

Head Start Monthly Report May 2024

Conduct of Responsibilities –

Each Head Start agency shall ensure the sharing of accurate and regular information for use by the **Governing Body and Policy Council**, about program planning, policies, and Head Start agency operations, including:

- (A) Monthly financial statements, including credit card expenditures;
- (B) Monthly program information summaries
- (C) Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
- (D) Monthly reports of meals and snacks provided through programs of the Department of Agriculture;
- (E) The financial audit;
- (F) The annual self-assessment, including any findings related to such assessment;
- (G) The communitywide strategic planning and needs assessment of the Head Start agency, including any applicable updates;
- (H) Communication and guidance from the Secretary;

In accordance with the New Head Start Performance Standards that went into effect on November 7, 2016:

1301.2 (b) Duties & Responsibilities of the Governing Body -

(1) The governing body is responsible for activities specified at section 642©(1)(e) of the Head Start Act.

(2) The governing body must use ongoing monitoring results, data on school readiness goals, and other information described in 1302.102, and information described at section 642(d)(2) of the Act to conduct its responsibilities.

Please see Program Information Summary & attachments to this monthly report for monitoring reports.

A. Monthly Financial Statements including credit card expenditures:

Credit Card: \$3674.12

4/5/24	\$50	CVS	Sunshine*
4/8/24	\$50	Floral Reflections	Sunshine*
4/10/24	\$521.13	Imprint	Homeless*
4/12/24	\$46.94	Friendly	Policy Council
4/12/24	\$255.40	Imprint	Homeless
4/8/24	\$176.70	Kalahari	Ed Staff
4/8/24	\$176.70	Kalahari	Ed Staff
4/8/24	\$176.70	Kalahari	Ed Staff
4/15/24	\$130.00	Marriott	Parent Ambassador
4/15/24	\$166.08	GWL	A Esser
4/15/24	\$166.08	GWL	S Stammen
4/15/24	\$166.08	GWL	A Stephenson
4/15/24	\$166.08	GWL	A Searight
4/15/24	\$166.08	GWL	T Franzer
4/15/24	\$166.08	GWL	J Bell
4/19/24	\$166.08	GWL	A West

4/23/24	\$50.88	Delva Tr	A Esser & K Whitacre
4/24/24	\$18.57	Uber	A Esser & K Whitacre
4/24/24	\$3.00	Uber	A Esser & K Whitacre
4/24/24	\$24.11	Uber	A Esser & K Whitacre
4/24/24	\$3.61	Uber	A Esser & K Whitacre
4/26/24	\$31.34	Uber	A Esser & K Whitacre
4/26/24	\$36.00	Cbus Airport	A Esser & K Whitacre
4/29/24	\$380.24	Rosen Shingle	A Esser
4/29/24	\$380.24	Rosen Shingle	K Whitacre

*denotes paid for with non-Head Start funds

District affiliated events Director participated in include: Board meeting, summer custodial work

External committees / meetings affiliated with Head Start – Weekly Directors meetings, OHSAI Executive Board, OHSAI Futures, (4)No Wrong Door Planning meetings & Event, Mtgs w/ county CPS, NHSA weekly meetings, NHSA Executive Leadership

Internal committees / meetings – Policy Council meetings, Administrative meetings, Recruitment, Monthly call w/ OHS, Personnel meetings w/ staff, Updates mtg w/ Board Liaison Julie Sommer, 2nd round interviews for HR Mgr

Trainings provided –

Training received –DCYS Grant app, Change in Scope grant writing, CACFP conference

The Director and FE team completed 3rd round intake, accepting returning children for PY 24/25. Director conducted multiple meetings with leadership and fiscal consultant for future planning for Full Enrollment Initiative. As part of the FEI and upcoming requirements in NPRM, multiple meetings with leadership planning for upcoming school calendar year and service delivery models.

Director was engaged in multiple family case conferences. Multiple departmental meetings to correct current PIR information and updated mental health service delivery model. Executive Director and Early Childhood Services Director met with ESC Superintendent and Preschool Supervisor to discuss screenings, referrals, and service delivery to children with special needs. Director presented recruitment information on WCSM radio, met with the Office of Head Start about pending FEI and change in Scope, and met with local CSB regarding probable grant partnership.

Director conducted monthly custodian meeting.

B. Program Information Summary

Education – EOY quality reporting completed in April, program celebrated Week of the Young Child with a farm theme. ECLIPSE week was a huge success!

Mental Health – Data indicates there is a continued growth in the need for ECMH services in the community.

Disabilities – Meetings with local ESC has led to possibility of HS staff being more involved in Child Find days.

Health – Dental Van visited the site serving more children.

ERSEA – Staff attending various community recruitment events.

Family Engagement – Program provided ECLIPSE Day activities and glasses to enrolled children.

C. Enrollment / Attendance – Cumulative enrollment = 135 reported

Enrollment by Program Option:

Half Day PY Head Start	48+1
Full Day School Year Ed Complex	71+1
Full Day School Year Rockford	13+1

Attendance by Program Option:

Half Day PY Head Start	80.21%
Full Day School Year Ed Complex	80.44%
Full Day School Year Rockford	81.56%

D. CACFP report – CACFP claimed meals

Month Served	April 2024
Total Days Attendance	Rockford - 15 Part Day programming - 15 Ed Complex Full day Programming - 18
Total Breakfast	1371
Total Lunches	1613
Total Snacks	1295
Total Meals	4279

E. Financial Audit – Completed

F. Annual Self-Assessment - Scheduled for May 20

G. Community Assessment

H. Communication and guidance from the Secretary - see attached

Attachments to report:

Updated COLA policy

Respectfully submitted,

Amy Esser
Executive Director

HEAD START - 2024 GRANT

525-9924

	FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING
Federal Revenue	2,158,505.00	-	2,158,505.00	494,709.96	1,663,795.04
CACFP Revenue	-	100,000.00	100,000.00	43,457.31	56,542.69
Other Local	-	-	-	-	-
Refund prior year exp	-	-	-	-	-
Board advance	-	-	-	-	-
Total	2,158,505.00	100,000.00	2,258,505.00	538,167.27	1,720,337.73

EXPENSES

	FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	As of 04/30/2024 ENCUMBERED/ REQUISITIONS	REMAINING BALANCE
Salary	976,269.00	-	976,269.00	357,815.24	618,453.76	-	618,453.76
Fringe Benefits	746,023.00	-	746,023.00	213,161.23	532,861.77	2,870.00	529,991.77
Programming	223,486.00	-	223,486.00	24,894.23	198,591.77	31,294.65	167,297.12
Supplies	159,912.00	58,687.00	218,599.00	37,478.74	181,120.26	25,776.06	155,344.20
Capital Outlay	-	-	-	-	-	-	-
Other Expenditures	5,270.00	-	5,270.00	3,179.00	2,091.00	1,000.00	1,091.00
PA22 subtotal	2,110,960.00	58,687.00	2,169,647.00	636,528.44	1,533,118.56	60,940.71	1,472,177.85
Training & Technical Services							
Training & technical serv (job code 400)	22,835.00	-	22,835.00	8,800.30	14,034.70	1,374.00	12,660.70
Staff out of town travel	22,068.00	-	22,068.00	6,272.21	15,795.79	7,461.63	8,334.16
Subtotal Purch Service	44,903.00	-	44,903.00	15,072.51	29,830.49	8,835.63	20,994.86
Training & Tech Supplies	2,642.00	-	2,642.00	1,323.64	1,318.36	82.00	1,236.36
Subtotal Supplies	2,642.00	-	2,642.00	1,323.64	1,318.36	82.00	1,236.36
T&TA -PA20	47,545.00	-	47,545.00	16,396.15	31,148.85	8,917.63	22,231.22
Return of Board Advance	-	-	-	-	-	-	-
TOTALS	2,158,505.00	58,687.00	2,217,192.00	652,924.59	1,564,267.41	69,858.34	1,494,409.07

Federal Grant Expenditures 609,467.28

114,757.32

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES (114,757.32)

AMY ESSER 5563-7580-0004-9768		CREDITS \$0.00	PURCHASES \$3,674.12	CASH ADV \$0.00	TOTAL ACTIVITY \$3,674.12
ACCOUNTING CODE:					
Purchasing Activity					
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
04-05	04-04	02305374096000625988858	CVS/PHARMACY #06180 CELINA OH	50.00	✓
04-08	04-05	55432864096202581771134	SQ *FLORAL REFLECTIONS CELINA OH P.O.S.: 00023058430195828 SALES TAX: 0.00	50.00	✓
04-10	04-09	82305094100000015424205	IMPRINT.COM HOUSTON TX	521.13	
04-12	04-11	05140484102720211574708	FRIENDLY MARKET CELINA OH	46.94	✓
04-12	04-11	82305094102000014719330	IMPRINT.COM HOUSTON TX	255.40	
Total Purchasing Activity				\$923.47	
Travel Activity					
Post Date	Tran Date	Reference Number	Transaction Description	Amount	
04-08	04-05	75120714097900015098542	KALAHARI RESORT- OH SANDUSKY OH RA3VLQKPX ARRIVAL: 04-05-24	176.70	

Post Date	Tran Date	Reference Number	Transaction Description	Amount	
04-08	04-05	75120714097900015098740	KALAHARI RESORT- OH SANDUSKY OH R786ECGZD ARRIVAL: 04-05-24	176.70	
04-08	04-05	75120714097900015098799	KALAHARI RESORT- OH SANDUSKY OH RVRB12QDE ARRIVAL: 04-05-24	176.70	
04-15	04-12	55432864104202140012038	COLUMBUS MARRIOTT NW DUBLIN OH 57554 ARRIVAL: 04-11-24	130.00	✓
04-15	04-12	85369434103440803030098	GREAT WOLF LDG MASON - MASON OH 0052068789 ARRIVAL: 04-11-24	166.08	✓
04-15	04-12	85369434103440803030916	GREAT WOLF LDG MASON - MASON OH 0052069180 ARRIVAL: 04-11-24	166.08	✓
04-15	04-12	85369434103440803031401	GREAT WOLF LDG MASON - MASON OH 0052068952 ARRIVAL: 04-11-24	166.08	✓
04-15	04-12	85369434103440803031823	GREAT WOLF LDG MASON - MASON OH 0052068820 ARRIVAL: 04-11-24	166.08	✓
04-15	04-12	85369434103440803031948	GREAT WOLF LDG MASON - MASON OH 0052068514 ARRIVAL: 04-11-24	166.08	✓
04-15	04-12	85369434103440803032672	GREAT WOLF LDG MASON - MASON OH 0052068532 ARRIVAL: 04-11-24	166.08	✓
04-19	04-18	85369434109474902242266	GREAT WOLF LDG* MASON - MASON OH 0052138381 ARRIVAL: 04-17-24	166.08	✓
04-23	04-22	55432864113205090282765	SQ *DELVA TRANSPORTATI ORLANDO FL P.O.S.: 00023058430196998 SALES TAX: 0.00	50.88	✓
04-24	04-23	55429504114719832611426	UBER TRIP 8005928996 CA P.O.S.: BBPKCO7K SALES TAX: 0.00	18.57	✓
04-24	04-23	55429504114745832680111	UBER TRIP 8005928996 CA P.O.S.: BBPKCO7K SALES TAX: 0.00	3.00	
04-24	04-24	55429504115715868178008	UBER TRIP 8005928996 CA P.O.S.: WDJC7ITR SALES TAX: 0.00	24.11	✓
04-24	04-24	55429504115745868259599	UBER TRIP 8005928996 CA P.O.S.: WDJC7ITR SALES TAX: 0.00	3.61	✓
04-26	04-25	55429504116743139915064	UBER TRIP 8005928996 CA P.O.S.: QYJ63FHN SALES TAX: 0.00	31.34	✓
04-26	04-25	55432864117206036444150	CMH PARKING COLUMBUS OH	36.00	✓
04-29	04-25	65180134117051600037381	ROSEN HOTELS SHNGL CRK ORLANDO FL R69867SE5 ARRIVAL: 04-22-24	380.24	✓
04-29	04-25	65180134117051600037522	ROSEN HOTELS SHNGL CRK ORLANDO FL R69867SE5 ARRIVAL: 04-22-24	380.24	✓

Strategies and Recommendations for Supporting Mental Health

<https://eclkc.ohs.acf.hhs.gov/policy/im/acf-ohs-im-24-01>

Strategies and Recommendations for Supporting Mental Health ACF-OHS-IM-24-01

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

- 1. Log Number:** ACF-OHS-IM-24-01
- 2. Issuance Date:** 05/09/2024
- 3. Originating Office:** Office of Head Start
- 4. Key Words:** Mental Health; Behavioral Health; Social and Emotional Development

Information Memorandum

To: All Head Start grant recipients

Subject: Strategies and Recommendations for Supporting Mental Health

Information:

PURPOSE:

This Information Memorandum (IM) highlights the Head Start Program Performance Standards and related strategies for integrating mental health supports across all Head Start programs.

BACKGROUND:

Head Start programs, including preschool programs, Early Head Start programs, Migrant and Seasonal programs, and American Indian and Alaska Native programs, have a long history of providing comprehensive services alongside early education services. They support a program-wide culture that promotes children's mental health and social and emotional well-being. Children's mental health is

foundational for family well-being, children’s overall healthy development, and long-term success.¹ In recent years, Head Start programs have called for guidance on how to be more intentional in integrating mental health supports into programs. These calls stem from a reported rise in behavioral and developmental concerns, higher rates of staff turnover, and limited availability of specialized mental health services. This IM provides evidence-informed mental health strategies and associated resources that can help address these challenges as part of a renewed effort across federal early childhood funding agencies to integrate mental health supports into programs.

To integrate mental health supports effectively into Head Start programs, it is important to first understand and destigmatize what is meant by “mental health.” Young children’s mental health, often referred to as early childhood mental health (ECMH), is not mental illness. Rather, it is the same as social and emotional development and well-being. It is a child’s capacity to express and regulate emotions, form trusting relationships, explore, and learn — all in the cultural context of family and community. ECMH approaches should support every child’s development of social and emotional skills, in addition to providing specialized supports for the up to 20 percent of children under the age of 5 who experience social and emotional difficulties.²

Strengthening the focus on mental health is particularly appropriate given the Head Start program’s mission to serve the most vulnerable children and families and break the cycle of poverty. Individuals living in high-poverty neighborhoods often have less access to high-quality resources and supports compared to individuals living in low-poverty neighborhoods, and are more likely to have worse mental health outcomes as a result.³ Furthermore, Black, Indigenous, and People of Color (BIPOC) families⁴ and families in remote or rural areas have less access to mental health and substance use services.⁵ BIPOC families, including families in tribal communities, are disproportionately affected by chronic stress resulting from structural racism and historical trauma, which further narrows access to services they can trust.⁶

Head Start programs play a vital role in addressing ECMH and reducing disparities in ECMH, because they focus on the whole child as well as partner with families and communities. Family-focused efforts in particular ensure children’s mental health continues to be supported in the long-term, after children transition to kindergarten. Many Head Start programs have already adopted diverse strategies to address ECMH. Programs support family well-being and staff-wellness, which ensures caregivers are well equipped to support ECMH. They directly support the child by strengthening relationships with responsive caregivers, such as parents and early childhood staff, which is the foundation of ECMH. They provide stable, nurturing environments in which children can safely learn and practice social and emotional skills, and partner with families to do the same at home. Head Start staff build trusting relationships with families and partner within the community to identify and leverage resources. These steps make it more likely that mental health supports will meet the needs of families and make a difference.

GUIDANCE:

Although there are many ways mental health can be supported in Head Start programs, it is important for programs to develop a comprehensive, integrated early childhood mental health approach that promotes child and adult mental health, prevents concerns from developing, and supports early identification and referrals for treatment when needed. Using a continuum⁷ of mental health supports ensures every child and family receives the appropriate level of care. This continuum includes:

1. **Mental health promotion** – An approach aimed at strengthening positive aspects of mental health and well-being and is focused on setting children and families up for success.
2. **Prevention services and supports** – An approach aimed at reducing the likelihood of future disorders in the general population or for people who are identified as at risk of a disorder.

3. **Access to mental health treatment** – Interventions are delivered to people who continue to be at risk after engaging in prevention services or have been diagnosed with a mental disorder.

The Office of Head Start (OHS) continues to strongly encourage grant recipients to use quality improvement funds available to all Head Start, Early Head Start, American Indian and Alaska Native Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnership grant recipients to support these strategies and invest in mental health supports across roles and program service areas. Suggestions of allowable uses for quality improvement funds as specified in the Head Start Act can be found in the [FY 2023 Head Start Funding Increase Program Instruction](#).

For Head Start State Collaboration Offices and recipients closely working with states, it may be of interest to review [related program guidance](#).

Strategies and Recommendations to Support Mental Health

These strategies support program quality and describe resources that can help programs comply with applicable Head Start Program Performance Standards.

Increase Mental Health Promotion

1. A focus on social determinants of health, or the conditions in which individuals are born, grow, live, work, and age, can lead to better mental health outcomes and prevent future mental illness. To promote social conditions that support family well-being, such as family safety, health, and economic stability, programs are encouraged to develop innovative two-generation approaches that leverage community partnerships and address prevalent needs of children and families ([45 CFR §1302.50\(a-b\)](#)). To achieve this, programs can:
 - o Create authentic partnerships with families using the [Building Partnerships with Families Series](#) as a guide. Programs can support family mental health and well-being by using the family assessment and partnership process to help families with their biggest life stressors.
 - o Update the program's intake process with families to include targeted discussions on mental health, such as the families' perceptions about mental health and addressing potential stigma. Include information on mental health supports in the program, such as [mental health consultation services](#) and resources and supports available in the community.
 - o Establish formal and informal [check-ins with families](#) with the intent to support family mental health. For example, build in time during parent-teacher conferences to discuss how families are doing, create a drop-box for parents to discreetly communicate their needs to staff, and devote time in every parent meeting to wellness activities.
 - o Invite the mental health consultant to introduce themselves at program events, such as an "Open House" to explain the Head Start program's commitment to supporting mental health. This is an opportunity to familiarize parents with the mental health services available to them, including the role of the mental health consultant and how consultation is used throughout the program.
2. To promote family well-being, programs must collaborate with parents by providing mental health education support services. These services include opportunities for parents to learn about healthy pregnancy and postpartum care that encompasses mental health and substance use treatment options ([45 CFR §1302.46\(a\)](#)). To achieve this, programs can:
 - o Offer opportunities for families to connect to [talk about their child's development](#), how they are coping with potential stressors, and what resources they are using. Create a parent group, either virtually or in person, that serves as a space for parents to express their emotions, thoughts, and feelings. For guidance on facilitating this activity, refer to [Leading Online Parent Meetings and Groups](#).

- Provide training and opportunities for parents to learn about children’s health, well-being, and mental health (i.e., in person trainings, virtual trainings, resources/handouts, etc.), as well as developing safe, stable, and nurturing relationships and environments. For example:
 1. Use the mental health consultant to provide group wellness sessions with parents. In these sessions include information on resources in the community and how to access these resources.
 2. Invite speakers from mental health and substance use agencies to give talks about mental health and substance use.
 - Regularly check in with families about providing supports for their own mental health and well-being, such as education materials on reducing stress and understanding depression.
 - For pregnant women and expectant families enrolled in Early Head Start services, include a mental wellness check during the newborn visit that a program must provide to each mother and baby within two weeks after the infant’s birth (45 CFR §1302.80(d)). These mental wellness checks are geared towards the parent or family members caring for the child and can be incorporated into a daily health check. Consider incorporating screenings for adult mental health, including depression, and substance use, with appropriate guidance from a mental health professional.
3. To promote staff well-being, programs must make mental health and wellness information available to staff regarding issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education (45 CFR §1302.93(b)). To achieve this, programs can:
- Implement identified policies, procedures, and strategies to support staff wellness that are informed by program data, such as those described in ACF-IM-HS-21-05 Supporting the Wellness of All Staff in the Head Start Workforce. It is important to gather feedback from staff on their well-being and job satisfaction, as well as wellness strategies, to determine if refinements or improvements are needed.
 - Provide program leaders with foundational training in supporting workforce mental health such as through the National Child Traumatic Stress Network (NTCSN). The NTCSN offers resources and trainings on a wide range of topics, including strategies to prevent, recognize and address secondary traumatic stress, which may be experienced by Head Start staff caring for children affected by trauma.
 - Consider establishing communities of practice or reflective supervision groups that help directors and managers focus on creating safe environments and communications that convey to staff that it is safe to disclose and receive support if and when they experience mental health challenges.
 - Promote employee assistance services and build a culture to address the stigma of seeking help for mental health reasons. Raise employee awareness around free or low-cost mental health supports available, such as benefits included in health insurance plans.
4. To promote child well-being, a program must ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being (45 CFR §1302.90(c)(i)). To facilitate implementation of positive strategies, programs can:
- Train staff, consultants, contractors, and volunteers to have basic knowledge of developmentally appropriate strategies to support positive behaviors. Since developmental expectations and appropriate strategies may differ depending on a child’s age and developmental skills, staff working with preschool-age children, may still benefit from a basic understanding of how to support infants and toddlers.
 - Ensure staff understand that following children’s lead in structured play activities is an impactful way to understand children’s developmental skills, identify and offer positive attention to their strengths, and practice self-regulation skills in a controlled environment.
 - Make sure learning environments are designed to support children’s self-regulation. This could include creating “cozy spaces” that are clearly visible to adult supervision where children can go if they are feeling overwhelmed. Similarly, spaces can be created with activities or sensory

materials as places to express energy. These types of spaces are designed so that teachers can still observe the child or children who are in them, while also providing them the needed supports to self-regulate.

- Partner with families to understand the development, communication style, strengths, and temperament of each child in order to establish predictable routines, transition strategies, and developmentally appropriate behavioral expectations for children in the program.

Increase Prevention Services and Supports

5. To support children’s ongoing social and emotional development, programs must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns (45 CFR §1302.45(a)). To achieve this, programs can:
 - Implement an all-hands-on deck approach by creating a multidisciplinary team that works together in your program to support children’s mental health. This team can be comprised of individuals that already work with the child or family across disciplines. The benefit of having a team of professionals with multiple perspectives (i.e., mental health, early childhood, special education, family service, health, nutrition, etc.) is that it ensures the most comprehensive approach to support the needs of a child and family.
 - For example, consider ways to integrate prevention-focused approaches such as the Pyramid Model with mental health supports such as mental health consultation.
 - Seek direct guidance from a mental health or child development professional to ensure that findings from developmental screening and assessment required in 45 CFR §1302.33, including social and emotional screenings, are used when making a referral to determine if the child is eligible for services through IDEA or section 504 of the Rehabilitation Act. While programs wait for an eligibility evaluation and possible services, programs can consider an individualized approach to support positive behaviors and teach new skills.
 - Review your program’s educational curriculum to ensure it offers appropriate social and emotional learning opportunities, including intentionally planned learning experiences to help practice self-regulation skills. If you notice that many children in the group need social and emotional development support, spend some time intentionally embedding more of the experiences and activities from your curriculum that support these skills. Work these activities and supports into your daily routines and revisit them as needed to ensure children are developing skills in this area.
 - Implement a systems-level approach for adult regulation such as the “Tap-In/Tap-Out” system⁸ when an education staff member is feeling frustrated, overwhelmed, or otherwise dysregulated. This strategy allows for education staff to engage another staff member from a predetermined list to “tap-in” and cover the class. The education staff member can then “tap-out” and engage in strategies for accessing a calm state before returning to the learning environment.
6. Infant and early childhood mental health consultation (IECMHC) is a prevention-based approach. Mental health consultants work with Head Start leaders, staff, and families to support children’s healthy social and emotional development. Grant recipients have shared that it can be challenging to obtain mental health consultants, particularly in rural areas. A few strategies for building mental health consultation access include:
 - Encourage existing staff to use educational benefits, such as tuition and fee support, to work towards mental health consultant qualifications. These and other strategies are described in ACF-IM-HS-22-06 Strategies to Stabilize the Head Start Workforce.
 - Reach out to mental health organizations and other early childhood programs to identify potential partners for mental health consultation services. For example, ask other local Head Start or early childhood programs, home visiting programs, and state or tribal early care and

education offices how they find mental health consultants. Ask local pediatricians, community health clinics, and hospitals where they refer children and adults for mental health services. After identifying possible partners, reach out to orient them to the role of mental health consultation in Head Start programs and explore potential collaborations.

- Prioritize finding a mental health professional who is familiar with the families in your program or community. Your Head Start program can help them learn about child development, group care, the culture of your program, relevant HSPPS, and IECMHC.
 - Consider implementing approaches such as telehealth or remote consultation, especially in rural areas, while efforts to build capacity for in-person mental health consultation are underway⁹.
 - Consult IECMHC.org's interactive map of consultants.
7. To ensure mental health consultants engage in prevention-focused activities, programs must ensure the mental health consultant assists, at a minimum, with the requirements listed in 45 CFR §1302.45(b). To achieve this, programs can:
- Provide professional development opportunities for staff during onboarding and periodically after. For example, the Foundations of Infant and Early Childhood Mental Health Consultation iPD Course can ensure that all staff understand that IECMHC is a way to grow the capacity of adults to support the child's social and emotional well-being, rather than a direct intervention or treatment approach.
 - Use the expertise of the mental health consultant at a programmatic level, in addition to consulting at the level of specific children, families and classrooms. For example, the mental health consultant can help program leaders and staff explore strategies for enhancing systems that support staff well-being. They can also help design program-wide policies and procedures related to mental health supports, such as positive discipline or screening and assessment practices.

Access to Mental Health Services

8. Programs must build community partnerships to facilitate access to additional mental health services as needed (45 CFR §§1302.45(a)(4), 1302.53(a)(2), 1302.80(c)). To achieve this, programs can:
- Consult with your Health Services Advisory Committee on local opportunities and potential partnerships. Identify grant funds available in your local community that are designated to support early childhood mental health. For example:
 1. Partner with local Certified Community Behavioral Health Clinics (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, including developmentally appropriate care for children and youth, regardless of their ability to pay, place of residence, or age.
 2. Leverage community health workers, family navigators, promotores, and peer specialists to reduce mental health stigma and provide support to families navigating mental health systems and other systems that address social determinants of health.
 - Use resources that offer expertise in culturally grounded mental health practices, such as partnering with tribal healers to connect families to traditional ways of healing.
 - Build partnerships with local colleges and universities that may provide sliding scale mental health services through their mental health training clinics. A sliding scale is a flexible fee structure or payment system that asks a client to pay based on their ability to do so.
 - Facilitate access to community enrichment activities that can both protect and promote child and family mental health (i.e., sporting activities, cultural events, religious organizations, farmers' markets, and play groups).
 - Assess barriers to obtaining mental health services and provide supports based on this assessment to facilitate access. Examples could include providing transportation from the

program to clinics or providing families with private spaces equipped with appropriate technology to access tele-mental health services.

These evidence-informed mental health strategies can support Head Start programs in intentionally integrating mental health supports across their program. They can address challenges programs face such as behavioral and developmental concerns, staff burnout, and the limited availability of specialized mental health services. The accompanying appendix includes more specific resources to support these recommendations.

QHS will continue to work with programs to support the mental health of children, families, and staff in Head Start programs. Please direct any questions about the content of this IM to your QHS regional office.

Thank you for all you do on behalf of children and families.

Sincerely,

/ Khari M. Garvin/

Khari M. Garvin
Director
Office of Head Start

See PDF Version of Information Memorandum:
[Strategies and Recommendations for Supporting Mental Health](#) (211.88 KB)

Footnotes

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Historical Document



Fiscal Year 2024 (FY 2024) Head Start Funding Increase

eclkc.ohs.acf.hhs.gov/policy/pi/acf-ohs-pi-24-02

Fiscal Year 2024 (FY 2024) Head Start Funding Increase

ACF-OHS-PI-24-02

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

1. **Log Number:** ACF-OHS-PI-24-02
2. **Issuance Date:** 04/24/2024
3. **Originating Office:** Office of Head Start
4. **Key Words:** Consolidated Appropriations Act; Appropriations; Fiscal Year 2024; Funding Increase; Cost of Living Adjustment; Quality Improvement

Program Instruction

To: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

Subject: Fiscal Year 2024 (FY 2024) Head Start Funding Increase

Instruction:

President Biden signed the Further Consolidated Appropriations Act, 2024 (P.L. 118-47), into law on March 23, 2024. The funding level for programs under the Head Start Act (the Act) is \$12,271,820,000, an increase of \$275 million over FY 2023. This funding level provides all Head Start, Early Head Start, and Early Head Start-Child Care (EHS-CC) Partnership grant recipients a 2.35% cost-of-living adjustment (COLA).

Recipients subject to competition for continued funding through the Designation Renewal System (DRS) are entitled to COLA funds through the end of their current award. Head Start Collaboration Offices are not eligible for COLA funding due to the statutory cap on their funding in the Head Start Act.

FY 2024 COLA

Each eligible recipient will receive a COLA increase of 2.35% of the FY 2023 base funding level. Base funding excludes training and technical assistance funds and any one-time funding received during FY 2023.

Recipients must use COLA funds to permanently increase their Head Start pay scale, which includes the salaries of current staff and unfilled vacancies. Recipients may consider a permanent uniform percent increase to the pay scale or differential COLA increases to the pay scale across specific position types within the program. For example, a recipient may apply a larger increase to lower paid positions that are not currently receiving wages sufficient to cover costs of living, or to positions that are challenging to fill due to low wages. Recipients are encouraged to focus larger COLA increases on positions with the most staffing challenges and those which are blocking the program from fully serving children and families. Recipients are further encouraged to use findings from their wage comparability study to make every effort to offer wages competitive to similar positions in their communities, including teachers and other staff of local elementary schools. A recipient must maintain documentation that justifies applying differential adjustments to its pay scale and ensure the process is approved by its governing bodies.

Sections 653 and 640(j) of the Act provide further guidance on the uses and limitations of COLA funds. Sec. 653 restricts compensation to an employee paid with Head Start funds that is higher than the average rate of compensation paid for substantially comparable services in the program's operating area. Any recipient concerned that it cannot increase salaries for staff due to wage comparability issues should ensure public school salaries for elementary school staff are included in its considerations. Sec. 653 also prohibits the use of Head Start funds of any employee compensated at a rate exceeding that of an Executive Schedule Level II position, including employees being paid through indirect costs. Sec. 640(j) of the Act requires that compensation of Head Start employees be improved regardless of whether the agency has the ability to improve the compensation of staff employed by the agency that do not provide Head Start services.

In addition, recipients must provide delegate agencies and other partners an equivalent increase of 2.35% to adjust their wage scales. A recipient must justify applying differential COLA increases between delegates or partners. COLA funds must be applied from the start of a recipient's FY 2024 budget period, which may require COLA to be retroactively applied. For example, for a recipient whose FY 2024 budget period began on November 1, 2023, the COLA must be applied from that date.

As specified in 45 CFR §1302.90, each recipient is required to establish written personnel policies and procedures that are approved by the governing body and Policy Council. They must be made available to all staff. Personnel policies and procedures should be reviewed as they may contain information relevant to this COLA.

Following the required permanent adjustment to Head Start pay scales, recipients may apply any remaining funds to fringe benefits costs or to offset increased operating costs in other areas of the budget. This includes increased costs in rent, utilities, facilities maintenance and insurance, contractual arrangements, vehicle fuel and maintenance, and supplies.

COLA Funding Notice of Awards

Each eligible recipient will receive a Notice of Award specifying its COLA increase and instructions for how the funding must be applied. Awards will also include instructions for recipients proposing to use funds for any other purposes than instructed.

Additional guidance on how COLA funds will be distributed will be forthcoming through the Head Start Enterprise System (HSES).

One-time Program Improvement Funding Requests

Recipients encountering program improvement needs that cannot be supported by the agency's budget or other resources are invited to apply for one-time funding. This funding must be applied for through the appropriate supplemental amendment type in HSES. Program improvement requests generally include, but are not limited to, facility projects (construction, purchase, or major renovations requiring 1303 applications or minor repairs and enhancements). Requests are prioritized and funded based on funding availability and may require additional time before a final decision is made.

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

Thank you for your work on behalf of children and families.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

See PDF Version of Program Instruction:
[Fiscal Year 2024 \(FY 2024\) Head Start Funding Increase \(219.7 KB\)](#)

Historical Document



New Eligibility Provisions for Migrant and Seasonal Head Start Programs

eclkc.ohs.acf.hhs.gov/policy/pi/acf-ohs-pi-24-04

New Eligibility Provisions for Migrant and Seasonal Head Start Programs ACF-OHS-PI-24-04

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

1. **Log Number:** ACF-OHS-PI-24-04
2. **Issuance Date:** 05/13/2024
3. **Originating Office:** Office of Head Start
4. **Key Words:** Eligibility; MSHS; Migrant and Seasonal Head Start; Consolidated Appropriations Act; Fiscal Year 2024

Program Instruction

To: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

Subject: New Eligibility Provisions for Migrant and Seasonal Head Start Programs

Instruction:

On March 23, 2024, President Biden signed the Further Consolidated Appropriations Act, 2024 (Public Law 118-47), which provides fiscal year (FY) 2024 appropriations for several federal departments and agencies. This spending bill funds Head Start programs through the remainder of the fiscal year. The Office of Head Start (OHS) funding changes for FY 2024 are detailed in a separate Program Instruction (PI), ACF-OHS-PI-24-02. This PI describes changes to eligibility requirements for Region XII, Migrant and Seasonal Head Start (MSHS) recipients in Section 239 of the Further Consolidated Appropriations Act, 2024.

The new provision expands opportunities for MSHS programs to more effectively serve the families they were designed to serve. Our nation's rich agricultural history has always featured the incredible resilience

of farmworkers and their families. MSHS programs take great pride in supporting the legacy of these families and offering new opportunities for future generations.

Implementation of the New Eligibility Provision

This provision specifies that in FY 2024, and every year after, MSHS programs can serve any age-eligible child who has one family member whose income comes primarily from agricultural employment as defined in Section 3 of the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1802), regardless of total family income.

In accordance with the Head Start regulations at 45 CFR §§[1302.14](#) and [1302.11\(b\)](#), programs are required to annually establish selection criteria that weigh the prioritization of participants based on needs identified in the community needs assessment. MSHS programs must still follow these requirements and use selection criteria to enroll children who would benefit most from their services, prioritizing the children of migrant farmworker families. Programs do not need to update their selection criteria at this time. However, if a program opts to change its selection criteria in response to the new provision in Section 239, it must engage in consultation with and obtain approval from its governing body and policy council. The program can then begin using the updated criteria. Additionally, all programs must include their selection criteria in their annual refunding application.

One unique characteristic of MSHS eligibility is a family connection to agricultural employment. To be eligible for a MSHS program before the passage of this provision, a family had to show that their income came primarily from agricultural labor, in addition to meeting income eligibility or other criteria for Head Start services. However, it has become increasingly less common for agricultural work to be the primary source of a family's income. Agricultural work has become less available or stable due to unpredictable weather events and higher pay in other industries.

This new law addresses such barriers while maintaining the MSHS connection to agricultural work. Now, a child is eligible if at least one family member's income comes primarily from agricultural work. To make this determination, a program must verify that more than 50% of the individual's income comes from agricultural work. The new provision also reiterates the requirement that MSHS programs prioritize farmworker families who would benefit most from their programs — especially migrant farmworker families who have relocated frequently within the past two years to pursue agricultural work.

Per Section 239, for the purposes of eligibility, MSHS programs are now required to collect income information from only one family member to determine whether the individual's income comes primarily from agricultural work. However, if a MSHS program decides to use income as part of its selection criteria to support making determinations regarding families most in need, it should collect income information from the entire family accordingly.

This new law is effective immediately. It applies this fiscal year and for all future years. However, no child who is currently served in a MSHS program should have their enrollment disrupted to accommodate new enrollees who may qualify based on this change.

Additional Details on Eligibility, Recruitment, Selection, Enrollment, and Attendance Requirements

Due to this statutory change, the Head Start Program Performance Standards (HSPPS) on eligibility now reflect some outdated requirements. To update the HSPPS, OHS must engage in a rulemaking process.

In the interim, where there is misalignment between the Further Consolidated Appropriations Act, 2024, and existing HSPPS eligibility requirements, MSHS programs should follow the new statutory provision in

Section 239. For example, MSHS programs are no longer required to adhere to income eligibility requirements under 45 CFR §1302.12(c). However, these programs are still required to verify eligibility under 45 CFR §1302.12(f) based on the income of one family member coming primarily from agricultural employment.

While this new law changes income eligibility requirements, other HSPPS for eligibility, recruitment, selection, enrollment, and attendance remain. For example, programs must still adhere to age eligibility requirements (45 CFR §1302.12(b)). Per 45 CFR §1302.13, programs also must develop and implement a recruitment process designed to actively inform all families within the recruitment area of the availability of program services and encourage and assist them in applying for admission to the program.

Please note, as emphasized in Section 239, a MSHS program is still required to prioritize migrant families who move multiple times within a 2-year period for enrollment. Existing enrollment (45 CFR §1302.15) and attendance (45 CFR §1302.16) regulations also remain.

Definitions

This new statutory language does not change the definition of *family* in the existing HSPPS. The definition of *migrant family* is now outdated, in part — a migrant family no longer needs to have a family income that comes primarily from agricultural employment. Rather, the family must have one family member whose income comes primarily from agricultural employment, which is operationalized as more than 50% of one family member's income is derived from agricultural employment.

The term *agricultural employment* (29 U.S.C. § 1802 (3)) means employment in any service or activity included within the provisions of Section 3(f) of the Fair Labor Standards Act of 1938 (29 U.S.C. 203(f)) or section 3121(g) of title 26, such as the handling, planting, drying, packing, packaging, processing, freezing, or grading prior to delivery for storage of any agricultural or horticultural commodity in its unmanufactured state. In accordance with current practice, programs should apply this definition consistent with their community needs assessment and selection criteria.

Data and Reporting

The OHS Program Information Report (PIR) provides comprehensive data on the services provided and staff, children, and families served by Head Start and Early Head Start programs nationwide. All grant recipients and delegates are required to submit a PIR annually. The 2024–2025 PIR will be updated to reflect these changes to MSHS eligibility policy. OHS issued guidance to grant recipients on May 9 on how to submit the 2023–2024 PIR for those MSHS programs that deem families eligible per the new language in Section 239 during this program year.

Monitoring

The Head Start Act requires periodic federal review of all Head Start programs. Recipients with upcoming FY 2024 monitoring reviews will be monitored according to these changes to MSHS eligibility policy. FY 2025 monitoring protocols will reflect these changes.

Full Enrollment Initiative

Additional guidance will be forthcoming from OHS about how this new provision will impact the Full Enrollment Initiative.

Change in Scope Process

This new eligibility provision will not impact Change in Scope applications that have already been approved and implemented. If you have questions about a change in scope request, please reach out to your regional office.

Training and Technical Assistance (TTA) and Ongoing Support

With this new law, many resources and materials available to programs on the Early Childhood Learning and Knowledge Center (ECLKC) will need to be updated. It will take time to align the website with the new provision.

OHS encourages recipients to continue to use the TTA system, inclusive of the four National Centers and the Region XI TTA network, for support. The OHS TTA system supports program staff in delivering quality services to children and families at the national, regional, and recipient levels. While each level has distinct and unique functions, they are designed to complement each other.

OHS anticipates that programs will have questions about these changes. We welcome your feedback and communication throughout the implementation process. Specific opportunities to provide feedback will be shared soon. Please send your questions about these changes to MSHeadStart@acf.hhs.gov.

OHS is grateful for your partnership in implementing this new change so that more families are eligible for Migrant and Seasonal Head Start services. Thank you for the work you do on behalf of children and their families. I look forward to our continued partnership.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

See PDF Version of Program Instruction:
[New Eligibility Provisions for Migrant and Seasonal Head Start Programs](#) (47.01 KB)

Historical Document



New Eligibility Provisions for American Indian and Alaska Native Programs

eclkc.ohs.acf.hhs.gov/policy/pi/acf-ohs-pi-24-03

New Eligibility Provisions for American Indian and Alaska Native Programs ACF-OHS-PI-24-03

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

1. **Log Number:** ACF-OHS-PI-24-03
2. **Issuance Date:** 05/13/2024
3. **Originating Office:** Office of Head Start
4. **Key Words:** Eligibility; AIAN; American Indian and Alaska Native; Consolidated Appropriations Act; Fiscal Year 2024

Program Instruction

To: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

Subject: New Eligibility Provisions for American Indian and Alaska Native programs

Instruction:

On March 23, 2024, President Biden signed the [Further Consolidated Appropriations Act, 2024 \(Public Law 118-47\)](#), which provides fiscal year (FY) 2024 appropriations for several federal departments and agencies. This spending bill funds Head Start programs through the remainder of the fiscal year. The Office of Head Start (OHS) funding changes for FY 2024 are detailed in a separate Program Instruction (PI), [ACF-OHS-PI-24-02](#). This PI describes changes to eligibility criteria for Region XI, American Indian and Alaska Native (AIAN) Head Start recipients in Section 238 of the Further Consolidated Appropriations Act, 2024.

OHS regularly engages with tribes to understand the special circumstances of AIAN Head Start programs. Through regular consultation, tribal leaders and Tribal Head Start administrators have indicated that tribes should be able to exercise appropriate discretion in determining which children should be eligible and

prioritized for Head Start services. Following this historic statutory change, OHS affirms that tribes — to the maximum extent possible — should determine which children in their communities would most benefit from Head Start services.

Implementation of the New Eligibility Provision

This provision specifies that in FY 2024, and every year after, AIAN programs have the discretion to consider eligibility for Head Start services regardless of income. This provision applies to programs operated by an Indian tribe as defined in the Head Start Act, 42 U.S.C. 9801, or designated by an Indian tribe to operate on its behalf. The new language applies to both tribal and non-tribal children in an AIAN program's service area. This law will increase the number of children in tribal communities who are eligible to participate in Head Start services, including opportunities to participate in activities that engage their Native language and culture.

In accordance with the Head Start regulations at 45 CFR §§[1302.14](#) and [1302.11\(b\)](#), AIAN programs are still required to annually establish selection criteria to enroll children in their service area who would benefit most from Head Start services. These selection criteria must weigh the prioritization of participants based on needs identified in the community needs assessment. The criteria may, at the program's discretion, include prioritizing children in families where a child, a family member, or a member of the same household is a member of an Indian tribe. Programs do not need to update their selection criteria at this time. However, if a program opts to change its selection criteria in response to the new provision in Section 238, it must engage in consultation with and obtain approval from its governing body and policy council. The program can then begin using the updated criteria. Additionally, all programs must include their selection criteria in their annual refunding application.

Per Section 238, AIAN Head Start programs no longer have income requirements for eligibility. This means that AIAN programs do not need to collect income information from families for the purposes of eligibility. However, if an AIAN program decides to use income as part of its selection criteria to support making determinations regarding families most in need, it should collect family income information accordingly.

This new law is effective immediately. It applies this fiscal year and for all future years. However, no child who is currently served in a Tribal Head Start program should have their enrollment disrupted to accommodate new enrollees who may qualify based on this change.

Additional Details on Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) Requirements

Due to this statutory change, the Head Start Program Performance Standards (HSPPS) on eligibility now reflect some outdated requirements. To update the HSPPS, OHS must engage in a rulemaking process.

In the interim, where there is misalignment between the Further Consolidated Appropriations Act, 2024, and existing HSPPS eligibility requirements, AIAN programs should follow the new statutory provision in Section 238. For example, tribal programs are no longer required to verify eligibility based on income or maintain income eligibility records ([45 CFR §1302.12\(i\),\(k\)](#)).

While this new law changes income eligibility requirements, other HSPPS for eligibility, recruitment, selection, enrollment, and attendance remain. For example, programs must still adhere to age eligibility requirements ([45 CFR §1302.12\(b\)](#)). Per [45 CFR §1302.13](#), programs must develop and implement a recruitment process designed to actively inform all families within the recruitment area of the availability of program services, and to encourage and assist them in applying for admission. Existing enrollment ([45 CFR §1302.15](#)) and attendance ([45 CFR §1302.16](#)) regulations also remain.

As emphasized in Section 238, a tribal program may, at its discretion, use selection criteria to give priority to children in families where a child, a family member, or a member of the same household is a member of an Indian tribe and would benefit from the Head Start program. Tribal membership enrollment criteria are outlined in tribal constitutions, articles of incorporation, or ordinances. The criteria vary from tribe to tribe, so uniform membership requirements do not exist. Tribes have the authority to define their tribal membership requirements and how they will use those requirements for Head Start selection criteria.

Please note that guidance under ACF-IM-HS-23-02 American Indian and Alaska Native (AIAN) Eligibility Through Tribal TANF is no longer relevant. AIAN programs no longer must adhere to income eligibility requirements, inclusive of Head Start program eligibility due to receipt of public assistance.

Data and Reporting

The OHS Program Information Report (PIR) provides comprehensive data on the services provided and staff, children, and families served by Head Start and Early Head Start programs nationwide. All grant recipients and delegates are required to submit a PIR annually. The 2024–2025 PIR will be updated to reflect these changes to AIAN eligibility policy. OHS issued guidance to grant recipients on May 9 on how to submit the 2023–2024 PIR for those AIAN programs that deem families eligible per the new language in Section 238 during this program year.

Monitoring

The Head Start Act requires periodic federal review of all Head Start programs. Recipients with upcoming FY 2024 monitoring reviews will be monitored according to these changes to AIAN eligibility policy. FY 2025 monitoring protocols will reflect these changes.

Full Enrollment Initiative

Additional guidance will be forthcoming from OHS about how this new provision will impact the Full Enrollment Initiative (FEI). OHS plans to extend flexibility to AIAN grant recipients in the FEI to allow time to implement this new law.

Change in Scope Process

This new eligibility provision will not impact Change in Scope applications that have already been approved and implemented. If you have questions about a change in scope request, please reach out to your regional office.

Training and Technical Assistance (TTA) and Ongoing Support

With this new law, many resources and materials available to programs on the Early Childhood Learning and Knowledge Center (ECLKC) need to be updated. It will take time to align the website with the new provision.

OHS encourages recipients to continue to use the TTA system, inclusive of the four National Centers and the Region XI TTA network, for support. The OHS TTA system supports program staff in delivering quality services to children and families. The TTA system offers support at the national, regional, and recipient levels. While each level has distinct and unique functions, they are designed to complement each other.

OHS anticipates that programs will have questions about these changes. We welcome your feedback and communication throughout the implementation process. Specific opportunities to provide feedback through the Tribal consultation process will be shared soon. Please send your questions about these changes to AIANHeadStart@acf.hhs.gov.

OHS is grateful for your partnership in implementing this important change so that more families in tribal communities are eligible for Head Start services. Thank you for the work you do on behalf of children and their families. I look forward to our continued partnership.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

See PDF Version of Program Instruction:
[New Eligibility Provisions for American Indian and Alaska Native Programs](#) (43.41 KB)

Historical Document

Mercer County Head Start Policies and Procedures

P/P Topic:	Cost of Living Adjustment	P/P #:	
Part:	1302 Program Operations	PC Approval Date:	6/16/2022
Subpart:	<i>I. Human Resources</i>	Last Reviewed Date:	
Section Title(s):	<i>Personnel Policies</i>	Implementation Responsibility:	District Treasurer
Related Performance Standard(s):	1302.90	Monitoring Responsibility:	Board of Education

(A) Policy	<p>(a) Establishing personnel policies and procedures. A program must establish written personnel policies and procedures that are approved by the governing body and policy council or policy committee and that are available to all staff.</p> <p>COLA allocations must comply with sections 653 and 640j of the Head Start Act.</p> <p>Sec. 653. [42 U.S.C. 9848]</p> <p>(a) Comparability of Wages- The Secretary shall take such action as may be necessary to assure that persons employed in carrying out programs financed under this subchapter shall not receive compensation at a rate which is (1) in excess of the average rate of compensation paid in the area where the program is carried out to a substantial number of persons providing substantially comparable services, or in excess of the average rate of compensation paid to a substantial number of the persons providing substantially comparable services in the area of the person's immediately preceding employment, whichever is higher; or (2) less than the minimum wage rate prescribed in section 6(a)(1) of the Fair Labor Standards Act of 1938. The Secretary shall encourage Head Start agencies to provide compensation according to salary scales that are based on training and experience.</p> <p>(b) Limitation-</p> <p>(1) IN GENERAL- Notwithstanding any other provision of law, no Federal funds may be used to pay any part of the compensation of an individual employed by a Head Start agency, if such compensation, including non-Federal funds, exceeds an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5, United States Code.</p>
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	<p>(2) COMPENSATION- In this subsection, the term "compensation"--</p> <p>(A) includes salary, bonuses, periodic payments, severance pay, the value of any vacation time, the value of a compensatory or paid leave benefit not excluded by subparagraph (B), and the fair market value of any employee perquisite or benefit not excluded by subparagraph (B); and</p> <p>(B) excludes any Head Start agency expenditure for a health, medical, life insurance, disability, retirement, or any other employee welfare or pension benefit.</p> <p>(j) Any agency that receives financial assistance under this subchapter to improve the compensation of staff who provide services under this subchapter shall use the financial assistance to improve the compensation of such staff, regardless of whether the agency has the ability to improve the compensation of staff employed by the agency who do not provide Head Start services.</p>
(B) Responsibility	District Treasurer
(C) Procedure	<p>Periodically, Congress allocates COLA (Cost of Living Adjustments) for Head Start employees. Guidance regarding the amount of COLA is provided in the funding guidance letter.</p> <p>All Head Start employees receive the COLA. Employees who leave (resign / or terminated) prior to the distribution of the COLA funds, forfeit said COLA increases and any retroactive dollars available. Employees will receive COLA funds based upon the position / classification assigned during the given COLA time period (fiscal year) for hours worked. Those dollars will be redistributed to other budget categories with the approval of Policy Council and Board of Education.</p> <p>COLA funds provided by the federal government MUST be distributed regardless of any / no increases provided to other staff / entities of the grant recipient.</p> <p>COLA funds cannot be distributed to any employee if those additional funds would increase said employee's salary above Executive Schedule level II.</p> <p>COLA funds are calculated on the base grant amount. Therefore, COLA dollars exceed the percentage increase (personnel costs specifically) provided in the funded guidance letter. The administrative team determines the appropriate use of funds and seeks Policy Council and Board of Education approval.</p>

	<p>The District Treasurer is responsible for the distribution of funds as directed by the Office of Head Start.</p>
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