	25,233	9,916	104,792	300,295	114	7,308	120,095	1,541

Number of Children served by the Regional Center of Orange County by Geographic Region, 2010-13

Region of Orange County	Number of Children Served December 2010	Number of Children Served December 2011	Number of Children Served December 2012	Number of Children Served December 2013
North	655	671	614	622
West	737	701	669	615
South/East/Central	1,509	1,391	1,257	1,250
Total	2,901	2,763	2,540	2,487

- The number of children diagnosed with autism in Orange County decreased the first decrease in 10 years. There is no new data regarding this information.
- The most prevalent type of disability is speech or language impairments followed by autism for children three (3) years and younger.
- It is evident that there has been a decrease in the number of children with special needs for children ages 0-2, with 0 children reported in the 2012-13 school year. There is no new data available regarding children with special needs.
- No report on children with the following types of disability compared to the previous two years in Mental Retardation, Visual Impairment, Emotional Disturbance, Orthopedic Impairment, and Other Health Impairment.

(ii) The education, health, nutrition and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well-being;

a) Education

Total Public School Enrollment:

	2015-16	2016-17	2017-18	2018-19	2019-2020
La Habra	4913	4726	4713	4656	4666

Ethnicity	Total	Grade K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
African American	38	6	1	3	5	2	5	5	5	6
American Indian or Alaska Native	6	1	2	0	0	1	0	1	0	1
Asian	91	12	12	12	9	12	4	11	8	11
Filipino	52	11	8	6	3	5	5	1	7	6
Hispanic or Latino	4,090	604	398	427	402	447	430	501	451	430
Pacific Islander	3	0	0	0	1	1	0	0	0	1
White	296	42	35	28	34	40	27	22	36	32
Two or More Races	63	11	9	7	5	2	5	9	6	9
Not Reported	27	13	6	1	3	1	2	1	0	0
Total	4,666	700	471	484	462	511	478	551	513	496

Label	Total		Percent		In public school		In private school		Percent in private school	
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error	Estimate	Margin of Error
Population 3 years and over enrolled in school	15,984	±800	(X)	(X)	(X)	(X)	(X)	(X)	11.9%	±2.0
Nursery school, preschool	876	±183	5.5%	±1.2	490	±137	386	±126	44.1%	±11.0
Kindergarten	10,274	±624	64.3%	±2.7	9,607	±594	667	±197	6.5%	±1.8

to 12th grade										
Kindergarten	684	±182	4.3%	±1.1	618	±176	66	±45	9.6%	±6.4
Elementary: grade 1 to grade 4	3,253	±345	20.4%	±1.8	2,985	±327	268	±117	8.2%	±3.4
Elementary: grade 5 to grade 8	2,951	±307	18.5%	±1.8	2,809	±317	142	±64	4.8%	±2.3
High school: grade 9 to grade 12	3,386	±356	21.2%	±2.1	3,195	±335	191	±102	5.6%	±2.9
College, undergraduate	4,204	±494	26.3%	±2.5	3,683	±463	521	±184	12.4%	±4.1
Graduate, professional school	630	±141	3.9%	±0.9	295	±108	335	±93	53.2%	±11.6
Population enrolled in college or graduate school	4,834	±498	30.2%	±2.4	3,978	±471	856	±212	17.7%	±4.1
Males enrolled in college or graduate school	2,100	±316	25.7%	±3.2	1,828	±309	272	±99	13.0%	±4.7
Females enrolled in college or graduate school	2,734	±399	35.0%	±3.7	2,150	±364	584	±165	21.4%	±5.5
Population 3 to 4 years	1,561	±227	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
3 to 4 year olds enrolled in school	720	±172	46.1%	±8.8	442	±138	278	±95	38.6%	±10.6
Population 5 to 9 years	3,968	±393	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
5 to 9 year olds enrolled in school	3,801	±374	95.8%	±2.1	3,416	±352	385	±127	10.1%	±3.1
Population 10 to 14 years	3,794	±344	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
10 to 14 year olds enrolled in school	3,762	±337	99.2%	±0.9	3,553	±337	209	±92	5.6%	±2.4
Population 15 to 17	2,433	±318	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)

15 to 17 year olds enrolled in school	2,415	±316	99.3%	±0.9	2,245	±305	170	±95	7.0%	±3.8
Population 18 to 19 years	1,494	±254	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
18 and 19 year olds enrolled in school	1,014	±199	67.9%	±7.9	998	±198	16	±20	1.6%	±1.9
Population 20 to 24 years	4,341	±507	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
20 to 24 year olds enrolled in school	2,122	±368	48.9%	±5.4	1,945	±384	177	±82	8.3%	±4.2
Population 25 to 34 years	9,449	±606	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
25 to 34 year olds enrolled in school	1,063	±296	11.2%	±3.1	893	±287	170	±98	16.0%	±9.3
Population 35 years and over	31,004	±692	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
35 years and over enrolled in school	1,087	±251	3.5%	±0.8	583	±165	504	±162	46.4%	±9.8
Population 18 to 24 years	5,835	±518	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	2,795	±398	47.9%	±5.0	2,613	±413	182	±81	6.5%	±3.1
Males 18 to 24 years	2,796	±401	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	1,311	±279	46.9%	±7.3	1,232	±280	79	±54	6.0%	±4.2
Females 18 to 24 years	3,039	±377	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)
Enrolled in college or graduate school	1,484	±271	48.8%	±6.2	1,381	±270	103	±62	6.9%	±4.2

SCHOOL ENROLLMENT BY LEVEL OF SCHOOL FOR THE POPULATION 3 YEARS AND OVER

Label	Estimate	Margin of Error
Total:	58,044	±333
Enrolled in school:	15,984	±800
Enrolled in nursery school, preschool	876	±183
Enrolled in kindergarten	684	±182
Enrolled in grade 1 to grade 4	3,253	±345
Enrolled in grade 5 to grade 8	2,951	±307
Enrolled in grade 9 to grade 12	3,386	±356
Enrolled in college, undergraduate years	4,204	±494
Graduate or professional school	630	±141
Not enrolled in school	42,060	±743

Total Licensed Early Care and Education Capacity, Family Child Care Homes (FCCH) and Child Care Centers

	2015-16		2016-17		2017-18		2018-19		2019-2020	
	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers	FCCH	Child Care Centers
Infant (0-2)	N/A	4,149	N/A	4,123	N/A	4,194	N/A	4,193	N/A	4,921
Preschool (2-5)	N/A	50,788	N/A	49,122	N/A	48,878	N/A	49,054	N/A	50,927
School-Age (6-12)	N/A	15,867	N/A	15,712	N/A	15,280	N/A	15,071	N/A	16,015
Total	N/A	70,804	N/A	68,957	N/A	68,352	N/A	68,318	12,194	71,863

Birth to 13 of Age Child Care Centers (CCTR) Priority Report, 2017

City	# of Children that Qualify for CDE Child Care	Total Spaces Available	% of Qualified Children Served
La Habra – CCTR	2,713	432	16%
La Habra – Part-Day	6,282	791	13%

Request for Child Care Referrals, Reason, and Type of Child Care Needed in 2019-2020 (in Orange County)

Reason Care is Needed	Number of Families that Called	Type of Care	Number of Children
Employed	11,421	Full-Time	14,301
Seeking Employment	2,298	Part-Time	2,925
School/ Training	2,105	Daytime Hours	15,981

Other	1,358	Alternative Hours**	Care	2,024
-------	-------	---------------------	------	-------

Note: The requests for child referrals has increased substantially from previous year due to a large increase in the child care funds available for Orange County and the capacity to serve more families.

**Includes requests for before and after school care.

**Includes evening, weekend, drop-in or overnight care.

Source: Children’s Home Society of California’s Child Care Resource and Referral Program

Kindergarten readiness: In the Early Development Index continues to show children are most vulnerable in the areas of communication skills and general knowledge, and language and cognitive development. Hispanic children are the most developmentally vulnerable.

- In 2019, 52.9% of children in Orange County were developmentally ready for kindergarten, a 1.9% increase from 2015 at 51.9%. Children are considered developmentally ready for school if they are on track in all five areas assessed (or in all four areas if only four areas were assessed).
- Among kindergartners, the areas of greatest vulnerabilities are language and cognitive development (27% vulnerable or at-risk) and communication skills and general knowledge (26% vulnerable or at-risk). Smaller percentages of children are vulnerable or at risk in social competence (22%), physical health and well-being (20%) and emotional maturity (20%).
- The five developmental areas are made up of 16 sub areas which are measured by a child’s readiness (ready, somewhat ready or not ready). Within these sub areas, children are least ready in their communication skills and general knowledge (59% not ready or somewhat ready), prosocial and helping behavior (58%), overall social competence (53%) and gross and fine motor skills (49%).
- The lowest percentage of students ready for school are in the communities of Midway City at 41.2% (177 children) followed by Villa Park at 42.0% (69) and Stanton at 42.4% (425).

Number and Percent of Children Developmentally Vulnerable on One or More Areas, by Community, 2019

Number of children	Physical Health and Well-Being	Social Competence	Emotional Maturity	Language and Cognitive Development	Communication Skills and General Knowledge
1,053	9%	13.9%	11.4%	12.2%	14.5%

Percent of Children Developmentally Vulnerable or At Risk on One or More Areas and On Track on all Areas, by Community, 2019

Number of Children	Developmentally Vulnerable on One or More Areas	Developmentally at Risk on One of More Areas	Developmentally on Track on all Areas	Multiple Challenges
1,053	27.1%	27.6%	45.3%	7.5%

English Language Learners

In 2001-02, in the county, there were 31.1% enrolled children who are English Language Learners, while in 2010-11, the number dropped to 25.1%. In 2010-11, the total number of students that are classified as English Language Learners is 5,431 or 39.5%, which is the 8th highest district in Orange County.

2014-15		2015-16		2016-17		2017-18		2018-19	
Number	%	Number	%	Number	%	Number	%	Number	%
1986	39.5	1830	37.2	1542	32.6	1477	31.3	1436	30.8

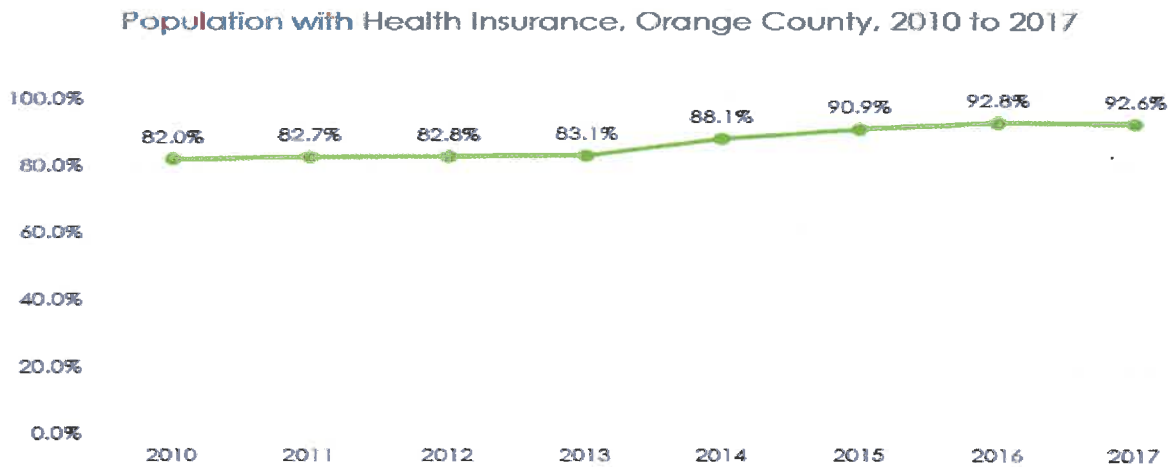
High School Graduates

26% of the population in La Habra has at least a high school degree and 22.7% have a college degree. In 2010-11, in the county, there is a 90% graduation rate for children enrolled. High school graduation rates continue to increase in Orange County. In 2012-13, the overall graduation rate was 87.5% compare to 85.9% in 2011-12.

Access to Healthcare

Number of children receiving health care through:

92.6% of OC residents have health insurance; rates have increased since 2010.





Health Coverage

- Health care coverage is a gateway to vital health care services, facilitating the use of routine medical services and defraying the costs from an unexpected health crisis.
- In 2009, nearly one in five (17.3% or 175,430) Hispanics had incomes below the poverty line. Income is a strong predictor of whether an individual has health care coverage or not.
- In 2012, approximately 6.9% of children in Orange County were uninsured compared to 8.2% in 2011. In the Conditions of Children in OC, it was indicated that there are 7.6% children who are uninsured.
- Orange County Health Needs Assessment (OCHNA) 2007 survey data results show that there is a statistically significant relationship between low income and lack of health care coverage for Latinos (Chi-square=95.925, $p < 0.001$).
- Over half (54.6% or 49,476) of Hispanic/Latino adults who had annual household income less than \$25,000 did not have health care coverage, compared to only 0.8% (1,957) of Latino adults with household income of \$75,000 or more.
- Orange County Health Needs Assessment (OCHNA) 2007 survey results estimated that 14.9% (102,143) of Hispanic adults did not have health care coverage.
- Close to half (47.9% or 53,613) of Latinos without coverage indicated that they did not have coverage because they could not afford to pay the premiums.

Children's Access to Health Care Coverage

- With the high cost of medical care, health coverage enables families to provide essential care for their children without overstressing their budgets.
 - In 2018, 2.9% of children were uninsured, representing a drop in uninsured rates by 71.8% since 2009 (10.4%).
 - Orange County has a similar rate of uninsured children (2.9%) compared to California (3.1%) and for the fifth consecutive year, this is a lower rate than the United States (5.2% in 2018).
- Those without any coverage or with very limited coverage have substantial challenges accessing health care.
- There are several health coverage packages that are designed specifically to meet the needs of children, such as Kaiser Permanente Child Health Plan and California Kids; a privately sponsored

program aimed at providing coverage for low-income children who do not meet all the eligibility requirements for government-subsidized programs and who have no source of private coverage.

- Public sector government-subsidized health care programs which provide coverage to children include Access for Infants and Mothers (AIM) and Healthy Families.
- The more recent ACS estimate is much greater, and this is most likely a result of the loss of jobs in the recent economic recession, as 68.1% (250,607) of Hispanic children with coverage in 2007 had employer-based coverage, according to Orange County Health Needs Assessment estimates.
- The percentage of Hispanic/Latino children covered by a government plan was 5 times the percentage of white children covered by a government plan (22.2% vs. 4.0% or 10,158, respectively). Without government support, the percentage of Hispanic/Latino children without health care coverage would be much higher.
- Healthy Families began in June 1998 and provides low-cost health, dental, and vision coverage to children and teens of families whose incomes are too high to qualify for free Medi-Cal, but are still below 250% of the federal poverty level.
- Healthy Families covers a range of health care services, including physician visits, hospital care, prescription drugs, and home health care, and dental and mental health services.
- In March 2011, 82,385 children were enrolled in Healthy Families in Orange County; Hispanic/Latino children accounted for nearly half (45.6% or 37,538) of all the current subscribers in the county.

	Number of Families	Margin of Error	Percentage	Percent Margin of Error
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	61,750	+/-122	61,750	(X)
With health insurance coverage	54,566	+/-869	88.4%	+/-1.4
With private health insurance	39,120	+/-1,407	63.4%	+/-2.3
With public coverage	20,146	+/-1,075	32.6%	+/-1.7
No health insurance coverage	7,184	+/-859	11.6%	+/-1.4
Civilian noninstitutionalized population under 19 years	16,013	+/-684	16,013	(X)
No health insurance coverage	817	+/-261	5.1%	+/-1.6
Civilian noninstitutionalized population 19 to 64 years	38,453	+/-651	38,453	(X)
In labor force:	30,919	+/-702	30,919	(X)
Employed:	28,453	+/-692	28,453	(X)
With health insurance coverage	24,464	+/-766	86.0%	+/-2.0
With private health insurance	21,939	+/-821	77.1%	+/-2.2
With public coverage	2,940	+/-349	10.3%	+/-1.3
No health insurance coverage	3,989	+/-585	14.0%	+/-2.0
Unemployed:	2,466	+/-361	2,466	(X)
With health insurance coverage	1,808	+/-281	73.3%	+/-7.9
With private health insurance	946	+/-188	38.4%	+/-7.1
With public coverage	944	+/-239	38.3%	+/-8.4
No health insurance coverage	658	+/-238	26.7%	+/-7.9
Not in labor force:	7,534	+/-390	7,534	(X)
With health insurance coverage	5,893	+/-357	78.2%	+/-3.8
With private health insurance	3,596	+/-273	47.7%	+/-3.5
With public coverage	2,599	+/-276	34.5%	+/-3.2
No health insurance coverage	1,641	+/-321	21.8%	+/-3.8

- Hispanic children continue to have higher uninsured rates than other race and ethnicity groups, with 3.9% uninsured in 2018, compared with Asian children (2.5%), White children (1.9%) and Other races (1.1%).
- Uninsured percentages of very young children (0-5 years old) have dropped overall by 72.7%, from 8.9% in 2009 to 2.4% in 2018. Similarly, rates of uninsured 6 to 17-year-olds have dropped by 71.8%, from 11.2% in 2009 to 3.2% in 2018
- There was a total of 367,226 CalOptima Medi-Cal members in Orange County in March 2011 (includes those who listed PO Box addresses).
- Among the members, over 49% (49.3% or 181,050) of members were classified as Hispanic/Latino.

The table below lists the number of CalOptima Medi-Cal members by age group for Hispanic/Latinos in Orange County as well as the countywide membership totals.

CalOptima Medi-Cal Participation by Age Group for Hispanics/Latinos and All Orange County, March 2011			
Age Group	Percent Hispanic/Latino	Number of Hispanic/Latino Members	Total Members
0-17	67.3%	132,043	196,192
18-64	33.3%	36,198	108,549
65+	20.5%	12,809	62,485
Total	49.3%	181,050	367,226

- One in five (20.5% or 12,809) CalOptima Medi-Cal members in Orange County in the age group 65+ was Hispanic/Latino.
- Over two-thirds (67.3% or 132,043) of CalOptima Medi-Cal members in the age group 0-17 were Hispanic/Latino.
- In 2016, 2.5% of children were uninsured, representing a drop in uninsured rates by 77.1% since 2008 (from 10.9%).
- Orange County went from having a higher rate of uninsured children in 2008 (10.9%) than California (10.0%) and the United States (9.3%), to having a lower rate than both California (2.9%) and the United States (4.5%) in 2016.
- More Hispanic children continue to have higher uninsured rates than other racial/ethnic groups, with 3.2% of Hispanic children uninsured in 2016, compared with Asian children (2.2%), White children (1.9%), and Other races (1.8%). However, this gap is shrinking.
- Uninsured percentages of very young children (0-5 years old) have dropped by 78.7%, from 8.9% in 2009 to 1.9% in 2016. Similarly, rates of uninsured 6-17-year olds have dropped by nearly three-quarters, from 11.2% in 2009 to 2.9% in 2016.

Ratings of Children's Health Status

- The table below compares children's health status (as reported by parents/guardians or adult proxy) by select ethnicities.
 - 77.1% (298,198) of Latino children had a reported health status of excellent or very good, compared to 91.9% (239,611) of white children and 85.8% (52,702) of non-Vietnamese Asian/Pacific Islander children; 55.2% (24,055) of Vietnamese children had a reported health status of excellent/very good.

- 5.4% (20,979) of Hispanic/Latino children had a reported health status of fair or poor, compared to only 1.6% (4,116) of white children.
- In addition to asking about parents' perception of their child's weight, data on children's height and weight were also collected to calculate BMI scores.
- The scores were then plotted on the CDC BMI-for-age growth charts to obtain a percentile ranking that indicates the BMI-for-age weight status category.

The table below presents the BMI-for-age weight status categories for Hispanic children in Orange County.

BMI-for-Age Weight Status Categories for Orange County Hispanic/Latino Children (Ages 3 to 17): Orange County Health Needs Assessment (OCHNA) 2007		
Weight Status	Percent	Population Estimate
Underweight	7.6%	17,834
Healthy/ Normal Weight	56.8%	132,723
Overweight	14.4%	33,714
Obese	21.2%	49,461
Total	100%	233,731

- Over one in three (35.6% or 83,175) Hispanic/Latino children was overweight or obese.
- 30.5% (58,318) of Hispanic children who were reported to be about the right weight had a BMI-for-age weight status category of overweight or obese.
- The Leadership for Healthy Communities (LHC) found that Latino children and adolescents suffer disproportionately from overweight and obesity.
 - This places them at increased risk of developing chronic diseases such as type 2 diabetes, asthma, cardiovascular disease, and sleep apnea.
 - Multiple factors contribute to the high rates of overweight and obesity among Latino children, including the following: lack of access to affordable and healthful food choices in their neighborhoods and schools, poor eating habits, and too much time spent watching television.
- In 2018, there were 100 infant deaths in Orange County.
 - The infant mortality rate was 2.8 deaths per 1,000 births in 2018, a 31.7% decrease since 2009. This rate is lower than California's rate of 4.22 and the United States' rate of 5.8.3 However, this rate is an increase of 86.6% from a low of 1.5 deaths per 1,000 births in 2016.

Access to Mental Health Coverage and Care

- 38.4% (223,357) of Hispanic/Latino adults are without mental health care coverage; however, even with coverage, some Hispanic/Latino adults may be unlikely to utilize mental health services.
- In 2010, the American Psychiatric Association study found that less than 1 in 11 Hispanic/Latinos with a mental health issue seek out services from mental health specialists.
 - The American Psychiatric Association noted that many Latinos mistake depression for nervousness, tiredness, or even a physical ailment, dismissing the depression as a temporary condition and not seeking out needed mental health services; this attitude about mental issues creates a barrier to seeking care.

- While financial costs and lack of mental health coverage play a role in the underutilization of mental health services for this group, language and culture affect utilization as well.
- 2009 ACS data shows that 29.8% (227,497) of Spanish-speaking individuals in Orange County ages 5 and over do not speak English well or at all. Language barriers impact how services are delivered and received.

b) Access to Dental Care

Dental Coverage

- According to the American Dental Association, children are not the only ones susceptible to tooth decay; adults of all ages can be vulnerable too.
- Adults are more likely to have decay around older fillings, and may have more fillings if they had grown up without the benefits of fluoride.
- The American Dental Association's recommendation that adults receive dental visits and check-ups every six months have become even more critical as adults today are more likely than previous generations to keep their natural teeth.
- Dental coverage can help offset the costs associated with preventative care, which helps detect early signs of oral health problems, prevent further damage, and, in some cases, reverse oral problems.
- Latinos in California have poorer oral health and less access to dental services than any other ethnic group in the state, according to findings from the Bi-national Oral Health Task Force, which was developed in 2006 to work towards expanding access to dental services for Hispanic adults and children in both California and Mexico.
- The Task Force found several primary barriers to oral health care access for Latinos:
 - Lack of Dental Health Coverage: Lack of basic dental coverage is an impediment to good oral health for many Hispanic/Latino adults. However, even with basic coverage, many low-income individuals may still not be able to afford the high out-of-pocket deductibles and co-pays for dental services and, thus, may forego needed services altogether.
 - Lack of Diversity and Cultural Competency among Dental Providers: There are few Hispanic or culturally competent dental providers in California who can communicate important oral health information to Latinos in a meaningful and culturally sensitive way.
 - Lack of Language Ability: Only 2% of non-Latino dentists speak Spanish, and only 33% of Latino dentists in California speak Spanish. The paucity of Spanish-speaking dentists creates a language barrier for Latinos who don't speak English well.
- Results from the 2007 Orange County Health Needs Assessment show a relationship between income and dental health coverage, with lower incomes related to lower rates of coverage (Chi-square=104.0, $p < 0.001$). Three-quarters (74.8% or 67,714) of Latino adults with household income of less than \$25,000 did not have dental health coverage, compared to 10.7% (24,585) of Latino adults with annual household income of \$75,000 or more.

c) Access to Prenatal Care

- ✓ 51 WIC participants
- ✓ 14.61 (per 1000) births

*** In 2009, there was an estimate of between 500-1300 births in Orange County.

The percent of births that received early prenatal care in 2001 was 89% and in 2010 the percent stayed the same at 89%.

For the city of La Habra, most children that were born, their birth weight is as follows:

Less than 1500 grams (Very Low Birth weight)		7 (0.73%)
1500 to 2499 grams (Low Birth weight)		49 (5.14%)
More than 2500 grams		897 (94.12%)
Unknown Weight		0 (0.00%)
Total	953	95400.00%

- Orange County’s 2016 rate of women receiving early prenatal care was 84.4% – greater than the United States (77.1%).
- In Orange County, the percent of women receiving early prenatal care decreased 4.1% since 2007, dropping from 88.0% in 2007 to 84.4% in 2016.4 However, this decrease is correlated with an increase in self-pay deliveries that began in 2014.
 - Self-pay deliveries are those paid through cash payment rather than health insurance and are often associated with foreign visitors that travel to the U.S. to give birth. These women generally arrive in the U.S. late in their pregnancy and leave shortly after giving birth; therefore, these births typically have no recorded prenatal care. In 2016, there were 3,602 self-pay deliveries in Orange County, an increase from 859 in 2007. Nearly 85% of self-pay deliveries in 2016 were among Asian women.
 - When self-pay deliveries are excluded, the percent of women who received early prenatal care in Orange County in 2016 is 87.6%. While this still results in a lower rate than 2007 (88.1%), it reflects a more stable pattern.
- In 2018, Orange County’s rate of women receiving early prenatal care was 88.4%, up 4% since 2016 and greater than both California (85.7%) and the United States (77.5%).
- The percent of women receiving early prenatal care has begun to rebound from a decreasing trend between 2013 and 2016. This decrease was correlated with an increase in self-pay deliveries
- In 2018, there were 35,578 births to residents in Orange County, of which 6.3% (2,227) were low birth weight infants, a 6.0% decrease from the 10-year high of 6.7% in 2011. However, the percent of low birth weight infants increased by 8.6% from the previous year (5.8% in 2017).
- Overall, the Orange County rate is lower than the 2018 rates for California (6.8%) and the United States (8.3%).
- Very low birth weight infants comprised less than 1.0% (312) of the total births.
- When assessed by race/ethnicity, the percent of low birth weight infants within each group were:
 - Black (9.7%)
 - Hispanic (6.6%)
 - Asian (6.4%) and
 - White (5.5%) infants.
 - Percent of low birth weight infants increased across all race/ethnicity groups between 2017 and 2018.

d) Teen Births

There were 101 births for mothers less than 20 years of age. Over the past decade (2001 to 2010), the proportion of teen births in Orange County has declined from 7.2% to 6.5%, while the teen birth rate has declined from 34.9 per 1,000 to 21.4 per 1,000. California’s overall teen birth rate, while higher than Orange County, has experienced a similar decline over the past decade.

The total number of birth in the La Habra is decreasing each year, in

2007	1020 births
2008	970 births
2009	931
2010	867

- In 2018, 2.6% (935) of all Orange County births were to teen females ages 19 years and under, a 61.8% decrease from 6.8% (2,764) in 2009. Overall, total births decreased 12.0% from 40,431 in 2009 to 35,578 births in 2018.
- The teen birth rate in Orange County in 2018 was 8.3 births per 1,000 females ages 15 to 19, a decrease of 67.2% from 25.3 births per 1,000 in 2009.
- At 8.3 births per 1,000 teen females, Orange County has a lower teen birth rate than California (13.6)⁴ and the United States (17.4).
- When assessed by race/ethnicity, Hispanic teens had the highest birth rate (15.9 births per 1,000 Hispanic teen females), followed by Black (8.2), White (2.1) and Asian (0.8) teens in Orange County.
- Teen birth rates in Orange County have declined for all races and ethnicities, with Hispanic teens experiencing the most dramatic drop (69.5% in 10 years).

e) Immunizations

- In 2017, 77.9% of Orange County children entering kindergarten had been adequately immunized (4:3:1 schedule) at their 2nd birthday, lower than the high of 78.9% in 2014.3
 - In 2018, 95.9% of Orange County children in child care centers had been adequately immunized (4:3:1 schedule) at their time of enrollment, higher than the low of 87.6% in 2013, and the same as California.
- In 2017, 95.7% of Orange County kindergartners had up-to-date immunizations, a 7.9% increase from the 10-year low at 88.7% in 2013, and exceeding the high of 95.5% in 2016. Children attending private schools in Orange County tend to have lower levels of up-to-date immunizations compared to public schools at kindergarten entry (93.0% vs. 96.2%).
 - In 2019, 95.5% of Orange County kindergartners had up-to-date immunizations, a 7.7% increase from the 10-year low at 88.7% in 2013, and lower than 2018 at 95.7%.
- These percent and trends are similar to those among kindergartners throughout California, who were immunized at a rate of 95.1%.
- One school district, comprised of Laguna Beach Unified public schools and private schools in the area, had 88.5% or fewer of kindergartners with up-to-date immunization levels. However, seven school district regions remain below the recommended immunization rate of 95%. This correlates with higher percentages of permanent medical exemptions and conditional enrollments.

f) Childhood Obesity

Percent Normal/Underweight	48.27% (40.05 ~ 56.50)
----------------------------	---------------------------

Percent Overweight	34.15% (29.52 ~ 38.79)
Percent Obese	17.57% (12.06 23.09)

- During the 2016/17 school year, 18.0% (6,600) of Orange County 5th graders tested were classified as obese. This rate has remained steady since 2013/14 at approximately 18% and is lower than California at approximately 21.5% of 5th graders.
 - During the 2018/19 school year, 18.3% (6,444) of Orange County 5th graders tested were classified as obese. This rate has remained steady since 2013/14 at approximately 18% and is lower than California at 21.9% of 5th graders.
- Among race and ethnic groups, Pacific Islander (36.2%) and American Indian (28.2%) 5th graders had the highest percentages of students classified at health risk due to their body composition, followed by Hispanic (26.8%), Black (17.3%), Filipino (13.3%), Asian (9.7%), White (8.5%), and Multiracial (7.3%) 5th graders.
- Among 5th grade students who are not economically disadvantaged, one in 10 (10.2%) were classified at health risk due to their body composition, compared with one in four (25.7%) students who are economically disadvantaged.
- As of 2013/14, “at health risk due to body composition” is equivalent to or greater than the 95th percentile of BMI, which is considered obese.
- During the 2018/19 school year, 6.4% (2,254) of 5th graders tested were classified “at health risk due to aerobic capacity,” up 10.3% since 2013/2014 (5.8% or 2,113), but lower than California at 7.2% of 5th graders.

g) Food Insecurity

La Habra is the 4th highest district of students receiving free/reduced lunches with 73% of the students are in this category.

Due to the Pandemic: The percentage of children experiencing food insecurity is projected to increase 83.0% to 20.4% in 2020, from 11.2% in 2018. One indicator of this increased food insecurity is the number of calls to inquire about CalFresh food benefits. The SSA Call Center has experienced a 40.6% increase in call volumes for CalFresh benefits; in August 2020 the Call Center received 26,649 calls for CalFresh compared to 18,827 calls for CalFresh in August 2019. In response to this growing need, the California Department of Social Services (CDSS) issued Pandemic Electronic Benefit Transfer (P-EBT) benefits beginning in June 2020 to CalFresh, Medi-Cal, CalWORKs and Foster Care households with children who are eligible for free or reduced price school meals as well as to households with children who are eligible for free or reduced-price school meals whose schools are closed due to the COVID-19 emergency. Through the program, households will receive up to \$365 for each child who is eligible for P-EBT benefits. On average, approximately \$13 million in P-EBT benefits have been issued to more than 75,000 households each month between March and August 2020, for a total issuance of over \$80 million to Orange County families thus far.

La Habra has a Community Food Giving program that provides food to the residents of La Habra.

h) Breastfeeding

Human milk is the optimal source of nutrition and provides many benefits for healthy infant growth and development. Breastfeeding significantly reduces infant risks for infections, asthma or allergies compared to infants who are formula fed, resulting in fewer hospitalizations and trips to the doctor. Breastfeeding also benefits the entire family and community. It improves household food security because families need not use income to buy formula, food and bottles. Health care related expenses decrease because breastfeeding protects the infant and mother.

- In 2018, 67.0% of Orange County women were exclusively breastfeeding at time of hospital discharge, lower than California at 70.4% of women.
- Exclusive breastfeeding at time of discharge was highest among White women at 83.0%, followed by Multiracial (79.8%), Pacific Islander (78.4%), Black (70.7%), Hispanic (64.0%) and Asian (52.8%) women.
- In 2017/18, 58.7% of Orange County women surveyed by MIHA were exclusively breastfeeding one week after delivery, a 15.1% increase since 2013/14, but lower than women in California at 59.1%.
- One month after delivery, 48.8% of Orange County women surveyed by MIHA in 2017/18 were exclusively breastfeeding, a 24.2% increase since 2013/14, and higher than women in California at 47.5%.
- Three months after delivery, 32.4% of Orange County women surveyed by MIHA in 2017/18 were exclusively breastfeeding, a 24.1% increase since 2013/14, but lower than women in California at 33.9%.

Free and Reduced Lunch Program

- Data from the *California Department of Education’s Educational Demographics Unit* shows that in Orange County, enrollment in the FRL program increased **21.8%** between the school years of 2000/01 and 2009/10 (183,524 to 223,546).
- The total proportion of children receiving free or reduced lunch also increased from **36.9%** in 2000/01 to **45.0%** in 2009/10.

The table below lists the top five school districts with the highest number of FRL enrollments for years 2007/08, 2008/09, and 2009/10.

Top 5 O.C. School Districts with the Highest Enrollment in the Free and Reduced Lunch Program (Three Year Comparison), 2007-2010			
School District	2007-2008	2008-2009	2009-2010
Anaheim City	81.4%	82.0%	86.5%
Santa Ana Unified	80.3%	83.1%	83.6%
Magnolia Elementary	79.0%	72.8%	79.5%
La Habra City Elementary	68.1%	68.9%	72.8%
Buena Park Elementary	59.5%	64.0%	72.8%
Orange County	40.0%	42.3%	45.0%

- In 2018/19, 14.2% (102,285) of children under 18 years old received CalFresh, a 15.4% increase in the percent of children since 2009/10 at 12.3%; yet lower than a peak at 19.9% in 2014/15. Orange County had a lower rate than California at 21.0% (1,947,113) of children receiving CalFresh.

- In January 2020, the greatest proportion of CalFresh beneficiaries under 18 in Orange County were children aged six to 12 years old (43.0% or 36,871), followed by birth to five years old (29.8% or 25,503) and 13 to 17 years old (27.2% or 23,308).
- It is estimated that 59.0% of people in Orange County who are eligible for CalFresh are receiving that benefit, less than California at 71.0%.³

Population, Language, Health, Nutrition, & Economic Status

The data presented is focused on the Hispanic population in Orange County. In the City of La Habra, majority of the residents are Hispanic/Latino which is the reason the data is focused on this population.

Hispanics are a growing population group in Orange County and comprise large percentages of the total growth seen in the county and the state.

Hispanic/Latino Population Growth in Orange County and California, 1990-2010				
Year	Orange County		California	
	Percent of Total Population	Number of Hispanics	Percent of Total Population	Number of Hispanics
1990	23.4%	564,828	25.8%	7,687,938
2000	30.8%	875,579	32.4%	10,966,556
2010	33.7%	1,012,973	37.6%	14,013,719

Source: U.S. Census Bureau, 2010 Census, 2000 Census, & 1990 Census

- From 2000 to 2010, the Latino population in Orange County experienced a growth of **15.7%**, while the whole county population grew by **5.8%** from 2,846,289 in 2000 to 3,010,232 in 2010.
- Hispanics made up **83.8%** of the growth of the whole county from 2000 to 2010. (From 2000 to 2010, there were 163,943 additional people in Orange County, and 137,394 of them were Hispanic.)
- Because the Hispanic population includes a large percentage of foreign born, many speak English as a second language.
- The inability to speak English well or at all has adverse consequences for accessing health services. According to a study published by the *National Center for Biotechnology Information* (2007), lack of English speaking skills is a barrier to health care access and utilization.
- Language barriers are associated with poorer health education, poorer interpersonal relations between patient and doctor, poor health status, low patient satisfaction, misunderstanding of medication instructions and side effects, and inadequate follow-up care.
- In California, Hispanics comprise **38.0%** of the population, yet only **5.0%** of the state’s physicians were Hispanic or Latino, according to a 2008 study by the *Center for California Health Workforce Studies at the University of California, San Francisco*. Because there are disproportionately few Latino physicians, adequate access to health care resources for the linguistically isolated would require health care providers and service delivery systems to provide proper translation services.
- **Four out of five (79.7% or 823,647)** Hispanics in Orange County were under the age of 45. In comparison, **63.7%** (1,928,106) of all individuals in the county were under 45 years of age in 2009.

- Hispanics had disproportionately low levels of academic achievement compared to non-Hispanic whites and the Orange County population ages 25+. **43.4%** (239,306) of Hispanics ages 25+ have less than a high school-level education, compared to only **4.2%** (42,883) of whites. Only **11.2%** (61,431) of Hispanics had a Bachelor's degree, compared to **43.2%** (439,475) of whites.
- Overall, Hispanics have lower annual household income when compared to the county. In 2009, the median household income of Hispanics was **\$56,457**; the median household income in Orange County was **\$71,865** (2009 ACS). The per capita income for Hispanics in Orange County was **\$16,215** in 2009; the per capita income for all individuals in Orange County was **\$32,282**.

The table below presents the distribution of annual household income in the county, comparing whites and Hispanics in the county by the race of the householder.

Comparison of Annual Household Income of Whites and Hispanics/Latinos by the Race of the Householder, 2009			
	Hispanic/Latino	White, Non-Hispanic	All Orange County
Less than \$25,000	16.8% 37,417	12.8% 72,667	14.6% 142,020
\$25,000 to \$49,999	27.5% 61,223	16.7% 94,485	19.5% 190,420
\$50,000 to \$74,999	21.7% 48,329	16.7% 94,420	17.8% 174,123
\$75,000 to \$99,999	13.7% 30,488	13.9% 78,575	14.0% 136,686
\$100,000 or More	20.3% 45,090	39.9% 225,811	34.1% 332,718
Total	100.0% 222,547	100.0% 565,958	100.0% 975,967

Source: U.S. Census Bureau, 2009 American Community Survey

- A household with 2 adults and 2 teenagers living in Orange County would need **\$49,864**, and if the adolescents were instead preschool-age children, then the household would need **\$74,675** to be self-sufficient, with child care costs for both preschoolers accounting for the difference.
- A comparison of median household income and average household size between Hispanics/Latinos and all Orange County households suggests that it is challenging for many Hispanic/Latino families to lead self-sufficient lives.

i) Children in Foster Care

Children below the age of 6 are in foster care

1. Child Abuse Referral

	ZIP Code: 90631
Age 0-4	2 (18.18%)
Age 5 to 11	4 (36.36%)
Age 12 to 13	2 (18.18%)
Age 14 to 15	0 (0.00%)
Age 16 to 17	3 (27.27%)
Age 18 and Over	0 (0.00%)
Total	11 100.00%)

Due to the Pandemic: School closures and the move to virtual services have reduced the number of mandated reporters (i.e., people like childcare providers, pediatricians and teachers who must report when they know or suspect that child abuse is occurring) who would normally have regular in-person contact with children. The decrease in call volume to the 24/7 Orange County Child Abuse Registry (CAR) hotline between March and August 2020 revealed a 37% reduction in calls overall.

Many agencies and organizations in Orange County are working hard to increase their outreach and communications about this issue and educate individuals on what to do in the event that child abuse is suspected. With the knowledge that mandated reporters were having less contact with school-aged children due to the stay-at home order, initiatives were launched to build awareness for individual roles in reporting child abuse.

2. Gangs

La Habra had between 100-200 juvenile probation cases in 2010-11.

3. Any other needs of Head Start/EHS eligible children and families within your community

Category	La Habra	Orange County	La Habra relative to Orange County
Number of Household (2010)	19,405	1,039,201	1.9%
Number of Housing Units (2010)	19,973	1,040,544	1.9%
Homeownership Rate	55.2%	57.2%	1.9%
Average Household Size (2010)	3.16	3.06	0.1
Median Family Income (2010)	\$65,412	\$79,132	(\$13,720)
Number of Jobs (2010)	19,839	1,755,167	1.1%

(iii) Typical work, school, and training schedules of parents with eligible children;

(iv) Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and the approximate number of eligible children served;

Within your service area, what other child development and child care programs are serving Head Start/EHS eligible children?

- There are 13 other child care centers that provides care for children, which are either:
 - i. State Pre-School
 - ii. Private For-Profit Preschool
 - iii. There are 26 Family Child Care Homes in the zip code 90631

Approximately how many Head Start/EHS eligible children are served by each of these programs?

- I. 1,284 children are served in a child care facility
- II. 4,286 children are not served in a child care facility

** Enrollment in public schools is decreasing each year:

2001-02	6,478
2010-11	5,431
2011-12	5,261
2012-13	5,250
2014-15	5,132

- There are a total of 4,356 children ages 0-4 who reside in La Habra.
- There are a total of 1,284 children served in a child care facility within the city of La Habra and there are a total of 4,286 children who are currently not attending a pre-school program. 112 children were enrolled in the TK program for the 2014-15 school year.
- Those children enrolled in a program may be attending a private for-profit pre-school or a Family Child Care Home.

Below is the number of Head Start and Early Head Start eligible children:

City	Early Head Start				
	100% of Poverty Level 2010	100% of Poverty Level 2011	100% of Poverty Level 2012	100% of Poverty Level 2013	100% Poverty Level 2014
La Habra	307	521	501	487	646

In Orange County, the total numbers of children eligible for services for 2013-14 are as follows:

	California State Pre-K	Title I	General Child Care and Development	General Child Care (CCTR) and CA State Preschool	Cal-SAFE	CalWORKS Child Care	Rancho Santiago College District	Private Funding	Totals
Number of Sites	118	7	49	14	2		1	1	192
Services for EHS Eligible Children	24		234	99	50	571	140	1	1118
Services for Head Start Eligible Children	6,552	480	208	623		1,460		24	9,344

- The overall state of preschool funding is better this year than in the past years. The state of California increased preschool funding by more than \$250 million for this upcoming fiscal year. But, there is a lack of facilities to be able to serve more pre-school children. Preschool slots increased from approximately 10,318 to 11,306
- The greatest need in Orange County is for Infant and Toddler programs.
 - Shortage or ability to license facilities for child development programs, especially in the communities where the most eligible families are living.
 - For 88% of working families that need care in order to work, there is no licensed care available.

(v) Resources that are available in the community to address the needs of eligible children and their families; and,

- 🚦 La Habra Child Development Center (Family Child Care, State Pre Part Day, Full Day)
- 🚦 La Habra Resource Center
- 🚦 Gary Center
- 🚦 La Habra Community Services
- 🚦 La Habra Children’s Museum
- 🚦 La Habra Community Resource Care Center – rental assistance
- 🚦 La Habra Collaborative
- 🚦 Orange County Youth Center
- 🚦 WIC
- 🚦 Orange County Read Program
- 🚦 Las Lomas, Washington Middle School, Las Positas
- 🚦 Adult Ed in Fullerton, Fullerton College Adult Continuation Class
- 🚦 ROP (North Orange County Regional Occupational Program)

- ✚ Friends of Family Health Center
- ✚ St. Jude Mobile Clinic
- ✚ Friends of Family Dental Clinic
- ✚ Friends of Family Health Center
- ✚ St. Jude
- ✚ La Habra Life Center
- ✚ Ameriwest
- ✚ Orange Co. Mental Health Center
- ✚ La Habra Family Resource Center
- ✚ Western Youth Services
- ✚ Rosa Santoyo (Mental Health Consultant)

Due to the Pandemic. The most substantial change in service delivery was the rapid transition to virtual formats as needed. Services from education to healthcare visits to court appearances were quickly moved online or conducted by phone to meet the state and county mandated stay-at-home orders. While this rapid transition was not without challenges for both agencies and consumers, it was necessary to ensure the continuation of services with minimal disruption. As agencies continue to build their internal capacity to efficiently and effectively provide services virtually, addressing the technological divide (i.e., computer and internet access and knowledge of technology) will be important to minimize barriers to services. As one example, Orange County Schools transitioned over 450,000 students to virtual learning, providing 144,529 learning devices, as well as 16,485 units of internet connectivity.

(vi) Strengths of the community.

- ✚ Collaborations with other agencies.

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



Service Area Plans, Policies & Procedures

SAPPP Subject:	Recruitment of Children	SAPPP#:	ER-02
Part:	1302-Program Operations	Approval Date:	
Subpart:	A-Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Recruitment of Children	Revision Date:	4/02/2021
Performance Standard(s):	1302.13	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

City of La Habra, EHS program works to reach those families who are most in need of services. The recruitment process utilizes a variety of ways for contacting families to ensure that the neediest children from low-income families are recruited for the program. Applications will be solicited from as many eligible families within the recruitment area as possible.

(B) Rationale:

In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program.

(C) Responsibility:

Child Development Manager, EHS Coordinator, FSA, Home-Educators, and other Child Development Division Staff (when needed)

(D) Procedure:

- Beginning with the Recruitment SAPPP, the ERSEA Plan will also consist of the Determining, Verifying and Documenting Eligibility, Full Day Eligibility, Selection Process, Enrollment, Attendance, and the Re-Enrollment Process Service Area Policies, Plans and Procedures (SAPPPs) as well as the Selection Criteria Points. The ERSEA Plan will be based on information collected from the Community Assessment, Ongoing Monitoring, and Self-Assessment data obtained throughout the year. Annually, the Program Planning Committee will review and make recommendations on the Plan, and the Policy Council and Board of Directors will approve any changes to the ERSEA Plan.
- *Recruitment* is the systematic way in which the program identifies families whose children are eligible for Early Head Start services, informs them of services available, and encourages them to apply for enrollment in the program
- The City of La Habra, EHS program Recruitment and Service Area is the City of La Habra. Recruitment efforts focus on the highest need census tracts and their surrounding areas based on the agency's Community Assessment.
- The EHS Coordinator will facilitate the implementation of the recruitment plan to ensure that all La Habra parents/guardians with children ages zero to 3, and pregnant women, with the greatest need, who could benefit from a EHS experience, have an opportunity to submit an application. These efforts will include efforts to actively locate and recruit children with disabilities and other vulnerable children, including

homeless children and children in foster care.

- Recruitment efforts will occur continuously, and applications will be accepted throughout the year. Intensive recruitment efforts will begin in January or February of the current year for the following program year.
- The staff will recruit twice a month to local businesses, community agencies, neighborhoods and community events/forums in the area surrounding their center. The bi-monthly recruitment efforts will be documented in the Recruitment Logs.
- Due to COVID-19 health and safety precautions and/or a high volume of online applications, recruitment by staff will be conducted in the follow-up and retention of new online applications at least twice a month. The online application follow-ups will be documented using the New Online Application report.
- In January or February, the entire agency (or designated staff, when needed) will participate in an "Agency Recruitment Kick-Off Day" conducting door-to-door recruitment in neighborhoods located in target areas.
- Beginning in January, the staff will continue with intensive recruitment efforts. Recruitment Strategies will include, but will not be limited to the following:
 - Sending recruitment notices in English, Spanish and Vietnamese home with currently enrolled Early Head Start children;
 - Distributing recruitment notices at elementary schools;
 - Recruiting children from community agencies, motels and shelters serving homeless families, and working with the Orange County Department of Education Homeless Liaisons to recruit children who are homeless;
 - Working with the Social Services Agency to recruit children in foster care, and children still living with their families but who are at risk of being placed in foster care;
 - Contacting each School District's Special Education Department for referrals of young children who are disabled and for whom Head Start would be the Least Restrictive Environment;
 - Contacting community agencies such as Regional Center, California Children's Services, and Child Protective Services for referrals of preschool age children who are disabled or at risk;
 - Working with community agencies such local health clinics, WIC clinics, and shelters for referrals of pregnant women and infants;
 - Making requests to Community Centers located in target areas to distribute program related information to residents in their neighborhoods;
 - Making requests to Faith-Base organizations located in target areas to distribute program related information to constituents in their congregation;
 - Contacting community agencies working with children and families at risk (e.g., Cal-Works, TANF, WIC Clinics, Shelters, Salvation Army, Social Security office, etc.) for referrals to Head Start;
 - Posting recruitment notices on bulletin boards in supermarkets and local neighborhood shops;
 - Recruiting through word-of-mouth: talking to people at hairdressers, grocery stores, laundromats, nail salons and churches, and encouraging parents to talk with neighbors, friends and family;
 - Attending community meetings and actively speaking out about the program;
 - Working with the Parent, Teacher Association at the Elementary Schools where Head Start and Early Head Start Programs are located at or near;
 - Holding open houses and inviting the community to see the program;
 - Participating in community health fairs and other events, including the OCHS Annual Open House;
 - Hanging recruitment banners at Head Start centers;
 - Posting recruitment information on the agency website and on social media;
 - Submitting recruitment information to other community agencies to publish in their resource guides and/or on their websites.
 - Distribute recruitment materials on a bi-monthly basis to the agencies that we have a partnership with and all the agencies that participate in our Annual center Open House events

- An **Enrollment Referral Form** will be provided to community agencies to refer children to the City of La

Habra the community agency will electronically fax or e-mail the completed form to the EHS Coordinator. The EHS Coordinator will give a copy of the form to the Data Entry Clerk to enter and attach into ChildPlus. A copy will be given to the FSA to contact the parent. (See Determining, Verifying and Documenting Eligibility SAPPP).

- Staff will ensure that a minimum of ten percent of the program's funded enrollment is filled, and maintained, by children with disabilities who have a current Individual Family Service Plan (IFSP). Staff will recruit children who have all types of disabilities.
- All recruitment efforts will be tracked by all staff participating in recruitment efforts on a Recruitment Log.
- By the 5th day of the following month the Data Entry Clerks will review the Recruitment Logs and tally the recruitment efforts for each center in the Center Recruitment Logs Monthly Totals Log.
- All Recruitment Logs will be saved electronically in ERSEA's Public Share Recruitment folder for record keeping and reporting.

(E) Forms:

- Enrollment Referral Form
- Recruitment Flyer
- Enrollment Application
- Recruitment Log

(F) Additional Resources:

- Determining, Verifying and Documenting Eligibility SAPPP
- Full Day Eligibility SAPPP
- Selection Process SAPPP
- Enrollment SAPPP



Service Area Plans, Policies & Procedures

SAPPP Subject:	Determining, Verifying and Documenting Eligibility (Intake and Eligibility)	SAPPP#:	ER-03
Part:	1302-Program Operations	Approval Date:	
Subpart:	A-Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Determining, Verifying and Documenting Eligibility	Revision Date:	4/02/2021
Performance Standard(s):	1302.12	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

City of La Habra, EHS Program is Determining, Verifying and Documenting Eligibility procedure will ensure that all eligible applicants are considered for Early Head Start (EHS) services. This procedure identifies the children and families in the City of La Habra are in most need.

(B) Rationale:

In order to reach those most in need of services, a program must develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services, and encourage and assist them in applying for admission to the program.

(C) Responsibility:

Child Development Manager, EHS Coordinator, FSA, Home-Educators, and other Child Development Division Staff (when needed)

(D) Procedure:

City of La Habra EHS staff who have a role in determining, eligibility for Early Head Start Program receive training within their 90 day Orientation and will be offered annual group training thereafter. The Board of Directors and Policy Committee receive ERSEA training within 180 days of establishing a new term. The training includes information Eligibility, Recruitment, Selection, Enrollment and Attendance as well as information on the actions City of La Habra staff will take against program staff who attempt to provide, or intentionally provide, false information.

ChildPlus Related Terms and Definitions:

"New": A child whose information is entered into ChildPlus before his/her eligibility information has been verified. A child will remain as *New* in ChildPlus until the family's eligibility documents (proof of eligibility and proof of age) have been verified.

"Waitlist Date": When age and eligibility have been verified, the child's enrollment priority is assessed, and the child is placed on the *Waitlist*.

"Abandoned": When a child is removed from ChildPlus because he/she was determined to be over income (+151% above the Federal Poverty Income Guidelines) for the program or no longer interested. Children will only be *Abandoned* in ChildPlus by the EHS Coordinator.

Intake Procedure:

Eligible families with children ages zero to three, and pregnant mothers, must reside in La Habra.

Applications for families that reside outside of La Habra will be reviewed and approved by the Executive Director of OCHS, Inc. on a case by case basis and will be based on the child's best interest.

Determining, Verifying, and Documenting Eligibility Process;

- When a parent/guardian (hereafter, parent) inquires about the program, staff will obtain contact information from the family on the Enrollment Interest Contact Log and provide the parent with the **Application Documentation Checklist** that lists the documentation needed to determine eligibility, and additional documentation that is needed once the child is selected for the program.
 - FSA will follow-up with prospective parents on a weekly basis. The EHS Coordinator will have the original log. FSA will conduct follow-up with the prospective parents.
 - All original Enrollment Interest Contact Logs will be filed in the Enrollment Interest Contact Logs binder.

In person, Interview, Part I:

- When a parent comes to apply for the program with income and age documentation, the FSA or Office staff will assist the parent through an interview process,
- Enrollment Application, Sections 1-3;
- Housing Eligibility Verification Form
- Interview Certification Form – Part 1
 - The interview with the parent will consist of asking questions regarding the information the parent has provided on the Enrollment Application and the Housing Eligibility Verification Form.
- Proof of Residency Form, if applicable
- The parent and the staff member will then sign the Interview Certification Form once the interview is completed.

When collecting income documents staff must obtain all sources of income generated in the 12 months preceding the month the application is submitted.

Income Preference

- W-2/1099 MISC Forms, if at the time of application the parent(s) continue to be employed at the same place
- At least one full month of consecutive pay stubs, unemployment, disability, or other sources of non-employment income must be submitted. Sources of income include:
For parents who do not work or have any other source of income an OCHS Zero Income Verification Form is completed. (See Application Documentation Checklist)
- Before entering the application in ChildPlus the FSA or EHS Coordinator will complete advance search in ChildPlus to determine if the family members are already in the system. (See *Entering Applications in Child Plus* instructions in ERSEA Training Material folder in Public Share)
- Staff will create a "new" applicant entry in ChildPlus using the information from Sections 1-3 of the **Enrollment Application** immediately or within two business days.

ChildPlus "New" applicant entry process

A. Click on *Add New Family*

B. Under *Family Members*

- Add *Child* information, enter:
 1. First Name, Last Name
 2. Date of Birth
 3. Gender
- Add *Primary Adult*, enter:
 1. First Name, Last Name
 2. Date of Birth
 3. Gender
- Add *Secondary Adult* (if applicable), enter:
 1. First Name, Last Name
 2. Date of Birth
 3. Gender

C. Community Awareness Tab

- Add *How did you hear about us?* information

D. Under *Family Information*

- Enter Address
- Enter Phone Number

E. Under *Enrollment for*

- Select Program Term
- Select Site
- Select Application Status (Pre-application)
- Enter Application Date

- Staff must also document in the Enrollment Notes section in ChildPlus all pertinent information from the interview. NOTE: If the application is not entered in ChildPlus the same day intake was done staff must refer to the date in which application intake was done after timestamping in Enrollment Notes. Once the documentation has been completed in ChildPlus, staff will print the Enrollment Notes and attach them to the top of the enrollment forms.
- Enrollment Application packet should include:
 - Enrollment Application (Sections 1-3 completed)
 - Interview Certification Form Part 1
 - Housing Eligibility Verification Form
 - Proof of Residency Form, if applicable
 - Copy of birth certificate (or other valid proof of age documentation)
 - Income verification
 - Immunization record (not required for homeless families)
 - Required Eligibility Documents Checklist
 - Work/Training Hours Verification Form (HS/EHS Full Day only)

Interview Part II:

- The FSA and/or EHS Coordinator will conduct a phone interview with the parent within five business days of picking up the completed **Enrollment Application** packet to complete the Family Member Information Form of the **Enrollment Application**. The staff will ask the parent pertinent questions to determine if the child is eligible for additional selection points (See Selection Criteria.) The staff will complete the Interview Certification Form – Part II while conducting the phone interview with the parent.

ER-03 Determining, Verifying and Documenting Eligibility (Intake and Eligibility)

- The staff will request from the parent all additional applicable selection criteria verification or other missing information, if needed. To request the information, the staff will call the parent and/or mail the **Contact Letter**. The staff will provide the parent with the option of bringing this additional information to the Administration Office, email, fax or a designated meeting location, if needed. The staff will conduct biweekly follow-up from the date additional documents were requested and keep any incomplete files in the *New Applications Drawers*.
- If the child has an IEP/IFSP, the staff will request a current copy from the parent.
- The staff will immediately begin documentation of action steps, family contact notes, referrals and required follow-up on the Enrollment Notes in ChildPlus.
- When City of La Habra employee applies for their child the staff must provide all the enrollment documents to the Child Development Manager for review. The Child Development Manager will be responsible for determining eligibility for the child and approve enrollment.

Eligibility Procedure:

The EHS Coordinator will review age and income documentation and determine eligibility within five business days of receipt of the information. The EHS Coordinator will determine age and income eligibility based on the following:

Age Requirements:

- A. To be eligible for the EHS program, the child must be between the ages of zero and two years, nine months.
- B. Pregnant women are served through the EHS home-based program. Proof of pregnancy must be a written verification by a physician.

NOTE: In preparation for EHS Transition children who are 2 years 6 months at the time of application will have eligibility determined for both EHS and HS.

Age Verification of the Child:

The staff must verify the age of the child by examining one of the following:

- Certified Birth Certificate
- Health Department Certificate
- Immunization Card
- Documentation from Social Services Agency for children in foster care
- Other documentation may be acceptable with the approval of the Division Director of Program Services.
- A copy of the verifying document will be attached to the application and the originals will be returned to the parent.

Eligibility Requirements:

- The pregnant woman or child is eligible if:
 - A. The family's income is equal to or below the poverty line; or
 - B. the family is eligible for TANF; or
 - C. the child is homeless, as defined in part 1305.2; or
 - D. the child is in foster care.

If a child qualifies based on more than one eligibility criterion, the child will be enrolled under the criterion with the highest number of points. Never verify under multiple eligibility criteria.

Eligibility Verification

1. **Income:** The EHS Coordinator will verify the income of each of the parents in the family using one of the following documents. For two-parent families, the income of both parents must be verified, including parents with zero income. The documents are listed in order of preference:
 - A. **W-2 Form or 1099-MISC** Must ask for all W-2s or 1099-MISC given to the family from the past calendar year.
 - B. **Pay stubs** (use consecutive months' worth paystubs if neither the 1040 nor W-2 forms are available) Verify using the parents pay stubs representing one full year of salary or at the least one full month's of consecutive salary. Take the average of the sum of all checks using the gross pay before taxes. Determine how often the parent is paid (e.g., monthly, twice per month, every two weeks, weekly). Multiply the average of the checks by the total number of paychecks the parent receives in one year.
 - Monthly=12 checks
 - Twice per month=24 checks
 - Every two weeks=26 checks
 - Weekly=52 checks
 - C. **Self-Declaration Form** (use if items A through C above are not available, e.g., for day laborers) Parent(s) will be asked to provide a statement self-declaring their source of income, additional family support income or verbal agreement cash child support and income amount that is signed under penalty of perjury.
 - D. **Zero Income Verification Form** (use if items A through C above are not available) This form must be used for declaration of zero income signed under penalty of perjury
2. **Public Assistance:** If the family is receiving public assistance from Orange County, the parent must submit official documentation showing current status (within the past three months of the date on the application) as a recipient of public assistance (i.e., TANF or Supplemental Security Income (SSI)), on a regular, not episodic, basis. (If anyone in the family is receiving SSI, the child is considered eligible.)
3. A child is *eligible*, for the program, regardless of income if homeless or in foster care. Income will not be collected from these families.
4. If the child is in foster care, the family must submit a copy of the court order or other legal or government-issued document or statement of a government child welfare official demonstrating the child is in foster care. (Kinship care is considered relative foster care under Title IV-E of the Social Security Act and is therefore considered eligible.) Children left in the care of a relative without legal guardianship documentation in regards to guardianship can complete an application. Their application will be processed with guidance from the Division Director of Program Services and Executive Director on collecting alternative paperwork that establishes guardianship.
- When computing family income, the EHS Coordinator will use the calendar year immediately preceding the calendar year in which the application is submitted, whenever possible, or the twelve-month period immediately preceding the month in which the application for enrollment is made or whichever method more accurately reflects the needs of the family at the time of application. If neither the last 12 months nor the preceding calendar year accurately represents the family's current economic status then the family's current

situation may be used to determine eligibility. In such cases, the EHS Coordinator must annualize the current income to determine eligibility. For two parent families, income must be verified for both parents.

- Calculation of income must be completed by the EHS Coordinator on the **Income Eligibility Worksheet and Calculation Table**. For two-parent families, both parents must be listed separately on the **Income Eligibility Worksheet and Calculation Table** (except when parents are listed as filing jointly on the Income Tax 1040 Form) regardless of income. NOTE: Income documentation must not be collected or verified for children who are homeless/foster eligible. These children will not have an **Income Eligibility Worksheet or Calculation Table** in the file.
- The EHS Coordinator will determine family size. Family means all persons living in the same household who are: (1) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and (2) related to the parent(s) or guardian(s) by blood, marriage or adoption. (Children 18 years of age who are determined to be included in the definition of family will be recorded as children on the **Family Member Information** form and in ChildPlus.)
- EHS Coordinator will determine eligibility by checking the family's income and family size against the current HHS Poverty Guidelines. Income must be verified using the most current HHS Poverty Guidelines for the program year for which the child is enrolling. Eligibility for children on the waitlist who had income verified the previous year must be re-verified for the new program year.
- When computing family income, the income amount must never be rounded.
- Eligibility type, source of income, proof of age, and selection criteria points will be documented on the **Eligibility Verification Form**.
- The EHS Coordinator will make a temporary file folder for the Enrollment Application packet and file in the *ERSEA Quality Assurance File Drawer 1*.
- Within five business days, a designated available staff member (e.g. Child Development Manager, Program Specialist) will do a quality check by reviewing all documents in the temporary **Enrollment Application File** and validating that eligibility was verified correctly. The Income Worksheet and Eligibility Verification Forms will require a second signature and date of the file review before the child can be added to the waitlist.
- The file will then be given to the EHS Coordinator to input all demographics in ChildPlus.
- Within two business days of receipt of the **Enrollment Application File**, the EHS Coordinator will change the status of the child from *New* to *Waitlisted* in ChildPlus; enter all application information into ChildPlus including income status, selection criteria, and family demographics. The FSA will make copies of the child's application and birth certificate (or other valid proof of age documentation) before filing in the *ERSEA Waitlisted File Drawers*.
- Within two business days of receipt of the file, the FSA will notify the parent by phone and complete the **Application Status Letter** for the file, or will mail the parent an **Application Status Letter** to notify them of the status of the application.
- If an over income family (+151% above the Federal Poverty Income Guidelines) does not meet any of the exception criteria or if the child is not age eligible for the program, the EHS Coordinator will enter the date of eligibility, family size, annual income and abandon the child in ChildPlus. NOTE: EHS transitioning children that are over income (+151% above the Federal Poverty Guidelines) will not be abandoned and will be added to the waitlist for Head Start. The EHS Coordinator will refer the family to other community preschool programs. All abandoned files will be filed in the *ERSEA Abandoned File Drawers*.
- A copy of the **Application Status Letter** will be kept in the file.
- ChildPlus will then rank the child on the Priority Waitlist.
- If there is a special circumstance for which a child needs to be considered for enrollment, the EHS Coordinator or Child Development Manager will complete a **Special Circumstance Rationale Form** and submit it to the Executive Director of OCHS for approval. The **Special Circumstance Rationale Form** will be filed in the child's Eligibility File at the Administration Office.
- For next steps, see the Selection Process and Enrollment SAPPs.

Children with Possible Disabilities

- If a child has an IEP/IFSP, the EHS Coordinator and/or FSA will make a copy of the IEP/IFSP and any other supporting documentation. (See Identifying Children With Possible Disabilities SAPPP.) A copy of the IEP/IFSP will be scanned and enter the IEP/IFSP information in ChildPlus to determine eligibility under IDEA.
- The agency may enroll up to 10% of children from families who are not income eligible if the child would benefit from the program, such as a child with a current IEP/IFSP. In order for a FSA to select a child in this category, prior approval is needed from the EHS Coordinator or Child Development Manager. See the Identifying Children with Possible Disabilities SAPPP.
- The agency may enroll an additional 35% of children from families with incomes that fall between the poverty line and below 130% of the poverty line. In order to enroll children in this category, documentation of outreach to children must indicate that the needs of the income eligible or children with disabilities who would benefit from the program but are not income eligible (if the agency mandated 10% enrollment of children with disabilities has not been met), are met first. In order for a EHS Coordinator to accept a child in this category, the EHS Coordinator must inform the Child Development Manager to obtain prior approval.

NOTE: If the family expresses an immediate need or emergency during the intake and eligibility process the EHS Coordinator will refer the family to outside resources and/or refer them to in-house services immediately. All services provided will be documented in ChildPlus. (See Crisis and Family Emergency Intervention SAPPP.)

Early Head Start Eligibility - Once a child has been determined to be eligible and begins participation in the EHS program, the child will remain eligible while participating in this program until their third birthday. When a child transitions from EHS to Head Start, the family income must be re-verified and a new enrollment packet completed (See Transition-Early Head Start SAPPP).

Once a child terminates from participating in the program the family's eligibility must be re-verified for the child to re-enroll in the program.

Note: When reviewing eligibility data in Child Plus, the following will be done:

- For EHS children, refer to Year 1 Eligibility
- For Head Start children, refer to Year 1 Eligibility for Year 1 and Year 2 participants; for Year 3 participants, refer to Year 3 Eligibility

Fees

- Head Start and Early Head Start services are provided at no cost to all families that have been determined to be eligible.

Fraudulent Misrepresentation

Head Start/EHS services are paid for with federal funds. Intentionally providing misleading, inaccurate or untruthful information of a material nature could result in serious legal consequences for City of La Habra Child Development staff or parents applying for services for their children.

By signing enrollment documents, parents are certifying under penalty of perjury that the income information provided is accurate and that any fraudulent, incomplete, deceitful, or misleading information provided to City of La Habra regarding the status of income, family size, employment, and seeking employment/job training or school enrollment (for Full Day option), may result in serious legal consequences.

By signing enrollment documents, staff is certifying that they have reviewed the eligibility and enrollment

documents, and information that has been provided by the applicant, and to the best of their knowledge and belief that all information regarding eligibility provided is true and accurate.

City of La Habra Child Development Division is committed to the deterrence, detection and correction of misconduct and/or dishonesty. The discovery, reporting and documentation of such acts provides a sound foundation for the protection of innocent parties, the taking of disciplinary action against offenders up to and including dismissal where appropriate, the referral to law enforcement agencies when warranted by the facts, and the recovery of assets.

Definition of Misconduct and Dishonesty

For purposes of this policy, misconduct and dishonesty include but are not limited to:

- Acts which violate the organization’s Code of Conduct
- Theft or other misappropriation of assets, including assets of the company, our customers, suppliers or others with whom we have a business relationship
- Misstatements and other irregularities in company records, including the intentional misstatement of the results of operations
- Profiteering as a result of insider knowledge of company activities
- Disclosing confidential and proprietary information to outside parties
- Forgery or other alteration of documents
- Accepting or seeking anything of value (limits defined in [Code of Conduct, gift and entertainment policy, other]) from contractors, vendors, or other persons providing services/materials to the company.
- Fraud and other unlawful acts
- Any similar acts

(E) Forms:

- Enrollment Application
- Application Documentation Checklist
- Required Eligibility Documents Checklist
- Family Member Information Form
- Interview Certification Form Part 1 and 2
- Food Substitution Physician’s Statement
- Required Eligibility Documents Contact Letter
- Enrollment Notes
- Housing Eligibility Verification Form
- Self-Declaration of Income Form
- Zero Income Verification Form
- Work/Training Hours Verification Form
- Income Eligibility Worksheet
- Eligibility Verification Form
- Special Circumstance Rationale Form
- Application Status Letter
- Management Approval Form
- Enrollment Interest Contact Log
- Proof of Residency Form
- Online Application Attempt to Contact – 1st Interview
- Online Application Attempt to Contact – 2nd Interview

(F) Additional Resources:

- Recruitment of Children SAPPP
- Full Day Eligibility SAPPP
- Identifying Children With Possible Disabilities SAPPP
- Selection Process SAPPP
- Enrollment Process SAPPP
- Transition- Early Head Start SAPPP
- Head Start/EHS Selection Criteria
- Crisis and Family Emergency Intervention SAPPP



Service Area Plans, Policies & Procedures

SAPPP Subject:	Selection Process	SAPPP#:	ER-05
Part:	1302-Program Operations	Approval Date:	
Subpart:	A-Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Selection Process	Revision Date:	4/02/2021
Performance Standard(s):	1302.14	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

City of La Habra Early Head Start Program must consider all eligible applicants and have a formal process for establishing selection criteria for serving children and families.

(B) Rationale:

As defined in the Head Start Program Performance Standards 1302.14 EHS will "establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in §1302.11(b), and including family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 *et seq.*) and, other relevant risk factors."

(C) Responsibility:

Child Development Manager, EHS Coordinator

(D) Procedure:

CHILDPLUS TERMINOLOGY

Accepted Date: The date the child or pregnant woman met the eligibility criteria and completed the enrollment process with the Family Service Advocate.

Enrollment Date: The date a child has attended at least one class for center-based or at least one home visit for the home-based option. This date will be entered into ChildPlus when the EHS Coordinator has verified the child's first day in the classroom/home visit. All developmental, health and educational assessment timelines start from the enrollment date.

Accepted, but Pending Documentation: A child who has completed the enrollment packet but is missing documentation required prior to participation in the program (i.e., due to health or safety, or regulatory requirements).

Non-Scheduled Days: Any day an enrolled child is not scheduled to attend.

ER-05 Selection Process

Entry Date: The date a child attends class for the first time, or the date of the first home visit for home-based programs. Enrolled and Entry Date will be the same date. All developmental, health and educational assessment timelines start from the entry date.

Priority Waitlist:

- ChildPlus will rank each child on the Priority Waitlist. (See ER-03 Determining, Verifying and Documenting Eligibility SAPPP.) A new waitlist will be developed at the beginning of each enrollment year and maintained throughout the year that ranks children according to the Selection Criteria. Those children on the wait list from the prior program year who are still age eligible for the program must have income re-verified for the new program year using the new HHS Poverty Guidelines. If the W-2 from the immediate prior year was used to determine eligibility, new income does not need to be submitted by the parent, but eligibility still needs to be re-verified using the new HHS Poverty Guidelines. If eligibility was verified using pay stubs or eligibility documentation, new documentation must be submitted.
- For all children enrolling in April or later, only children that are eligible to return for the succeeding year will be selected. Eligibility will be determined using the new HHS Poverty Guidelines and the new Selection Criteria. Children will be placed on the waitlist for the current year and on the waitlist for the upcoming program year if they will still be age eligible.
- Selection Criteria define the types of children and families who will be given priority for recruitment and selection based on the results of the Community Assessment. Selection Criteria are updated annually and are reviewed and approved by the Policy Council and the Board of Directors. Based on the Selection Criteria, the selection process may be influenced by information that may include but is not limited to the following:
 - Parental status
 - Income level
 - Age of child
 - Homelessness
 - Foster care
 - Extraneous Circumstances

Selection:

Based on Community Assessment data, OCHS has elected to reserve up to 3% of its slots for children experiencing homelessness and in foster care.

The funded enrollment level for Head Start and EHS will be maintained throughout the program year. When a vacancy becomes available, the vacancy will be filled by the COA within 30 calendar days.

When an opening occurs, the EHS Coordinator will run the #2025 Enrollment Priority Listing report in ChildPlus and take the following steps to ensure that the child with the highest priority is contacted and offered the program:

- Check for children transitioning from EHS to Head Start. Eligible children transitioning from any EHS program to Head Start will be placed on the transfer waitlist at two years, nine months. These children will receive EHS transitioning points and priority over Head Start to Head Start transfers, new or waitlisted children (see TS-01 Transition-Early Head Start SAPPP).
- Check for enrolled children who wish to transfer into the center with the opening by reviewing the Priority Waitlist report for transfers in ChildPlus. (Children wishing to transfer have priority.) (See the ER-08 Transfers, Terminations, and Completions SAPPP.) **NOTE:** When a full day slot becomes available (HS and EHS) the COA will run the #2025 Enrollment Priority Listing in ChildPlus using the grouping filters for **All Groups, COVID-19** and **Contract**. The COA will review the three lists and select the child with the

ER-05 Selection Process

highest priority points children as follows:

- HMLS 1 –
 - Parents meeting full day requirements
 - Parents who were furloughed/lost employment due to **COVID-19**
 - Parents who do not meet full day requirements but are interested in full day **CONTRACT**
 - HMLS 2 –
 - Parents meeting full day requirements
 - Parents who were furloughed/lost employment due to **COVID-19**
 - Parents who do not meet full day requirements but are interested in full day **CONTRACT**
 - Eligible –
 - Parents meeting full day requirements
 - Parents who were furloughed/lost employment due to **COVID-19**
 - Parents who do not meet full day requirements but are interested in full day **CONTRACT**
 - +101% - 130%
 - Parents meeting full day requirements
 - Parents who were furloughed/lost employment due to **COVID-19**
 - Parents who do not meet full day requirements but are interested in full day **CONTRACT**
 - +131% - 150%
 - Parents meeting full day requirements
 - Parents who were furloughed/lost employment due to **COVID-19**
 - Parents who do not meet full day requirements but are interested in full day **CONTRACT**
- If there are no transfer requests and the agency is not currently meeting the minimum requirement for 10% of enrolled children eligible for services under IDEA (IEP/IFSP), the FSA will select the next child with an IEP/IFSP with the highest priority points. The EHS Coordinator will track the enrollment of children with disabilities and keep the FSA informed of the status in meeting the 10% requirement. Prior to enrolling a child with a disability and offering the slot to a family, the FSA will communicate with the EHS Coordinator to determine if the placement is appropriate for the child. In order to maintain a full inclusion environment, enrollment of children with disabilities will not exceed 20% in any classroom.
 - If there are no children who wish to transfer and 10% or more of the children enrolled have identified disabilities, the EHS Coordinator will run the Priority Waitlist report in ChildPlus and identify the child with the highest priority points.
 - If the identified child is a relative of any La Habra staff member, the FSA must inform the EHS Coordinator to obtain approval from the Child Development Manager prior to making the enrollment offer.
 - If there is a special circumstance for which a child needs to be considered for enrollment, the EHS Coordinator will complete a **Special Circumstance Rationale** form. The form will be filed in the child's Eligibility File at the Administration Office.
 - Once the child has been selected, the FSA will make at least two attempts to contact the family via telephone within two business days. If the parent is reached, the FSA will complete the **Selection Letter** and attach it to the enrollment paperwork to later be placed in the ERSEA file. At the end of the second business day, if the FSA is not able to reach the parent, the FSA will complete the **Selection Letter** and mail it to the parent. The FSA will check the appropriate box on the form indicating if the form was mailed.
 - If the family does not respond to the phone calls or the **Selection Letter** within five business days, one more phone call will be attempted on the fifth day by the FSA. If the family does not respond, the child will remain on the Priority Waitlist for another selection cycle and the Attempt to Enroll letter will be mailed.
 - If the child goes through two selection cycles without response from the parent, the child will be

ER-05 Selection Process

abandoned.

- During major enrollment periods, timelines may vary.
- The FSA will document all phone calls in the **Enrollment Notes** form and in ChildPlus.
- When a family has accepted the program, the FSA will document it in ChildPlus and schedule an appointment with the family. The FSA will ask the family to bring:
 - Child to be enrolled for sensory screenings (summer enrollment fairs)
 - Proof of Immunizations/TB (See HS-04 Immunization SAPPP)
 - Name, address and phone number of doctor and dentist
 - Custody or Restraining Order Documents, if applicable
- The FSA will notify the EHS Coordinator of the scheduled appointment time with the parent.

Waitlist Ready to Enroll (WL-RTE)

Head Start (HS) and Early Head Start (EHS)

1. Children on the Accepted List – the First day of School

It is always OCHS goal to be fully enrolled on the first day of school.

- a. The ERSEA Manager will send an email to Education, Program Services, ERSEA and PFCE staff 10 days prior to the first day of school.
- b. All Program Services staff involved in the enrollment process will review the accepted list and determine what, if anything needs to be done on their part to move the file through the process.
- c. The file will be picked up from the main office within two business day
- d. Once the file arrives at the center, the CD/SS will call the family and schedule an orientation meeting.
 - i. Before the first day of the program year, the CD/SS will invite family to attend the group orientation and the child will begin on the first day of scheduled class.

2. Children on the Accepted List – After the first of School

When OCHS is not fully enrolled, it is the goal to reach full enrollment as quickly as possible, but never later than the last day of school for each month.

- a. The ERSEA Manager will send an email to Education, Program Services, ERSEA and PFCE staff 10 days before the last day of school for the month.
- b. All Program Services staff involved in the enrollment process will review the accepted list and determine what, if anything, needs to be done on their part to move the file through the process
- c. The file will be picked up from the main office within two business day.
- d. Once the file arrives at the center, the CD/SS will call the family and schedule an orientation meeting.
 - i. After the first day of the program year, the Orientation meeting will include at least a one hour classroom experience for the child. If the family is able to come to orientation prior to class starting for the day, the child may stay for the whole session.

EHS Only

1. Transfers –

- a. Summer: EHS Coordinator will complete transfers (see ER-08 Transfer, Termination and Completion SAPPP).

2. Transitioning EHS children to HS/PS – Complete children on the business day prior to enrollment in HS and enroll them in HS on their first day. (Example for the current year: Complete in EHS on 9/4/18 and Enroll in HS on 9/5/18; if they are present on the 5th.) If child is not present, start attendance policy (10 business days of follow up; phone calls, home visit and notification letters; See ER-09 Attendance Monitoring SAPPP) and move forward accordingly.

ER-05 Selection Process

3. New Children – There will be “extra children” that are on the accepted list who will be replacing transitioning children from EHS to HS/PS on the first day of school. This will ensure that the EHS program is fully enrolled in EHS at all times (we are not waiting the 30 days).
4. Selecting Children for the WL-RTE List
 - a. The EHS Coordinator will identify the children with highest points that are currently on the Waitlist and label the file WL-RTE.
 - b. The file will move through the enrollment process and program services file review.
5. Waitlist - RTE List (WL-RTE) –
 - a. There should always be at least two children on the WL-RTE list for Part-Day and one child for Full-Day so that when a child leaves the program, regardless of the reason, there is another child ready to enter.
 - b. There should always be enough children on the WL-RTE list to be able to keep the program fully enrolled as children transition (Example: If there are 5 children transitioning within in the next 30 days, then there should be at least five children on the Waitlist –RTE list.
 - c. Once there is a vacancy
 - i. The EHS Coordinator will run the following reports and select based on the following priority:
 - Waitlist ChildPlus Report #2025 – Transfer
 - Waitlist ChildPlus Report #2025 – Homeless/Foster Families; unless a Homeless/Foster family is already on the WL-RTE list
 - Waitlist ChildPlus Report #2025: Classroom WL-RTE – Review each child’s record to determine program option and enrollment packet completion date to determine which child will fill the vacancy. Vacancy will be filled based on the earliest date of enrollment packet completion. If the children on the list have the same date of enrollment packet completion the COA will review and compare the eligibility points.
 - ii. The FSA will call the family to be sure they are still interested; if the family is no longer interested the FSA will select the next child following steps c.i - ii above.
 - iii. Once the parent has agreed to start, the FSA will notify the EHS Coordinator.

(E) Forms:

- Special Circumstance Rationale Form
- Selection Letter
- Attempt to Enroll Letter

(F) Additional Resources:

- ER-03 Determining, Verifying and Documenting Eligibility SAPPP
- ER-08 Transfer, Termination and Completion SAPPP
- HS-04 Immunization SAPPP
- TS-01 Transition-Early Head Start SAPPP
- Head Start/EHS Start Selection Criteria



2021-2022 Head Start & Early Head Start Selection Criteria Points Eligibility Status

HOMELESS/HOUSING ELIGIBILITY (Please select ONLY ONE)

If more than one category applies, highest points supersede. If a family is Homeless, income does not apply and should not be verified.

Child Plus Code	HMLS 1	400	Living in a shelter, motel/hotel, campground, park, trailer park or car	
	HMLS 2	300	Living in shared housing	
	FOST	300	Foster (i.e., Foster Group, Foster Home with court order or social service order)	
BASED ON POVERTY GUIDELINES AND FAMILY SIZE (Please select ONLY ONE)				
Child Plus Code	PAR	100	Public Assistance (TANF, SSI)	
	-100%	75	Below 100- 75% of poverty guidelines	
	-75%	65	Below 74-50% of poverty guidelines	
	-50%	55	Below 49-25% of poverty guidelines	
	-25%	45	Below 24-0% of poverty guidelines	
	+100%	35	At poverty level 101-108%	
	+108%	30	Between 109-116%	
	+116%	25	Between 117-124%	
	+124%	20	Between 125-130%	
	+130%	15	Above 131-137%	
	+137%	10	Above 138-144%	
	+144%	5	Above 145-150%	
	+151%	0	Above 151%	
PARENTAL STATUS (Please select ONLY ONE)				
Child Plus Code	FOST GRP	50	Group Home (e.g., Olive Crest, Orangewood)	
	FOST HOME	40	Foster Home (Foster, Relative Care, Guardian)	
	ONE	30	One Parent	
	TWO	15	Two Parents	
DISABILITY (Please select ONLY ONE)				
Child Plus Code	IEP	100	Diagnosed with Current IEP (Head Start only)	
	IFSP	100	Diagnosed with Current IFSP (EHS only)	
	PREN	100	Identified Disability of Child During Gestation (EHS only)	
	NON	0	No Disability	
AGE (Please select ONLY ONE)				
Child Plus Code	Early Head Start		Head Start	
	#m	50	6 months and younger	
	#yr#m	40	1 year- 7 months	4 years, 6 months-compulsory school age (on or before Sept. 1 st)
	#yr#m	30	1 year, 6 months - 1 year, 1 month	4 years, 0 months - 4 years, 5 months
	#yr#m	20	1 year, 11 months - 1 year, 7 months	3 years, 6 months - 3 years, 11 months
	#yr#m	10	2 years, 5 months - 2 years, 0 months	3 years, 0 months - 3 years, 5 months
	#yr#m	5	3 years, 0 months- 2 years, 6 months	2 years, 5 months - 2 years, 11 months
ADDITIONAL FACTORS (If more than three apply, please select the three highest points.)				
Child Plus Code	EHS 1	500	Transitioning EHS child (HMLS 1 & 2, Foster, Eligible - OCHS & La Habra)	
	EHS 2	250	Transitioning EHS child 100-130% above the poverty guidelines (OCHS & La Habra)	
	EHS 3	100	Transitioning EHS child 131% and above the poverty guidelines (OCHS & La Habra)	
	EHS OC 1	450	Transitioning EHS child (HMLS 1 & 2, Foster, Eligible -EHS Program within Orange County)	
	EHS OC 2	200	Transitioning EHS child 100-130% above the poverty guidelines (EHS Program within Orange County)	
	EHS OC 3	50	Transitioning EHS child 131% and above the poverty guidelines (EHS Program within Orange County)	
	EHS OSA 1	50	Transitioning EHS child (HMLS 1 & 2, Foster, Eligible - EHS Outside-of-Service Area)	
	EHS OSA 2	25	Transitioning EHS child 100-130% above the poverty guidelines (EHS Outside-of-Service Area)	
	PREG	100	Pregnant Woman	
	TP	50	Teen Parent (at application date)	
	NI	40	No Income	
	RPTCP	25	Resident of a Partnering Tax Credit (GGUMC)	
	HRP	25	High-risk Pregnancy (EHS only)	
	MTTP	20	Mother in third trimester of pregnancy (EHS only)	
	NEPC	20	Non-English Proficient Child	
	DVF	15	Domestic Violence Family	
	MHDT	15	Mental Health/Drug Treatment	
	LTDP	10	Long-term Disabled Parent/ Sibling or Terminal Illness	
REF	10	Agency Referral (Social Services, Shelter, School District)		



Service Area Plans, Policies & Procedures

SAPPP Subject:	Enrollment	SAPPP#:	ER-06
Part:	1302-Program Operations	Approval Date:	
Subpart:	A-Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Enrollment	Revision Date:	4/02/2021
Performance Standard(s):	1302.15	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

City of La Habra, Early Head Start must maintain its funded enrollment level and fill any vacancy as soon as possible. A program must fill any vacancy within 30 calendar days.

(B) Rationale:

As defined in the Head Start Performance Standards 1302.14 EHS program will "establish selection criteria that weigh the prioritization of selection of participants, based on community needs identified in the community needs assessment as described in §1302.11(b), and including family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, as determined under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 *et seq.*) and, other relevant risk factors."

(C) Responsibility:

Child Development Manager, EHS Coordinator, FSA

(D) Procedure:

Enrollment:

During the appointment, the FSA will complete the following with the parent:

- **Program Services Enrollment File Checklist**, the documents listed below;
- Pediatric Health History (EHS only)
- Parent Request for Alternate Formula (EHS only, infants only, if applicable)
- Admissions Agreement
- Acknowledgement of Forms Required by Licensing as proof of parent receipt of these forms (Parents Rights, Personal Rights, Caregiver Background Check Process)
- Parent/Guardian Permission Form for Use of Child's Photograph
- Parent Authorization for Exchange of Information

- The FSA will verify receipt of all documents as they are completed using the **Program Services Enrollment File Checklist**.
- At the end of the enrollment appointment, the FSA will provide the parent with a **Physical Exam Form, Required Oral Examination Form** and **Food Substitution Physician's Statement** if the child has any

ER-06 Enrollment

food allergies (See Food Allergies SAPPP.) The parent will also receive a copy of the Child and Adult Care Food Program (CACFP) Parent Letter, WIC information, and other resource information.

- The FSA will inform the parent of any missing documents needed to continue the enrollment process, provide any necessary forms, and document this conversation on the **Enrollment Notes** in Child Plus.

NOTE: Due to COVID-19 and social distancing health and safety practices, enrollments may be completed over the phone or through video call. Parent forms and resource information will be sent via email or postal mail. The center staff will have two weeks from the child's Enroll/Entry date to obtain the parent signatures on the original forms.

- If enrollment occurs at an Enrollment Fair, after completing the enrollment documents, the parent will rotate through each of the Program Services stations for additional screening and assessment. At each of the stations, program staff will review the necessary enrollment documents with the parent, discuss any identified concerns, and respond to any questions asked by the parent. When possible, services will be provided at the enrollment fair, such as parent education, consultation, providing written information, or giving a referral to a community agency (e.g., WIC, Food Stamps, food bank, medical or dental providers). Potential concerns will be documented in ChildPlus. Any services provided or actions taken will also be documented on ChildPlus. After reviewing the file, the program staff will check the appropriate service area box (e.g., Health, Nutrition, Disabilities) on the **Program Services Enrollment File Checklist** and initial. If there is a concern, the program staff will also check the concern box in the appropriate area.

NOTE: If the family expresses an immediate need or emergency during the Determining, Verifying and Documenting Eligibility process, the FSA, program or center staff, will refer the family to outside resources and/or refer them to in-house services immediately. All services provided will be documented in ChildPlus. (See Crisis and Family Emergency Intervention SAPPP.)

- At the Enrollment Fair, staff will greet the parents and will be responsible for giving each parent an **Orientation Letter** indicating the date scheduled for orientation.
- At the Enrollment Fair, after each enrollment packet is complete, the Lead will review each file to ensure all documentation is complete with signatures. The Lead will pull the *second copies* of the documents below from the **Enrollment Application File** and place them in the **Temporary Enrollment File**.
 - Copy of the Application
 - Copy of Birth Certificate (or other valid proof of age documentation)
 - Copy of the Custody Documents (if applicable)
- Files will be labeled with the child's name and date of birth. The **Program Services Enrollment File Checklist** will be stapled to the front of the **Temporary Enrollment File**.
 - The **ERSEA Eligibility File** will contain:
 - Acknowledgement of Required Licensing Forms (center base only)
 - Application Status Letter
 - California School Immunization Record (blue card)
 - Copy of Birth Certificate (other valid proof of age documentation)
 - Copy of Custody Documents (if applicable)
 - Copy of Proof of Age (See Center File Checklist of document description)
 - Copy of the Application
 - Copy of the Custody Documents
 - Copy of the Immunization Record
 - Eligibility Verification Form
 - Enrollment Application Form
 - Pediatric Health History (EHS only)
 - Housing Eligibility Verification Form
 - Individual Education Plan/ Individualized Family Service Plan

ER-06 Enrollment

- Interview Certification Part I & Part II
 - Management Approval Form (if applicable)
 - Original copy of the Admissions Agreement
 - Parent Authorization for Exchange of Information
 - Parent Directory Form
 - Parent Interest Survey (only completed through September 30th)
 - Parent Request for Alternate Formula (EHS only, infants only, if applicable)
 - Permission to Photograph
 - Print out of Enrollment Notes from Child Plus
 - Proof of Income
 - Proof of Residency Form (if applicable)
 - Required Eligibility Documents Contact Letter (if applicable)
 - Selection Letter
 - Special Circumstance Rationale Form (if applicable)
- The box of **Temporary Enrollment Files** will be brought to the Administration Office by the FSA or designated staff and documents in ChildPlus **Enrollment Notes** that the enrollment packet was completed. The FSA will add an **Enrollment File Review** program year for the file and document the date the file was forwarded to Health Consultant for review. FSA will change the enrollment status of the child from *Waitlisted* to *Accepted* in ChildPlus. *s Manager and Disabilities/Inclusion Manager will review the file within 24 hours.*
 - **Temporary Enrollment Files** of children with health concerns and/or missing immunizations will be forwarded to the Health Consultant for review. If the Health Consultant determines that there are no health concerns or missing immunization the **Temporary Enrollment Files** given back to the FSA.
NOTE: All staff members reviewing the **Temporary Enrollment Files** will document under **Enrollment Notes** once their review has been completed and indicate which department or staff member the file was forwarded to. All staff members will also add their department review date in the Enrollment File Review tab.
 - Temporary Enrollment Files will be file in the Enrollment File Review drawer, which will be accessible to all staff involved in the review process and locked at the end of the day.
 - If a child has multiple concerns noted, the file will go to the Integrated Services Team (IST).
 - All Eligibility Files will be reviewed to ensure: (1) All of the appropriate documents are in each file; (2) All information is complete and accurate; and (3) All information is entered correctly into ChildPlus.
 - Files will not be left out on staff desks.
 - If the enrollment is not completed at an Enrollment Fair, the FSA will be responsible for ensuring all steps above. The **Temporary Enrollment File** will be taken within two business days or before the 30 day enrollment timeline, whichever comes first.
 - Once the **Temporary Enrollment File** is received Home-Base Coordinator will review all documents in the **Temporary Enrollment Files** to verify that all documents are accounted for and any life-threatening health concerns or accommodations have been addressed.
 - The EHS Coordinator will contact the family within two business days of receiving the file to schedule orientation.
 - The EHS Coordinator will add the Initial File Review/Orientation Scheduled date on the **Enrollment File Review** tab and document under **Enrollment Notes**.
 - If a parent does not show up on the scheduled orientation date the center staff must follow the attendance procedure. (See Attendance-SAPPP.)
 - If there is a STOP on the child's file for any reason (e.g., food allergy form, immunization records or accommodation needed), the child will not be able to start school until the missing documents are received and/or the appropriate measures have been taken to address the reason for the STOP, and approval for the child to start school has been received by the appropriate Manager.
 - For outstanding food allergy/medically based diet or immunization documentation:

ER-06 Enrollment

- For enrollments completed during summer enrollment fairs, parents will have until the end of September to submit the required information. (Children with outstanding immunization or food allergy/medical diet documentation will be excluded until the information is received and the child is approved to start by the appropriate Manager.)
- If the enrollment is completed anytime during the program year, the parent will have 30 days from the enrollment date to submit the required information.
- **Note:** Any time missing documentation is identified upon enrollment, FSA must follow up with parent to assist with obtaining the information. Prior to terminating any child, steps taken to help the family obtain the necessary information must be documented in ChildPlus.
- Once the orientation is completed with the parent, EHS Coordinator will add the Orientation Completed date on the **Enrollment File Review** tab and document under **Enrollment Notes**.
- The EHS Coordinator will enter the child's *Enrolled/Entry Date* (the day the child first attends) into ChildPlus (For home-base, the *Enrolled/Entry* is the date of the first scheduled home visit).
- The EHS Coordinator and/or Child Development Manager will monitor ChildPlus reports bi-weekly to ensure that children are being moved from *accepted* to *enrolled* in a timely manner, and that all enrolled children have an assigned *Entry Date*. The EHS Coordinator is also responsible for monitoring the following ChildPlus reports:
 - Cumulative Enrollment Numbers
 - Waitlists
 - Terminations and Completions
 - Income Eligibility
 - Family Demographics
 - PIR
- Children enrolled during the months of March, April and May, if age eligible throughout the immediate succeeding enrollment year will complete re-enrollment for the next program year with the FSA during the same appointment.

Pregnant Women

Once a mother gives birth to the child, the FSA will accompany the designated Health Consultant on the two-week post-partum visit to complete a new enrollment packet for the newborn and request a copy of the Birth Certificate (other valid proof of age documentation). (See Services to Pregnant Women SAPPP.) The FSA will complete the following forms for the newborn at the two-week post-partum visit:

- Enrollment Application
- EHS Enrollment Packet
 - Center File Checklist
 - Original copy of the Admissions Agreement
 - Permission to Photograph
 - Pediatric Health History
 - Parent Request for Alternate Formula, if applicable
 - Parent Directory Form
 - Parent Interest Survey (only completed through September 30th)
 - Copy of the Immunization Record
 - California School Immunization Record (blue card)
 - Parent Authorization for Exchange of Information
 - Obtain a copy of the Custody Documents, if applicable
- Eligibility Verification Form - *Eligibility is not re-verified at this time*
 - Income, Parental Status, Disability points will be the same as the ones assigned to the child's mother
 - Assign Age points (0M/50PTS)

ER-06 Enrollment

- Retrieve mother's ERSEA Eligibility File and include newborn's application, proof of age and Eligibility Verification Form and forward to ERSEA Manager for Quality Assurance review.
- The EHS Coordinator will enter child's demographics and points in ChildPlus. **NOTE:** Update existing "Unborn Child" with child's legal name and date of birth.
Note: Two week postpartum files will have a green dot for easier identification that the file review requires priority. The Program Services department reviews for two-week postpartum visit files will be completed within 72 hours of file submission.
- After the two-week postpartum visit, mom will continue to be enrolled in ChildPlus while the child's Enrollment File is reviewed.
- Orientation can be held for the newborn child during this time, even if the child's Enrollment File has not been received.
- Once the child has had their first home visit the EHS Coordinator will complete mom and inform the FSA
- The FSA will accept the child in ChildPlus and inform the EHS Coordinator that the child is ready to be enrolled.

Proof of Enrollment Letters

All requests for a **Proof of Enrollment Letter** must be submitted to the Child Development Manager. The Child Development Manager will have seven business days to complete the letter for the parents. Proof of Enrollment Letters will only be prepared if the Child Development Manager is able to retrieve the child's enrollment record from ChildPlus or storage.

Note: EHS program only maintains enrollment records archived in storage for three years.

(E) Forms:

- Special Circumstance Rationale Form
- Selection Letter
- Child Center File Checklist
- Center File Enrollment File Checklist
- Enrollment Application
- Physical Examination Form
- Required Oral Examination Form
- Parent & Personal Rights
- Acknowledgement of Forms Required by Licensing
- Parent Directory
- Admissions Agreement
- Parent/Guardian Permission Form for Use of Child's Photograph
- California School Immunization Record (Blue Card)
- Student Emergency Information Card
- Health History
- EHS Pediatric Health History
- Parent Authorization for Exchange of Information
- Parent Request for Alternate Formula
- Income Eligibility Worksheet
- Eligibility Verification Form
- Housing Eligibility Verification Form
- Orientation Letter
- Food Allergy/Immunization Exclusion Letter
- Food Allergy/Immunization Request Two Week Reminder Letter

ER-06 Enrollment

- Food Allergy/Immunization Request Termination Letter

(F) Additional Resources:

- CN-11 Food Allergies SAPPP
- ER-03 Determining Verifying and Documenting Eligibility SAPPP
- ER-08 Transfers, Terminations, and Completions SAPPP
- ER-09 Attendance Monitoring SAPPP
- FC-06 Crisis and Family Emergency Intervention SAPPP
- HS-04 Immunization SAPPP
- HS-16 Integrated Team Services (IST) Process SAPPP
- PM-11 Child Center File SAPPP
- PM-12 Child and Family Documentation SAPPP
- PW-01 Services to Pregnant Women SAPPP
- TS-01 Transition-Early Head Start SAPPP
- CACFP Parent Letter
- Head/EHS Start Selection Criteria
- WIC Information



Service Area Plans, Policies & Procedures

SAPPP Subject:	Early Head Start Re-Enrollment Process	SAPPP#:	ER-07
Part:	1302-Program Operations	Approval Date:	
Subpart:	Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Determining, Verifying, and Documenting Eligibility	Revision Date:	4/05/2021
Performance Standards(s):	1302.12(j)(1)	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

If a child has been found eligible and is participating in a Early Head Start program, he or she remains eligible throughout the enrollment year and throughout the immediate succeeding enrollment year. Children who are age eligible to return to the new school year for a third consecutive year must have their family's eligibility re-verified.

(B) Rationale:

It is in the best interest of the child and family to maintain consistent comprehensive child development services until the child becomes eligible for preschool.

(C) Responsibility:

EHS Coordinator, FSA, Home-Educators

(D) Procedure:

1. In February, the EHS Coordinator will run *ChildPlus Report #2030* to determine the number of returning children.
2. For all children age-eligible to return to the program for a second consecutive year, the parent will be required to attend a re-enrollment appointment.
3. For all children age-eligible to return to the program for a third consecutive year, the family will be required to submit updated proof of income and be re-verified for eligibility by the FSA. If the child continues to be eligible, the FSA must complete a new enrollment packet with the parent during an enrollment fair. (See Determining, Verifying and Documenting Eligibility SAPPP).
4. Once the list of children has been reviewed the FSA, will schedule a re-enrollment appointment with the family to obtain a second signature on the Enrollment Application, and review the Health History and other health documents.
5. During the re-enrollment appointment with the parent:
 The FSA will obtain a second signature from the parent on the Enrollment Application. The FSA will also be responsible for signing the application.
 - o The FSA will interview the parent and determine if any information needs to be updated. The following documents will be reviewed by the parent and the FSA.

ER-07 Early Head Start Re-Enrollment Process

- Health Documents
 - Immunizations (update if needed)
 - Medication Administration Form (if applicable)
 - Physical Exam (new form will be given to the parent if needed)
 - Dental Exam (new form will be given to the parent if needed)
 - Health History-Upon review, if no changes have occurred, the parent and FEA must re-sign the Health History. If changes have been identified, a new Health History must be completed by the parent.
 - Parent Authorization for Exchange of Information
 - Pending Nutrition Forms
 - Food Substitution Physician's Statement or Milk Substitution Form (new form will be given to the parent if applicable)
 - Sensory screenings will be completed by the Health Consultant with support from the FSA, when needed.
 - Once all Re-Enrollments have been completed, the Returning Children Survey Letters must be submitted to the EHS Coordinator for review.
6. A new File Checklist will be added to each returning child's file and will be completely filled out by the FSA and/or EHS Coordinator.
 7. If any new health, nutrition, or other concerns are identified at the re-enrollment meeting, the EHS Coordinator notify the Health Consultant and provide the name of the child and the concern. After completing the re-enrollment paperwork, the EHS Coordinator will review each file using the Center File Checklist as a guide, and sign and date the form. Any food allergies, immunizations, medications/Epi-pens or other accommodations will need to be addressed prior to the child starting school.
 8. At the beginning of the program year, the EHS Coordinator and/or Child Development Manager will sign off the **Program Services Enrollment File Checklist** will give the files to the FSA for filing.

At the end of the program year, the EHS Coordinator will be responsible for completing all transitioning children in ChildPlus as *Completed--Aged out of the Program*. All children that are age eligible to return will be added to the new school year and marked as *Accepted* on the first day of the new program year. For home-base, the EHS Coordinator will be responsible for re-enrolling the child using the *expected* first home visit as the "Enrollment Date" and "Entry Date" in Child Plus.

(E) Forms:

- Health History
- EHS Child Nutrition History
- Food Substitution Physician's Statement
- Individualized Development Plan
- Physical Examination Form
- Dental Examination Form
- Transfer Request Form
- Center File Checklist
- Returning Children Survey Letter
- Parent Authorization for Exchange of Information

(F) Additional Resources:

- Determining, Verifying and Documenting Eligibility SAPPP
- Selection Process SAPPP
- Enrollment Process SAPPP



City of La Habra

Service Area Plans, Policies & Procedures

SAPPP Subject:	Transfers, Terminations and Completions of Children	SAPPP#:	ER-08
Part:	1302-Program Operations	Approval Date:	
Subpart:	A-Eligibility, Recruitment, Selection, Enrollment and Attendance	Effective Date:	[Effective Date]
Section Title(s):	Selection Process, Attendance	Revision Date:	4/05/2021
Performance Standard(s):	1302.14, 1302.16	Lead Responsibility:	EHS Coordinator
HS Act:		Other Regulation:	

(A) Policy:

Per Delegate Agency Agreement, the City of La Habra Early Head Start program will follow Orange County Head Start, Inc. (Grantee's) ERSEA Policies and Procedures.

City of La Habra, Early Head Start children will be transferred, terminated and completed based on the best interest of the child, regulations and availability.

(B) Rationale:

Procedures for transferring, terminating and completing children in the Early Head Start program must be uniform to ensure accurate records.

(C) Responsibility:

EHS Coordinator, FSA

(D) Procedure:

TRANSFERS

NOTE: A child transitioning from EHS to Head Start/preschool is not considered a transfer; the child is completed in the EHS program and newly enrolled in the Head Start program, if eligible.

If a child is transitioning from EHS to Head Start, see the EHS Transition SAPPP.

Terminating a Child from the Program

A child may be terminated from the program under the following circumstances (but not limited to):

- Parent voluntarily drops the child
- Attendance issues (see Attendance SAPPP for clarification)
- Extreme behavior that becomes a serious threat to other children or self (see Child Guidance and Behavior Management SAPPP and Suspensions and Expulsions SAPPP)
- See Admissions Agreement for other reasons
- The FSA will document the Drop and Drop Reason in the Enrollment Notes of ChildPlus.
- For potential terminations due to attendance, extreme behavior that becomes a serious threat to other

ER-08 Transfers, Terminations and Completions of Children

children or self and/or Admissions Agreement reasons will obtain approval according to the appropriate SAPPP.

Procedure for Terminating a Child in ChildPlus:

- Go to the Enrollment section of ChildPlus
- Click on the Drop option
- Enter the Drop date. (The Drop date is the date the EHS Coordinator determines that the child is not coming back to the program. **Do not backdate.** The date must be entered in ChildPlus and the FSA notified by email (copy the Child Development Manager in the email) within **24 hours of the Drop date.**
- Enter the Drop Reason
- Under Enrollment Notes provide additional comments supporting the termination and/or refer to the notes in the Family Services section

Abandoning a Child's Program Record:

- If a child has been Accepted but the child never enters the program (non-participant - child is never physically in the classroom/never receives a home visit for home base), FSA will document under Enrollment Notes the reason why the child will not attend the program and/or the attempts to contact the family. The EHS Coordinator will notify the Child Development Manager of the status and will update the status from Accepted to Abandoned and group the child to one of the selections below:

Children expected to return:

- RTN: Left County
- RTN: State Preschool
- RTN: Transitional Kinderg
- RTN: Unable to Contact

Children who recently completed an enrollment packet:

- NEW: Left County
- NEW: State Preschool
- NEW: Transitional Kinderg
- NEW: Unable to Contact

Note: Only the EHS Coordinator can change the Accepted status to Abandoned for children that do not participate in the program.

Once the child has been terminated/abandoned from the program the FSA will keep the child's file in a locked archived cabinet.

Completing the Program - Early Head Start:

- When a child ages out of the program:
- During the program year, the EHS Coordinator is responsible for completing the child in ChildPlus.
- At the end of the program year, the EHS Coordinator is responsible for completing the child in ChildPlus.
- For children still attending in July, the EHS Coordinator will add a new program term for the child for the upcoming year and label the child's status as accepted. The FSA will be responsible for enrolling children based on their first home visit (home base).

Pregnant Moms:

Once a mother gives birth to the child, the EHS Coordinator, the FSA will accompany the Health Consultant on the two-week post-partum visit to complete a new enrollment packet for the newborn and request a copy of the

ER-08 Transfers, Terminations and Completions of Children

Birth Certificate (other valid proof of age documentation). (See Services to Pregnant Women SAPPP.) The FSA will complete the following forms for the newborn at the two-week post-partum visit:

- Enrollment Application
- EHS Enrollment Packet
 - Original copy of the Admissions Agreement
 - Permission to Photograph
 - Pediatric Health History
 - Parent Request for Alternate Formula, if applicable
 - Parent Directory Form
 - Parent Interest Survey (only completed through September 30th)
 - Copy of the Immunization Record
 - California School Immunization Record (blue card)
 - Parent Authorization for Exchange of Information
 - Obtain a copy of the Custody Documents, if applicable
- Eligibility Verification Form - *Eligibility is not re-verified at this time*
 - Income, Parental Status, Disability points will be the same as the ones assigned to the child's mother
 - Assign Age points (0M/50PTS)
 - Retrieve mother's ERSEA Eligibility File and include newborn's application, proof of age and Eligibility Verification Form and forward to ERSEA Manager for Quality Assurance review.
- The FSA will forward the newborn's Enrollment and ERSEA Eligibility files to the EHS Coordinator to enter child's demographics and points in ChildPlus. **NOTE:** *EHS Coordinator will update existing "Unborn Child" with child's legal name and date of birth.*
- After the two-week postpartum visit, mom will continue to be enrolled in ChildPlus while the child's Enrollment File is reviewed by Program Services.
- Orientation can be held for the newborn child during this time, even if the child's Enrollment File has not been received.
- Once the child has had their first home visit the EHS Coordinator will complete mom and inform the FSA.
- The FSA will accept the child in ChildPlus and child is ready to be enrolled.

(E) Forms:

- Parent Authorization for Exchange of Information
- Application
- Licensing Forms
- Emergency Card
- Individual Care Plan
- Food Substitution Physician's Statement
- IEP/IFSP
- Transfer Request Form
- Work/Training Hours Verification Form

(F) Additional Resources:

- TS-01 EHS Transition SAPPP
- ER-05 Selection SAPPP
- ER-06 Enrollment SAPPP
- ER-03 Determining, Verifying and Documenting Eligibility SAPPP
- ER-04 Full Day Eligibility SAPPP
- HS-12 Medication Administration/Incident Health Related Services SAPPP

ER-08 Transfers, Terminations and Completions of Children

- CN-11 Food Allergies SAPPP
- HS-11 Individual Care Plan SAPPP
- PW-01 Services to Pregnant Women SAPPP