

Head Start Monthly Report February 2018

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)€ 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: \$329.10

- Epson printer for Rockford site
- (4) phone covers for cell phones

B. Program Information Summary

The month of January was extremely busy from an administrative point of view. The Director has been working with the administrative team to update policy & procedure to ensure alignment with the Head Start Act, HSPPS, and Uniform Guidance. The Director has completed a draft of a Personnel Policy manual which will come to Board for approval next month. Supervisors have been working on updating the evaluation tools to match the job descriptions and competencies as prescribed by the HSPPS. On January 9th, the Head Start Director met with Superintendent Osterfeld and Principal Esselstein of Parkway to begin discussions about the possibility of Head Start services within the physical school building. Also On January 9th, Director met with Assistant Principal Thobe to discuss progress of children transitioning from Head Start to Celina Primary. Finally, On January 9th, the Director submitted the Intent to Apply for the Striving readers Grant on behalf of Celina City

Schools, Head Start, Mercer County ESC, and Parkway Local Schools. On January 11th, the Director provided the required annual governance training to Board members, administration, and Policy Council.

On January 19th, the Director watched the ODE / ODJFS combined background check webinar. After the webinar and the many questions asked, it was determined that Mercer County Head Start will need to complete the ODJFS required background checks on all staff and contractors. Any contractor who works one on one with a child must also complete this background check procedure or cannot provide those "pull out" services in the Head Start setting. The Director will be drafting new policy and procedure to reflect these requirements and mandates set forth by the CCDBG. This will cost the grant approximately \$2,000.

During the week of January 21 – 25, the Director along with the FESM, and Parent Ambassador attended the National Head Start Winter Leadership Institute. The team attended various trainings and meetings (please find summary attached to report). Additionally, the team along with other Ohio grantees met with Senator Brown's office staff. Mercer County staff met privately with Congressman Latta's staff to discuss the importance of Head Start in the community. All congressional offices were interested in knowing how Head Start was supporting local school districts with ESSA requirements for Least Restrictive Environments and how Head Start can support families dealing with the Opioid Epidemic. Since the visit, the Director has responded to requests from Senator Brown's office for more information in regards to supports to the Opioid Epidemic.

The Director was elected as co-chair for Mercer County COLT committee. The Director has attended Head Start administrative meetings as well as Celina City Schools Administrative meetings.

Education –Teaching staff will all be working on a project for the Olympics for February. On January 3rd, Lakeshore provided education staff with professional development training on Math in alignment with program goals and the program training plan.

Mental Health –Director has begun investigating possible mental health options for upcoming program year to better meet needs of teachers and children. There has been a slight increase in referrals for MHC due to significant trauma children are experiencing.

Disabilities –We are currently **servicing 23 children with IEPs**. There are 21 more children with suspected disabilities awaiting referral and / or evaluation. Head Start serves 1 child with a Medical Plan of Action and 2 children with dietary plans of action.

Health – There are 3 children currently enrolled with expired physicals. Head Start has paid for 2 physicals. The HCSM is analyzing data on the reasons for absenteeism, second hand smoke in the home, and bus routes. We are looking for correlations between bus stops and absenteeism. Additionally, we are looking for a correlation between those who smoke in the home and respiratory illnesses in children.

Family Engagement –The Family Engagement team held a parent event targeting fathers for January's POPs meeting. After the WLI, the FESM is committed to building better relationships with local Children Services, law enforcement, and judicial system to ensure families are receiving the Head Start services they qualify for.

C. Enrollment / Attendance

133 children are currently enrolled in Head Start and 13 enrolled in ECE. A total of 151 children have been enrolled in Head Start this year. Unfortunately, families have moved from the area either due to a crisis or removal from the home. The Director and FESM discussed the community needs assessment, birth rates, and availability for child care in the area. The Director and FESM would like to move forward with the conversion from Head Start slots to Early Head Start slots. The program's current risk management plan comes to an end in February. The Director would like to propose a plan to the Regional office at that time.

Enrollment by Program Option:

Half Day PY Head Start	104
Full Day School Year Ed Complex	20
Full Day School Year Rockford	16
ECE - State - funded (CPPS)	13

Attendance by Program Option:

Half Day PY Head Start	77%
Full Day School Year Ed Complex	89%
Full Day School Year Rockford	83%
CPPS	82%

D. CACFP report - CACFP claimed meals

Month Served	January 2018
Total Days Attendance	Rockford - 16 , Part Day programming - 15 Ed Complex Full day Programming - 18
Total Breakfast	1082
Total Lunches	1856
Total Snacks	1101
Total Meals	4039

E. Financial Audit - completed in January, awaiting report

F. Annual Self-Assessment

- Planning begins February 2018

G. Community Assessment

- Update Completed, Beginning CA for 2018

H. Communication and guidance from the Secretary

- Letter regarding self-reporting of child safety issues
- Letter regarding the possible government shut down
- Letter regarding the Secretary's waiving of the 50% duration services requirement in the HSPPS effective 8/1/2019 due to a lack of funding resources

Attachments to report:

Self - Assessment plan (requires approval)

Orientation policy & procedure

Approval to sell spare bus #13 (requires approval)

WLI summaries

Family Goals Statistics report

Family Partnerships Goals Report

Family Visits Statistics

Child Visits Statistics

Respectfully submitted,

Amy Esser

Executive Director

HEAD START - 2017 GRANT

REVENUE					
FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING	ANTICIPATED ACCRUAL
1,270,106.00	-	1,270,106.00	1,058,500.00	211,606.00	
-	88,230.00	88,230.00	82,351.74	5,878.26	
-	-	-	1,910.02	(1,910.02)	(This was auction proceeds)
-	-	-	-	-	-
1,270,106.00	88,230.00	1,358,336.00	1,142,761.76	215,574.24	

EXPENSES							
FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE	ANTICIPATED ACCRUAL
571,137.00	50,400.00	621,537.00	610,811.33	10,725.67		10,725.67	
322,617.00	9,100.00	331,717.00	339,260.32	(7,543.32)	30.00	(7,573.32)	
141,109.00	4,230.00	145,339.00	63,158.47	82,180.53		82,180.53	
102,774.00	24,500.00	127,274.00	85,194.32	42,079.68		42,079.68	
91,644.00	-	91,644.00	-	91,644.00	90,339.00	1,305.00	
8,500.00	-	8,500.00	2,216.00	6,284.00		6,284.00	
1,237,781.00	88,230.00	1,326,011.00	1,100,640.44	225,370.56	90,369.00	135,001.56	

EXPENSES							
FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE	ANTICIPATED ACCRUAL
11,648.00	-	11,648.00	18,523.99	(6,875.99)		(6,875.99)	
7,584.00	-	7,584.00	12,723.18	(5,139.18)		(5,139.18)	
19,232.00	-	19,232.00	31,247.17	(12,015.17)		(12,015.17)	
13,093.00	-	13,093.00	1,097.14	11,995.86		11,995.86	
13,093.00	-	13,093.00	1,097.14	11,995.86		11,995.86	
32,325.00	-	32,325.00	32,344.31	(19.31)		(19.31)	
-	-	-	-	-		-	
1,270,106.00	88,230.00	1,358,336.00	1,132,984.75	225,351.25	90,369.00	134,982.25	

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES 9,777.01

EXPENSES							
FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE	ANTICIPATED ACCRUAL
571,137.00	50,400.00	621,537.00	610,811.33	10,725.67		10,725.67	
322,617.00	9,100.00	331,717.00	339,260.32	(7,543.32)	30.00	(7,573.32)	
141,109.00	4,230.00	145,339.00	63,158.47	82,180.53		82,180.53	
102,774.00	24,500.00	127,274.00	85,194.32	42,079.68		42,079.68	
91,644.00	-	91,644.00	-	91,644.00	90,339.00	1,305.00	
8,500.00	-	8,500.00	2,216.00	6,284.00		6,284.00	
1,237,781.00	88,230.00	1,326,011.00	1,100,640.44	225,370.56	90,369.00	135,001.56	

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES 9,777.01

HEAD START - 2018 GRANT

REVENUE

	FEDERAL BUDGET	OTHER SOURCES	TOTAL REVENUES	REVENUE RECEIVED	REMAINING FUNDING
Federal Revenue	1,393,105.00	-	1,393,105.00	146,000.00	1,247,105.00
CACFP Revenue	-	88,230.00	88,230.00	7,412.17	80,817.83
Other Local	-	-	-	-	-
Refund prior year exp	-	-	-	-	-
Board advance	-	-	-	-	-
Total	1,393,105.00	88,230.00	1,481,335.00	153,412.17	1,327,922.83

EXPENSES

	FEDERAL BUDGET	OTHER SOURCES	TOTAL BUDGET	ACTUAL EXPENDED	EXPENDABLE BALANCE	ENCUMBERED/ REQUISITIONS	REMAINING BALANCE	ANTICIPATED ACCRUAL
Salary	648,869.00	50,400.00	699,269.00	76,157.08	623,111.92		623,111.92	
Fringe Benefits	441,333.00	9,100.00	450,433.00	52,007.12	398,425.88		398,425.88	
Programming	175,256.00	4,230.00	179,486.00	14,457.96	165,028.04	15,679.71	149,348.33	
Supplies	98,090.00	24,500.00	122,590.00	7,818.41	114,771.59	31,633.92	83,137.67	
Capital Outlay	-	-	-	-	-	-	-	
Other Expenditures	10,325.00	-	10,325.00	-	10,325.00	414.00	9,911.00	
PA22 subtotal	1,373,873.00	88,230.00	1,462,103.00	150,440.57	1,311,662.43	47,727.63	1,263,934.80	
Training & Technical Services								
419 Training & technical serv (job code 400)	10,480.00	-	10,480.00	1,570.00	8,910.00	6,379.50	2,530.50	
439 Staff out of town travel	8,752.00	-	8,752.00	1,284.11	7,467.89	3,431.38	4,036.51	
Subtotal Purch Service	19,232.00	-	19,232.00	2,854.11	16,377.89	9,810.88	6,567.01	
Training & Tech Supplies	-	-	-	-	-	-	-	
Subtotal Supplies	-	-	-	-	-	-	-	
T&TA -PA20	19,232.00	-	19,232.00	2,854.11	16,377.89	9,810.88	6,567.01	
Return of Board Advance	-	-	-	-	-	-	-	
TOTALS	1,393,105.00	88,230.00	1,481,335.00	153,294.68	1,328,040.32	57,538.51	1,270,501.81	

TOTAL REVENUE OVER/UNDER TOTAL EXPENDITURES

117.49

439 Early Childhood

	Salaries 100	Fringes 200	Purchased Services 400	Supplies 500	Capital Outlay 600	Other 800	Total
Original CCIP Budget	40,296.00	6,224.00	3,000.00	2,480.00	-	-	52,000.00
9/8/2017	(10,165.00)	11,735.00	(290.00)	(1,280.00)	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
Adjusted CCIP Budget	30,131.00	17,959.00	2,710.00	1,200.00	-	-	52,000.00
Exp thru 9/30	q	2,364.67	163.50	-	-	-	2,528.17
Exp thru 10/31	3,740.27	2,293.35	-	-	-	-	6,033.62
Exp thru 11/30	3,914.61	2,135.14	-	-	-	-	6,049.75
Exp thru 12/31	3,870.89	2,374.93	-	-	-	-	6,245.82
Exp thru 01/31	3,870.90	2,654.71	75.00	-	-	-	6,600.61
Exp thru 02/28	-	-	-	-	-	-	-
Exp thru 03/31	-	-	-	-	-	-	-
Exp thru 04/30	-	-	-	-	-	-	-
Exp thru 05/31	-	-	-	-	-	-	-
Exp thru 06/30	-	-	-	-	-	-	-
Exp thru 07/31	-	-	-	-	-	-	-
Exp thru 08/31	-	-	-	-	-	-	-
Total Expenditures	15,396.67	11,822.80	238.50	-	-	-	27,457.97
CCIP Budget Remaining	14,734.33	6,136.20	2,471.50	1,200.00	-	-	24,542.03

BUSINESS CARD STATEMENTManage your account online:
www.chase.com/inkCustomer Service:
1-800-945-2028Mobile: Download the
Chase Mobile® app today**ACCOUNT ACTIVITY****(CONTINUED)**

Date of Transaction	Merchant Name or Transaction Description	\$ Amount
01/17	WM SUPERCENTER #1433 CELINA OH KENNETH SCHMIESING TRANSACTIONS THIS CYCLE (CARD 0969) \$47.95	30.95
01/02	AMAZON MKTPLACE PMTS AMZN COM/BILL WA AMY ESSER TRANSACTIONS THIS CYCLE (CARD 0977) \$329.10	329.10

2018 Totals Year-to-Date	
Total fees charged in 2018	\$0.00
Total interest charged in 2018	\$0.00

Year-to-date totals do not reflect any fee or interest refunds
you may have received

INTEREST CHARGES

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	14.49% (v)(d)	-0-	-0-
CASH ADVANCES			
Cash Advances	20.49% (v)(d)	-0-	-0-
BALANCE TRANSFERS			
Balance Transfer	14.49% (v)(d)	-0-	-0-

(v) = Variable Rate

(d) = Daily Balance Method (including new transactions)

(a) = Average Daily Balance Method (including new transactions)

31 Days in Billing Period

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

Overview of the NHSA Winter Leadership Institute 2018

Whenever we have the opportunity to attend national Head Start conferences it is very apparent that Ohio is leading the way in Head Start. Once again, Ohio had the largest representation of Head Start leaders in attendance to speak with members of Congress.

Each day was filled with various speakers from all over the United States discussing a variety of topics. This year major topics included: Opioid crisis, workforce development, Quality Improvement Funding, and updates from the Office of Head Start.

The Opioid crisis has hit Ohio harder than anywhere else in the United States. During our Capitol visits, Senator Brown and his aides were very interested in learning about how Head Start supports children and families impacted by addiction. Since our visit, we (Mercer County Head Start) have received additional questions about possible future endeavors and program planning opportunities to support healthy families. Likewise, Congressman Latta's aide, Mr. Davin, was also very inquisitive about the opioid issues in our community.

According to a recent study conducted by Michigan State, it was found that children enrolled in a Head Start program and involved with child protective services were 80% less likely to be removed from the home in comparison to children who are not enrolled in Head Start.

Several breakout sessions were dedicated to developing a strong healthy workforce. Staff at all levels are impacted by the trauma our children have experienced. Many speakers discussed innovative opportunities to expand the workforce. Emphasis was placed on having a stable healthy workforce and ensuring staff have resources to cope with personal traumatic events as well as those experienced through our students and families.

Representatives from the Office of Head Start spoke at the conference Wednesday afternoon to discuss proposed changes to the monitoring system. The most important of these changes includes the removal of the provision that grantees scoring in the lowest 10% thresholds of CLASS be automatically assigned to DRS. NHSA is providing alternatives to this provision.

During our visits to the Hill, Head Start leaders put forth efforts to encourage legislators to consider installing Quality Improvement funding for grantees. These dollars are typically used as one-time funding opportunities to improve the quality of programming. For Mercer County Head Start, Quality Improvement funding could be used to convert part-day classrooms to full-day classrooms extending duration of services.

According to one speaker, "Work is no longer just about a paycheck, it is about the mission".

After the Institute, the administrative team began reviewing information and planning for future endeavors. MCHS plans to build and strengthen existing partnerships with Children Services, law enforcement, and the judicial system in the county. We will continue to work with our local, state, and national representatives to advocate for more funding opportunities to serve the most vulnerable among us. The school family committee will reconvene to discuss supports for our workforce.

QIF:

National Head Start (NHS) would like to get Quality Improvement Funds from the Federal Government. This one-time money, could be used for increased staff, increased school's days/hours, transportation, staff training, building improvements, community wide planning, classroom environment, etc. That was a big topic of conversation NHS wanted us to stress when we met with State Representatives and Senators.

There was much discussion about employee retention and qualified staff. A recent study shows that only 62% of the potential eligible workers are working versus 67% five years ago.

OPIOIDS:

Barb Haxton, Ohio Head Start (OHS) President spoke Monday afternoon on the Opioid problem. She said that more than 10% of HS children are impacted by opioids. We need to partner more with JFS, the court system, and law enforcement.

Dr. Sasha Klein also presented on the topic of working more closely with JFS/child welfare. She is a professor at Michigan State University and has done extensive studies to back the need for this collaboration. In one of her studies, it showed that children in the child welfare system that are connected to Head Start, 93% of these children did **NOT** go into foster placement.

Dr. Elinore McCance-Katz from SAMHSA (substance abuse and mental health services administration) is also working in this area. She shared the site NSDUH-National Survey on Drug Use and Health- that provides up-to-date information on tobacco, alcohol, and drug use, mental health and other health-related issues in the United States.

Heroin is cheaper than prescription pain meds.

	<u>Heroin overdoses</u>	<u>Deaths</u>
In 2002	400,000	2,000
In 2016	1,000,000	13,000

2.4 million people are addicted to opiates but only 1 in 5 seek treatment

21% pregnant women get an opiate prescription for pain, to stop early labor, etc.

The big question: *WHY?*

Opiates bind receptors in the brain in the prefrontal cortex and thus makes the person quite vulnerable to addiction.

If one just tries to go "cold turkey", there is an 80% relapse in the first year and they have a higher risk for death or overdosing during this relapse.

The best treatment is a combination of MAT (Medical Assisted Treatment) which is a drug **and** counseling. One of the drugs that is often used in treatment is Naltrexone which blocks the effects a person gets from the opiate. Treatment can be for months or a life time.

Marijuana is addictive!! It is not a "safe" drug.

In West Virginia in 2016, 1 person died every 10 hours from an opioid overdose. Prevention is the goal, followed by treatment, research, and providing hope to families and drug addicted persons.

CIGARETTES:

HSPPS: 1302.46(b) *Opportunities*. (1) Such collaboration must include opportunities for parents to:

(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco products use and exposure to lead, and safe sleep;

Smoking seems to be an area society has put on the back burner. Cigarette smoking continues to be the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths.

By Poverty Status

Current cigarette smoking was higher among persons living below the poverty level than those living at or above this level.

- About 26 of every 100 adults who live *below* the poverty level (26.1%)
- Nearly 14 of every 100 adults who live at or above the poverty level (13.9%)

54% of children in the *general* population between the ages of 3-11 are impacted by second hand smoke. So according to the families at poverty level that smoke, our Head Start children living with second hand smoke would be significantly higher.

Tobacco companies spend 8.4 billion dollars every year on advertising—they target low income and youth. As you can see in the above numbers, their advertising is working.

A survey by Ainscough in 2017, found that smoking is 5x higher than opioid use.

MARSHALLESE:

Amy and I did get to talk to Lance Johnson, Director of EOA of Washington County, Inc., in Arkansas. They have a very big population, over 7,000 Marshallese. He shared some resources and encouraged us to get some families in to volunteer & get into Head Start as employees.

Karla Kessler, LSW

Family Engagement Services Manager

1/30/2018



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | eclkc.ohs.acf.hhs.gov

January 3, 2018

Dear Head Start Grantees and Delegate Agencies,

I hope the holiday season was filled with joyful times with your loved ones and some respite to refuel.

As the New Year begins I want to bring attention to two requirements that have, in some cases, resulted in unnecessary and potentially detrimental actions taken by the grantee. First is the reporting requirement found in CFR 1302.102 (d)(1)(ii) requiring grantees to report immediately or as soon as practicable any significant incidents affecting the health and safety of program participants. Second is Standards of Conduct, CFR 1302.90 (c)(1)(i)(ii)(A)-(I),(iii),(iv),(iv) and (v), describing the positive strategies adults must implement when interacting with children, a list of prohibited actions endangering the health and safety of children, and ensuring no child is left alone or unsupervised.

Over the past year, reports of child health and safety incidents have increased. We are uncertain if the increased reporting is due to compliance with CFR 1302.102 (d)(1)(ii), whether more incidents are occurring, or both. We suspect it is due to the increased reporting, and we want to acknowledge grantees' compliance with the requirements. However, the Office of Head Start (OHS) has observed unintended consequences of these requirements that we want to bring to your attention. In some cases, grantees are reporting minor incidents that do not require self-report. More importantly, some agencies immediately terminate staff involved in incidents, which may not be, in all cases, the best course of action for the child and staff.

Reporting

OHS has zero tolerance for any situation that places a child in harm's way. Grantees' hyper-vigilance in keeping every child safe and secure and feeling loved every moment while in their care is foundational to Head Start and Early Head Start programs. However; some grantees may believe they are required to report all health and safety incidents, even when they are not significant incidents and do not harm or endanger children. Grantee characteristics like climate, locale – urban, rural, remote, shared facilities including playgrounds, level of security systems, just to name a few – vary greatly, and it would be impossible for the Office of Head Start to issue a definitive list of what are considered non-reportable insignificant incidents. To determine which incidents are reportable, grantees should work with management, governing bodies, Health Advisory Committees, mental health consultants, and local or state licensing agencies to develop guidelines that differentiate between staff, consultant or volunteer practices, and/or behaviors that need improvement but do not harm or endanger children, versus reportable practices or behaviors that harm or endanger children.



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 330 C St., SW, 4th Floor, Washington DC 20201 | eclkc.ohs.acf.hhs.gov

January 22, 2018

Dear Financial Assistance Recipient,

This is to advise the Department of Health and Human Services (HHS) financial assistance recipient community of the HHS plans regarding actions that may be necessary in the event financial assistance award funding is affected by a lapse in appropriations.

Based on the prospect of a lapse of funding and the lack of a continuing resolution, HHS is acting in a prudent manner and notifying recipients of a potential lapse in the funds designated for your award. As a consequence of the lapse, certain planned awards may be cancelled or postponed, and certain existing awards may be stopped, reduced in scope, terminated, or partially terminated.

Should HHS determine that any of these actions are necessary, the financial assistance officer for each of the affected programs or awards will provide prompt appropriate notice to the recipient in accordance with the terms and conditions of the award. Notices will contain the direction necessary to comply.

If an award will not be affected by the lapse in appropriations, HHS does not plan to provide any separate notifications or communications of that fact. Unless a recipient is provided a formal notification to the contrary, all HHS recipients must continue to comply with all terms, conditions, requirements, and performance goals specified in their financial assistance award.

Thank you for your continued partnership with HHS, and for your cooperation as we work together to manage a potential lapse in appropriations.

Sincerely,

A handwritten signature in cursive script that reads "Ann Linehan".

Ann Linehan
Acting Director
Office of Head Start

Fifty Percent Program Duration Requirement

 eclkc.ohs.acf.hhs.gov/policy/pi/acf-pi-hs-18-01

Invalid Date

Instruction:

45 CFR § 1302.21(c)(2)(iii) of the Head Start Program Performance Standards (HSPPS) final rule states that programs must provide 1,020 annual hours of planned class operations over at least eight months per year for at least 50 percent of its center-based funded enrollment by August 1, 2019.

However, this Program Instruction (PI) notifies programs the Secretary has exercised his authority under 45 CFR § 1302.21(c)(3)(i) of the HSPPS final rule to waive the August 1, 2019 Head Start center-based service duration requirements, effectively lowering this requirement from 50 percent to zero percent. The Secretary has determined the mandate was not coupled with sufficient funding to mitigate a substantial reduction in funded enrollment. Therefore, to avoid serving fewer children and families, this requirement will not go into effect.

Programs are still free to choose to increase the duration of services, but the Secretary's determination waives the mandate that all programs do so for at least 50 percent of its funded enrollment. Given the funding constraints, we believe programs will have more flexibility to most effectively meet the needs of their communities.

The Department is also considering whether to remove the requirement that programs provide 1,020 annual hours of planned class operations for 100 percent of its funded enrollment by August 1, 2021. We expect to release a Notice of Proposed Rulemaking later this year. In addition, 45 CFR § 1302.21(c)(3)(ii) of the HSPPS final rule authorizes the Secretary to lower this 100 percent requirement on or before February 1, 2020. If this requirement is still in effect and Congress does not appropriate significant funds, the Secretary would likely make a similar determination.

The [Federal Register notice](#) announcing this determination with additional details is available for review. If you have questions regarding this PI, please contact your Regional Office.

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

/ Ann Linehan /

Ann Linehan
Acting Director
Office of Head Start

Celina City Schools Mercer County Head Start

Self-Assessment Plan 2017-2018

<u>February 5, 2017 -</u>	Self-Assessment Training for Managers
<u>February 12, 2017 -</u>	Board approves Self-Assessment Plan, team leads to have complete Self-Assessment teams
<u>February 15, 2017 -</u>	Self-Assessment Plan approval by Policy Council – volunteer for teams
<u>February 26, 2017 -</u>	Self-Assessment begins
<u>March 9, 2017 -</u>	Self-Assessment ends
<u>March 12, 2017 -</u>	Self-Assessment reports due to Director
<u>March 19, 2017 -</u>	Team leads meeting / summarize findings
<u>March 26, 2017 -</u>	Self-Assessment report of findings & Program Improvement Plan delivered to management team
<u>April 12, 2017 -</u>	Self – Assessment report approved by Policy Council
<u>April 16, 2017 -</u>	Self-Assessment report approved by Board

Mercer County Head Start Policies and Procedures

P/P Topic:	Orientation	P/P #:	
Part:	1302 Program Operations	PC Approval Date:	
Subpart:	Human Resources Management	Last Reviewed Date:	
Section Title(s):	<i>Training and Professional Development</i>	Implementation Responsibility:	Administration
Related Performance Standard(s):	1302.92(a)	Monitoring Responsibility:	IT Secretary

(A) Policy	A program must provide to all new staff, consultants, and volunteers an orientation that focuses on, at a minimum, the goals and underlying philosophy of the program and on the ways they are implemented.
(B) Responsibility	Administration
(C) Procedure	<p>All new employees will receive a complete orientation that explains job responsibilities, personnel policies, and related program and fiscal information.</p> <p>The supervisor and/or other administrative personnel will begin the orientation process no later than the first week of employment and complete within the first 60 days of employment culminating with the employee's probationary evaluation.</p> <p>Each employee will receive the orientation packet that includes, at a minimum, job description, calendar, personnel policies, and orientation checklist.</p> <p>The supervisor will ensure that the new employee has met with the District's Treasurer's office to complete tax forms, benefits forms, and review payroll procedures.</p> <p>Each employee will read carefully and sign the job specific orientation checklist. It will then be forwarded to the Head Start office to be included in his/her personnel file. The IT Secretary is responsible for reviewing the checklist for completion and timeliness.</p> <p>Within the first 2 weeks of employment, a new employee will receive on the job training provided by the immediate supervisor, and/or other appropriate administrative staff. During the on-the-job training, at a minimum, the new employee should be shown and guided through a normal daily routine, provided directions and tour of the building, introduced to co-workers and others in building, and allowed time to observe the children/clients. If possible, another seasoned staff person should be assigned as a mentor to help the new employee feel comfortable and welcomed in the center and building.</p> <p>CDL bus drivers must be drug tested upon hire and then placed in the random drug/alcohol test pool through the grantee's local provider. All CDL drivers must sign a Release of Information form to obtain information from their previous employer.</p> <p>All employees receiving compensation through early childhood</p>

	<p>education programs are required to have documentation of a physical/medical on file upon hire and then every 3 years thereafter. A physical not more than 1 year old can be accepted for new hires. All physicals will be placed in the personnel file and in the site file (as required). New staff must have a physical on file their first day of employment.</p> <p>NOTE: Bus drivers must have the required T8 bus driver physical.</p>
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Agency: All

Currently Enrolled= 146

1009S - Family Goals Statistics Report

No.	Goal Category	Complete	Declined	Expected To Achieve	In Progress	New	Not Accomplished	On-going	TOTAL GOALS	UNIQUE # OF FAMILIES
1	Families as Advocates & Leaders	0	0	0	<u>2</u>	0	0	0	2	<u>2</u>
2	Families as Learners	<u>25</u>	<u>3</u>	<u>2</u>	<u>25</u>	<u>1</u>	<u>1</u>	<u>1</u>	58	<u>58</u>
3	Families as Lifelong Educators	<u>4</u>	0	0	0	0	0	0	4	<u>4</u>
4	Family Connections to Peers & Community	<u>2</u>	<u>1</u>	<u>1</u>	0	0	0	<u>1</u>	5	<u>5</u>
5	Family Engagement in Transitions	0	<u>1</u>	0	0	0	0	0	1	<u>1</u>
6	Family Well Being	<u>20</u>	<u>2</u>	<u>1</u>	<u>13</u>	0	0	<u>1</u>	37	<u>37</u>
7	Positive Parent Child Relationships	<u>1</u>	0	0	0	0	0	0	1	<u>1</u>
8	NO Goal Category	0	0	0	0	0	0	0	0	0
TOTAL GOALS		52	7	4	40	1	1	3	108	
UNIQUE # OF FAMILIES		<u>51</u>	<u>7</u>	<u>4</u>	<u>40</u>	<u>1</u>	<u>1</u>	<u>3</u>		<u>105</u>

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Agency: ALL		Site: ALL					Size= 135			
1003-Family Partnership Goals by Advocate										
Advocate	# Of Fam. Assigned	# Of Fam. W/At Least One Goal	% Fam. With Goals	# Of Goals Submitted	# Of Goals Completed	# Of Goals In Progress	% Of Goals Completed	# Of Families w/ No Goals	% Of Families w/ No Goals	
Agler, Amy	<u>66</u>	<u>50</u>	75.76%	<u>53</u>	42	11	79.25%	<u>16</u>	24.2%	
Bertke, Jenine	<u>66</u>	<u>55</u>	83.33%	<u>55</u>	10	45	18.18%	<u>11</u>	16.7%	
Total	132	105	79.5%	108	52	56	48.1%	27	20.5%	
<i>No Advocate</i>	<u>3</u>	<u>0</u>	0.00%	<u>0</u>	0	0	0	<u>3</u>	100.0%	
Grand Total	<u>135</u>			<u>108</u>	52	56				

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Agency: All

Receiving Services= 135

1007S - Family Visits Statistics

Visit Type	Cancelled by Family	Cancelled by Staff	Completed/Received	No Show	Total	Required Visits
Center Visit	0	0	0	0	0	0
CFE/FSW Home Visit	<u>5</u>	<u>2</u>	<u>148</u>	<u>8</u>	<u>163</u>	<u>160</u>
Disabilities	0	0	0	0	0	0
Family Contact Visit	0	0	<u>7</u>	<u>5</u>	<u>12</u>	<u>11</u>
Health	0	0	<u>8</u>	<u>4</u>	<u>12</u>	<u>8</u>
Mental Health	0	0	0	0	0	0
Nutrition	0	0	0	0	0	0
Parent Conference	0	0	<u>1</u>	0	<u>1</u>	<u>1</u>
Pregnancy Health Visit	0	0	<u>1</u>	0	<u>1</u>	0
Pregnancy Nutrition Visit	0	0	<u>1</u>	0	<u>1</u>	0
Teacher Home Visit	0	0	0	0	0	0
Total	5	2	166	17	190	180
Total UNIQUE Number of Visits	<u>5</u>	<u>2</u>	<u>153</u>	<u>9</u>	<u>169</u>	<u>162</u>

* Note: Since multiple visit types can be indicated for each visit, Total Visit Types is not necessarily the total number of visits.

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Filtering Additional Filtering

All Agencies All Sites All Classes

Agency: All

Currently Enrolled= 146

705S - Child Visits Statistics

Visit Type	No Status	Cancelled by Family	Cancelled by Staff	Completed/Received	No Show	Planned Visit	Total	Required Visits
Center Visit	0	<u>1</u>	0	<u>42</u>	<u>5</u>	0	<u>48</u>	<u>43</u>
CFE/FSW Home Visit	0	0	0	0	0	0	0	0
Disabilities	0	0	0	0	0	0	0	0
Family Contact Visit	0	0	0	0	0	0	0	0
Health	0	0	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0	0	0
Nutrition	0	0	0	0	0	0	0	0
Parent Conference	0	<u>4</u>	0	<u>85</u>	<u>23</u>	0	<u>112</u>	<u>91</u>
Pregnancy Health Visit	0	0	0	<u>1</u>	0	0	<u>1</u>	<u>1</u>
Pregnancy Nutrition Visit	0	0	0	0	0	0	0	0
Teacher Home Visit	0	0	0	<u>89</u>	<u>4</u>	<u>34</u>	<u>127</u>	<u>112</u>
Total	0	5	0	217	32	34	288	247
Total UNIQUE Number of Visits	0	<u>5</u>	0	<u>212</u>	<u>31</u>	<u>34</u>	<u>282</u>	<u>243</u>

* Note: Since multiple visit types can be indicated for each visit, Total Visit Types is not necessarily the total number of visits.

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