MIAMI-DADE COUNTY, FLORIDA
COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
701 NW 1st COURT, SUITE 1000
MIAMI, FLORIDA 33136
(786) 469-4600 /FAX: (786) 469-4703

COMMUNITY ACTION AGENCY BOARD OFFICERS:

DR. JOYCE PRICE
Chairperson

REGINA GRACE
1st Vice Chair

DERRICK WILLIAMS
2ND Vice Chair

VACANT
3rd Vice Chair

VACANT
Secretary

NATALIE ROBINSON-BRUNER
Assistant Secretary

DR. MICHAEL G. FRESCO, SR.
Treasurer

ALVIN W. ROBERTS
Parliamentarian

TWAQUILLA EATMAN
Policy Council Chair

MARJORIE YORK
At-Large Member

DR. CATHIA DARLING
At-Large Member

DR. WILLIAM ZUBKOFF
Former Chairperson

MEMBERS:
Horacio Aguirre
Deena Albelto
Countess Balogun
Elizabeth Berenguer
Dr. Santarvis Brown
Janie F. Centeno
Tiffany B. Crapp
Dorothy Johnson
Gloria Joseph
Marissa Lindsey
Dr. Melissa Noya
Leah Shadle
Larry Williams

EMERITUS MEMBERS:
**James Fayson
**Rev. Wilfred McKenzie
**Lillie Williams

DEPARTMENT DIRECTOR:
Sonia J. Grice

** *Deceased*

MEMORANDUM

TO: **CAA BOARD MEETING**

FROM: Sonia J. Grice Department Director

DATE: March 7, 2022

SUBJECT: Meeting Notice

The Community Action Agency Board Meeting will be held on Monday, March 14, 2022 at 4:00 PM. Please see details below:

CAA BOARD MEETING
Monday, March 14, 2022 at 4:00 PM
701 NW 1st Court
1st Floor Front Training Room
Miami, Florida, 33136
***If transportation assistance is needed kindly contact Matias Buchhalter at (305) 310-4653 by close of business on Friday, March 11, 2022.**

Your attendance and participation are essential. Thank you for your continued support and commitment. If you have any questions, please contact Matias Buchhalter at (305) 310-4653.

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DEPARTMENT DIRECTOR:
Sonia J. Grice

*** Deceased***

COMMUNITY ACTION AGENCY BOARD MEETING
MONDAY, MARCH 14th, 2022 @ 4:00 P.M.

AGENDA

Mission Statement
"To empower economically disadvantaged individuals, families and communities through advocacy, education, resource mobilization and service delivery."

CALL TO ORDER

INSPIRATIONAL MESSAGE

CAA MISSION STATEMENT

ROLL CALL/INTRODUCTIONS

1. CHAIRPERSON'S COMMENTS

A. Adoption of the Agenda
B. CAA Board Meeting Minutes – October 5, 2020 [pgs.5-9]
C. CAA Board Meeting Minutes – November 8, 2021 [pgs.10-11]
D. CAA Board Meeting Minutes – December 13, 2021 [pgs.12-13]

2. REASONABLE OPPORTUNITY TO BE HEARD

3. COMMITTEE REPORTS/ACTION ITEMS

A. Committee Reports

1. Executive Committee
* Recommendation: Approval to Accept
a. Joint Finance and Executive Committee Meeting Minutes – October 5, 2020 [pgs.14-17]
b. Special Call Meeting Minutes – October 29, 2020 [pgs.18-20]
c. Joint Finance and Executive Committee Meeting Minutes – January 4, 2021 [pgs.21-30]

2. Advocacy Committee
* Recommendation: Approval to Accept
a. Advocacy Committee Meeting Minutes – February 24, 2020 [pgs.31-34]
b. Advocacy Committee Meeting Minutes – September 27, 2020 [pgs.35-37]

3. Education Sub-Committee
* Recommendation: Approval to Accept
a. Education Sub-Committee Meeting Minutes – February 13, 2020 [pgs.38-40]

4. Family and Community Services Division
a. LIHEAP CARES-ACT update [pgs.41-42]
b. LIHEAP Regular update [pg.43]
c. LIHEAP Eligibility update [pg.44]
d. Annual CSBG Community Action Plan [pg.45]

5. Approval of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5th, 2020 [pgs.46-219]
6. Annual Community Service Block Grant (CSBG) Community Action Plan FY20-21 [pgs.220-253]
7. Community Action and Human Services Business Plan [pgs.254-268]
8. County Audit [pgs.269-300]
9. Head Start/ Early Head Start Policy Council Chairperson's Report for October

November, and December [pgs.301-305]
*Recommendation: Approval to Accept:
a. 2020-2021 Head Start/Early Head Start Self-Assessment Plan [pgs.306-309]
b. 2020-2021 Early Head Start-Child Care Partnership Self-Assessment Plan [pgs.310-313]
c. 2020-2021 EHS Expansion-CCP Self-Assessment Report [pgs.314-324]
d. 2020-2021 EHS Expansion-CCP Program Improvement Plan [pgs.325-330]
e. 2020-2021 EHS Expansion-CCP Training and Technical Assistance Plan [pgs.331-355]
f. 2020-2021 EHS Expansion-CCP Grant Budget [pgs.356-358]
g. 2020-2021 Parent Activity Fund Guidelines [pgs.359-364]
h. Head Start/Early Head Start Program's Proposed Carryover Balance [pgs.365-368]
i. Head Start/Early Head Start Program's COVID-19 Proposed Carryover Balance [pgs.369-374]
j. Early Head Start Child Care Partnership Program's COVID-19 Proposed Carryover Balance [pgs.375-378]
k. 2020-2021 Policy Council Bylaws [pgs.379-396]
l. Adjusted 2020-2021 Selection Criteria [pgs.397-398]
m. 2021-2022 Recruitment Plan and Selection Criteria [pgs.399-428]
n. Disabilities Policies and Procedures [pgs.429-451]
o. Education Policies and Procedures [pgs.452-498]
p. HS/EHS Planning and Budget Reports PY 2019-20 for September, and October 2020 [pgs.499-503]
q. HS/EHS Planning and Budget Reports PY 2020-21 for August, September, October, November, and December 2020 [pgs.504-516]
r. HS/EHS One Time Activities COVID-19 Reports PY 2019-2020 for August, September, October, November, and December 2020 [pgs.517-529]
s. EHS-CCP Planning and Budget Reports PY 2019-2020 for September, and October 2020 [pgs.530-535]
t. EHS-CCP Planning and Budget Reports PY 2020-2021 for August, September, October, November, and December 2020 [pgs.536-549]
u. EHS-CCP One Time Activities COVID-19 Reports PY 2019-2020 for August, September, October, November, and December 2020 [pgs.550-563]
v. Combination – Expansion EHS-CCP One-time Activities COVID-19 Reports PY 20-21 for September, October, November, and December 2020 [pgs.564-575]
w. Combination – Expansion EHS-CCP Planning and Budget Reports PY 2020-21 for September, October, November, and December 2020 [pgs.576-587]

4. DIRECTOR'S REPORT/DEPARTMENTAL UPDATES – INFORMATIONAL

A. Divisional Updates/Content Area Reports [pgs.588-708]
1. Elderly and Disability Services [pgs.590-595]
2. Energy, Facilities & Transportation [pgs.596-606]
3. Family and Community Services [pgs.607-611]
4. Psychological Services [pgs.612-621]
5. Violence Prevention and Intervention [pgs.622-627]

6. Greater Miami Service Corps [pgs.628-633]
7. Rehabilitative Services [pgs.634-638]
8. Head Start Early Head Start Content Area Report for September, October, and November [pgs.639-698]
9. ACF-IM-HS-20-05 Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees [pgs.699-702]
10. ACF-PI-HS-20-06 Administrative Simplification for Consolidating Head Start Grants, Including Early Head Start-Child Care Partnerships [pgs.703-705]
11. ACF-PI-HS-20-07 Interim Final Rule on Flexibility for Head Start Designation Renewals in Certain Emergencies [pgs.706-708]

5. OTHER/NEW BUSINESS
6. ANNOUNCEMENTS
7. ADJOURNMENT

Next CAA Executive Committee Meeting:
Monday, April 4, 2022
4:00 P.M.

Next CAA Board Meeting
Monday, April 11, 2022
4:00 P.M.

Community Action Agency (CAA) Board Decorum

Any person making impertinent or slanderous remarks or who becomes boisterous while addressing the CAA Board and its committees or Community Advisory Committees, shall be barred from further appearance before said Board and committees by the presiding officer, unless permission to continue or again address the CAA Board and its committees or Community Advisory Committees is granted by the majority vote of the members present. No clapping, applauding, heckling, or verbal outbursts in support or opposition to a speaker or his or her remarks shall be permitted. No signs or placards shall be allowed in CAA Board and committee meetings or Community Advisory Committee meetings. Persons exiting meetings shall do so quietly. Talking on cell phones is not permitted in CAA Board and committee meetings or Community Advisory Committee meetings.

Ringers must be set to silent mode to avoid disruption.

Community Action and Human Services (CAHSD) Board

CAA BOARD MEETING MINUTES

Meeting Date: Monday, October 5, 2020 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chairperson	**P**	**Commissioner Dorothy Johnson, 1st Vice Chair**	**P**	**Regina Grace, 2nd Vice Chair**	**P**
Derrick Williams, 3rd Vice Chair	**P**	**Sharon Frazier-Stephens, Secretary**	**P**	Natalie Robinson-Bruner, Assistant Secretary	**E**
Dr. Michael G. Fresco Sr., Treasurer	**P**	**Alvin W. Roberts, Parliamentarian**	**P**	**Twaquilla Eatman, Policy Council Chairperson**	**P**
Marjorie York, At-Large Member	**P**	**Dr. William Zubkoff, Former Chairperson**	**P**	Elaine Adderly	**A**
Zelalem Adefris	**E**	Deena Albelto	**A**	Lis-Marie Alvarado	**A**
Countess Balogun	**E**	**Marie Birts**	**P**	**Dr. Santarvis Brown**	**P**
Diana Brown	**A**	**Ellis Canty**	**P**	**Charlotte Cassel**	**P**
Janie F. Centeno	**P**	**Alexander Chenault**	**P**	**Dr. Cathia Darling**	**P**
Carol A. Gardner	**A**	**Bereatha Howard**	**P**	Gloria Joseph	**A**
Maurice L. Kemp	**E**	Marissa Lindsey	**E**	Marlene Lopez	**A**
Edwin Beaty Marlowe	**P**	**Dr. Melissa Noya**	**P**	Nidia Silva	**A**
Kelly Valle	**A**	Larry Williams	**A**		

*** Twenty (20) Committee Members. Quorum was established.**

P = Present (20) **E = Excused (5)** **A = Absent (10)**

Attendance – Staff/Visitors		
Annika S. Holder, Interim Department Director	Dr. Maria "Maite" Riestra, HS/EHS Director	Matias Buchhalter, Staff
Alton Sears, Staff	Brenda Williams, Fiscal Administrator HS/ES	Nasif Alshaier, Staff
Cassandra Alexander, Staff	Rick Signori, CAHSD Fiscal Director	Crystal Lean-Retana, Staff
Aleah Smith, Staff	Salvador Najarro, Assistant Director	Wanda Walker, FCSD Director
Maria Ilcheva, FIU representative	Camila Masson, FIU representative	Jessica Mejia, Visitor

Fifteen (15) staff/visitors in attendance

CALL TO ORDER		ACTION NEEDED/TAKEN
Call to Order	CAA Board Chairwoman, Dr. Joyce Price called the CAA Board meeting to order at approximately 4:05 p.m. Dr. Santarvis Brown provided an inspirational message, followed by the reciting of the mission statement.	**N/A**

I. CHAIRPERSON UPDATES/REPORTS	ACTION NEEDED/TAKEN

Updates: CAA Board Members	Ms. Countess Balogun was elected to the CAA Board to represent the Coconut Grove Target Area effective 9-2-2020. Dr. Price also introduced the newly elected Head Start Policy Council Chair, Ms. Twaquilla Eatman, and thanked the previous Head Start Policy Chair, Ms. Marie France Nicolas, for her service to the Board.	**N/A**
a. Adoption of the Agenda	**Dr. Price asked for a motion for the adoption of the Agenda which was moved by Dr. Santarvis Brown and seconded by Ms. Regina Grace. Motion passed unanimously.**	**N/A**
a. Recommendation: Approval to Accept the CAA Board Meeting Minutes – September 14, 2020	**Dr. Price asked for a motion to approve and accept the CAA Board Meeting Minutes from September 14, 2020 which was moved by Mr. Derrick Williams, and seconded by Ms. Marjorie York. Motion passed unanimously.**	**N/A**
II. REASONABLE OPPORTUNITY TO BE HEARD		**ACTION NEEDED/TAKEN**
• No requests were received.		**N/A**
III. COMMUNITY NEEDS ASSESSMENT PRESENTATION BY FIU		**ACTION NEEDED/TAKEN**
• At Dr. Price's request, the Community Needs Assessment presentation was provided by Dr. Maria D. Ilcheva, Assistant Director of Planning and Operations of the Jorge M. Perez Metropolitan Center, and Camila Masson, M.P.A. Research Coordinator of the Jorge M. Perez Metropolitan Center.		**N/A**
IV. COMMITTEE REPORTS/ACTION ITEMS		**ACTION NEEDED/TAKEN**
1. Executive Committee a. Recommendation: Approval to accept the Joint Finance and Executive Committee Meeting Minutes – September 14, 2020	**Dr. Price, asked for a motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from September 14, 2020 which was moved by Mr. Williams, and seconded by Ms. York. Motion passed unanimously.**	**N/A**
2. Advocacy Committee	No report was presented.	**N/A**
3. Youth Initiatives Committee	No report was presented.	**N/A**
4. Finance and Resource Development Committee a. CAHSD Financial Statement – August 2020	At Dr. Price's request, Mr. Rick Signori, CAHSD Fiscal Director, presented the CAHSD Financial Statement for August 2020. The Community Action and Human Services Department FY 2019-20 Adopted Budget is $142,198,000. By subtracting the Budgets of the Head Start/ Early Head Start, Summer Meals, and the Greater Miami Service Corp, the total Adopted Budget for the remaining programs is $62,898,000. The Year-To-Date expense through the month of August 2020 for these programs is $60,932,270 or 97% of Budget. **Dr. Price asked for a motion to approve and accept the CAHSD Financial Statement for August 2020 which was moved by Dr. Michael G. Fresco Sr., and seconded by Ms. Regina Grace. Motion passed unanimously.**	**N/A**

5. Head Start/Early Head Start Policy Council Chair's Report	At Dr. Price's request, Twaquilla Eatman, The newly elected Policy Council Chairperson, presented the Chairperson's Report. **Dr. Price asked for a motion to approve and accept the Head Start/Early Head Start Policy Council Chairperson's Report which was moved by Ms. Eatman and seconded by Ms. Grace. Motion passed unanimously.**	**N/A**
a. 2020-2021 EHS-CCP Self-Assessment Plan	At Dr. Price's request, Dr. Maria "Maite" Riestra Head Start/Early Head Start Director, presented the 2020-2021 EHS-CCP Self-Assessment Plan. The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and areas of improvement. The Self-Assessment Plan also reviews goals and objectives to determine if they were met, followed by discussion. **Dr. Price asked for a motion to approve and accept the 2020-2021 EHS-CCP Self-Assessment Plan which was moved by Mr. Derrick Williams and seconded by Dr. William Zubkoff. Motion passed unanimously.**	**N/A**
g. Financial Reports for August 2020 **1. HS-EHS Financial Statement August 2020 PY 2019-20**	At Dr. Price's request, Mr. Signori presented the HS-EHS Financial Statement for August 2020 PY 2019-20. The financial report for the Head Start/Early Start program through August 31, 2020 includes the budgeted amount of $62,215,754 and actual expenditures of $54,528,931 with outstanding invoices in process of approximately $5,061,780. The current funds utilization rate is 95.78%. **Dr. Price asked for a motion to approve and accept the HS-EHS Financial Statement for August 2020 PY 2019-20 which was moved by Dr. Fresco Sr., and seconded by Mr. Williams. Motion passed unanimously.**	**N/A**
2. EHS CCP Financial Statement August 2020 PY 2019-20	At Dr. Price's request, Brenda Williams HS/EHS Fiscal Administrator, presented the EHS CCP Financial Statement for August 2020 PY 2019-20. The financial report for the Childcare Partnership program through August 31, 2020 includes the budgeted amount of $3,323,219 and actual expenditures of $2,969,193 and invoices in process of approximately $156,658. The current funds utilization rate is 94.06%. **Dr. Price asked for a motion to approve and accept the EHS CCP Financial Statement for August 2020 PY 2019-20 which was moved by Mr. Edwin Beaty Marlowe and seconded by Dr. Fresco Sr. Motion passed unanimously.**	**N/A**
3. Combination-Expansion Early Head Start-Child Care Partnership Program Financial Statement August 2020 PY 2020-21	At Dr. Price's request, Ms. Williams presented the Combination–Expansion Early Head Start-Child Care Partnership Program Financial Statement for August 2020 PY 2019-20. The financial report for the Combination Expansion Early Head Start-Child Care Partnership program through August 31, 2020 includes the budgeted amount of $7,962,956 and actual expenditures of $2,294,101 and estimated	**N/A**

	invoices of approximately $326,831. The current funds utilization rate is 32.92%. **Dr. Price asked for a motion to approve and accept the Combination Expansion Early Head Start-Child Care Partnership Program Financial Statement for August 2020 PY 2020-21 which was moved by Dr. Fresco Sr., and seconded by Dr. Zubkoff. Motion passed unanimously.**	
c. Revised Nutrition Policies and Procedures	At Dr. Price's request, Dr. Riestra presented the Revised Nutrition Policies and Procedures. The Nutrition Policies and Procedures were revised to include procedures due to COVID-19, followed by discussion. **Dr. Price asked for a motion to approve and accept the Revised Nutrition Policies and Procedures which was moved by Mr. Williams and seconded by Ms. Grace. Motion passed unanimously.**	**N/A**
d. Revised Mental Health Policies and Procedures	At Dr. Price's request, Dr. Riestra presented the Revised Mental Health Policies and Procedures. The Mental Health Policies and Procedures were revised to clarify consultation procedures and processes due to COVID-19, followed by discussion. **Dr. Price asked for a motion to approve and accept the Revised Mental Health Policies and Procedures which was moved by Ms. Grace and seconded by Dr. Brown. Motion passed unanimously.**	**N/A**
e. Reduction of Early Head Start Operating Hours	At Dr. Price's request, Dr. Riestra presented the Reduction of Early Head Start Operating Hours. The program is recommending to the Office of Head Start to reduce the Early Head Start operating hours from 10 hours a day to 8½ hours a day. This reduction allows time for teachers to properly sanitize toys and materials at the end of each day without children present, followed by discussion. **Dr. Price asked for a motion to approve and accept the Reduction of Early Head Start Operating Hours which was moved by Mr. Marlowe and seconded by Dr. Brown. Motion passed unanimously.**	**N/A**

V. DIRECTOR'S REPORT/DEPARMENTAL UPDATES

Annika S. Holder, Interim Department Director provided the Director's Report:

- The Violence Prevention and Intervention Division staff continue to provide shelter services and operational support at the Coordinated Victim Assistance Center. Additionally, the County Mayor determined that the new Empowerment Center D.V. Shelter will be operated and managed by CAHSD. This shelter will add 60 beds to the department's portfolio to respond to individuals fleeing domestic violence. This development allows the department to create 24 new employment opportunities, and recruitment for these positions will begin within the next two-three weeks.
- Family and Community Services Division staff continue to assist families via the Low Income Home Energy Assistance Program (LIHEAP). Since Florida Power and Light began implementing disconnections to residents, staff have observed an increase in calls and requests for assistance. The department has processed 4,240 applications and provided emergency assistance valued at $2.6 million.
- CAHSD continues to lead the County's Emergency Senior Meals initiative by providing meals to vulnerable seniors. Currently, the program is serving close to 55,153 seniors, with more than 13 million meals served during the COVID-19 Pandemic.

- In the past thirty days, staff have completed three grant submissions on behalf of the department: Early Head Start Expansion grant, a submission to Microsoft by the Greater Miami Service Corps, and the Energy, Facilities, and Transportation Division to the Florida Counties of Low Income Residential Energy Efficiency to provide additional support for families that may receive approval for the Weatherization Assistance Program.
- The department is preparing for accreditation by the Council of Accreditation in February or March. Assistant Director, Salvador Najarro, is leading the effort with a host of employees from every area of the department.
- CAHSD continues to deliver services to the elderly via the Elderly and Disability Services Bureau team. CAHSD is looking at strategies that staff can use to improve senior engagement by utilizing technology. Additionally, through a collaborative effort, the department has been able to serve close to 800,000 meals to seniors that are receiving services in the department's programs.
- With Miami Dade County Public Schools reopening, the Head Start/Early Head Start team was assigned to monitor classrooms to ensure that they met the County's and the program's re-opening standards. Initial visits were made this past weekend, and in some instances, staff provided technical assistance and conducted second visits. 46 visits were conducted.

VI. OTHER NEWS/BUSINESS

- **N/A**

VII. ANNOUNCEMENTS

- Chairwoman Dr. Price appointed Dr. Cathia Darling to serve as an At-Large member to the CAA Executive Committee. Dr. Price also encouraged Board members to join a Standing Committee of their choosing, and lastly Dr. Price announced that October is National Breast Cancer Awareness month, Domestic Violence Month, and Ministerial Appreciation Month.
- Ms. Holder informed the Board that the next set of meetings might have to take place in person, as the Governor's Executive Order allowing virtual meetings expires on November 1, 2020. Staff are working on finding and securing space for the meetings that is centrally located, has parking, and provides sufficient space for social distancing.
- Ms. Marjorie York announced that Catalyst Miami is in the process of planning the Poverty Solutions Summit, which will take place in the first week of February 2021.

VIII. ADJOURNMENT

Adjournment	**Dr. Price asked for a motion to adjourn, which was moved by Mr. Canty and seconded by Mr. Williams. The motion passed unanimously, and the meeting was adjourned at approximately 5:52 PM.**	**N/A**
NEXT MEETING DATE	**November 9, 2020 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

CAA BOARD MEETING MINUTES

Meeting Date: Monday, November 8, 2021 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chairperson	**P**	**Regina Grace, 1st Vice Chair**	**P**	**Derrick Williams, 2nd Vice Chair**	**P**
Natalie Robinson-Bruner, Assistant Secretary, present via Zoom	**P**	**Dr. Michael G. Fresco Sr., Treasurer**	**P**	Alvin W. Roberts, Parliamentarian	**EX**
Twaquilla Eatman, Policy Council Chairperson	**A**	**Marjorie York, At-Large Member**	**P**	**Dr. Cathia Darling, At-Large Member**	**P**
Dr. William Zubkoff, Former Chairperson	**P**	Elaine Adderly	**A**	**Horacio Aguirre**	**P**
Deena Albelto	**EX**	Countess Balogun	**A**	Elizabeth Berenguer	**A**
Dr. Santarvis Brown, present via Zoom	**P**	Janie F. Centeno	**A**	**Tiffany C. Crapp**	**P**
Luis DeRosa	**A**	Carol A. Gardner	**A**	**Dorothy Johnson**	**P**
Gloria Joseph	**A**	Marissa Lindsey	**EX**	Dr. Melissa Noya	**EX**
Leah Shadle	**A**	Kelly Valle	**A**	**Larry Williams**	**P**
*** Thirteen (13) Committee Members. With only 11 members physically present, quorum was not established.**					
P = Present (13)		**E = Excused (4)**		**A = Absent (10)**	

Attendance – Staff/Visitors		
Sal Najarro, Assistant Director	Letah Parrish, FCSD Administrator	Matias Buchhalter, Staff
Alton Sears, Staff	Brenda Williams, Fiscal Administrator HS/ES	Jessica Mejia, Staff
Cassandra Alexander, Staff	Rick Signori, CAHSD Fiscal Director	
Eight (8) staff/visitors in attendance		

CALL TO ORDER		**ACTION NEEDED/TAKEN**
Call to Order **Inspirational Message** **CAA Mission Statement**	CAA Board Chairwoman, Dr. Joyce Price, welcomed everyone to the November CAA Board meeting at approximately 4:05 P.M.	**N/A**
I. CHAIRPERSON UPDATES/REPORTS		**ACTION NEEDED/TAKEN**
Updates: CAA Board Members	1. Luis DeRosa was elected to the CAA Board to represent the Wynwood Target Area effective 9-2-2020. 2. Commissioner Dorothy Johnson resigned from the CAA Board, effective 11-12-2020. 3. Zelalem Adefris resigned from the CAA Board, effective 12-9-2020. 4. Tiffany B. Crapp was appointed to the CAA Board as the Miami-Dade County Mayor's designee effective January 11, 2021.	**Action Taken: Staff has been informed of the request by the CAA Board and will provide a report at the deadline provided.**

	5. Leah Shadle was appointed to the CAA Board by Commissioner Higgins, effective February 2, 2021. Updates on the Executive Committee: 1. Regina Grace succeeds to 1st Vice Chair, and Derrick Williams succeeds to 2nd Vice Chair. 2. The 3rd Vice Chair position is vacant and the date of elections for the 3rd Vice Chair are to be determined. **Dr. Price requested that staff poll the full membership of the Board and the CACs, to understand each Board members intentions and commitment to the Board, and to provide a report of the outcomes to present to the board by November 19th, 2021.**	
II. REASONABLE OPPORTUNITY TO BE HEARD		**ACTION NEEDED/TAKEN**
• No requests were received.		**N/A**
III. COMMITTEE REPORTS/ACTION ITEMS		**ACTION NEEDED/TAKEN**
• **N/A**		**N/A**
IV. DIRECTOR'S REPORT/DEPARMENTAL UPDATES		
• **N/A**		
VI. OTHER NEWS/BUSINESS		
• **Mr. Horacio Aguirre, asked staff if there were any pressing issues to discuss or present to the CAA Board. Mr. Najarro instructed Mr. Aguirre, and the Board, to review the department's Business Plan, and the results of the most recent County Single Audit of which are included in their Board meeting package.**		
VII. ANNOUNCEMENTS		
• **N/A**		
VIII. ADJOURNMENT		
Adjournment	**Dr. Price adjourned the meeting at approximately 4:46 PM.**	**N/A**
NEXT MEETING DATE	**December 13, 2021 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

CAA BOARD MEETING MINUTES

Meeting Date: Monday, December 13, 2021 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chairperson	**P**	**Regina Grace, 1st Vice Chair**	**P**	**Derrick Williams, 2nd Vice Chair**	**P**
Natalie Robinson-Bruner, Assistant Secretary	**A**	**Dr. Michael G. Fresco Sr., Treasurer**	**P**	**Alvin W. Roberts, Parliamentarian**	**P**
Twaquilla Eatman, Policy Council Chairperson	**EX**	**Marjorie York, At-Large Member**	**P**	**Dr. Cathia Darling, At-Large Member**	**P**
Dr. William Zubkoff, Former Chairperson	**P**	Elaine Adderly	**EX**	**Horacio Aguirre**	**P**
Deena Albelto	**EX**	Countess Balogun	**A**	Elizabeth Berenguer	**A**
Dr. Santarvis Brown	**P**	Janie F. Centeno	**A**	Tiffany C. Crapp	**EX**
Luis DeRosa	**A**	Carol A. Gardner	**A**	Dorothy Johnson	**EX**
Gloria Joseph	**EX**	Marissa Lindsey	**EX**	**Dr. Melissa Noya, present via Zoom**	**P**
Leah Shadle	**P**	Kelly Valle	**A**	**Larry Williams**	**P**

*** Thirteen (13) Committee Members. With only 12 members physically present, quorum was not established.**

P = Present (13) **E = Excused (7)** **A = Absent (7)**

Attendance – Staff/Visitors		
Sal Najarro, Assistant Director	Letah Parrish, FCSD Administrator	Matias Buchhalter, Staff
Sonia J. Grice, CAHSD Department Director	Brenda Williams, Fiscal Administrator HS/EHS	Dr. Maria "Maite" Riestra, HS/EHS Director
Cassandra Alexander, Staff	Rick Signori, CAHSD Fiscal Director	Wanda Walker, FCSD Director

Nine (9) staff/visitors in attendance

CALL TO ORDER		**ACTION NEEDED/TAKEN**
Call to Order **Inspirational Message** **CAA Mission Statement**	CAA Board Chairwoman, Dr. Joyce Price, welcomed everyone to the December CAA Board meeting at approximately 4:16 P.M. Mr. Derrick Williams provided the inspirational message and Dr. Cathia Darling read the CAA mission statement.	**N/A**
I. CHAIRPERSON UPDATES/REPORTS		**ACTION NEEDED/TAKEN**
Updates: CAA Board Members	• Mr. Alexander Chenault resigned from the CAA Board, effective 11-3-21 • Ms. Charlotte Cassel resigned from the CAA Board, effective 11-4-21 • Through Dr. Price, Ms. Leah Shadle introduced herself to the CAA Board.	**N/A**
II. REASONABLE OPPORTUNITY TO BE HEARD		**ACTION NEEDED/TAKEN**
• No requests were received.		**N/A**
III. COMMITTEE REPORTS/ACTION ITEMS		**ACTION NEEDED/TAKEN**

• **N/A**		**N/A**
IV. DIRECTOR'S REPORT/DEPARMENTAL UPDATES		
• **N/A**		
VI. OTHER NEWS/BUSINESS		
• **N/A**		
VII. ANNOUNCEMENTS		
• Mr. Alvin W. Roberts announced to the CAA Board that Allapattah CAC member, Mr. Thomas Yarosz was named the 2021 National Vietnam Veteran of the Year. In addition, Mr. Yarosz was recognized by the City of Miami's Mayor, and by Congresswoman Federica S. Wilson as well.		
VIII. ADJOURNMENT		
Adjournment	**Dr. Price adjourned the meeting at approximately 4:46 PM.**	**N/A**
NEXT MEETING DATE	**December 13, 2021 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

JOINT FINANCE, AND EXECUTIVE COMMITTEE MEETING MINUTES

Meeting Date: Monday, October 5, 2020 @ 3:00 PM

Attendance					
Dr. Joyce Price, Chair	**P**	**Commissioner Dorothy Johnson, 1st Vice Chair**	**P**	**Regina Grace, 2nd Vice Chair**	**P**
Derrick Williams, 3rd Vice Chair	**P**	**Sharon Frazier-Stephens, Secretary**	**P**	Natalie Robinson-Bruner, Assistant Secretary	**E**
Dr. Michael G. Fresco Sr., Treasurer	**P**	**Alvin W. Roberts, Parliamentarian**	**P**	**Twaquilla Eatman, Policy Council Chairperson**	**P**
Marjorie York, At-Large Member	**P**	**Dr. William Zubkoff, Former Chairperson**	**P**		

*** (10) Committee Members. Quorum was established.**

P = Present (10) **E = Excused (1)** **A = Absent (0)**

Attendance – Board Members/Staff/Visitors		
Annika S. Holder, Interim Department Director	Dr. Maria "Maite" Riestra, HS/EHS Director	Matias Buchhalter, Staff
Nasif Alshaier, Staff	Brenda Williams, Fiscal Administrator HS/EHS	Alton Sears, Staff
Salvador Najarro, Assistant Director	Wanda Walker, FCSD Director	Rick Signori, CAHSD Fiscal Director
Aleah Smith, Staff	Jessica Mejia, Visitor	Cassandra Alexander, Staff
Marie France Nicolas, Former Policy Council Chairperson		

Thirteen (13) staff/visitors in attendance

CALL TO ORDER		**ACTION NEEDED/TAKEN**
Call to Order	Commissioner Dorothy Johnson, 1st Vice Chair and Chair of the Executive Committee, called the Joint Finance, and Executive Committee meeting to order at approximately 3:07 p.m. Comm. Johnson provided the inspirational message, followed by the reciting of the mission statement.	**N/A**
I. CHAIRPERSON COMMENTS		**ACTION NEEDED/TAKEN**
a. Adoption of the Agenda	**Comm. Johnson asked for a motion for the adoption of the Agenda which was moved by Dr. Joyce Price and seconded by Mr. Derrick Williams. Motion passed unanimously.**	**N/A**

Executive Committee: **a. Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – September 14, 2020**	**Comm. Johnson asked for a motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from September 14, 2020 which was moved by Mr. Williams, and seconded by Dr. William Zubkoff. Motion passed unanimously.**	**N/A**
II. COMMITTEE REPORTS/ACTION ITEMS		**ACTION NEEDED/TAKEN**
1. Advocacy Committee	No report was presented by the Advocacy Committee.	**N/A**
2. Youth Initiatives Committee	No report was presented by the Youth Initiatives Committee	**N/A**
3. Finance & Resource Development Committee **a. CAHSD Financial Statement – August 2020**	At Comm. Johnson's request, Rick Signori, CAHSD Fiscal Director, presented the CAHSD Financial Statement for August 2020. The Community Action and Human Services Department FY 2019-20 Adopted Budget is $142,198,000. By subtracting the Budgets of the Head Start/ Early Head Start, Summer Meals, and the Greater Miami Service Corp, the total Adopted Budget for the remaining programs is $62,898,000. The Year-To-Date expense through the month of August 2020 for these programs is $60,932,270 or 97% of Budget. **Comm. Johnson asked for a motion to approve and accept the CAHSD Financial Statement for August 2020 which was moved by Dr. Michael G. Fresco Sr., and seconded by Ms. Regina Grace. Motion passed unanimously.**	**N/A**
4. Head Start/Early Head Start Policy Council Chair's Report	At Comm. Johnson's request, the newly elected Head Start/Early Head Start Policy Council Chairperson, Twaquilla Eatman, presented the Chairperson's Report. **Comm. Johnson asked for a motion to approve and accept the Head Start/Early Head Start Policy Council Chairperson's Report which was moved by Ms. Eatman and seconded by Dr. Price. Motion passed unanimously.**	**N/A**
a. 2020-2021 EHS-CCP Self-Assessment Plan	At Comm. Johnson's request, Dr. Maria "Maite" Riestra, Head Start/Early Head Start Director, presented the Early Head Start Expansion-Early Head Start Child Care Partnership Self-Assessment Plan. The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and areas of improvement. The Self-Assessment Plan also reviews goals and objectives to determine if they were met. **Comm. Johnson asked for a motion to approve and accept the 2020-2021 EHS-CCP Self-Assessment Plan which was moved by Ms. Grace and seconded by Mr. Williams. Motion passed unanimously.**	**N/A**
b. Financial Reports for August 31, 2020 **1. HS-EHS Financial Statement August 2020**	At Comm. Johnson's request, Brenda Williams, Head Start/Early Head Start Fiscal Administrator, presented the HS-EHS Financial Statement for August 2020 PY 2019-20. The financial report for the	**N/A**

PY 2019-20	Head Start/Early Start program through August 31, 2020 includes the budgeted amount of $62,215,754 and actual expenditures of $54,528,931 and outstanding invoices in process of approximately $5,061,780. The current funds utilization rate is 95.78%. **Comm. Johnson asked for a motion to approve and accept the HS-EHS Financial Statement for August 2020 PY 2019-20 which was moved by Dr. Fresco Sr., and seconded by Mr. Alvin W. Roberts, followed by discussion. Motion passed unanimously.**	
2. EHS-CCP Financial Statement August 2020 PY 2019-20	At Comm. Johnson's request, Ms. Williams presented the EHS-CCP Financial Statement for August 2020 PY 2019-20. The financial report for the Childcare Partnership program through August 31, 2020 includes the budgeted amount of $3,323,219 and actual expenditures of $2,969,193 and invoices in process of approximately $156,658. The current funds utilization rate is 94.06%. **Comm. Johnson asked for a motion to approve and accept the EHS-CCP Financial Statement for August 2020 PY 2019-20 which was moved by Dr. Fresco Sr., and seconded by Ms. Grace, followed by discussion. Motion passed unanimously.**	**N/A**
3. The Combination Expansion Early Head Start-Child Care Partnership Financial Statement August PY 2020-21	At Comm. Johnson's request, Mr. Rick Signori, CAHSD Fiscal Director, presented the Combination–Expansion Early Head Start-Child Care Partnership Program Financial Statement for August 2020 PY 2020-21. The financial report for the Combination–Expansion Early Head Start-Child Care Partnership program through August 31, 2020 includes the budgeted amount of $7,962,956 and actual expenditures of $2,294,101 and estimated invoices of approximately $326,831. The current funds utilization rate is 32.92%. **Comm. Johnson asked for a motion to approve and accept the Combination–Expansion Early Head Start-Child Care Partnership Program Financial Statement for August 2020 PY 2020-21 which was moved by Dr. Fresco Sr., and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**
c. Revised Nutrition Policies and Procedures	At Comm. Johnson's request, Dr. Riestra presented the Revised Nutrition Policies and Procedures. The Nutrition Policies and Procedures were revised to include procedures due to COVID-19, followed by discussion. **Comm. Johnson asked for a motion to approve and accept the Revised Nutrition Policies and Procedures which was moved by Dr. Fresco Sr., and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**
d. Revised Mental Health Policies and Procedures	At Comm. Johnson's request, Dr. Riestra presented the Revised Mental Health Policies and Procedures. The Mental Health Policies and Procedures were	**N/A**

	revised to clarify consultation procedures and processes due to COVID-19, followed by discussion. **Comm. Johnson asked for a motion to approve and accept the Revised Mental Health Policies and Procedures which was moved by Dr. Zubkoff and seconded by Ms. Grace. Motion passed unanimously.**	
e. Reduction of Early Head Start Operating Hours	At Comm. Johnson's request, Dr. Riestra presented the Reduction of Early Head Start Operating Hours. The program is recommending to the Office of Head Start to reduce the Early Head Start operating hours from 10 hours a day to 8½ hours a day. This reduction allows time for teachers to properly sanitize toys and materials at the end of each day without children present, followed by discussion. **Comm. Johnson asked for a motion to approve and accept the Reduction of Early Head Start Operating Hours which was moved by Dr. Fresco Sr., and seconded by Mr. Williams. Motion passed unanimously.**	**N/A**
III. DIRECTOR'S REPORTS/DEPARTMENTALL UPDATES—INFORMATIONAL		
No Director's report was provided during the CAA Joint Finance, and Executive Committee Meeting. The report was deferred to the CAA Board Meeting.		
IV. REASONABLE OPPORTUNITY TO BE HEARD		
• **No requests received.**		
V. OTHER/NEW BUSINESS		
• **N/A**		
VI. ANNOUNCEMENTS		
• **N/A**		
VII. ADJOURNMENT		
Adjournment	**Comm. Johnson adjourned the meeting at approximately 3:55 p.m.**	**N/A**
NEXT MEETING DATE	**Monday, November 2, 2020 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

CAA EXECUTIVE COMMITTEE SPECIAL CALL MEETING MINUTES

Meeting Date: THRUSDAY OCTOBER 29, 2020 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chair	**P**	Commissioner Dorothy Johnson	**EX**	**Regina Grace**	**P**
Derrick Williams	**P**	**Sharon Frazier-Stephens**	**P**	**Natalie Robinson-Bruner**	**P**
Dr. Michael G. Fresco, Sr.	**P**	**Alvin W. Roberts**	**P**	**Twaquilla Eatman**	**P**
Marjorie York	**P**	Dr. Cathia Darling	**EX**	**Dr. William Zubkoff**	**P**

*** (10) Committee Members. Quorum was established.**

P = Present (10) **E = Excused (2)** **A = Absent (0)**

Attendance – Board Members/Staff/Visitors		
Aleah Smith, Staff	Dr. Maria Riestra, HS/EHS Director	Matias Buchhalter, Staff
Brenda Williams, Fiscal Administrator HS/ES	Cassandra Alexander, Staff	Mary Reeves, Visitor

Six (6) staff/visitors in attendance

CALL TO ORDER		**ACTION NEEDED/TAKEN**
Call to Order	2nd Vice Chair, Ms. Regina Grace called the CAA Executive Committee Special Call meeting to order at approximately 4:06 p.m. and provided the inspirational message.	**N/A**
I. CHAIRPERSON COMMENTS		**ACTION NEEDED/TAKEN**
A. Adoption of the Agenda	**Ms. Grace asked for a motion for the adoption of the agenda which was moved by Dr. Michael G. Fresco, Sr. and seconded by Mr. Alvin W. Roberts. Motion passed unanimously.**	**N/A**
II. REASONABLE OPPORTUNITY TO BE HEARD		
• **No requests received.**		
III. ACTION ITEMS		**ACTION NEEDED/TAKEN**
1. Head Start/Early Head Start Policy Council Recommendation to Approve and Accept:	At Ms. Grace's request, Early Head Start Special Projects Administrator, Cassandra Alexander, presented the 2020-2021 Early Head Start Expansion-Child Care Partnership Self- Assessment Report. The Self-Assessment Report examines data collected throughout the program year. It focuses on	**N/A**

a. 2020-2021 EHS Expansion-CCP Self-Assessment Report	how to serve the Early Head Start children and families better, where the program is at risk, and how the division can improve operations, followed by discussion. **Ms. Grace asked for a motion to approve and accept the 2020-2021 Early Head Start Expansion-Child Care Partnership Self-Assessment Report which was moved by Dr. Fresco, Sr. and seconded by Ms. Marjorie York. Motion passed unanimously.**	
b. 2020-2021 EHS Expansion-CCP Program Improvement Plan	At Ms. Grace's request, Ms. Alexander presented the 2020-2021 EHS Expansion-CCP Program Improvement Plan. The 2020-2021 Early Head Start Expansion-Child Care Partnership Program Improvement Plan identifies areas of improvement and outlines action steps, responsibilities, and timelines, followed by discussion. **Ms. Grace asked for a motion to approve and accept the 2020-2021 EHS Expansion-CCP Program Improvement Plan which was moved by Ms. Sharon Frazier-Stephens and seconded by Mr. Roberts. Motion passed unanimously.**	**N/A**
c. 2020-2021 EHS Expansion-CCP Training and Technical Assistance Plan	At Ms. Grace's request, Ms. Alexander presented the 2020-2021 EHS Expansion-CCP Training and Technical Assistance Plan. The 2021-2022 Early Head Start Expansion-Child Care Partnership Training and Technical Assistance Plan uses a systematic and comprehensive approach to identify training needs. Each year, program staff analyze program data and mandates to guide the process of identifying systemic or program-wide weaknesses and areas for potential growth, followed by discussion. **Ms. Grace asked for a motion to approve and accept the 2020-2021 EHS Expansion-CCP Training and Technical Assistance Plan which was moved by Dr. William Zubkoff and seconded by Ms. Frazier-Stephens. Motion passed unanimously.**	**N/A**
d. 2021-2022 EHS Expansion-CCP Grant Budget	At Ms. Grace's request, Head Start/Early Head Start Fiscal Administrator, Brenda Williams, presented the 2021-2022 Early Head Start Expansion –CCP – Grant Budget. The Combination Early Head Start Expansion and Early Head Start Child Care Partnership Program's grant totals $8,320,363 and will serve 552 Early Head Start children and families for the program year 2021-2022. Additionally, the Community Action and Human Services Department Combination Expansion Early Head Start-Child Care Partnership Program grant will be entering the third year of a five year Project Period beginning on 03/01/2021 through 02/28/2022, followed by discussion. **Ms. Grace asked for a motion to approve and accept the 2020-2021 Early Head Start Expansion –CCP – Grant Budget which was moved by Dr. Fresco, Sr. and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**

VII. ADJOURNMENT		
Adjournment	**Dr. Price asked for a motion to adjourn the meeting, which was moved by Mr. Roberts, and seconded by Dr. Zubkoff. Motion passed unanimously. Dr. Price adjourned the meeting at approximately 4:36 PM**	**N/A**
NEXT MEETING DATE	**Monday, November 2, 2020 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

CAA JOINT FINANCE AND EXECUTIVE COMMITTEE MEETING MINUTES

Meeting Date: MONDAY, JANUARY 4, 2021 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chair (Attended meeting remotely via Zoom)	**P**	**Regina Grace (Attended meeting remotely via Zoom)**		**Derrick Williams**	**P**
Sharon Frazier-Stephens	**P**	**Natalie Robinson-Bruner (Attended meeting remotely via Zoom)**	**P**	**Dr. Michael G. Fresco, Sr.**	**P**
Alvin W. Roberts	**P**	**Twaquilla Eatman**	**P**	**Marjorie York**	**P**
Dr. Cathia Darling	**P**	**Dr. William Zubkoff (Attended meeting remotely via Zoom)**	**P**		

*** (11) Committee Members. Quorum was established with (7) members physically present for the meeting.**

P = Present (11) **E = Excused (0)** **A = Absent (0)**

Attendance – Board Members/Staff/Visitors		
Annika S. Holder, Interim Department Director	Dr. Maria "Maite" Riestra-Quintero, HS/EHS Director	Matias Buchhalter, Staf
Brenda Williams, Fiscal Administrator HS/ES	Cassandra Alexander, Staff	Letah Parrish, Staff
Nasif Alshaier, Staff	Rick Signori, CAHSD Fiscal Director	Aleah Smith, Staf
Debbie Dorsett, Greater Miami Service Corp Division Director	Sal Najarro, Assistant Director	Latavea Johnson, Staff
Sandra Sandakow, RSD Division Director	Sabrina Tassy-Lewis, Staff	Karen Alexander, HR Division Director
Corey Jones, Energy and Transportation Division Director	Alton Sears, Staff	Wanda Walker, Family and Community Services Division Director
Jessica Mejia, Staff	Tiffany Amrich, Staff	Brad Skinner, Staff
Mary Reeves, Visitor	Gloria Joseph, CAA Board Member	

Twenty-three (23) staff/visitors in attendance

CALL TO ORDER		ACTION NEEDED/TAKEN
Call to Order	1st Vice Chair, Ms. Regina Grace called the CAA Joint Finance and Executive Committee meeting to order at	**N/A**

	approximately 4:16 p.m. and provided the inspirational message.	
I. CHAIRPERSON COMMENTS		**ACTION NEEDED/TAKEN**
Update on CAA Board Members:	**Mr. Luis DeRosa was elected to the CAA Board to represent the Wynwood Target Area effective 9-2-2020.** **Commissioner Dorothy Johnson resigned from the CAA Board, effective 11-12-2020.** **Ms. Zelalem Adefris resigned from the CAA Board, effective 12-9-2020.**	**N/A**
Updates on the Executive Committee:	**Regina Grace succeeds to 1st Vice Chair, and Derrick Williams succeeds to 2nd Vice Chair. The 3rd Vice Chair position is vacant and the date of elections for the 3rd Vice Chair are to be determined.**	**N/A**
A. Adoption of the Agenda	**Ms. Grace asked for a motion for the adoption of the agenda which was moved by Dr. Joyce Price and seconded by Mr. Alvin W. Roberts. Motion passed unanimously.**	**N/A**
B. Recommendation: Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – October 5, 2020	**Ms. Grace asked for a motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from October 5, 2020 which was moved by Dr. Price, and Dr. Michael G. Fresco, Sr. Motion passed unanimously.**	**ACTION TAKEN:** Matias Buchhalter, Staff, has corrected the 10/5/2020 Joint Finance and Executive Committee Meeting Minutes with the edits provided by Dr. Fresco to reflect the question he made during the passage of agenda item 2A4b2 on page 7 of the package.
C. Recommendation: Approval to Accept the Special Call Meeting Minutes – October 29, 2020	**Ms. Grace asked for a motion to approve and accept the Special Call Meeting Minutes from October 29, 2020 which was moved by Mr. Williams and Ms. Marjorie York. Motion passed unanimously.**	**N/A**
II. REASONABLE OPPORTUNITY TO BE HEARD		
• **No requests received.**		
III. ACTION ITEMS		**ACTION NEEDED/TAKEN**
1. Advocacy Committee	At Ms. Grace's request, Mr. Alvin W. Roberts presented the Advocacy Committee Meeting Minutes	

a. Recommendation: Approval to Accept the Advocacy Committee Meeting Minutes – February 24, 2020	from February 24, 2020. **Ms. Grace asked for a motion to approve and accept the Advocacy Committee Meeting Minutes from February 24, 2020 which was moved by Dr. Price and seconded by Dr. William Zubkoff. Motion passed with Ms. Sharon Frazier-Stephens voting in opposition of the item.**	**N/A**
b. Recommendation: Approval to Accept the Advocacy Committee Meeting Minutes – September 28, 2020	At Ms. Grace's request, Mr. Roberts presented the Advocacy Committee Meeting Minutes from September 28, 2020. **Ms. Grace asked for a motion to approve and accept the Advocacy Committee Meeting Minutes from September 28, 2020 which was moved by Dr. Zubkoff and seconded by Dr. Price. Motion passed unanimously.**	**ACTION TAKEN:** Matias Buchhalter, Staff, has corrected the date of the minutes to reflect the correct date of the meeting which is September 28, 2020.
2. Education Sub-Committee **a. Recommendation: Approval to Accept the Education Sub-Committee Meeting Minutes – February 13, 2020**	At Ms. Grace's request, Mr. Williams presented the Education Sub-Committee Meeting Minutes from February 13, 2020. **Ms. Grace asked for a motion to approve and accept the Education Sub-Committee Meeting Minutes from February 13, 2020 which was moved by Derrick Mr. Williams and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
3. Head Start/ Early Head Start Policy Council Chairperson's Report for October	At Ms. Grace's request, Head Start/Early Head Start Policy Chairperson, Ms. Twaquilla Eatman, presented the Head Start/ Early Head Start Policy Council Chairperson's Report for October, followed by discussion. **Ms. Grace asked for a motion to approve and accept the Head Start/ Early Head Start Policy Council Chairperson's Report for October which was moved by Dr. Zubkoff and seconded by Dr. Price. Motion passed unanimously.**	**N/A**
3. Head Start/ Early Head Start Policy Council Chairperson's Report for November	At Ms. Grace's request, Head Start/Early Head Start Policy Chairperson, Ms. Eatman, presented the Head Start/ Early Head Start Policy Council Chairperson's Report for November, followed by discussion. **Ms. Grace asked for a motion to approve and accept the Head Start/ Early Head Start Policy Council Chairperson's Report for November which was moved by Dr. Fresco and seconded by Dr. Price. Motion passed unanimously.**	**N/A**
***Recommendation: Approval to Accept:** **a. 2020-2021 Head Start/Early Head Start Self-Assessment Plan**	At Ms. Grace's request, Dr. Maria "Maite" Riestra-Quintero, Head Start/Early Head Start Director, presented the 2020-2021 Head Start/Early Head Start Self-Assessment Plan. The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and	**N/A**

	areas of improvement. Programs also review goals and objectives to determine if they were met. **Ms. Grace asked for a motion to approve and accept the 2020-2021 Head Start/Early Head Start Self-Assessment Plan which was moved by Dr. Fresco Sr., and seconded by Mr. Roberts. Motion passed unanimously.**	
b. 2020-2021 Early Head Start-Child Care Partnership Self-Assessment Plan	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented 2020-2021 Early Head Start-Child Care Partnership Self-Assessment Plan The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and areas of improvement. The assessment also reviews goals and objectives to determine if they were met. **Ms. Grace asked for a motion to approve and accept the 2020-2021 Early Head Start-Child Care Partnership Self-Assessment Plan which was moved by Dr. Darling and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
c. Financial Reports for August 31, 2020 **1. HS/EHS Planning and Budget Report PY 2020-2021**	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the August Head Start/Early Head Start Planning and Budget Report for PY 2020-2021. The financial report for the Head Start/Early Head Start program through August 31, 2020 includes the budgeted amount of $62,056,286 and actual expenditures of $1,284,442 and outstanding invoices in process of approximately $1,095,666. The current funds utilization rate is 3.84%. **Ms. Grace asked for a motion to approve and accept the August Head Start/Early Head Start Planning and Budget Report for PY 2020-2021 which was moved by Dr. Darling and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
2. HS/EHS One Time Activities COVID-19 Report for PY 2019-2020	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the August Head Start/ Early Head Start One Time Activities COVID-19 Report for PY 2019-2020. The financial report for the Head Start/Early Head Start program through August 31, 2020 includes the budgeted amount of $5,937,224 and actual expenditures of $8,015. Outstanding invoices in process of approximately $207,072. The current funds utilization rate is 3.63%. **Ms. Grace asked for a motion to approve and accept the August Head Start/ Early Head Start One Time Activities COVID-19 Report for PY 2019-2020 which was moved by Dr. Zubkoff and seconded by Dr. Darling. Motion passed unanimously.**	**N/A**
3. EHS-CCP Planning and Budget Report PY 2020-2021	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the August EHS-CCP Planning and Budget Report for PY 2020-2021. The financial report for the Childcare Partnership	**N/A**

	program through August 31, 2020 includes the budgeted amount of $3,323,219 and actual expenditures of $40,208 and invoices in process of approximately $195,203. The current funds utilization rate is 7.03%. **Ms. Grace asked for a motion to approve and accept the August EHS-CCP Planning and Budget Report for PY 2020-2021 which was moved by Dr. Zubkoff and seconded by Dr. Fresco. Motion passed unanimously.**	
4. EHS-CCP One Time Activities COVID-19 PY 2019-2020	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the August EHS-CCP One Time Activities COVID-19 for PY 2019-2020. The financial report for the Childcare Partnership program through august 31, 2020 includes the budgeted amount of $210,914 and actual expenditures of $0.00 and invoices in process of approximately $2,197. The current funds utilization rate is 0.00%. **Ms. Grace asked for a motion to approve and accept the August EHS-CCP One Time Activities COVID-19 for PY 2019-2020 which was moved by Dr. Zubkoff and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
d. Financial Reports for September 30, 2020 **1. HS/EHS Planning and Budget Report PY 2019-2020**	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September HS/EHS Planning and Budget Report for PY 2019-2020. The financial report for the Head Start/Early Head Start program through September 30, 2020 pertains to the 12th month of the 12th month contract year. This includes the budgeted amount of $62,215,754 and actual expenditures of $57,363,267 and invoices in process of approximately $3,876,968.62. The current funds utilization rate is 98.44%. **Ms. Grace asked for a motion to approve and accept the September HS/EHS Planning and Budget Report for PY 2019-2020 which was moved by Dr. Fresco and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**
2. HS/EHS One Time Activities COVID-19 Report for PY 2019-2020	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September HS/EHS One Time Activities COVID-19 Report for PY 2019-2020. The financial report for the Head Start/Early Head Start program through September 30, 2020 includes the budgeted amount of $5,937,224* and actual expenditures of $378,566. Outstanding invoices in Process of approximately $74,604. The current funds utilization rate is 7.64%. **Ms. Grace asked for a motion to approve and accept the September HS/EHS One Time Activities COVID-19 Report for PY 2019-2020 which was moved by Dr. Darling and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**

3. HS/EHS Planning and Budget Report PY 2020-2021	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September HS/EHS Planning and Budget Report for PY 2020-2021. The financial report for the Head Start/Early Head Start program through September 30, 2020 pertains to the 2nd month of the 12th month contract year. This includes the budgeted amount of $62,056,286 and actual expenditures of $4,033,649. Outstanding invoices in process of approximately $2,798,204. **Ms. Grace asked for a motion to approve and accept the September HS/EHS Planning and Budget Report for PY 2020-2021 which was moved by Mr. Williams and seconded by Dr. Darling. Motion passed unanimously.**	**N/A**
4. EHS-CCP Planning and Budget Report PY 2019-2020	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September EHS-CCP Planning and Budget Report for PY 2019-2020. The financial report for the Childcare Partnership program through September 30, 2020 pertains to the 12th month of the 12th month contract year. This includes the budgeted amount of $3,323,219 and actual expenditures of $3,282,344 and invoices in process of approximately $40,875. **Ms. Grace asked for a motion to approve and accept September EHS-CCP Planning and Budget Report for PY 2019-2020 which was moved by Dr. Fresco and seconded by Dr. Price. Motion passed unanimously.**	**N/A**
5. EHS-CCP One Time Activities COVID-19 Report for PY 2019-2020	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September EHS-CCP One Time Activities COVID-19 Report for PY 2019-2020. The financial report for the Childcare Partnership program through September 30, 2020 includes the Budgeted amount of $210,914* and actual expenditures of $2,197 and invoices in process of approximately $6,170. The current funds utilization rate is 3.98%, followed by discussion. **Ms. Grace asked for a motion to approve and accept the September EHS-CCP One Time Activities COVID-19 Report for PY 2019-2020 which was moved by Dr. Fresco and seconded by Mr. Williams. Motion passed unanimously.**	**N/A**
6. EHS-CCP Planning and Budget Report PY 2020-2021	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September EHS-CCP Planning and Budget Report for PY 2020-21. The financial report for the Childcare Partnership program through September 30, 2020 pertains to the 2nd month of the 12th month contract year. This includes the budgeted amount of $3,323,219 and actual expenditures of $309,597 and invoices in process of approximately $88,261. The current funds utilization rate is 11.98%. **Ms. Grace asked for a motion to approve and accept the September EHS-CCP Planning and Budget Report for PY 2020-21**	**N/A**

	which was moved by Dr. Fresco and seconded by Mr. Williams. Motion passed unanimously.	
7. Combination – Expansion EHS-CCP One Time Activities COVID-19 PY 2020-21	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September Combination – Expansion EHS-CCP One Time Activities COVID-19 for PY 2020-21. The financial report for the Combination – Expansion Early Head start-Child Care Partnership Program through September 30, 2020 includes the budgeted amount of $485,102* and actual expenditures of $15,461 and estimated invoices of approximately $15,403. **Ms. Grace asked for a motion to approve and accept the September Combination – Expansion EHS-CCP One Time Activities COVID-19 for PY 2020-21 which was moved by Dr. Fresco and seconded by Dr. Darling. Motion passed unanimously.**	**N/A**
8. Combination – Expansion EHS-CCP Planning and Budget Report PY 2020-21	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the September Combination – Expansion EHS-CCP Planning and Budget Report for PY 2020-21. The financial report for the Combination – Expansion Early Head Start-Child Care Partnership Program through September 30, 2020 pertains to the 7th month of the 12th month contract year. This includes the budgeted amount of $7,962,956 and actual expenditures of $3,177,668 and invoices in process of approximately $576,702. The current funds utilization rate is 47.15%. **Ms. Grace asked for a motion to approve and accept the September Combination – Expansion EHS-CCP Planning and Budget Report for PY 2020-21 which was moved by Dr. Darling and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
f. 2020-2021 Parent Activity Fund Guidelines	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the 2020-2021 Parent Activity Fund Guidelines. The 2020-2021 Parent Activity Fund Guidelines outline the purpose, procedures, eligible activities and application to apply for the Parent Activity Fund. Centers are allotted $7.00 per child for parents to plan an educational activity for parents only. **Ms. Grace asked for a motion to approve and accept 2020-2021 Parent Activity Fund Guidelines which was moved by Mr. Williams and seconded by Dr. Fresco. Motion passed unanimously.**	**N/A**
h. Head Start/Early Head Start Program's Proposed Carryover Balance	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the Head Start/Early Head Start Program's Proposed Carryover Balance. The Community Action and Human Services Department Head Start/ Early Head Start Program Proposed Carryover Balance of $640,590 for Program Year 2019-2020 is being submitted to the Regional Office for approval to carryover the funds to Program Year 2020-2021 so that the funds may be fully utilized for COVID-19 related activities. **Ms. Grace**	**N/A**

	asked for a motion to approve and accept the Head Start/Early Head Start Program's Proposed Carryover Balance which was moved by Dr. Zubkoff and seconded by Dr. Fresco. Motion passed unanimously.	
i. Head Start/Early Head Start Program's COVID-19 Proposed Carryover Balance	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the Head Start/Early Head Start Program's COVID-19 Proposed Carryover Balance. The Community Action and Human Services Department Head Start/ Early Head Start Program COVID-19 Proposed Carryover Balance of $5,937,224 for Program Year 2019- 2020 is being submitted to the Regional Office for approval of the carryover of funds to Program Year 2020-2021 so that the funds may be fully utilized for COVID-19 related activities. **Ms. Grace asked for a motion to approve and accept the Head Start/Early Head Start Program's COVID-19 Proposed Carryover Balance which was moved by Dr. Williams and seconded by Dr. Darling. Motion passed unanimously.**	**N/A**
j. Early Head Start Child Care Partnership Program's COVID-19 Proposed Carryover Balance	At Ms. Grace's request, Dr. Riestra, Head Start/Early Head Start Director, presented the Early Head Start Child Care Partnership Program's COVID-19 Proposed Carryover Balance. The Community Action and Human Services Department Early Head Start-Child Care Partnership Program COVID-19 Proposed Carryover Balance of $210,914 for Program Year 2019-2020 is being submitted to the Regional Office for approval of the carryover to Program Year 2020-2021, so that the funds may be fully utilized for COVID-19 related activities. **Ms. Grace asked for a motion to approve and accept the Early Head Start Child Care Partnership Program's COVID-19 Proposed Carryover Balance which was moved by Mr. Williams and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**
5. Approval of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5, 2020	At Ms. Grace's request, Annika S. Holder, CAHSD Interim Director, presented the approval of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5th, 2020. The Department seeks the acceptance and approval of the Community Action Agency Executive Committee of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5, 2020, followed by discussion. **Ms. Grace asked for a motion to approve and accept the Approval of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5, 2020 which was moved by Ms. Frazier-Stephens and seconded by Dr. Zubkoff. Motion passed unanimously.**	**N/A**
6. Annual Community Service Block Grant (CSBG)	At Ms. Grace's request, Wanda Walker, Family and Community Services Divisional Director, presented	**N/A**

Community Action Plan FY 20-21	the Annual Community Service Block Grant (CSBG) Community Action Plan FY 20-21. As part of the CSBG organizational standards, a Community Action Plan (CAP) is required by each agency annually. The CAHSD CAP consists of the department's information from our Community Needs Assessment; service delivery system; strategic plan; linkages and funding coordination and information on the CAA tripartite board. The CSBG organizational standards provides a standard foundation of organizational capacity for all CSBG entities across the United States, for the past 4 years, CAHSD has met 100% of the federal CSBG organizational standards. **Ms. Grace asked for a motion to approve and accept Annual Community Service Block Grant (CSBG) Community Action Plan FY 20-21 which was moved by Mr. Williams and seconded by Dr. Price. Motion passed unanimously.**	
7. Community Action and Human Services Business Plan	At Ms. Grace's request, Ms. Holder, presented the Community Action and Human Services Business Plan for 2020-2021. Attached is the business plan for the Community Action and Human Services Department for the Fiscal Year 2019-2020 and 2020-2021. The business plan contains information regarding the department's mission, services provided and the goals and objectives of the department as they relate to the county's strategic plan. Dr. Fresco posed a question in regards to the department being at risk of losing any grants in the aftermath of the COVID-19 pandemic where Interim CAHSD Director Holder responded that the department is not at risk of losing grants that relate to COVID-19, and added that COVID-19 funding has allowed the department to expand the social services it provides. **Ms. Grace asked for a motion to approve and accept the Community Action and Human Services Business Plan for 2020-2021 which was moved by Dr. Zubkoff and seconded by Dr. Price. Motion passed unanimously.**	**N/A**
8. County Single Audit for the prior FY 2018-2019	At Ms. Grace's request, Mr. Rick Signori, CAHSD Fiscal Director, presented the Miami-Dade County Single Audit for the prior FY 2018-2019. The County has released the single audit report for the fiscal year ending September 30, 2019. Four CAHSD programs were selected for the audit. There were no findings in any of the four programs. **Ms. Grace asked for a motion to approve and accept the County Audit which was moved by Dr. Price and seconded by Dr. Zubkoff. Motion passed unanimously.** **Additionally, a motion was provided by Dr. Fresco to carryover and defer the below agenda items to the next CAA Joint Finance and Executive**	**N/A**

	Committee Meeting which was seconded by Dr. Price. Motion passed unanimously. • e. Financial Reports for October 31, 2020 1. HS/EHS Planning and Budget Report PY 2019-2020 2. HS/EHS One Time Activities COVID-19 Report for PY 2019-2020 3. HS/EHS Planning and Budget Report PY 2020-2021 4. EHS-CCP Planning and Budget Report PY 2019-2020 5. EHS-CCP One Time Activities COVID-19 Report for PY 2019-2020 6. EHS-CCP Planning and Budget Report PY 2020-2021 7. Combination – Expansion EHS-CCP One Time Activities COVID-19 PY 2020-21 8. Combination – Expansion EHS-CCP Planning and Budget Report PY 2020-21 • g. Financial Reports for November 31, 2020 1. HS/EHS Planning and Budget Report PY 2020-2021 2. HS/EHS One Time Activities COVID-19 Report for PY 2019-2020 3. EHS-CCP One Time Activities COVID-19 Report for PY 2019-2020 4. EHS-CCP Planning and Budget Report PY 2020-2021 5. Combination – Expansion EHS-CCP One Time Activities COVID-19 PY 2020-21 6. Combination – Expansion EHS-CCP Planning and Budget Report PY 2020-21 • 4. Family and Community Services Division a. LIHEAP CARES-ACT update b. LIHEAP Regular update • Director's Report/Departmental Updates	
IV. DIRECTOR'S REPORT/ DEPARTMENTAL UPDATES - INFORMATIONAL		
• **This item was deferred to the next CAA Joint Finance and Executive Committee Meeting.**		**N/A**
VI. ADJOURNMENT		
Adjournment	**Ms. Grace asked for a motion to adjourn the meeting, which was moved by Mr. Roberts, and seconded by Dr. Price. Motion passed unanimously. Ms. Grace adjourned the meeting at approximately 6:10 PM**	**N/A**
NEXT MEETING DATE	**Monday, February 1, 2021 4:00 P.M.**	**N/A**

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Dr. Joyce Price, CAA Board Chair **Date**

Community Action and Human Services (CAHSD) Board

ADVOCACY COMMITTEE MEETING

Meeting Date: February 24, 2020

Attendance					
Marie Birts	**E**	**Paul Chavez**	**P**	**Sonia Perez**	**P**
Dr. Joyce Price	**P**	**Paulette Darow**	**P**		
Alvin Roberts	**P**	**Sharon Frazier-Stephens**	**P**		
Thomas Yarosz	**P**	**Gloria Joseph**	**P**		

***Seven (7) Committee Members in attendance. Quorum was established.**

P = Present (7) **E = Excused (1)** **A = Absent (0)**
T = Terminated (0) **V= Vacant (0)** **R = Resigned (0)**

Attendance – Staff/Visitors		
Helen Miguel	Sandra Wells, Miami-Dade Transit	Lavern Spicer, Lavern Holliday
Alton V. Sears Matias Buchalter	Roy Hardemon	Reneta Holmes, Vanessa Wilcox Patrick C. Lane

Three (3) CAHSD staff were in attendance

CALL TO ORDER		ACTION NEEDED/TAKEN
Call to Order, Inspirational Message, Introductions and Mission Statement	The Advocacy Committee was called to order by the Vice-Chairperson, Dr. Joyce Price at 4:25 p.m. A quorum was established for the meeting. An Inspirational message was handled by Dr. Price who asked all in attendance to reflect on Black History month and comment on a person who made an impact on them. Introductions were then covered. The Vice-Chair asked everyone to recite the Mission Statement of the organization.	**N/A**
I. CHAIRPERSON COMMENTS		**ACTION NEEDED/TAKEN**
Adoption of the Agenda	**A motion was made by Mr. Roberts and seconded by Ms. Perez to adopt the agenda of the meeting. The motion passed.**	**N/A**
Approval to Accept Minutes	**A motion was also made Mr. Roberts to approve the minutes of the January meeting. The motion was seconded by Ms. Perez and was approved.**	**N/A**
II. Agenda Items		**ACTION NEEDED/TAKEN**
	Dr. Price asked staff to review the committee's purpose and the reason for its existence. The purpose of the Advocacy Committee is listed in the organization's By-Laws. The overview of the purpose of the committee helps to inform the members of their charge in being	

	advocates for the low-income community and its focus on addressing issues connected to poverty. **Advocacy Committee and a New Meeting Location** The issue will be addressed at the March meeting of the Advocacy Committee. **Transit Issues in Hialeah** Ms. Perez of the Hialeah CAC, brought several transit related questions to the attention of the Advocacy Committee two months earlier. Ms. Sandra Wells of the Miami-Dade Transit Department spoke about her department's interest in resolving the questions and bringing a positive resolution to the issues. The issues relate to bus service not being available on the weekends, the Shuttle/Trolley service dropping residents off in dark poorly lit streets, ADA issues, and that customer service is lacking. Ms. Wells and staff indicated that the City of Hialeah has its own separate transit department and that some of the transit routes have been contracted out to private providers. She asserted that she will work on researching the issue. She also stated that she will carry the concerns back to her department in the hopes of finding a positive solution to the concerns. Ms. Wells also informed the committee of Transit's accessibility and technological improvements. She also stated that she would return to the committee to give future updates. **Citizen Participation Plan and Guidelines** Staff informed the committee members that the Chair asked for staff to provide copies of the document for each member in order that the committee members can gain a more thorough understanding of the guidelines. Mr. Hardemon addressed the committee and spoke about the following: Model City being possibly phased out as a CAC; the need to retain Model City as a CAC; and his intention to oppose any recommendation that phases out the Model City CAC. A lengthy discussion ensued regarding the issue. Staff informed Mr. Hardemon and the committee members that Model City is under the auspices of the Public Housing and Community Development Department and that CAHSD has 16 CACs that do not include Model City, West Little River or Melrose. Those CACs are maintained solely by PHCD. Dr. Price recommended that Mr. Hardemon write a letter addressed to the Directors of both PHCD and CAHSD regarding his concerns about the Model City CAC being possibly phased out by PHCD.	

III. SECTION 3		**ACTION NEEDED/TAKEN**
Staff apprised the committee members that there has been a staffing change at the Public Housing and Community Development Department. A new person is now in charge of overseeing the Section 3 initiative, compliance and contracting goals and performance. The new person will be attending meetings on a periodic basis and will also provide updates. Staff also indicated that he will be conferring with Mr. McCants in reference to the Madison Square project and the Section 3 requirements for the project. Some feedback emerged regarding the Liberty Square project, which is moving on to phase two. According to the information provided by PHCD**, the phase one segment of the Liberty Square project is complete. The developer has met the Section 3 hiring goals. A total of 23.38% of the new hires have been through the Section 3** initiative. They are also exceeding the Section 3 Small Business Enterprise (SBE), Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) contracting goals. Staff will invite Kareem Brantley of the Related Urban Development Group to attend an upcoming meeting in order to give an update on the status of Phase two of the project.		**N/A**
IV. COMMUNITY ISSUES AND CONCERNS		**ACTION NEEDED/TAKEN**
Dr. Price asked the committee members to share their target area's concerns. There was commonality with the following issues: a surge in gunfire incidents, an escalation in homicides, limited affordable housing options, gentrification, domestic violence incidents, human trafficking, foreclosures and elderly persons being victimized by predatory lending practices, the Blue Roof program and Seniors not being aware of the initiative, the need for more Veteran's housing, homelessness, perceptions from the community that Citrus Health is disqualifying potential clients from receiving housing assistance, the need to know more information about the Together for Children initiative, The Jollivette public housing complex and the youths in the community engaging in random violence and the problems among tenants and a water issue in the city of Hialeah. The committee members were encouraged to continue working within their respective CACs to frame solutions to the issues and concerns that they have identified and to seek the Advocacy Committee's assistance if the issues persist and there is no progress in rectifying the problems. Staff commented that the Goulds CAC will be participating in a community forum focusing on the rise in gunfire incidents in the community. The emphasis is on formulating solutions to the problem. The Chair indicated that all of the target areas are impacted by the escalation of gunfire incidents in the community and that the issue needs to be included in the Community Concerns document. The following concerns were highlighted at the meeting: • Hialeah- transit mobility, service planning and connection issues. • Allapattah – Crime watch creation and implementation		**N/A**

• Opa Locka – Domestic Violence, homelessness, foreclosures, predatory lending and vulnerable Seniors being taken advantage of, Blue roof issues, Veterans housing and the challenges residents are experiencing obtaining housing assistance through a local provider • Liberty City – gunfire among the youth, problems at the Jollivette housing complex • Little Havana/Accion – affordable housing, high rental rates • Edison – homelessness, pedestrian safety, gentrification concerns • Brownsville – illegal dumping, unauthorized businesses in prohibited zoned areas, homicides A brief discussion ensued regarding HUD and PHCD's desire to get away from managing public housing and to privatize its assets.	
V. ANNOUNCEMENTS/ OTHER/OLD BUSINESS	**ACTION NEEDED/TAKEN**
N/A	
ADJOURNMENT	
Adjournment	There being no further business, a motion was made by Mr. Roberts to adjourn the meeting. The motion was seconded meeting was adjourned at 6:10 p.m. **N/A**
NEXT MEETING DATE	**The next meeting is scheduled for March 23, 2020 at 4:00 p.m.** **N/A**

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Advocacy Committee Chair **Date**

Community Action and Human Services (CAHSD) Board

ADVOCACY COMMITTEE

MEETING Meeting Date: September 28, 2020

Attendance					
Marie Births	**E**	**Sharon Frazier-Stephens**	**P**		
Dr. Joyce Price	**E**	**Mary Reeves**	**P**		
Alvin Roberts	**P**	**Bereatha Howard**	**P**		
Thomas Yarosz	**P**				

***Five (5) Committee Members in attendance. Quorum was established.**

P = Present (5)	**E = Excused (2)**	**A = Absent (0)**
T = Terminated (0)	**V= Vacant (0)**	**R = Resigned (0)**

Attendance – Staff/Visitors		
Alton V. Sears	Dionne Brown	
Matias Buchalter		

Three (3) CAHSD staff were in attendance

CALL TO ORDER		ACTION NEEDED/TAKEN
Call to Order, Inspirational Message, Introductions and Mission Statement	The Advocacy Committee was called to order at 4:28 p.m., by the Secretary, Ms. Sharon Frazier-Stephens, who served as the Chairperson of the meeting. A quorum was established for the meeting. An Inspirational message was handled by Mr. Alvin W. Roberts. Introductions were then covered. Ms. Frazier-Stephens asked everyone to recite the Mission Statement of the organization.	**N/A**
I. CHAIRPERSON COMMENTS		**ACTION NEEDED/TAKEN**
Adoption of the Agenda	**A motion was made by Ms. Mary Reeves and seconded by Mr. Roberts to adopt the agenda of the meeting. The motion passed.**	**N/A**
Approval to Accept Minutes	**A motion was also made Ms. Reeves to approve the minutes of the February 2020 meeting. The motion was seconded by Mr. Roberts and was approved by the committee members.**	**N/A**
II. Agenda Items		**ACTION NEEDED/TAKEN**
	The committee members discussed the early childhood education waiver issue. The issue of parents signing waivers at the time of enrollment of their children in a program was brought to the committee's attention by the members of the Opa Locka Community Advisory	

	Committee. The members' position is that during this period of the COVID-19 pandemic in this community, parents should not be required to sign liability waivers that will inhibit their ability to pursue legal action if their child contracts the virus. The members in attendance at the Advocacy Committee meeting stated that there is a sense of urgency because the reopening of the public schools is nearing. Staff informed the committee that the department is aware of the concern, but that there was no update to present at the meeting at this time. Ms. Frazier-Stephens urged the committee members to access the Dade County Public School – School Board meeting on the Zoom link on September 28th. There will be a discussion on the various roll-out plans and the reopening date for the school system. Staff apprised the committee members that the meetings on the Zoom platform would continue until further notice. He also stated that the Frankie Shannon Rolle building is being earmarked for closure and that when the physical meetings are reconvened, there will need to be an identified new meeting location. A discussion ensued regarding the use of the OTV as a meeting site. Mr. Roberts mentioned the hit and run accident involving Mr. Yarosz by a motorist, who has yet to be found and arrested. Staff mentioned that the Coconut Grove area has long been considered by the members as being the "half-way meeting point" for all of the 16 CACs. It was mentioned that the issue should be tabled for discussion at the November committee meeting. A motion was made by Mr. Roberts and seconded by Ms. Reeves to table the issue until the next meeting. The motion passed.	
III. SECTION 3		**ACTION NEEDED/TAKEN**
	Staff apprised the committee members of the Section 3 initiative and the role that the Public Housing and Community Development Department plays in its implementation, compliance and monitoring. Information will be shared at future meetings from various County staff and contracted entities regarding the program's progress. Staff will invite Kareem Brantley of the Related Urban Development Group to attend an upcoming meeting in order to give an update on the status of Phase two of the project as well as the new developments occurring in the Annie Coleman Gardens complex.	**N/A**
IV. COMMUNITY ISSUES AND CONCERNS		**ACTION NEEDED/TAKEN**
Mr. Roberts shared information regarding the City of Miami's plans to close the Allapattah NET office as a part of budgetary reductions. The impact on this		**N/A**

important community resource was discussed. It was recommended that members of the community advocate for the continued opening of the NET office with elected officials.		
V. ANNOUNCEMENTS/ OTHER/OLD BUSINESS		**ACTION NEEDED/TAKEN**
There was no Old Business to discuss.		
ADJOURNMENT		
Adjournment	There being no further business, a motion was made by Ms. Reeves and seconded by Mr. Roberts to adjourn the meeting. The meeting was adjourned at 5:34 p.m.	**N/A**
NEXT MEETING DATE	**The next meeting is scheduled for November 23, 2020 at 4:00 p.m.**	**N/A**

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Advocacy Committee Chair **Date**

Community Action and Human Services (CAHSD) Board

EDUCATION SUB-COMMITTEE MEETING

Meeting Date: February 13, 2020

Attendance

Derrick Williams	**P**	Melissa Noya	**P**	Courtney Omega	**E**
Dr. Cathia Darling	**P**	Elaine Adderly	**E**		

*** (5) Committee Member in attendance. Quorum was established.**

P = Present (3) **E = Excused (2)** **A = Absent( )**
T = Terminated ( ) **V= Vacant ( )** **R = Resigned ()**

Attendance –Staff/Visitors

	Alton V. Sears, CAHSD	

(2) staff/visitors in attendance

CALL TO ORDER		**ACTION NEEDED/TAKEN**
Call to Order, Inspirational Message, Adoption of agenda and approval of minutes	The meeting was called to order by the Chair, Mr. Derrick Williams at 5:16 p.m. The Inspirational Message was dispensed with. A motion was made by Dr. Darling and seconded by Ms. Noya to adopt the agenda of the meeting. The motion was approved. A motion was made by Ms. Noya and seconded by Dr. Darling to approve the minutes of the January meeting. The motion was approved.	**N/A**
		ACTION NEEDED/TAKEN
Committee Business	The committee members discussed the resource documents that were sent to them, which focused on school readiness, early childhood standards, high stakes testing, use of technology, maximizing the cognitive, social, emotional and physical growth and development of young children, involving parents in their children's education, informing parents and providing them with the tools necessary in becoming more effective in their roles, their role as advocates and the need to go beyond advocacy in making a more significant impact with respect to long term impacts among children and their parents. Mr. Williams reflected on the data that was contained in some of the documents and the implications for children and parents. Some of the data indicate that many children are unprepared and are lacking the knowledge and skills necessary to move through the school system successfully. Such children wind up being on track for academic failure and possibly in the pipeline as they become older for a bleak future. He commented on the need for additional resources and support to help reach these students and their parents. Mr. Williams also stated that from a Teacher's perspective, the paperwork demands are overwhelming and require too much time,	N/A

which results in the children suffering. He pointed to the increase in demands required of Teachers being detrimental to the students in the classroom.

He also commented on the trauma experienced by some children and their parents who live in a hostile, violent and unhealthy environment and the impact that it can have on their development, learning progress and continuous evolvement in the school system by meeting the demands and expectations required of them.

A discussion ensued regarding the class size of the public school system. Although the Head Start program has a Teacher's Aide in the classes, the school system usually does not. The committee discussed this as a possibility for reducing class size to support student learning and interaction. This will help to lessen the paperwork demands on the Teacher and reduce the risk of providing inconsistent instruction to the children.

Mr. Williams also mentioned that the FLKRS Assessment is an instrument that some Teachers believe that should not be administered at the beginning of Kindergarten (new Teacher, environment and setting can be too overwhelming). He mentioned that the two (2) month gap during the summer recess period can be detrimental to the children being assessed (the children are not at their optimal best to demonstrate what they really know).

Dr. Darling commented on the experiences that she has encountered visiting local schools and observing the classroom and the learning environment. She contrasted the past usage of SRA kits and other learning supportive aids that were used to assist students in mastering educational material with the I-prep guides being used today and parents and children not using these support materials. The discussion continued regarding children being placed in classrooms that may not be conducive to support their overall development, the demands of the teaching profession and the metrics that are involved for teachers, parents not being fully aware of ways in which they can help to support the growth and development of their children, the need for children to experience consistency and continuity in the classroom and the critical need to help encourage students in developing self-regulatory practices that foster behavioral change, helping parents in getting their children prepared for school, the negative effects of trauma on many children who have been exposed to incidents in their communities and the types of support services that they will need in order to be able to cope successfully.

Dr. Darling commented on the success of the HIPPS project and how it was successfully used to positively impact parents in their training of their children. The model can serve as a basis for assisting parents in becoming more engaged in their children's education. The program had a two (2) year timeline with stipends issued to participating parents. Ms. Noya spoke about the impact of using an incentive based program as opposed to one with punitive consequences. She commented further about the need for a parent resource program and the possibility of securing a grant from the Children's Trust to fund such an initiative. She also commented on the social-emotional component and its impact on young children. In many instances the social-emotional component for young children is under emphasized.

The discussion continued about the practical need to consider models that could be implemented locally to assist parents in getting their children ready for school. Dr. Darling commented about the Chicago

	School Readiness Project and the possibility of its replication locally. The committee members also discussed the following: class size, pacing guides, promoting students who are unready, Common Core, gaps in education, assessments and the importance of helping parents to enhance their knowledge and skills. **Goals and Outcomes** The committee briefly discussed its goals for this initiative. The goals center on the following: helping parents to become more involved in their children's education; helping parents improve the success of their children; Assisting parents with increasing the self-regulation skills and executive functioning of their children; defining school readiness and enhancing the cognitive, social and emotional development of young children. Dr. Darling agreed to take a lead role in honing the committee's goals and expected outcomes. The next committee meeting is scheduled for March 12, 2020 at 5:00 p.m. The meeting was adjourned at 6:20 p.m.	

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CAC Board Chair **Date**

COMMUNITY ACTION AGENCY BOARD

DATE: FEBRUARY 17, 2021

AGENDA ITEM NUMBER: 3A4a

AGENDA ITEM SUBJECT: LIHEAP CARES-ACT UPDATE

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

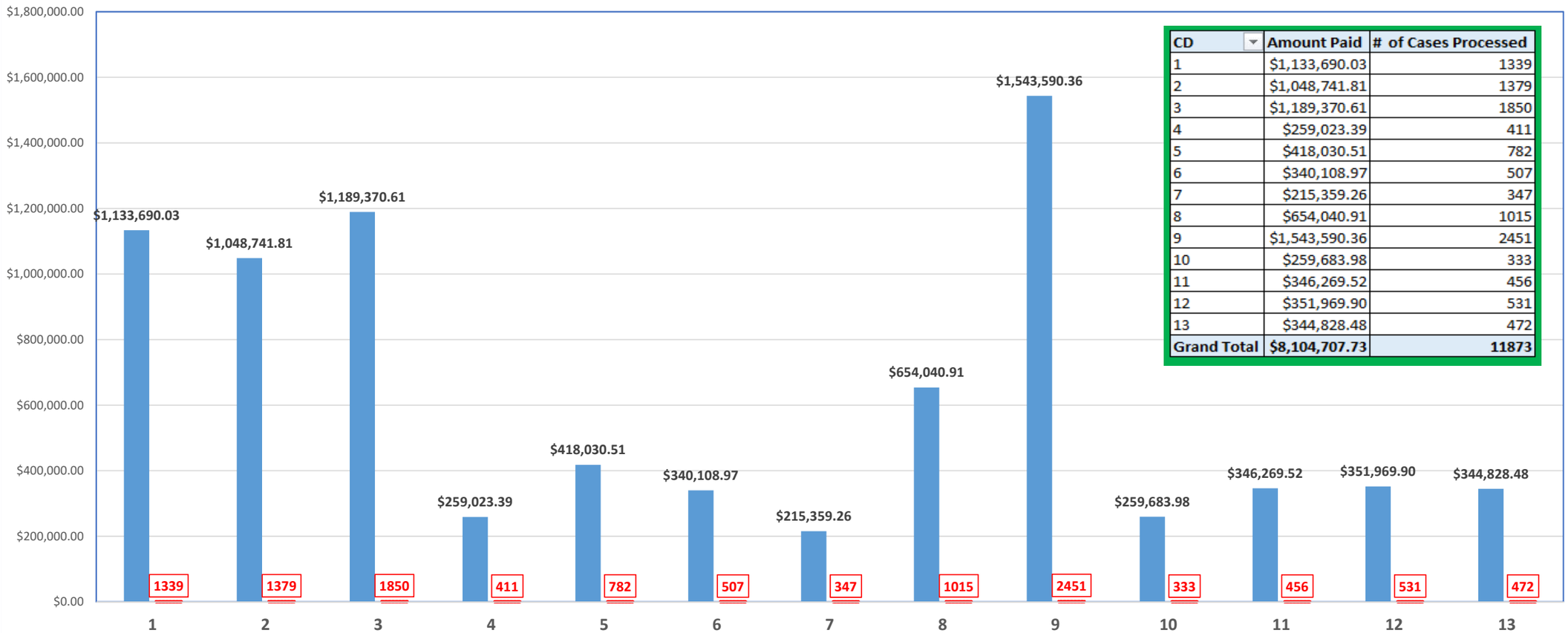
CAHSD was awarded $8,132,859 under the LIHEAP CARES-Act to respond to the home energy needs surrounding the national emergency created by Covid-19. Under the LIHEAP CARES-Act, a household can received a maximum of $2000 in assistance. To-date, CAHSD depleted all funds under the LIHEAP, the department assisted 11,873 households with assistance that was paid to FPL and the City of Homestead.

FUNDING SOURCE: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO)

LIHEAP CARES ACT Program

Total Grant $8,132,859.00

Total payments through 02-15-2021 by Commission District $8,104,707.73



CD	Amount Paid	# of Cases Processed
1	$1,133,690.03	1339
2	$1,048,741.81	1379
3	$1,189,370.61	1850
4	$259,023.39	411
5	$418,030.51	782
6	$340,108.97	507
7	$215,359.26	347
8	$654,040.91	1015
9	$1,543,590.36	2451
10	$259,683.98	333
11	$346,269.52	456
12	$351,969.90	531
13	$344,828.48	472
Grand Total	**$8,104,707.73**	**11873**

COMMUNITY ACTION AGENCY BOARD

DATE: FEBRUARY 17, 2021

AGENDA ITEM NUMBER: 3A4b

AGENDA ITEM SUBJECT: LIHEAP REGULAR UPDATE

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

CAHSD is currently providing Regular Energy Assistance to eligible households under the Low Income Home Energy Assistance Program (LIHEAP) grant that started on April 1, 2020. To-date, CAHSD served 14,368 households; which amounts to $5,731,175 that was paid to FPL and the City of Homestead.

Regular Energy Assistance:
- Allows for one (1) benefit payment once a year for eligible households.
- An emergency or crisis is not required for this category of assistance.
- Amount of assistance is based on household income, household size, and household composition.
- The maximum amount of assistance is $600.00 and not the amount of your current bill.

FUNDING SOURCE: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO)

COMMUNITY ACTION AGENCY BOARD

DATE: JANUARY 11, 2021

AGENDA ITEM NUMBER: 3A4c

AGENDA ITEM SUBJECT: LIHEAP ELIGIBILITY UPDATE

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

LIHEAP ELIGIBILITY CHANGES

****HOUSEHOLDS WHOSE INCOME EXCEEDS 150% OF THE POVERTY LEVEL, AND THE APPLICANT OR ANY OF THE HOUSEHOLD MEMBERS RECEIVES ANY OF THE FOLLOWING BELOW, SHALL FALL UNDER THE "CATEGORICALLY ELIGIBLE" AND BECOME AUTOMATICALLY INCOME ELIGIBLE TO RECEIVE ASSISTANCE FROM THE LIHEAP PROGRAM:**

- **TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**
- **SUPPLEMENTAL SECURITY INCOME (SSI) OR**
- **SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

FUNDING SOURCE: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO)

COMMUNITY ACTION AGENCY BOARD

DATE: FEBRUARY 17, 2021

AGENDA ITEM NUMBER: 3A4d

AGENDA ITEM SUBJECT: ANNUAL CSBG COMMUNITY ACTION PLAN

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

THE DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO) NOTIFIED CAHSD THAT 100% OF THE CSBG ORGANIZATIONAL STANDARDS FOR FY 2020 WERE MET. THE CSBG ORGANIZATIONAL STANDARDS PROVIDES A STANDARD FOUNDATION OF ORGANIZATIONAL CAPACITY FOR ALL CSBG ENTITIES ACROSS THE UNITED STATES, FOR THE PAST 5 YEARS, CAHSD HAS MET 100% OF THE FEDERAL CSBG ORGANIZATIONAL STANDARDS.

FUNDING SOURCE: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO)

COMMUNITY ACTION AGENCY BOARD

DATE: 10/16/2020

AGENDA ITEM NUMBER: 3A5

AGENDA ITEM SUBJECT: Approval by the Community Action Agency Executive Committee of the Community Action and Human Services Department 2020 Community Needs Assessment report.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY: The Department seeks the acceptance and approval of the Community Action Agency Executive Committee of the 2020 CAHSD Community Needs Assessment, as presented to the Board by Florida International University on October 5th, 2020.

FUNDING SOURCE: As previously approved, the 2020 Community Needs Assessment was funded with funding via the Miami-Dade County Head Start Grant and the Community Services Block Grant. **(DEO/HHS)**









Miami-Dade County

Community Action and Human Services Department

Comprehensive Community Needs Assessment

2020

The 2020 Miami-Dade County Community Needs Assessment
is a product of the collaboration between
Florida International University's Jorge M. Pérez Metropolitan Center and
the Miami-Dade County Community Action and Human Services Department (CAHSD).

The **Florida International University Metropolitan Center** is Florida's leading urban policy think tank and solutions center. Established in 1997, the Center provides economic development, strategic planning, community revitalization, and performance improvement services to public, private and non-profit organizations in South Florida. Its staff and senior researchers are leaders in their respective fields, and bring extensive research, practical, and professional experience to each project. The Center's research has catalyzed major policy initiatives and projects in housing, economic redevelopment, transportation, social services, and health services throughout South Florida.

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This Community Needs Assessment report was funded with the Miami-Dade County Head Start Grant and the Community Services Block Grant

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Key Findings

The *2020 Miami-Dade County Comprehensive Community Needs Assessment* presents a detailed description of the community, outlining the characteristics that point to its strengths, challenges and opportunities for improvement. While the report describes many of the conditions and challenges of Miami-Dade County residents, the findings below indicate a high correlation between those experiencing economic hardship and reliance upon social services. The information detailed in this report was collected and analyzed prior to the beginning of the coronavirus pandemic, and does not reflect COVID-19's catastrophic impact on the local economy.

In mid-2020, Miami-Dade County became the epicenter of the COVID-19 pandemic in the United States. Beyond the serious health impacts, the pandemic produced immediate and long-term economic and social shocks that further exacerbate the many challenges Miami-Dade County households already experience. Decline in economic activity, business closures and unemployment continue to generate disparate impacts on the most vulnerable residents. At the end of July 2020, Miami-Dade County was leading the state in unemployment with over 386,000 filed claims. The hospitality, food services and retail sectors were most impacted, but the COVID-19 effect radiated through all sectors.[1] Hospitality, food services and retail lost over 80,000 jobs in Miami-Dade County. Even though some businesses started reopening in the third quarter of the year, Miami-Dade County's economy is dependent on consumer demand, especially demand from tourism, and until there is confidence in the safety of travel, COVID-19 will have ongoing lingering effects.

Due to its economy, Miami-Dade County has a high number of vulnerable workers. The accommodation (hospitality), food services, wholesale and retail trade sectors account for around 40 percent of all vulnerable jobs. Over 400,000 workers in Miami-Dade County are at risk in these sectors alone. Among all occupations, more than 80 percent of customer-service and sales roles are at risk.[2] Sectors such as retail, food service, and arts/entertainment have traditionally provided gateway jobs for younger people starting in their careers, people working part-time or seasonally, and people with lower levels of educational. These industries face immediate risk from the pandemic, resulting in a set of vulnerable workers with a distinct demographic profile.

Although there is still much uncertainty related to vaccine development and possible future outbreaks, industry analysts predict that recovery may start in 2021. Compared to the Great Recession, the early stages of the COVID-19 economic crisis suggest that job loss will further fall disproportionately within the small business sector. Some estimates are that about 2.9 million microbusinesses are in industries at immediate or near-term risk from COVID-19. It is forecasted that 20-25 percent of all small businesses may close permanently, and almost 36 million Americans employed by small businesses appear to be at risk of unemployment. In our region, small businesses employ a large portion of our workforce.

According to the Household Pulse Survey of the U.S. Census, in the July 16 - July 21 period, approximately one in seven households in the Miami metropolitan area either sometimes or often did not have enough to eat in the last 7 days.[3] Approximately 38.3 percent of households delayed getting medical care because of the COVID-19 pandemic in the last 4 weeks. Approximately 26.5 percent reported missing last month's rent

[1] Florida Department of Economic Opportunity, State Reemployment Assistance Claims Dashboard. http://lmsresources.labormarketinfo.com/covid19/initial_claims.html
[2] The places a COVID-19 recession will likely hit hardest. Mark Muro, Robert Maxim, and Jacob Whiton Tuesday, March 17, 2020 https://www.brookings.edu/blog/the-avenue/2020/03/17/the-places-a-covid-19-recession-will-likely-hit-hardest/
[3] U.S. Census Bureau, Household Pulse Survey. https://www.census.gov/data-tools/demo/hhp/#/

or mortgage payment, or having slight or no confidence that their household can pay next month's rent or mortgage on time. More than half of the households with children under 18 experienced loss of income.

The loss of income and financial instability are evident in the long food distribution lines across Miami-Dade County. Food assistance is one of the six types of assistance provided by the County. The County organizes weekly food distribution with Miami-Dade County Parks, Recreation and Open Spaces, in partnership with Feeding South Florida. The five other types of COVID-19 help include financial, housing, employment, business and senior assistance. Miami-Dade County partnered with United Way to provide short-term assistance for basic living expenses through the Miami-Dade Pandemic Assistance Program, and has also partnered with local hotels to provide more than 675 hotel rooms for residents who have tested positive or risk exposure in their households. The $20 million in funding provided by the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, addresses short-term economic hardship through financial assistance for basic living expenses such as food, utilities, childcare, medical expenses and rental assistance, among other needs. As of the last week of August, due to the overwhelming response, many programs were no longer accepting applications.

The County is also facilitating employment assistance by providing printed copies of Florida Department of Economic Opportunity (DEO) Reemployment Assistance Applications at 26 library locations. Miami-Dade County police officers collect the completed forms and deliver them to CareerSource South Florida, which transmits them to DEO in Tallahassee for processing.

The County offers several business assistance programs, including 1) RISE, an acronym for Re-Investing in our Small Business Economy, a $25 million small business loan program provided by federal CARES Act funds with the goal of helping Miami-Dade County small businesses affected by COVID-19; 2) The Hospitality Industry Grant (HIG) Program consists of a $30 million fund to provide financial assistance to local independently owned and operated restaurants and non-home-based caterers; 3) The Miami-Dade Arts Support (MAS) Program is funded with $10 million from the federal CARES Act to provide financial assistance to arts and cultural organizations and artist-entrepreneurs to survive the COVID-19 pandemic; and 4) The Small Business Assistance Forgivable Loan Program, consisting of $5 million in federal CARES Act funds, provides loans of up to $25,000 with zero percent interest and no origination fees.

On March 16, 2020, Miami-Dade County launched a temporary emergency senior meals program to help elderly residents stay safer at home and protect this most vulnerable group from the COVID-19 pandemic. The emergency senior meals program at its pinnacle served over 82,412 County residents age 60 and older. While enrollment for this emergency program ended in June, on August 31st there were still 60,000 seniors enrolled and receiving services. Seniors in need of services can also apply for the Supplemental Nutrition Assistance Program, and other programs in partnership with the Alliance for Aging. There is a wait list of over 5,000 seniors who have requested meals assistance.

Other governments and local nonprofit organizations are also providing various COVID-19 assistance. The South Beach Wine & Food Festival and FIU Chaplin School Hospitality Industry Relief Fund provides relief to caterers and employees of independently owned restaurants and bars in Miami-Dade County affected by the COVID-19 pandemic. Through CareerSource South Florida's Layoff Aversion Fund, small businesses and community-based organizations facing financial impacts and potential layoffs from COVID-19 can apply for up to $10,000 in grants to prevent potential layoffs or minimize the duration of unemployment resulting from layoffs due to the pandemic.[4] Farm Share, a 501(c)(3) non-profit organization, focused on

[4] Miami-Dade County Business Assistance. https://www.miamidade.gov/global/initiatives/coronavirus/assistance/business.page

reducing food insecurity, partners with local organizations and community leaders to host almost daily food distribution events throughout South Florida.[5]

Miami-Dade County's governmental and nonprofit organizations are focused on alleviating the immediate negative impacts of COVID-19, and the need for their intervention will continue until the health and economic crisis is resolved. The community needs in the context of COVID-19 are greater than they were prior to the pandemic. COVID-19 further exposes the vulnerability of Miami-Dade County households to financial shock. This report details the community's pre-COVID-19 challenges, which are summarized below.

Continued, but Slowing Population Growth: Population growth is important for demand for consumption and supply of labor. Population growth directly triggers higher demand for provision of goods and services including food, healthcare, housing, jobs, infrastructure, access to resources and many other issues. Population growth is also a barometer of the attractiveness of a community and an economy.

From 2007 to 2017, Miami-Dade County's population increased by more than 364,626 residents, or 15.3 percent, to approximately 2,751,796. However, the population growth is slowing down as a result of increased domestic out-migration and declining international migration. The proportion of Hispanic residents increased, while there was a decrease of White, non-Hispanic and Black/African American residents. While Miami-Dade County has a large prime working age population (ages 25-54) – 43.3 percent, overall the population is aging. The median age increased from 37.2 in 2009 to 39.5 in 2017.

The aging of the population is related to the decrease in the number of children. According to the U.S. Census Bureau estimates, from 2009 to 2017, there was a 4 percent decrease in the number of children under 18 years of age. The number of children under 5 decreased by 7.5 percent. The population estimates detailed in this report rely on U.S. Census Bureau data from the annual American Community Survey (ACS), which may produce inaccurate estimates due to the undercount of certain populations. Hard-to-count populations include children, rural residents, individuals of color, immigrants, homeless, and others. According to analysis by Population Reference Bureau (PRB), 84% of children under age 5 in Miami-Dade County live in a census tract with a very high risk of undercounting young children. Some estimates indicate that the 2010 census undercounted 18,000 Hispanic children in Miami-Dade County.[6] Additionally, it was estimated that the net undercount rate for Black (Alone or in combination) children under age 5 in the 2010 Census was 6.3 percent.[7] Based on the undercount estimates, almost 30,000 children in Miami-Dade County were undercounted in the 2010 Census, and the same undercount can also be inferred for the annual ACS estimates. The undercount impacts federal funding for programs that affect children, including nutrition assistance, Head Start, special education, foster care, Medicaid, and the Children's Health Insurance Program and housing assistance to help a child's family.

Economic Challenges: The proportion of residents in Miami-Dade County living below the poverty level increased from 2009 to 2017, rising from 17.2 percent to 19 percent, or 505,182 people. After reaching a low point in 2011, real household incomes (adjusted for inflation) in Miami-Dade County are still less than they were in 2009. The County's $46,338 median household income slipped from 86 percent of the U.S. median household income in 2007 to only 80 percent in 2017. Stagnant incomes coupled with rising costs of living are creating excessive housing costs. Miami-Dade County's pattern of cost-burden is distinguished

[5] FarmShare, https://farmshare.org/food-distributions/#

[6] O'Hare et al. The Invisible Ones: How Latino Children Are Left Out of Our Nation's Census Count: A Report from Child Trends Hispanic Institute and the National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund. https://www.childtrends.org/wp-content/uploads/2016/04/2016-16TheInvisibleOnesLatinoCensus.pdf

[7] O'Hare, William. 2020. The Undercount of Young Black Children in the U.S. Census. https://countallkids.org/resources/the-undercount-of-young-black-children-in-the-u-s-census/

from the rest of the U.S. in three ways: 1) excessively high composition of cost-burdened households, 2) rising composition of cost-burdened renter households, and 3) rising portion of "severely" cost-burdened households. In 2009, 41.8 percent of household owners were considered cost-burdened compared to 60.5 percent of renters, while in 2017, only 28.6 percent of owners were deemed cost-burdened, compared to 61.4 percent of renters. The most significant difference between Miami-Dade County and the rest of the nation has been the rate of growth in cost-burdened renter households. In Miami-Dade County, rather than peaking and receding, the composition of cost-burdened renter households has been steadily growing without interruption since 2000.

The community survey data, which includes responses from almost 3,000 Miami-Dade County residents, confirms the economic challenges outlined above. Low wages relative to the cost of living are a major concern for 69.3 percent of survey respondents, and 64.0 percent consider housing as a major concern. Unemployment is also a major concern for a small majority (50.5 percent), as well as poverty (50.6 percent) and job opportunities (53.6 percent). Only 57.1 percent of respondents have been employed continuously over the last two years.

Social Needs: The number of families receiving Supplemental Security Income, Cash Public Assistance, and food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits increased substantially from 2009 to 2017. In the 2010-2017 period, there was a 49 percent increase in households receiving Social Security Income, a 28.7 percent increase in households receiving Cash Public Assistance income, and a 68.7 percent increase in households receiving food stamps or SNAP benefits. The significant increases in public assistance allocations to Miami-Dade County residents can be attributed to factors such as a lack of living-wage jobs, increased unaffordability of housing, and increased income inequality.

The survey results also confirm the social need of residents that can be inferred from the large percentage of residents who rely on welfare benefits. From a list of possible family concerns, the largest percentage of respondents selected “income to support my family” (43.8 percent) and “food to feed my family” (36.8 percent). Again, economic considerations are a priority that supersedes other concerns like mental health, child and elderly care. About one third of the survey respondents receive benefits through a social program. Almost half (47.2 percent) receive SNAP benefits and 36.2 percent participate in the free/reduced lunch program.

Multiple factors affect the needs of residents, including age, presence of children, employment status, and disabilities, among others. As discussed previously, for those in the prime working ages employment and wages are a significant concern. However, one third (33.5 percent) indicated access to services for the elderly is a major problem. Also, 27.4 percent believe elderly abuse and neglect is a major issue. Domestic violence was identified as a major problem by 34.3 percent of respondents, and 29.7 percent indicated the same for sexual assault.

Health Conditions: Environmental factors, access to healthy food, and individual health choices are some of the factors that affect health conditions. Air and water quality are consistently within recommended standards in Miami-Dade County. In 2016, 63.6 percent of Miami-Dade County residents, or approximately 1.6 million people, lived within ½ mile of a healthy food source. This percentage is significantly higher than the figure reported for Florida overall – approximately 31 percent. Multiple factors point to improved maternal health, including declining infant death rates and a decreasing number of babies born with low birth weight. The percentage of births to mothers that had prenatal care during their first trimester has been consistently high but there was a slight decrease from 86.1 percent in 2017 to 84.8 percent in 2018. The immunization levels of young children, those two years of age, in the County increased from 85.0 percent in 2014 to 92.8 percent in 2018.

There are also social determinants to health - those everyday factors like housing, food, and employment that influence our health and health outcomes. Although medical care is critically important, the quality of schools, housing affordability and stability, access to good jobs with fair pay, and neighborhood safety also greatly impact resident health. The community feedback shows that a large percentage of residents consider these social determinants lacking in their community. For example, 52 percent indicated lack of affordable housing, 33 percent believe living wage jobs are in short supply, and 24 percent believe their community lacks high quality neighborhood schools. Moreover, for 44 percent of respondents having enough income to support their families is a concern. Over one third (37 percent) are concerned about having enough food to feed their families and 18.5 are concerned about their lack of access to affordable healthcare.

Crime and Safety: The crime rate in Miami-Dade County decreased overall, as a result of a decrease in violent and property crimes, reported domestic violence offenses, and child abuse. The number of murders, robberies, and aggravated assaults decreased from 2014 to 2018, with rape cases being the only violent crime to increase by 14.4 percent. Drug related arrests decreased significantly, by almost 20 percent. Juvenile arrests also decreased across all age groups for juvenile offenders. Recidivism rates (after 36 months) for prisoners released in Miami-Dade County between 2010 and 2017 decreased from 27.9 percent in 2013 to 23.1 percent in 2015. Although prisoner releases are recoded from the time period of 2010 to 2017, the 36 month recidivism rate is not calculated till three years after the time individuals are released from prison. In 2019, when reported data was gathered, the 36 month recidivism rate was only available for those prisoners that were released in 2015.

Despite the overall decrease in crime, the community feedback shows significant safety concerns. For example, 46.1 percent reported violent crime and 39.1 percent indicated property crime are major problems. Significant percentages of residents also reported other safety factors as major problems – domestic violence (34.3 percent), human trafficking (31.9 percent), and child abuse and neglect (29 percent).

Resources: There is a large number of organizations providing social services across Miami-Dade County. Many resources are concentrated in the areas of highest need – targeted urban areas and opportunity zones. The analysis shows over 1,000 programs are located in or near these areas, including 748 child, family and education-related social services, 176 medical and public health service programs, and 97 mental health and substance abuse programs. Hundreds of programs are also located within the zip codes corresponding to opportunity zones.

Availability and access to resources that address current and emerging needs is important to support the community. The community continues to have significant unmet needs, especially in the economic realm where stagnant wages and rising cost of living continue to produce a high number of households who continue to rely on the social support system. The demand for social support will not be addressed without a concerted effort to decrease economic inequality.

The results of the community survey point to the many areas in which resources seem to be insufficient to meet the need. Food insecurity was an issue for many residents even prior to COVID-19. Over a third of survey respondents (36.8 percent) were concerned about having enough food to feed their families. Many respondents also indicated that their community lacks safe and sanitary housing (16.5 percent), healthy food options (17.5 percent) and access to affordable healthcare (18.5 percent). Other services that are lacking include help in understanding family conflicts and violence (11.3 percent), access to affordable childcare (11.5 percent), and senior centers and services (13.6 percent).

Community Perceptions: Community perceptions align with most of the challenges demonstrated through secondary data. Almost 3,000 residents participated in the survey, with data collected online, via phone and on paper. Overall, the survey respondents have positive views of their community as a good place to work and live. However, many residents also have concerns related to economic conditions, job opportunities and wages. The most significant concerns for residents were low wages relative to the cost of living, with 69.3 percent reporting it is a major concern for them, and housing, with 64.0 percent indicating it as a major concern. Traffic and road congestion are a major problem for 54.2 percent of respondents. Almost a third of working age respondents indicated they need to develop their computer skills to get a better paying job.

While income, housing and transportation are important for all residents, senior residents also have other concerns related to food security, access to elderly services and caregiver support. Younger residents and particularly those with children are more concerned about good quality schools, childcare, child abuse and neglect, violent and property crimes, and mental health.

More detailed information on the highlights described above is presented in the report. The significant challenges identified in the report also require heightened attention and even greater effort to mitigate the devastating impact of COVID-19 impact on Miami-Dade County residents. Four specific recommendations stem both from the analysis presented in the report, as well as from the preliminary data on COVID-19 impacts. COVID-19 exacerbated many of the adverse conditions and recurring challenges for Miami-Dade County residents, but the needs were evident even prior to the pandemic outbreak. Therefore, the recommendations take into account both the short-term and long-term needs of the community.

Focus on Economic Opportunity and Mobility: COVID-19 exposed the vulnerabilities of the Miami-Dade County economy to economic shocks. The economic metrics mentioned previously, including poverty, the large number of service sector jobs with low wages, the high cost of living and large number of cost-burdened households, amplified the economic downturn for many residents at the onset of the pandemic. While the COVID-19 challenges necessitate immediate provision of social services to address these challenges, the most important pillar of an economic development strategy is to broaden economic opportunities and mobility for residents. Workforce training and connecting workers to jobs are essential to building a more sustainable and inclusive economy prepared to face future economic shocks. The delivery of training programs at family and community service centers and the County's 50 public libraries would provide services and programs in close proximity to residents. CAHSD can add to its existing services by partnering with organizations with a track record of upskilling workers and connecting them to employers.

Expansion and Enhancement of Services: CAHSD offers a blend of programs and services to residents of all ages, from children to the elderly, the enhancement and expansion of services also need to be geared to meeting the specific needs of various groups. The type and location of services that CAHSD and its partners offer need to be based on the current and accurate assessment of need, with a consideration for access. CAHSD's continuous evaluation of data regarding the needs of residents and review of HS/EHS site locations and resource allocation, within the means of their federal funding, is necessary to continue to meet the current and emerging needs of residents. To help mitigate the added costs of continuous program evaluation and/or expansion, the Department can expand partnerships with other service providers to augment existing services. The community feedback points to the need for such expansion in all areas, from childcare and education, to workforce training and housing, as well as elderly services.

Partnerships: CAHSD has established partnerships with many organizations, and these partners recognize the importance of collaborations. The community, CAHSD staff and partners are in agreement for the need for partnerships. As the largest social service organization in Miami-Dade County, CAHSD can take a leadership role in creating a social service ecosystem that connects organizations to each other and to clients. The creation of a well-functioning ecosystem in which there are common goals, success metrics and adequate community knowledge of available resources will help reduce duplication of services and presents an opportunity to create a wrap-around service delivery system.

Community Outreach and Engagement: Awareness of the Department's existing programs and scope of services, as well as services offered by other providers, is vital to building an informed community with easy access to necessary resources. Community outreach was the third most often mentioned recommendation for CAHSD in the Community Action Committee discussions, after creating employment opportunities by providing job training, and affordable housing efforts. Enhanced marketing of the various programs and resources of the Department can help increase community involvement in Departmental events and programs implemented through the community centers and improve the Department's image as an involved and receptive organization.

Methodology

The *2020 Miami-Dade County Comprehensive Community Needs Assessment* combines primary and secondary data to describe the characteristics of Miami-Dade County residents, families and households across important quality of life features. The purpose of the report is both to inform decision-makers of current conditions, and also to allow for comparison over time. For that purpose, the assessment is primarily reliant on publicly available data sources. The most important source for such data is the U.S. Census Bureau and its various programs, of which the most referenced in this report is the American Community Survey (ACS), accessed via American FactFinder platform (https://factfinder.census.gov), recently retired on March 31, 2020 and replaced by the new U.S. Census website (data.census.gov). The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information. The ACS includes information about jobs and occupations, educational attainment, veterans, whether people own or rent their homes, poverty and earnings, social benefits recipients, and other topics. Information from the survey generates data that helps determine how more than $1.5 trillion[8] in federal and state funds are distributed each year. The ACS helps communities plan for hospitals and schools, support school lunch programs, improve emergency services, build bridges, inform businesses looking to add jobs and expand to new markets, and more.[9] Every year since 2005, the U.S. Census Bureau contacts over 3.5 million households across the country to participate in the ACS. In prior years, the detailed demographic, social, economic, and housing information about America's communities was only available once a decade. At the time of data collection and report development, the most current year for which ACS data was available was 2017.



The ACS data is also the only continuous reliable data avilable for smaller geographies. This report collected data by census tract, which are small, relatively permanent statistical subdivisions of a county. Miami-Dade County has 519 census tracts with an average population of 5,207 residents for each tract. By population, the smallest census tract has 62 residents, while the largest has 18,678 residents. Access to detailed demographic information by census tract allows for analysis and comparisons of communites and neighborhoods, which enables the identification of areas in distress and in need of specific services.

Another important resource, particularly for the health data used in this report is the Florida Department of Health's *Community Health Assessment Resource Tool Set* (*CHARTS*). Florida CHARTS (http://www.floridacharts.com) is a web site providing easy access to health indicator data at the community and statewide-level for the State of Florida. Data for most CHARTS indicators are updated annually. However, information on birth, deaths, and communicable diseases is updated weekly.

Additional data sources include local data from Miami-Dade County departments and other agencies. The Community Action and Human Services Department (CAHSD) provided department-specific information, including their business plan and number of children served as reported in their tracking system.

Other sources included the Florida Department of Children and Families, Florida Department of Economic Opportunity, the U.S. Bureau of Labor Statistics, local nonprofits such as the Early Learning Coalition, United

[8] George Washington Institute of Public Policy, Counting for Dollar 2020 Brief 7: Comprehensive Accounting of Census-Guided Federal Spending (FY2017), https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/Counting%20for%20Dollars%202020%20Brief%207A%20-%20Comprehensive%20Accounting.pdf

[9] U.S. Census Bureau, https://www.census.gov/programs-surveys/acs/about.html

Way, FarmShare and others. All these sources, in combination, present a comprehensive description of the needs of the community and the services targeting those needs.

The primary data was collected through a combination of methods and with different populations. A community-wide survey was administered, with responses collected online, via phone and in person (paper-based) to obtain a broad representation of residents and opinions. The survey was made available in English, Spanish and Haitian-Creole. A total of 2,997 responses were collected - 363 online, 605 phone and 2,029 paper-based. The paper-based responses were collected at over 50 sites selected by CAHSD. These sites included public library branches, community centers and Head Start/Early Head Start locations, to name a few.

Nine focus groups were also conducted in Miami-Dade County. Six of the eight focus groups were convened in targeted urban areas where the CAHSD wanted a better understanding of the particular needs of the community and its members. One focus group was held at a Community Action Agency Board meeting, another focus group was held at a Head Start Policy Council meeting to better understand the needs of parents and community members that have participated in the Head Start/Early Head Start program, and the last focus group was for members of CAHSD staff to gain insight into their experience, not only as employees of the department, but as members and advocates for the communities in which they work.

Feedback was also collected from other stakeholders, including CAHSD partners and staff. Their responses were collected online. A total of 175 CAHSD staff and community partners completed the surveys.

Miami-Dade County Structure and Governance

Miami-Dade County is the most populous county in Florida. Located in the southeastern portion of the United States mainland, Miami-Dade County neighbors Broward County in the north, Collier County in the northwest, and Monroe County towards the southwest. The Atlantic Ocean covers the entire eastern portion of the County.

Miami-Dade County and the 34 incorporated municipalities within the area operate within a two-tier system of governance. Miami-Dade County's form of government was established in the 1957 charter that created both the Metropolitan government and home rule. Unlike a consolidated city-county, where the city and county governments merge into a single entity, in Miami-Dade County these two entities remain separate. Instead, there are two "tiers," or levels, of government: city and county. Cities are the "lower tier" of local government and may provide services such as police, zoning and code enforcement, and other typical city services within their jurisdiction. These services are paid for by city taxes. The County is the "upper tier," and it provides regional services of a metropolitan nature, such as emergency management, airport and seaport operations, public housing and health care services, transportation, environmental services, regional parks, solid waste disposal, police, fire, and correctional services, among others. These are funded by county taxes, which are assessed on all incorporated and unincorporated areas. Dade County was created on January 18, 1836, under the Territorial Act of the United States. The County was renamed "Metro-Dade" in 1957 to highlight the unique form of local government. On November 13, 1997, voters changed the name to Miami-Dade County.

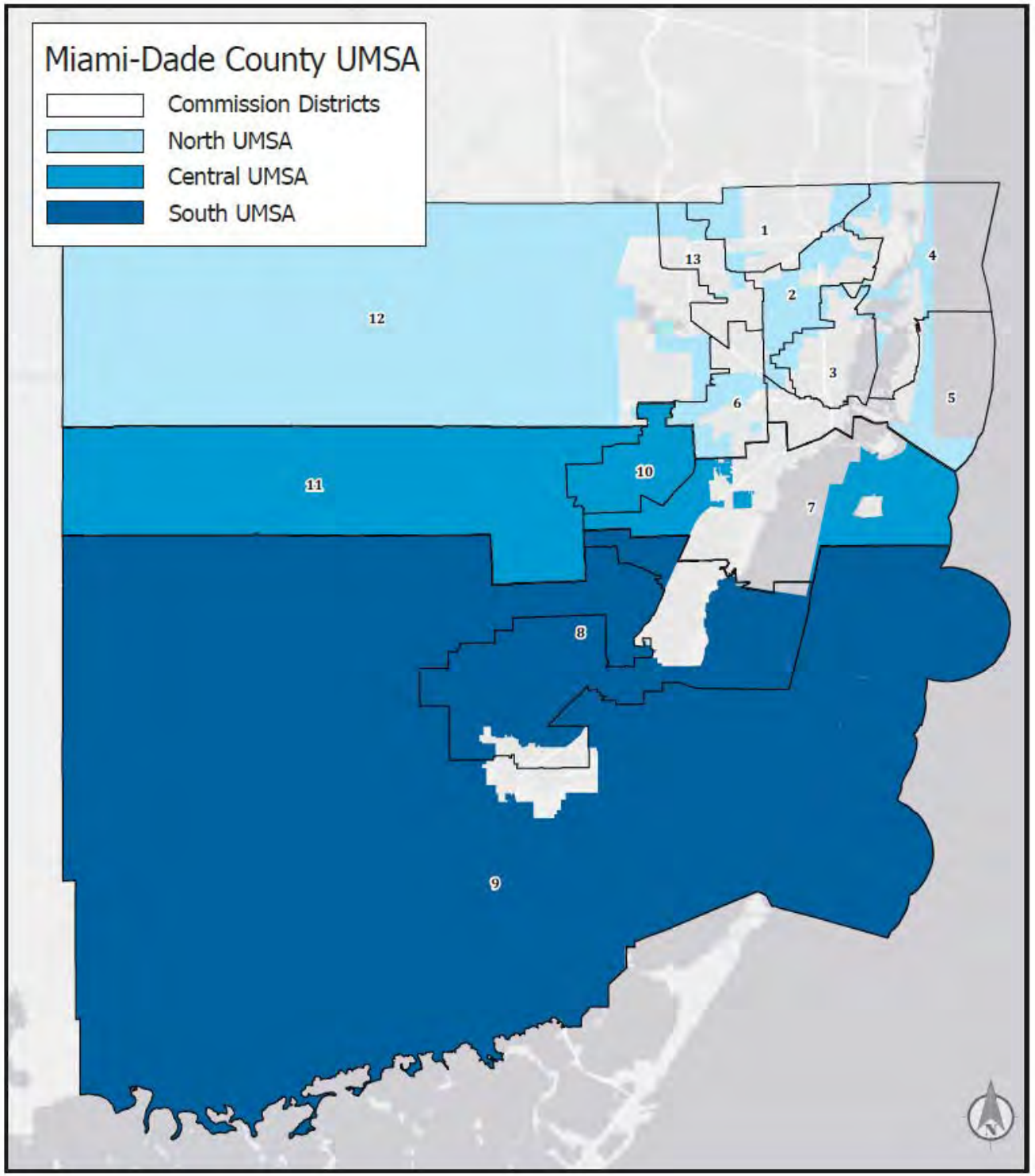
City of Miami is the largest municipality in the County, with 443,007 residents. (ACS 2017, U.S. Census Bureau) Large cities with over 50,000 residents, include Hialeah, Miami Gardens, Miami Beach, North Miami, Doral, and Coral Gables. Smaller cities include Biscayne Park (3,197 residents), Bal Harbor (2,959), Virginia Gardens (2,515), El Portal (2,329), Medley (1,111), Golden Beach (625), and Indian Creek Village (42).

Of the County's 2.7 million total residents, approximately 42 percent live in unincorporated areas, the majority of which are heavily urbanized. Almost 356,000 households are in the Unincorporated Municipal Service Area (UMSA), with the most significant portion located in central UMSA. UMSA's population exceeds one million, making it larger than any city in Florida and one of the largest in the nation. For UMSA residents, the County fills the role of both lower and upper-tier government, the County Commission acting as the lower-tier municipal representative body. Residents within this area pay an unincorporated tax, equivalent to a city tax, which is used to provide county residents with comparable city services (police, fire, zoning, water, and sewer, etc.)

Miami-Dade County government has 25 departments, overseen by an elected mayor and a 13-member commission. The County departments are divided into six strategic service delivery areas - Public Safety, Transportation, Recreation and Culture, Neighborhood and Infrastructure, Health and Human Services, and Economic Development.

The Miami-Dade County Community Action and Human Services Department, within the Health and Human Services strategic area, manages various programs and services provided to community members throughout the County. Programs include: the Head Start/ Early Head Start Program (HS/EHS), the Low Income Home Energy Assistance Program (LIHEAP), the Disability Services and Independent Living Program (DSAIL), the Rehabilitative Services programs, Domestic Violence Assistance programs, Home Rehabilitation programs, and Community Service Block Grant (CSBG) Programming to include: rental assistance, information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, case management, citizen participation/community advisory committees, and employment readiness and placement. CAHSD programs and services are all designed to help alleviate poverty and improve overall well-being of residents in Miami-Dade County.

Figure 0.1: Miami-Dade Commission Districts & Unincorporated Municipal Services Areas (UMSA)



Community Action and Human Services Department (CAHSD)

The Community Action and Human Services Department (CAHSD) of Miami-Dade County is the largest provider of social services in the County and serves thousands of community members each day. Their organizational mission is to empower individuals, families, and communities through the provision of comprehensive social services[10] as they aim to address the multigenerational needs of the most vulnerable residents and communities throughout the County. According to their 2018 Annual Report, CAHSD's main focus areas are:

- Improving the quality of life for seniors
- Fighting the opioid epidemic
- Reducing the energy burden on low-income families
- Closing achievement gaps
- Supporting victims of domestic violence and human trafficking
- Strengthening resiliency among low-income individuals, families, and communities

These services are meant to align with the service goals outlined in the Miami-Dade County Strategic Plan for Health and Human Services. In 2019, CAHSD's Elderly and Disability Services Bureau (EDSB) helped to alleviate food barriers by providing more than 1.2 million meals to the elderly and adults with disabilities. The main programs for seniors and adults with disabilities implemented by the department are the Disability Services and Independent Living Program (DSAIL), and the community-based Adult Day Care Centers and Home Care Program. The DSAIL program assists adults with disabilities through case management, in-home support, group activity therapy, counseling, as well as assistance with employment, accessible housing, and social skills training. The Adult Day Care Centers are structured, community-based programs designed to meet the needs of functionally impaired elderly and younger adults with disabilities. Participants receive a variety of health, social, and related support services in a protective setting during the day. The Home Care Program provides homemaking, personal care, chore, and respite services to elderly and young adults with disabilities who need assistance with their activities of daily living in order to remain at home. In 2019, the Respite for Elders Living in Everyday Families Program (R.E.L.I.E.F) delivered 13,867 service hours through volunteers to low-income, overwhelmed caregivers to alleviate the stress of caring for their loved ones. Volunteers in the Senior Companion Program also provided 104,689 hours to over 270 frail elderly residents while 37 retired and Senior Volunteer Program volunteers were connected with 37 elderly homebound residents, providing more than 5,772 hours of companionship and respite. In 2019, CAHSD served 1.2 million nutritionally balanced meals to the elderly and adults with disabilities through their 21 congregate meal sites and senior centers.

CAHSD's Head Start/ Early Head Start (HS/EHS) programs aim to provide comprehensive early childhood education for children from birth to five years old. In 2018, CAHSD served 6,996 families throughout the HS/EHS programs. The HS/EHS programs were created to break the cycle of poverty and help close the gap between low and higher-income children going into Kindergarten by improving their school readiness and helping students to develop strong literacy, math, science, and social skills. Through the HS/EHS programs, CAHSD also promotes parental engagement and provides parents with resources that promote their self-sufficiency which can aid in their child's success. In 2018 there were 700 parent training sessions and 3,288 HS parents volunteered in their child's classroom. In 2019, 3 million meals were served to children in the HS/EHS programs, each day children received breakfast, lunch, and a snack.

[10] Community Action and Human Services Department Annual Report (2018)
https://www.miamidade.gov/socialservices/library/reports/2018-annual-report.pdf

The Rehabilitative Services Division of CAHSD offers comprehensive residential and outpatient treatment to adults struggling with substance abuse and co-occurring disorders. The evidence-based treatment practices used in CAHSD programs include individual and group counseling, psychiatric, medical and psychological services, Medication-Assisted Treatment (MAT), and intensive case management. In 2019, CAHSD provided substance abuse services to 2,603 individuals, 361 of whom suffered from opioid addiction, through residential and outpatient treatment programs. These programs resulted in 88 percent of outpatient clients successfully diverting from the criminal justice system and 95 percent of residential treatment clients being discharged into stable housing. In 2019, over 63,000 hours of counseling were provided to individuals with substance abuse disorders, 3,067 MAT doses were administered, and 239 Narcan kits were distributed to opioid users. The division also partners with the Miami-Dade County Drug Court helping to successfully divert 90 percent of referred program participants from the criminal justice system.

CAHSD is also committed to assisting domestic violence survivors and victims of human trafficking in Miami-Dade County. In 2019, CAHSD offered safety planning, advocacy support, legal services and many other crucial services, to 12,240 victims of domestic violence and human trafficking. The department provided emergency shelter to 1,878 victims, transitional housing and supportive services to 2,717 victims and their family members, and helped 516 victims relocate to a confidential location so they and their families could restart their lives in safety. Through the 24-hour Domestic Violence Hotline, the department was able to respond to 2,636 calls and provided 1,283 referrals. Through the Coordinated Victims Assistance Center's Helpline approximately 20,000 victims are assisted on an annual basis. CAHSD also provided food to 5,368 victims and their families and assisted 133 victims with emergency direct relief funds in the overall amount of $187,349.87.

CAHSD "practices a comprehensive, holistic approach to supporting victims of domestic violence, stalking, dating violence, sexual violence, and human trafficking. The department's services include safety planning, legal and court services, advocacy, direct relief assistance, emergency shelter, transitional housing, and counseling."

The Low-Income Household Energy Assistance Program (LIHEAP) is a federal program administered by CAHSD for the County for over 35 years to help diminish the energy burden among low-income households. According to CAHSD, LIHEAP low-income households are spending between 8 and 12.1 percent of their monthly income on energy costs. The LIHEAP provides financial assistance for low-income individuals to help pay their energy bills to alleviate the substantial energy burden. In 2019, the program provided $9.5 million in financial assistance to 29,905 low-income households.

The wide variety of services provided by CAHSD continues to expand. It aims to strengthen communities through financial assistance, social services for seniors, adults with disabilities, needy families and children, and those suffering from addiction or abuse. Along with the more extensive services distributed, CAHSD is also dedicated to providing home and community improvement efforts, leadership development, and advocacy programs providing mental health services, employment services, implementing and organizing disaster relief efforts, and providing services for niche populations including at-risk youth and migrant farm workers.

In CAHSD's 2020-21 Proposed Budget and Multi-Year Capital Plan, the top three CAHSD divisions with the most funding allocation are the Head Start Division, the Family and Community Services Division, and the Elderly and Disability Services Bureau. Funding for the Head Start Division is over 50 percent of CAHSD's overall budget. It includes $76.919 million from the United States Department of Health and Human Services, $850,000 from the Children's Trust, and $1.6 million from the United States Department of

Agriculture for their Summer Meals Program. The Head Start Division not only provides services through their HS/EHS Programs but also through their plethora of wraparound services for low-income families who require additional financial and emotional support.

The Family and Community Services Division receives the second-largest funding allocation in the Department through the federal Community Services Block Grant (CSBG). The division's services include family and community development, the Low Income Home Energy Assistance Program (LIHEAP), information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, and employment readiness. CSBG provides millions in funding to CAHSD to alleviate the causes and conditions of poverty in Miami-Dade County. CSBG funding supports projects that reduce poverty in communities and address the needs of low-income individuals, including the homeless, migrants, and the elderly. It includes services and activities addressing employment, education, better use of available income, housing, nutrition, and emergency services.

Most of the Department funding comes from federal funds through stakeholders such as the United States Department of Health and Human Services and large grants such as the Community Services Block Grant. The second primary source of funding for the Department is from the County's general fund, with a small portion of funding from state funds, interagency transfers, and proprietary fees.

Defining the Need of Low-Income Areas

In 1997, Miami-Dade County identified 15 neighborhoods and two commercial corridors as Targeted Urban Areas (TUAs). The TUAs would serve as economic development priority areas and be the focus of public efforts largely directed by community input.[11] These areas were targeted because of the higher prevalence of poverty and lack of economic opportunity. Per capita income of TUA residents in 2000 was approximately 44 percent below the per capita income in the County as a whole. Median household income in the County was 1.5 times higher than in the TUAs in 2000. Approximately 46 percent of the TUA population 25 and older did not have a high school diploma or the GED equivalent in 2000.[12]

Although housing unaffordability and overall crime rates continue to increase in many of the TUAs, the 2018 Miami-Dade Economic Advocacy Trust (MDEAT) Report Card and Scorecard for the 17 Targeted Urban Areas found significant improvements in the areas of educational attainment and juvenile crime rates. Resources available to the populations of the TUAs continue to consist primarily of agencies and organizations providing basic services under three major categories: 1) child, family and school social services, 2) medical and public health social services, and 3) mental health and substance abuse social services. The analysis found significant needs in many of the TUAs as related to MDEAT's four policy areas: Jobs/Economic development, Housing, Education and Criminal Justice.[13]

The most recent attempt at addressing the needs of low-income neighborhoods is the creation of Federal Opportunity Zones. These opportunity zones are a new community and economic development tool that aims to drive long-term private investment into low-income communities throughout the country. The U.S. Department of the Treasury certified the Florida Opportunity Zones nominated by Governor Rick Scott on June 14, 2018. There are 67 opportunity zones in Miami-Dade County. According to the Miami-Dade County Open Data Hub, Opportunity Zones indicated stressed communities where new business investments may

[11] Miami-Dade County, Targeted Urban Areas. https://www.miamidade.gov/global/government/trusts/economicadvocacy/targeted-urban-areas.page

[12] "Socio-Economic Conditions in Miami-Dade's Targeted Urban Areas2007-2011." (2013). Economic Analysis & Policy Dept. of Regulatory & Economic Resources, Miami-Dade County.

[13] Miami-Dade Economic Advocacy Trust, Annual Report and Scorecard. https://www.miamidade.gov/global/government/trusts/economicadvocacy/annual-reports.page

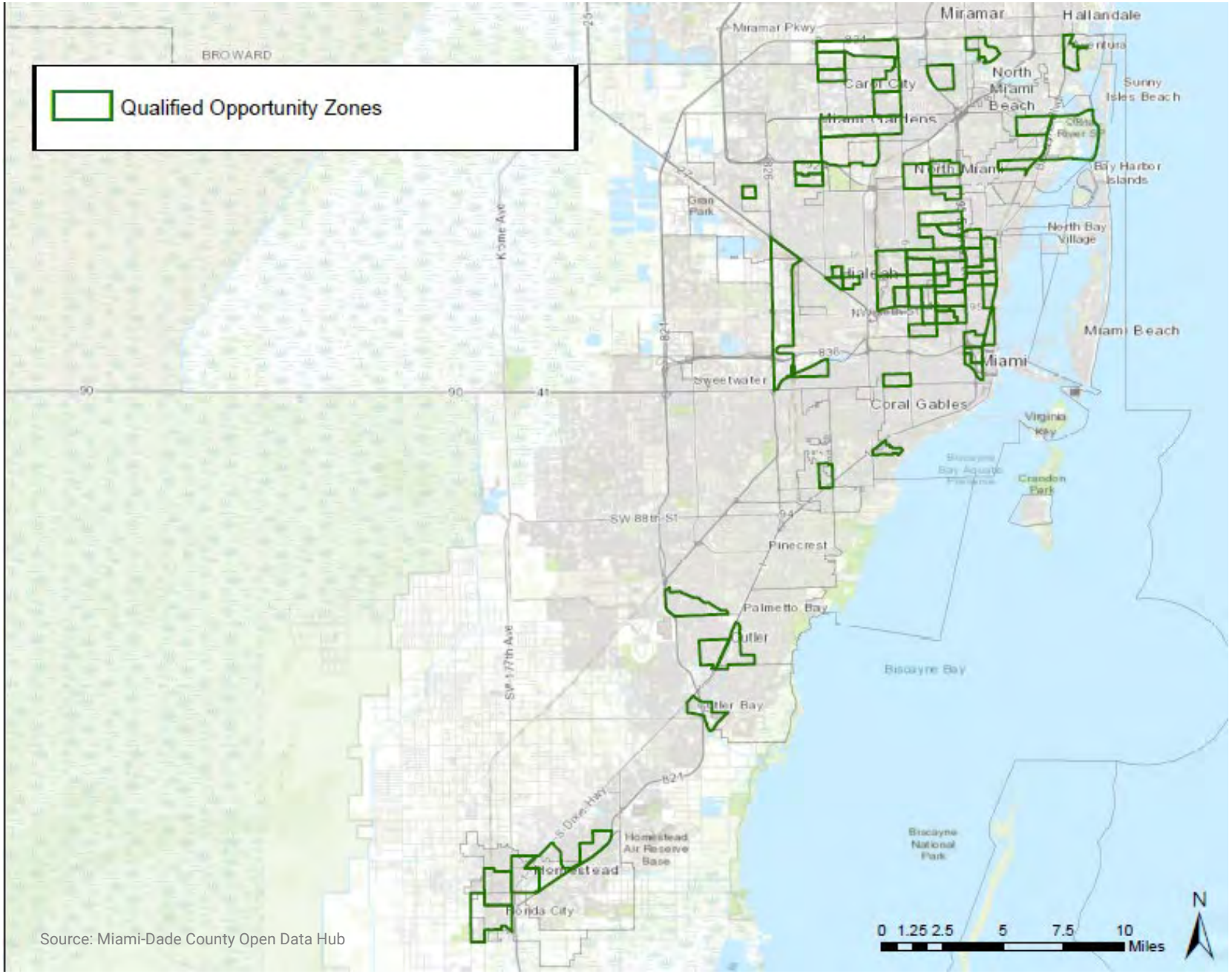
be eligible for preferential tax treatment. Through the program, tax incentives are given for investors to re-invest their capital gains in Opportunity Funds that are aimed at developing the 67 designated Opportunity Zones. The initiative holds that increased large-scale investment in these economically distressed areas will lead to improved overall conditions through providing employment opportunities for residents, boosting revenues for existing businesses and encouraging the creation of new businesses. Secretary of the Treasury Steve Mnuchin stated that the program anticipates "that $100 billion in private capital will be dedicated toward creating jobs and economic development in Opportunity Zones."[14]

Projects such as SoLe Mia in North Miami, the proposed Magic City Innovation District in Little Haiti, the 45 Northeast 41st Street, the Design District project in North Miami, and the Wynwood Haus, Arts and Entertainment District on North Miami Avenue[15], are all development projects that have been fully or partially funded by Opportunity Zone investment funds.

[14] "Opportunity Zones: Broken Down in Plain English" US Federal Contractor Registration https://uscontractorregistration.com/blog/opportunity-zones/

[15] Francisco Alvarado (2019), "The Opportunity Zone Payday" The Real Deal South Florida Real Estate News. https://therealdeal.com/miami/issues_articles/the-opportunity-zone-payday/

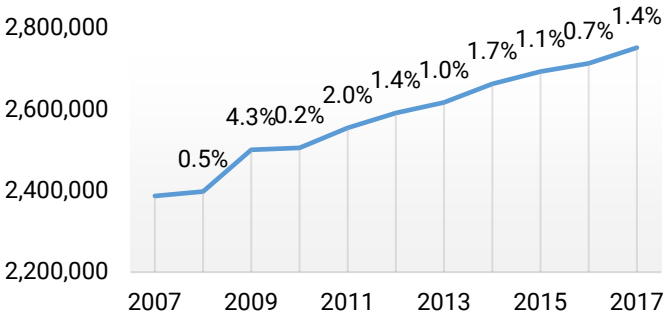
Figure 0.2: Qualified Opportunity Zones in Miami-Dade County



I. General Population Characteristics

Miami-Dade County experienced steady population growth in the last decade (see Figure 1.1). From 2007 to 2017, Miami-Dade County's population increased by more than 364,626 residents, or 15.3 percent, to approximately 2,751,796. The most significant population growth since 2007 occurred in 2009 when there was a 4.3 percent increase from the previous year. However, the pace of population growth slowed down to an annual 1.4 percent increase from 2016 to 2017. According to U.S. Census estimates, the growth decreased by 0.6 percent further from 2017 to 2018.

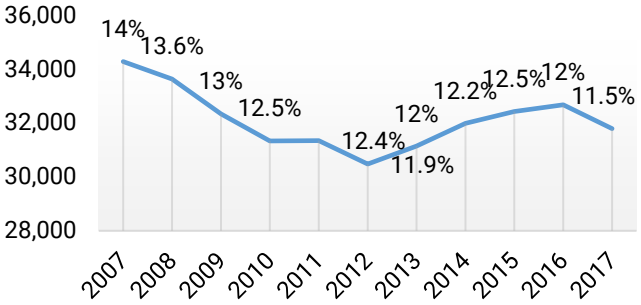
Figure 1.1: Population Growth, Year-Over-Year



Source: U.S. Census, American Community Survey 2007-2017 1-Yr estimate

In addition to natural growth from births (see Figure 1.2), the County also experiences growth through international migration. In 2017, approximately 464,229 people moved to the County from abroad; 309,335 from another county within Florida; and 285,017 from another state.[16] According to the 2018 U.S. Census current population estimates, population growth in the Miami-Dade County area is slowing down as a result of increased domestic out-migration and declining international migration. Both Miami-Dade County and Broward County show negative domestic migration. Since 2017, Miami-Dade County lost almost 52,000 residents, while Broward County lost about 10,800. Palm Beach County is the only South Florida County with gains from domestic migration (+3,661). Miami-Dade County first began recording negative domestic migration in 2012, which progressively increased over the last six years, from about 16,000 in 2012 to 51,671 in 2018.

Figure 1.2: Birth Rates, Year-Over-Year



Source: U.S. Census, American Community Survey 2007-2017 1-Yr

Miami-Dade County continues to be a majority-minority county, with ethnic and racial minorities making up the majority of the population. In 1990, 49.2 percent of the population was Hispanic, and 19.1 percent was Black. By 2000, the Hispanic population increased by 8.1 percent to 57.3 percent, while the Black share of the population also increased slightly to 19.7 percent. Black and African American residents accounted for 18.1 percent of the County's population in 2009, but their share decreased to 16.3 percent in 2017. In both 2009 and 2017, the majority of residents identified themselves as Hispanic, 61.4 percent, and 67.5 percent, respectively

Table 1.1: Residents by Race/Ethnicity

	2009		2017	
	Number	Percent	Number	Percent
White, non-Hispanic	443,615	18.1%	371,233	13.7%
Black or African American	444,667	18.1%	441,604	16.3%
Hispanic or Latino	1,507,621	61.4%	1,823,038	67.5%
Total	**2,457,044**		**2,702,602**	

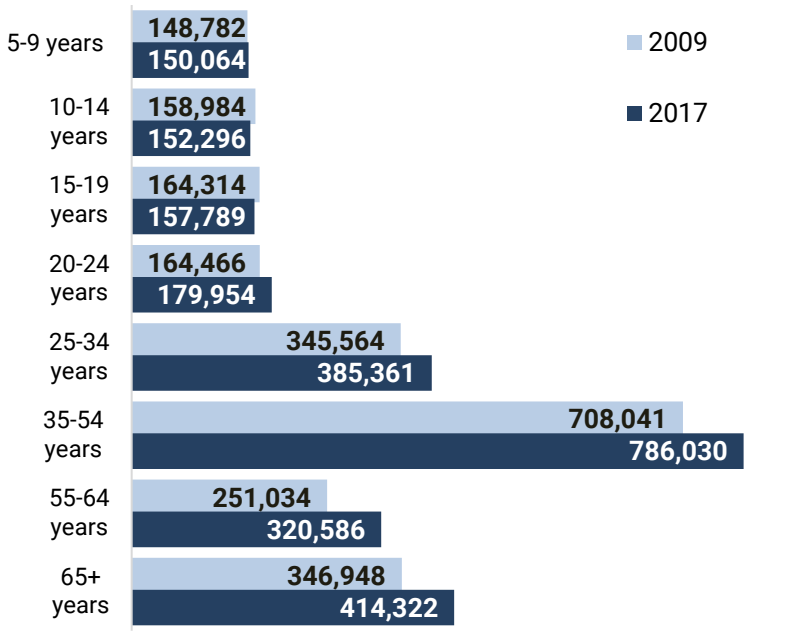
Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

[16] U.S. Census, 2007 & 2017 ACS 1-Year Estimates

(see Table 1.1). This increase continues the trend from previous years. In 2017, 33 percent of residents only spoke English; 59 percent indicated Spanish as their primary language; and 8 percent spoke another language. The distribution of residents by language group did not change significantly from 2009.[17]

In both 2009 and 2017, the largest concentration of residents (43.3 percent) was in the prime working age range of 25 to 54. The number of residents in Miami-Dade County increased for all age groups 20 and over but decreased for the 19 and below age groups (see Figure 1.3). The younger age groups' proportion to the total population is decreasing while the older groups are increasing in both absolute numbers and as a proportion of the total population, the median age increased from 37.2 in 2009 to 39.5 in 2017.

Figure 1.3: Number of Residents by Age Group



Source: U.S. Census, American Community Survey 2009-2017 5-Yr estimate

Table 1.2 shows that there is an overall decline in the number of school-age children in Miami-Dade County, with the highest decrease being 8 percent among children under the age of 5. From 2009 to 2017 the population of all children 17 and under declined by 4 percent.

These significant decreases in school-aged children may be the result of the severe systemic undercount of children in the U.S. Census. According to the Census 2020 Perspectives from Hard-to-Enumerate Communities in Broward County report[18], by the FIU Jorge M. Perez Metropolitan Center, parent participants in the Hard-to-Enumerate focus groups expressed fear at reporting any information about their children on the U.S. Census. The fear of having their child's identity stolen led many participants to purposely leave out information on their child, often not realizing that the community loses out on benefits due to this undercount. As a result of these significant undercounts the actual number of school-aged children throughout the County is not known and the actual decline in school-age children cannot be accurately determined.

Table 1.2: Children by Age Group & (%) Change

	2009	2017	Change
Under 5	168,911	156,200	-7.5%
5 to 9	148,782	150,064	0.9%
10 to 14	158,984	152,296	-4.2%
15 to 17	99,719	94,739	-5.0%
Total	576,396	553,299	-4.0%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

At least 4 million U.S. children under age 5 live in neighborhoods with a very high risk of undercounting young children in the 2020 Census, according to a new analysis by Population Reference Bureau (PRB). The risk of undercounting young children varies widely across the 689 large counties included in the analysis. In Miami-Dade County, 84% of children under age 5 live in a census tract with a very high risk of undercounting young children. Figure 1.4 shows

[17] U.S. Census, 2009 & 2017 ACS 5-Year Estimates

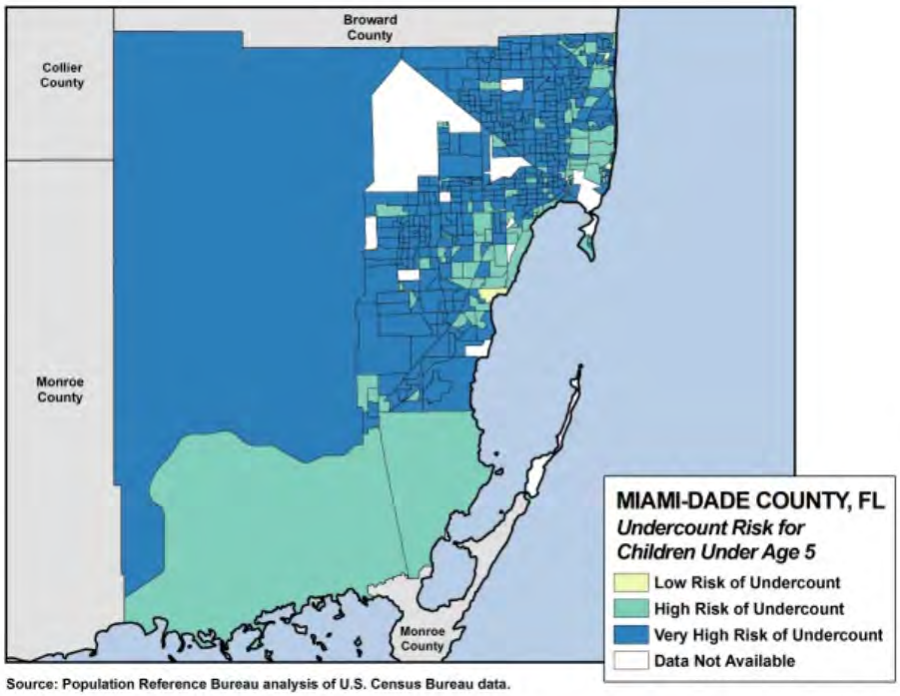
[18] FIU Jorge M. Perez Metropolitan Center (2020), Census 2020 Perspective from Hard-to-Enumerate Communities in Broward County, https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/broward-census-report-final-2.pdf

the distribution of these census tracts in Miami-Dade County. There are only a few tracts with a low undercount risk.

PRB's research finds young children are more likely to undercounted in neighborhoods with high concentrations of populations in seven groups: children living in poverty; adults ages 18 to 34 without a high school diploma or GED; children living in female-headed households with no spouse present; young children living with grandparent householders; households that are limited English speaking; children living in immigrant families; and people living in renter-occupied housing units.

The population estimates detailed in this report rely on U.S. Census Bureau data from the annual American Community Survey (ACS), which may produce estimates due to the undercount of certain populations. These individuals, sometimes referred to as hard-to-count populations, include children, rural residents, individuals of color, immigrants, homeless, and others. Some estimates indicate that the 2010 census undercounted 18,000 Hispanic children in Miami-Dade County. Additionally, it was estimated that the net undercount rate for Black (Alone or in combination) children under age 5 in the 2010 Census was 6.3 percent. [19] Based on the undercount estimates, almost 30,000 children in Miami-Dade County were undercounted in the 2010 Census, and the same undercount can also be inferred for the annual ACS. The undercount impacts federal funding for programs that affect children, including nutrition assistance, Head Start, special education, foster care, Medicaid, and the Children's Health Insurance Program and housing assistance to help a child's family.

Figure 1.4: Undercount risk for Children Under Age 5



Source: Population Reference Bureau analysis of U.S. Census Bureau data.

[19] William O'Hare (2019), Differential Undercounts in the U.S. Census, Who is Missed? https://philanthropydelaware.org/resources/Documents/2019_Book_DifferentialUndercountsInTheUS.pdf

Marital Status

Changes in marital status in Miami-Dade County help explain changes in household characteristics in the County. Table 1.3 shows that from 2009 to 2017, the percentage of residents in the County who are married decreased by 3.9 percent, while those who have never been married increased by 3.6 percent, and residents who are divorced increased by 1.0 percent.

Table 1.3: Marital Status of Individuals 15 Years & Over, & (%) Change

	2009	2017	Change
Now Married	44.5%	40.6%	-3.9%
Widowed	6.8%	6.1%	-0.7%
Divorced	11.9%	12.9%	1.0%
Separated	3.5%	3.6%	0.1%
Never Married	33.2%	36.8%	3.6%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

Household Characteristics

From 2009 to 2017, the number of households in Miami-Dade County increased by 3.7 percent (see Table 1.4). Over time, slow but steady changes in who lives with whom—or perhaps lives alone—reflect shifts in the country's economy, its social norms, and its choices of where and how to live. The percent of married-couple households is declining and accounts for less than half of homes in the United States. In 2010, for the first time, married-couple families fell below 50 percent of all households in the United States. In 2017, Miami-Dade County showed a similar trend, with only 43 percent of households consisting of married-couple households.

Table 1.4: Household Composition Change

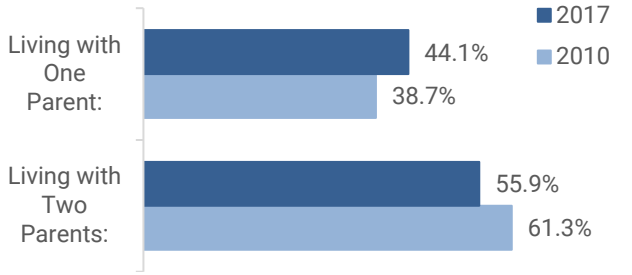
	2009	2017	Change
Married Couple Families	376,061	370,596	-1.5%
Male Householder, No Wife, Family Household	50,107	58,298	16.3%
Female Householder, No Husband, Family Household	141,142	156,582	10.9%
Nonfamily Household	260,621	272,813	4.7%
Total Households	827,931	858,289	3.7%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

In Miami-Dade County, married-couple households decreased by 1.5 percent from 2009 to 2017, with a significant change in male and female households with no spouse present. Male households with no wife present increased by 16.3 percent, and female households with no husband present increased by 10.9 percent. It should be noted that these households may have another adult, such as a parent or a long-term partner to the householder. Nonfamily households also increased by 4.7 percent. The average household size increased from 2.89 in 2009 to 3.09 in 2017.

From 2010 to 2017, the family dynamics for children under the age of 6 years old changed in Miami-Dade County. Over the past 20 years, single-parent families have become more common than the so-called "nuclear family" consisting of a mother, father, and children. Today we see families headed by mothers, headed by fathers, or led by a grandparent raising their grandchildren. The rise in U.S. children living with either cohabiting or solo parents is partially due to the long-term decline in marriage and the increase of out-of-wedlock births.[20] From 2010 to 2017, the number of children living with two parents decreased by 5.4 percent, and the number of children living with one parent increased by 5.4 percent (See Figure 1.5).

Figure 1.5: Children Under 6 Living Arrangements (%)



Source: U.S. Census, American Community Survey 2010-2017 5-Yr estimate

[20] Chamie (2017) Out-of-Wedlock Births Rise Worldwide, https://yaleglobal.yale.edu/content/out-wedlock-births-rise-worldwide

Foreign Born Population

The foreign-born population in Miami-Dade County accounts for 52.0 percent of the overall population. More than half of the foreign-born individuals residing in the County are naturalized citizens (56.1 percent) while 43.9 percent are not. The foreign-born population residing in Miami-Dade County increased by 17.8 percent from 2009 to 2017, with the largest number of foreign-born residents immigrating from South America (22.8 percent). Due to the large portion of foreign-born residents from Latin America, 80.8 percent of immigrants speak Spanish as their primary language. The remaining foreign-born population groups speak an Indo-European language (8.9 percent), only English (7.7 percent), an Asian or Pacific Island language (1.4 percent), or another language (0.7 percent) as a primary or only language.

Table 1.5: Foreign Born Population Change by Country of Origin

	2009	2017	Population Growth
Latin America	1,123,571	1,330,984	18.5%
• Caribbean	704,140	861,560	22.4%
• Central America	198,349	197,912	-0.2%
• South America	221,082	271,512	22.8%
Europe	43,705	47,443	8.6%
Asia	33,879	39,898	17.8%
Other areas	13,740	12,555	-8.6%
Total foreign-born population	1,214,895	1,430,880	17.8%

Source: U.S. Census, 2009 and 2017 5-Yr estimates

Veterans

In 2017, 49,728 veterans resided in Miami-Dade County, of whom 45,371 were male, and 4,357 were female. Veterans who were enlisted in the Vietnam War make up the largest number of veterans in the County (14,911), with the second largest group of veterans having participated in the Gulf War after September 2001 (10,312) (Table 1.6). The age group with the largest number of veterans is the 35 to 54-year-old age group, which correlates with the large number of veterans during both periods of the Gulf War.

Table 1.6: Veterans by Different Conflicts Served

	2017
Gulf War (9/2001 or later) veterans	10,312
Gulf War (8/1990 to 8/2001) veterans	9,465
Vietnam War Veterans	14,911
Korean War Veterans	3,359
World War II Veterans	2,282
Total Veterans	49,728

Source: U.S. Census, 2017 5-Yr estimates

In 2017, 9.9 percent of veterans in the County were living below the poverty level, and 24.3 percent reported having a disability. Supportive services for veterans trying to assimilate back into civilian life are a necessity, especially for those veterans struggling financially or living with a disability. Participants in the community focus groups mentioned the importance of safe housing and development opportunities for veterans, especially homeless veterans. CAHSD community partners also expressed the need for more attention to be directed at residential drug treatment programs and outpatient treatment services for veterans. One participant in the Partner Survey stated the need for "more locations that offer trauma counseling and therapy" for veterans in the community.

CAHSD Veteran Programs

CAHSD's Veteran Services Program assists local Veterans and their families in applying for Veteran benefits, claims and appeals to the United States Department of Veterans Affairs at no cost. This program provides assistance with Veteran hospitalization, burials, military discharge reviews, compensation, pension, dependence and indemnity compensation, education, Veterans Administration home loans, and vocational rehabilitation and insurance. This program helps provide the necessary supportive services to Miami-Dade County residents who served in the military and their families.

II. Economic Conditions in Miami-Dade County

According to Miami-Dade County's *State of the County 2017*, Miami-Dade County continues to expand its economy fueled by its two most substantial economic engines: Miami International Airport and PortMiami. Miami-Dade County is becoming one of the top global communities in international trade and commerce. The County's Gross Regional Product (GRP) grew 2.7 percent from 2014 to $142 billion. The expansion of economic activity and global reach of the County's businesses translated into a low unemployment rate.

In 2017, 62.1 percent of residents were in the labor force, with 57.5 percent employed and 4.6 percent unemployed (see Table 2.1). Labor force participation in Miami-Dade County is slightly lower than the national rate of 63.4 percent. The labor force participation rate in the U.S. increased from about 60 percent in the 1950s and 1960s to a peak of 67 percent at the turn of the 21st century, after which it was decreasing gradually, to about 63 percent today. Economists are still debating the reasons for the declining rate. Some of the explanations include the start of retirement for the baby-boomer generation, a decline in the participation of prime-age workers, especially men, and a weak labor market.[21]

Table 2.1: Employment Status of Population 16 Years & Over

	2009	2017	Change
In Labor Force	62.8%	62.1%	-0.7%
Employed	57.4%	57.5%	0.1%
Unemployed	5.3%	4.6%	-0.7%
Armed Forces	0.1%	0.1%	0.0%
Not in Labor Force	37.2%	37.9%	0.7%

Source: U.S. Census, ACS 2010 and 2017 5-Yr estimates

After reaching a low point in 2011, real household incomes (adjusted for inflation) in Miami-Dade County in 2017 were still lower than they were in 2009. The County's $46,338 median household income slipped from 86 percent of the U.S. median household income in 2007 to only 80 percent in 2017 (Table 2.2). Adjusted for inflation, the median household income in Miami-Dade County grew only 3 percent since the trough of the recession in 2011, while median household income across the U.S. increased by 5 percent for the same period. Income growth in Miami-Dade County since economic recovery was uneven across the income ladder. From 2011 to 2017, the County's two bottom quintiles continued to lose real household income, while only households in the highest quintile and top 5 percent gained significant income. The 95/20 ratio measures the difference between the mean income of the lowest 20 percent and 95th percentile (or top 5 percent) of household incomes. The County's 95/20 ratio grew by 20.9 percent since 2011.

Miami-Dade County's most substantial occupational employment is in the service industries. These occupations generally have low entry and median hourly wage rates. Many of the leading occupations that make up Miami-Dade County's employment base – retail salespersons, cashiers, and office clerks, represent the bottom of the occupation wage scale. According to the Florida Department of Economic Opportunities (DEO) 2018 Occupational Employment Statistics and Wages (OES) Program, the median hourly wage was $16.90 compared to an entry-level worker average hourly wage of $10.30.

Table 2.2: Principal Income & Benefits Change of Households

	2009	2017	Change
Median household income	$49,819	$46,338	-$3,481
Mean household income	$73,390	$72,162	-$1,228
Mean Household Earnings	$76,307	$75,954	-$353
Social Security Income	$14,831	$15,195	$364
Retirement Income	$21,302	$23,598	$2,296
Supplemental Security Income	$8,053	$8,212	$159
Cash Public Assistance Income	$3,277	$2,567	-$710
Recipients of Food Stamp/ SNAP Benefits (Past 12 Months)	129,756	218,911	68.7%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

[21] James Bullard. (2014). "The Rise and Fall of Labor Force Participation in the U.S." Federal Reserve of St. Louis. https://www.stlouisfed.org/from-the-president/speeches-and-presentations/2014/the-rise-and-fall-of-labor-force-participation-in-the-u-s

Despite the almost full employment, income stagnation and the increasing cost-of-living resulted in an increased number of residents in poverty or struggling to support their families. The proportion of residents in Miami-Dade County living below the poverty level increased from 2009 to 2017, with the total population living below the poverty level rising from 17.2 percent to 19 percent, or 505,182 people (See Table 2.3). For comparison, 14.6 percent of the U.S. population was living in poverty in 2017. The increased poverty rate occurred across most age groups, with one exception - residents 65 years and over living below the poverty line had a small decrease from 22.1 percent in 2009 to 21.4 percent in 2017. The proportion of Miami-Dade County residents under the age of 18 living below the poverty line increased from 22 percent in 2009 to 25.4 percent or 138,967 individuals in 2017. The proportion of residents in the 18 to 64 age group living below the poverty level increased from 14.4 percent in 2009 to 16.4 percent in 2017, while the families living below the poverty line increased from 14.1 percent in 2009 to 15.8 percent in 2017.

The most significant concerns for survey respondents were low wages relative to the cost of living, with 69.3% reporting it is a major concern for them, and 64.0% also indicating housing as a major concern. Unemployment is also a major concern for a small majority (50.5%), as well as poverty (50.6%) and job opportunities (53.6%).

Table 2.3: Population Below Poverty Level (%)

	2009	2017	Change
Total Population	17.2%	19.0%	1.8%
Under 18 years	22.0%	25.4%	3.4%
18 to 64 years	14.4%	16.4%	2.0%
65 years and over	22.1%	21.4%	-0.7%
People in Families	14.1%	15.8%	1.7%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

The percentage of residents living below the poverty level varies depending on race/ethnicity, country of origin, educational attainment, and family type. Table 2.4 displays the number of residents living in poverty by race/ethnicity from 2012 to 2017. Hispanic or Latino individuals are the largest racial/ethnic group with the highest percentage of individuals living below poverty. In 2017, 67.1 percent of all individuals living below poverty were Hispanic or Latino origin, a 12.2 percent increase from 2012. Although the number of Black or African American residents living below poverty decreased by 2.4 percent from 2012 to 2017, they are still the second-largest racial/ethnic group living below poverty (25.8 percent). In terms of highest percentage of increase, individuals of Asian origin had the highest growth of individuals living below poverty with an increase of 14.0 percent from 2012 to 2017. Individuals of two or more races had the second-highest growth of 12.4 percent in individuals living below poverty level.

Table 2.4: Population Below Poverty Level by Race/Ethnicity & (%) Change

	2012	%	2017	%	% Change
White alone, not Hispanic or Latino	40,067	8.5%	37,724	7.5%	-5.8%
Black or AA	133,377	28.3%	130,114	25.8%	-2.4%
American Indian and Alaskan Native	794	0.2%	864	0.2%	8.8%
Asian	5,609	1.2%	6,395	1.3%	14.0%
Native Hawaiian	165	0.0%	118	0.0%	-28.5%
Some other race alone	15,456	3.3%	14,791	2.9%	-4.3%
Two or more races	5,663	1.2%	6,366	1.3%	12.4%
Hispanic or Latino	302,120	64.1%	339,082	67.1%	12.2%

Source: U.S. Census, ACS 2012 and 2017 5-Yr estimates

Poverty by country of origin was also examined to compare the poverty levels of native-born and foreign-born residents. Table 2.5 shows the percentage of individuals with incomes below 100 percent of the poverty level and individuals below 125 percent of the poverty level. Foreign-born residents had the largest percentage of individuals with incomes 100 percent and 125 percent below the poverty level in both 2010 and 2017. In 2017, 19.5 percent of foreign-born residents had incomes 100 percent below the poverty level, 1.1 percent higher than U.S. born residents, and 26.9 percent with 125 percent below the poverty level, 2.7 percent higher than U.S. born residents. Foreign-born residents who are naturalized citizens have lower

percentages of individuals living below the poverty level, with 15.4 percent living below 100 percent of the poverty level and 21.7 percent living 125 percent below the poverty level.

Table 2.5: Population Below Poverty Level by Nativity Status (%)

	2010		2017	
	Less than 100% of the poverty level	Less than 125% of the poverty level	Less than 100% of the poverty level	Less than 125% of the poverty level
U.S. Born	17.0%	22.4%	18.4%	24.2%
Foreign Born	17.3%	24.2%	19.5%	26.9%
• Naturalized Citizen	13.3%	19.1%	15.4%	21.7%

Source: U.S. Census, ACS 2010 and 2017 5-Yr estimates

Poverty status also varies significantly across educational attainment levels in Miami-Dade County. From 2012 to 2017, the number of individuals 25 years and older living in poverty by educational attainment increased substantially for all educational levels except for those with less than a high school graduate education. Over the five-year period, the most substantial percent change was for those individuals with a bachelor's degree or higher, with a 35.5 percent increase in these individuals living below the poverty level (Table 2.6). Individuals living below the poverty level with some college or an associate degree increased by 22.6 percent, while high school graduates living below poverty increased by 20.1 percent. Individuals living below the poverty level with less than a high school graduate degree decreased by 4.5 percent, although they are still the most abundant group living below the poverty level at 29.7 percent.

Table 2.6: Poverty Status by Educational Attainment for Population 25 Years & Over

Educational Attainment	2012	% of Total	2017	% of Total
Less than high school graduate	109,786	30.3%	104,798	29.7%
High school graduate (incl. equivalency)	91,504	19.5%	109,875	20.7%
Some college, associate degree	49,841	12.3%	61,124	12.9%
Bachelor's degree or higher	33,358	7.4%	45,199	8.6%

Source: U.S. Census, ACS 2012 and 2017 5-Yr estimates

The number of children under 18 years old living in poverty fluctuates greatly by family type, as shown in Table 2.7. The largest group of children under 18 years old living below the poverty level are children in female household families with no husband present (57.3 percent, or 78,527 children). The second-largest group of children living below the poverty level belongs to married-couple families (33.5 percent). Children belonging to households with a male householder and no wife present account for 9.3 percent of children living below the poverty level.

Table 2.7: Children Under 18 in Poverty by Family Type, 2017

	Number	%
Married-Couple Family	45,929	33.5%
Male Householder, No wife	12,687	9.3%
Female Householder, No husband	78,527	57.3%
Total Children	137,143	

Source: U.S. Census, ACS, 2017 5 Year Estimates

As the number of grandparents becoming primary caretakers of their minor grandchildren increases, it is also important to examine the number of grandparents living below poverty while taking care of grandchildren under 18. Table 2.8 shows there were 3,722 grandparents living below the poverty level who were responsible for their grandchildren in 2017. Of those, 1,992 grandparents were between the ages of 30 and 59 years old, and 1,730 were 60 years old or older. The additional financial burden on elderly grandparents who serve as primary caretakers for their young grandchildren must be addressed to adequately meet the needs of this growing population.

Table 2.8: Grandparents Living Below Poverty, 2017

	Count
Grandparent responsible for own grandchildren under 18 years:	3,722
• 30 to 59 years	1,992
• 60 years and over	1,730
Grandparent not responsible for own grandchildren under 18 years	13,192

Source: U.S. Census, ACS, 2017 5 Year estimates

Opportunity Zones

In 2017, there were 278,522 individuals residing within the 67 opportunity zones across Miami-Dade County. Within the opportunity zones, the median labor force participation rate is 59.7 percent, over 2 percent lower than the labor force participation rate in Miami-Dade County overall (Table 2.9). The median employment rate within the opportunity zones was 50.1 percent, 7.4 percent lower than the employment rate in Miami-Dade County, and the median unemployment rate was 13.3 percent, which is 8.7 percent higher than the overall unemployment rate across the County.

Table 2.9: Employment Status of Population 16 Years & Over in Opportunity Zones, 2017

	2017
Median Labor Force Participation Rate	59.7%
Median Employment Rate	50.1%
Median Unemployment Rate	13.3%

Source: U.S. Census, ACS, 2017 5 Year estimates

Median income and earnings within these opportunity zones are significantly lower than overall median income and earnings in Miami-Dade County. Table 2.10 shows that from 2010 to 2017 median household income for families with children under 18 residing in opportunity zones decreased by 11.9 percent, when adjusted for inflation, while median earnings for full-time workers grew by 26.2 percent. In 2017, median household income in Miami-Dade County was $46,338 compared to $28,729 in the opportunity zones, while median earnings for full-time workers in Miami-Dade County was $35,094 compared to $27,878 for full-time workers in the opportunity zones. The significant income discrepancies in household and individual earnings between Miami-Dade County and the opportunity zones are representative of the vulnerable economic state of those individuals living within the zones in comparison to the financial state of the general public throughout the County.

Table 2.10: Income & Earnings for Households & Residents in Opportunity Zones

	2010	2017
Median Household Income for Families with Children under 18	$32,627	$28,729
Median Earnings for Full Time Workers	$22,096	$27,878

Source: U.S. Census, ACS, 2010 and 2017 5 Year estimates

Of households living within the 67 opportunity zones in Miami-Dade County, 96.6 percent receive a supplemental income or benefits (Table 2.11). The two most significant forms of supplemental income and benefits for residents are Supplemental Nutrition Assistance Program (SNAP)/Food Stamps and Social Security Income, with 42.1 percent of the population receiving SNAP/Food Stamps benefits and 31.1 percent of residents receiving additional income through Social Security Income. Also, 11.7 percent of residents receive Supplemental Security Income, 8.7 percent receive retirement income, and 3.0 percent are recipients of cash public assistance. The large number of residents receiving Supplemental Security Income and benefits through local and federal assistance programs help to supplement the low median income and earnings for residents within these opportunity zones.

Table 2.11: Supplemental Income & Benefits for Households Residing in Opportunity Zones, 2017

Households	Count	Percent
With Retirement Income	9,257	8.7%
With Social Security Income	33,067	31.1%
With Supplemental Security Income	12,468	11.7%
With Cash Public Assistance	3,237	3.0%
Receiving SNAP/Food Stamps	44,784	42.1%
Total	**102,813**	**96.6%**

Source: U.S. Census, ACS, 2017 5 Year Estimates

Within the 67 opportunity zones, there is a significant percentage of children under 17 year's old living in a household with only one parent. In 2017, 22.7 percent of children under 6 years old and 40.7 percent of children ages 6 to 17 years old were living in a household with one parent, and of those, 17.5 percent under 6 years old and 35.0 percent between the ages 6 to 17 years old lived primarily with their mother (Table 2.12). The large percentage of children living in single-mother households within the opportunity zones contributes to the growing numbers of children living below the poverty level in female-headed households

(30 percent of children under 18 living below poverty level within the opportunity zones are in female-headed households with no husband present). Although 13.1 percent of children under 6 years old and 26.9 percent of children between 6 to 17 years old were living with a mother who is in the labor force, women are generally employed in lower-wage industry sectors and occupations and are more likely to work part-time, making surviving on one income increasingly challenging.

Table 2.12: Parental Employment for Children by Age Group in Opportunity Zones, 2017

	Under 6	%	6 to 17	%
Living with two parents:	10,382	13.5%	17,789	23.1%
• Both parents in labor force	5,262	6.8%	10,593	13.8%
• Father only in labor force	4,192	5.4%	5,015	6.5%
• Mother only in labor force	624	0.8%	1,387	1.8%
• Neither parent in labor force	304	0.4%	794	1.0%
Living with one parent:	27,016	22.7%	31,336	40.7%
Living with Father	4,018	5.2%	4,418	5.7%
• In labor force	3,301	4.3%	3,728	4.8%
• Not in labor force	717	0.9%	690	0.9%
Living with Mother	13,452	17.5%	26,918	35.0%
• In labor force	10,047	13.1%	20,673	26.9%
• Not in labor force	3,405	4.4%	6,245	8.1%

Source: U.S. Census, ACS, 2017 5 Year Estimates

From 2010 to 2017, the total population living below the federal poverty level within the opportunity zones increased and is larger than the overall percentage of people living below poverty in the County. In 2017, almost 111,000 of the 344,000 opportunity zone area residents had incomes below the poverty level. In 2017, 19.0 percent of the overall population in Miami-Dade County lived below the poverty level, compared to 32.2 percent of the population within these opportunity zones (Table 2.13). The majority of those in poverty are in the working ages of 18 to 64 – almost 61,000 individuals. Poverty increased across most age groups, with the exception of a small decrease for children under 5, which may be due to the severe/systemic undercount of children under 5 years of age in hard-to-count populations in the U.S. Census.

Table 2.13: Population Below Poverty Level in Opportunity Zones

	2010	2017
Under 5	44.8%	43.1%
Under 18 Years	40.6%	43.4%
18 to 64 Years	20.1%	27.8%
65 Years and Over	31.5%	33.2%
Total Population	30.3%	32.2%

Source: U.S. Census, ACS 2010, 2017 5 Yr. Estimates

There are significant differences in poverty rates by race/ethnicity between the 67 opportunity zones and Miami-Dade County overall. Black or African American residents had the highest percentage of individuals living below the poverty level at 49.8 percent compared to 25.8 percent in the County overall. Hispanic or Latino residents were the second-highest racial/ethnicity group, with 47.8 percent of individuals living below the poverty level within the opportunity zones. A smaller proportion of Hispanics/Latinos are living below the poverty level within the opportunity zones than in Miami-Dade County overall.

Table 2.14: Individuals Living Below Poverty Level by Race/ Ethnicity in Opportunity Zones (%), 2017

	Count	%
White alone, not Hispanic or Latino	3,839	3.5%
Black or AA	55,193	49.8%
American Indian and Alaskan Native	334	0.3%
Asian	679	0.6%
Native Hawaiian	5	0.0%
Some other race alone	3,504	3.2%
Two or more races	1,011	0.9%
Hispanic or Latino	52,909	47.8%

Source: U.S. Census, ACS, 2017 5 Yr. Estimates

The large percentage of Black individuals living in poverty is a concern for community members. Multiple participants in the Opa-

Locka focus group recognized the uneven distribution of funds and opportunities to Black residents. One participant stated, "Black people are not at the table and don't have the same opportunities," with another stating, "other community government resources are not allocated fairly."

Poverty by educational attainment also differed significantly within the opportunity zones when compared to the County overall. In 2017, a much higher percentage of individuals with less than a high school degree (40.8 percent) were living below the poverty level within the opportunity zones, but the most significant difference is for those individuals with a bachelor's degree or higher. In the opportunity zones, 15.9 percent of individuals over 25 years old with a bachelor's or higher are living below the poverty level, a significant difference from the 8.6 percent throughout the County (Table 2.15). The significant increases in the concentration of individuals living below the poverty level, even when they have higher levels of educational attainment, may be attributed to lack of high wage job opportunities and increasing cost-of-living.

Table 2.15: Poverty Status by Educational Attainment for Population in Opportunity Zones (%), 2017

Educational Attainment	Count	%
Less than high school graduate	25,502	40.8%
High school graduate (includes equivalency)	23,408	29.3%
Some college, associate degree	10,989	20.3%
Bachelor's degree or higher	5,175	15.9%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Education was considered a major quality of life issue to participants in the eight focus groups. One participant from the Edison/Little River focus group expressed frustration at the state of the educational system in his area stating, "our young people are not motivated to get to the higher education level." Lack of access to quality education results in an increasingly unskilled labor force, an increase in crime, and a lack of upward mobility in the County overall and especially within opportunity zones.

The majority of survey respondents (51.5%) indicated lack of skills had prevented from getting a better paying job, and 30.2% believe they need computer skills for a better paying job.

In the 67 opportunity zones examined, there is a high concentration of grandparents living below the poverty level who serve as the primary caretakers of their grandchildren. Of all grandparents living below poverty level and taking care of their grandchildren, 35.7 percent reside within the opportunity zones. Of the grandparents living below the poverty level who are between the ages of 30 and 59, 42 percent live within the opportunity zones (Table 2.16). With more than one third of grandparents who are living in poverty and taking care of their grandchildren full-time residing in the opportunity zones, assistance to those taking on this financial responsibility is necessary.

Table 2.16: Grandparents Living Below Poverty in Opportunity Zones (%), 2017

	Count	% of Total number of Grandparents in Poverty
Grandparent responsible for own grandchildren under 18 years:	1,327	35.7%
• 30 to 59 years	837	42.0%
• 60 years and over	490	28.3%
Grandparent not responsible for own grandchildren under 18 years	2,586	19.6%

Source: U.S. Census, ACS, 2017 5 Year estimates

The large numbers of children under 18 years old living in poverty within the opportunity zones correlates with the higher concentration of children in female-headed households in these areas. The 23,590 children within the opportunity zones that are living below the poverty level in female-headed households with no husband present make up 30 percent of all children in female-headed households living in poverty in the County. The 34,818 children under 18 years old who are living in poverty in the opportunity zones make up 25.4 percent of the total children in poverty across the County. The high concentration of poverty, and especially children in poverty, within these areas, must be addressed to support these communities properly.

Table 2.17: Children 18 & Under Living in Poverty by Family Type in Opportunity Zones (%), 2017

	Children Under 18	Percent of Total Children in Poverty
Married-Couple Family	7,615	16.6%
Male Householder, No wife	3,613	28.5%
Female Householder, No husband	23,590	30.0%
Total Children	34,818	25.4%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Community Perception of Economic Challenges

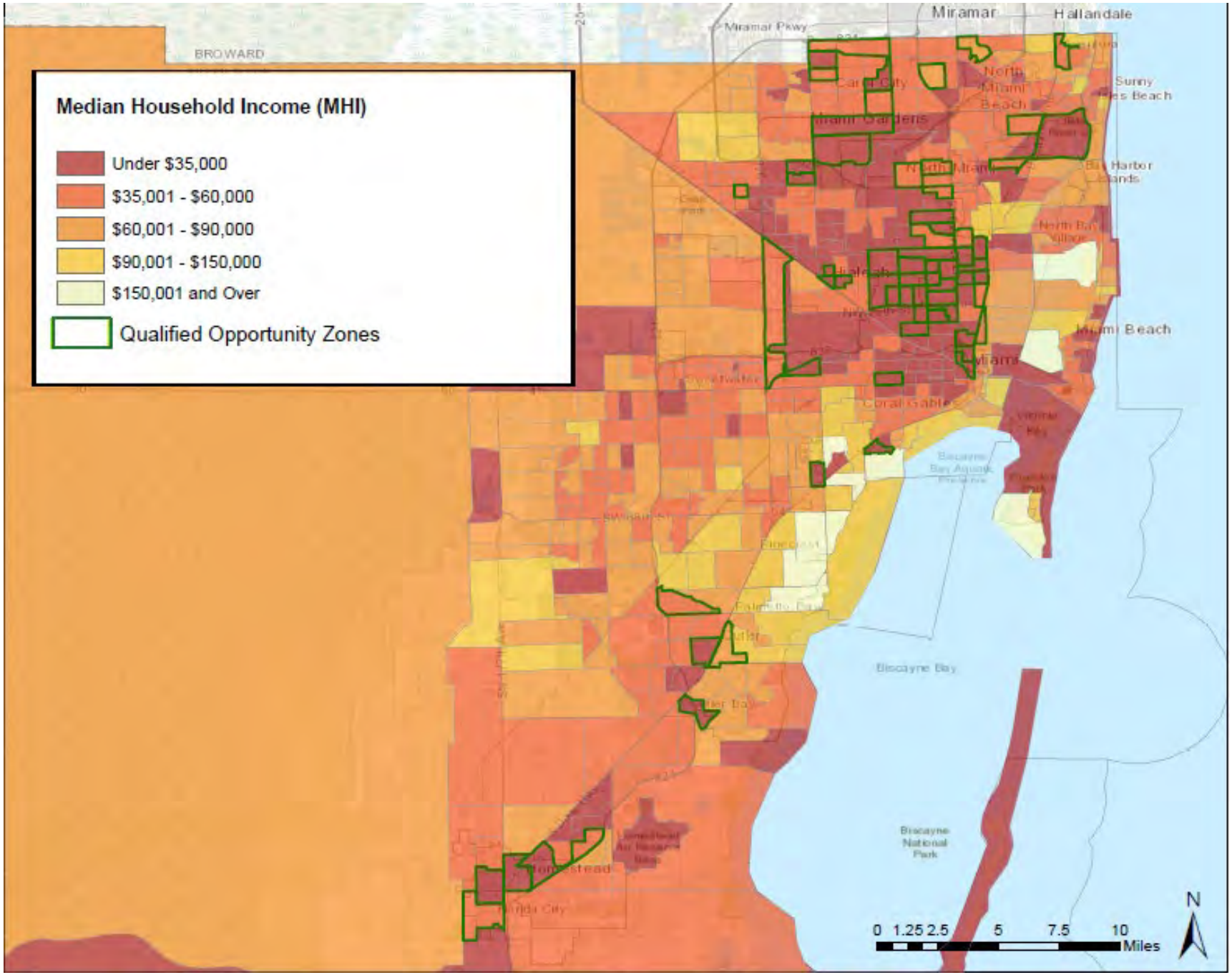
A majority of respondents to the community survey expressed significant concern over residents' economic issues. Over 50 percent of survey respondents indicated job opportunities, poverty, and unemployment as significant issues facing Miami-Dade County residents. Over 60 percent of residents selected low wages/high cost of living, and affordable housing as major issues. When survey respondents were asked about their top concerns in their household, 43.8 percent stated having enough income to support their families, and 36.8 percent stated having enough food to feed their families as major concerns.

A majority of respondents from the Partner Survey echoed community survey respondents' concerns by also highlighting lack of affordable and safe housing as a major issue. These concerns were also brought up by focus group participants who continuously cited low wages, lack of affordable housing, and lack of job opportunities and job skills training as significant contributors to rising poverty rates in the County. One participant mentioned that the costly new development projects being built throughout the County are increasing the cost of living in areas where "upward mobility is impossible for some people."

Figure 2.1 below displays the median household income in Miami-Dade County. The figure illustrates that households with income below $35,000 are primarily within opportunity zones or areas directly adjacent to them. Those opportunity zones have a large concentration of families with incomes below $35,000 which speaks to the economic vulnerability of families throughout these areas.

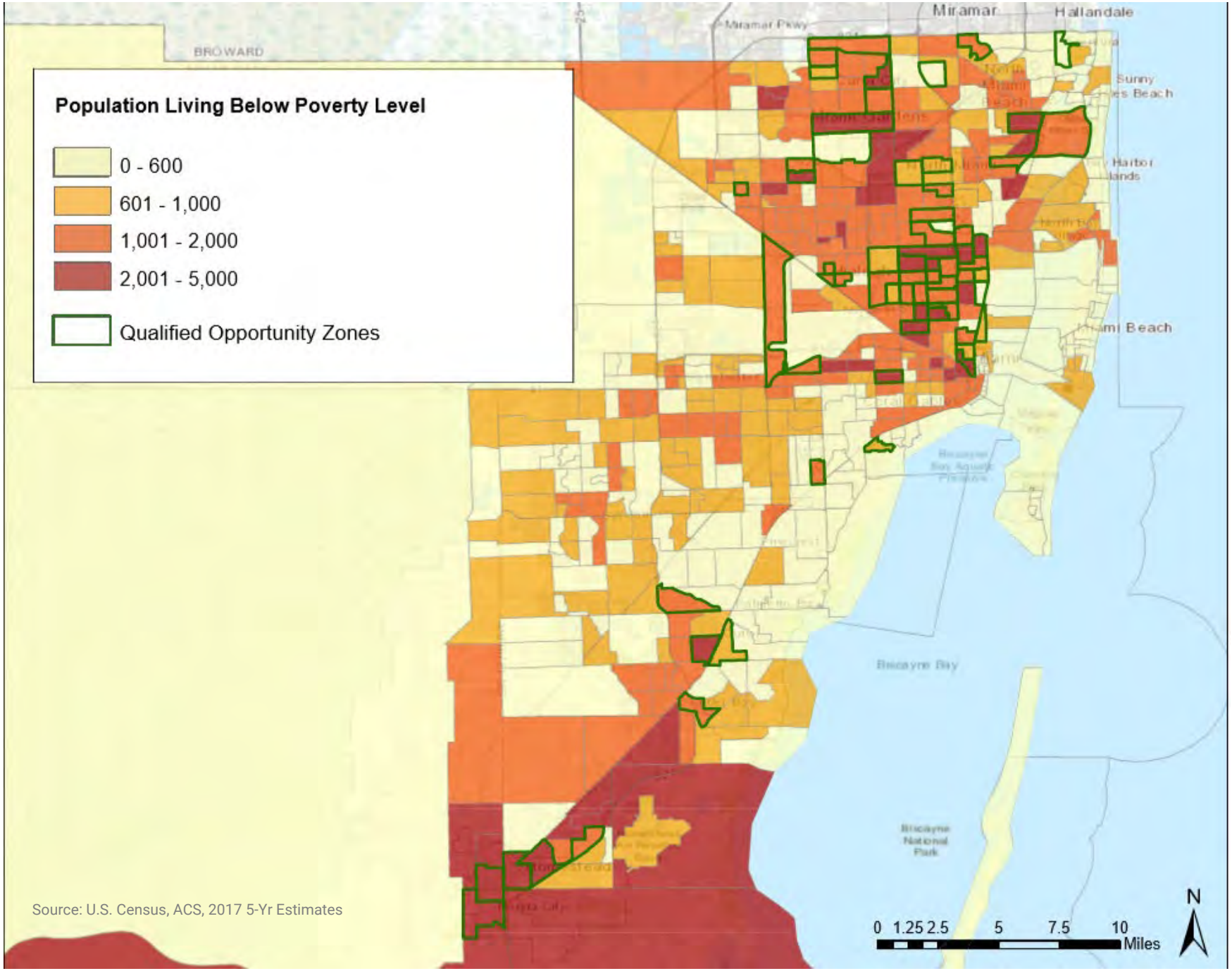
The population currently living below the federal poverty level is also disproportionately located within the 67 designated opportunity zones. Figure 2.2 below displays the number of residents living below the poverty level and highlights that the majority of areas with over 1,000 residents living in poverty are within or around opportunity zones. These opportunity zones accurately represent the most vulnerable neighborhoods throughout the County.

Figure 2.1: Median Household Income (MHI)



Source: U.S. Census, ACS, 2017 5-Yr Estimates

Figure 2.2: Population Living Below Poverty Level



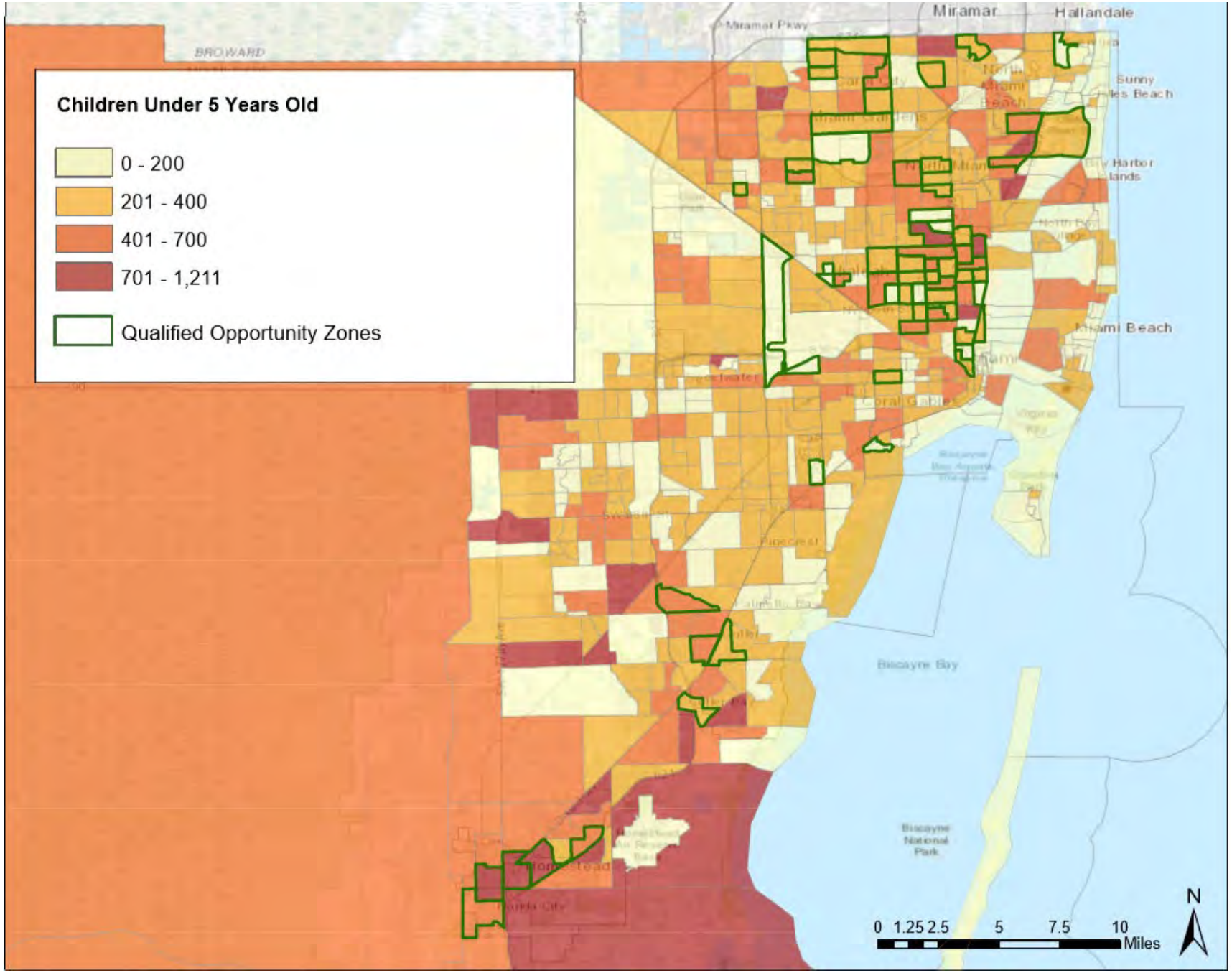
Head Start Program History and Eligibility Requirements

In 1964, Sargent Shriver, inspired by President Lyndon B. Johnson's War on Poverty, assembled an expert panel focused on developing a comprehensive child development program aimed at meeting the educational needs of low-income preschool children throughout the country. Out of this panel of expert pediatricians, professors, and childcare professionals came the Head Start and Early Head Start Programs (HS/EHS) designed to help break the cycle of poverty for children and families of lower socioeconomic status. These programs promote school readiness for children from birth to 5 years old and focus on developing their social, cognitive, and emotional skills as well as helping to improve their literacy and learning abilities to prepare them for when they enter Kindergarten. Both HS/EHS emphasizes parental involvement in the child's education and provide families with support and services to help promote family well-being. EHS programs provide supportive services for pregnant mothers who have incomes below the federal poverty level.

To be eligible for HS/EHS, families with children from birth to 5 years old have to adhere to the income ranges outlined by the federal government's poverty guidelines. Any child who is homeless, living in foster care, or from a family receiving public assistance (Temporary Assistance to Needy Families or Supplemental Security Income) is eligible regardless of overall income. HS can enroll up to 10 percent of children from families with incomes above the poverty guidelines. Pregnant women are also eligible for the Early Head Start program. If the EHS program enrolls pregnant women, it must provide prenatal and postpartum information, education, and services.

Areas with large amounts of children under 5 years old are widely dispersed throughout the County. Figure 2.3 shows that many areas with over 200 children under 5 years old are within the opportunity zones confirming the need for comprehensive childcare programs within these areas. The opportunity zones in the southernmost area of the County have over 400 children under 5 years old residing in those zones, suggesting an even greater need for childcare in those areas.

Figure 2.3: Children Under 5 Years old



Source: U.S. Census, ACS, 2017 5-Yr Estimates

Head Start – Eligible Population Characteristics

The population of eligible children and families for Head Start and Early Head Start is expansive and ranges across family types and different races and ethnicities. Table 2.18 shows the different family types consisting of eligible families who are living below the federal poverty level and have children 5 years or under. According to the U.S. Census, the two most significant concentrations of families with children under 5 years old who live below the federal poverty level are married-couple families and families of female-headed households with no husband present. In Miami-Dade County, 18.1 percent, or 158,178 households, are headed by a female with no husband present. There are 27,033 children under the age of 5 living below the poverty level in female-headed households.

Table 2.18: Children 5 & Under Living in Poverty by Family Type, 2017

	Children 5 & Under
Married-couple family	16,458
Male householder, no wife present	5,699
Female householder, no husband	27,033
Total Children	49,190

Source: U.S. Census, American Community Survey, 2017 5-Yr Estimate

Miami-Dade County's high poverty rate also results in a high number of people relying on social benefits. Families receiving Supplemental Security Income, Cash Public Assistance, and food stamps/ Supplemental Nutrition Assistance Program (SNAP) benefits have increased substantially from 2009 to 2017. There was a 49 percent increase in households receiving Social Security Income, a 28.7 percent increase in households receiving Cash Public Assistance income, and a 68.7 percent increase in households receiving food stamps or SNAP benefits over the past eight years. These significant increases in public assistance allocations to Miami-Dade County residents can be attributed to several factors such as a lack of living-wage jobs, increased unaffordability of housing, and increased income inequality. These increases also highlight the necessity of expanding public programs and services to assist people and families in the area.

There are significant racial disparities in the numbers of families with children under 5 years old who are living below the poverty level. According to the U.S. Census, the number individuals living in poverty in all three groups - White, not Hispanic or Latino, Black or African American[22], and Hispanic or Latino decreased. Although overall poverty for these racial and ethnic groups declined, there are still significant numbers of families with children under 5 years old living in poverty, especially Black or African American, and Hispanic or Latino families. In 2017, there were 2,102 Black or African American families living below poverty and 6,445 Hispanic or Latino families living below poverty (Table 2.19). Miami-Dade County is predominately Hispanic or Latino, which explains the higher number of Hispanic or Latino families who are living below the poverty level. Immigrants who work at migrant camps and in the agriculture industry in the County likely make up a large portion of these impoverished families with young children.

Table 2.19: Families in Poverty, with Children 5 & Under by Race, & (%) Change

Race and Ethnicity	2009	2017	Change
White, Not Hispanic or Latino	525	385	-26.7%
Black or African American	2,710	2,102	-22.4%
Hispanic or Latino	5,954	6,445	8.2%
American Indian	27	18	-33.3%
Asian	30	60	100%
Native Hawaiian	0	0	0%
Some other race	362	301	-16.9%
Two or more races	24	85	254.2%

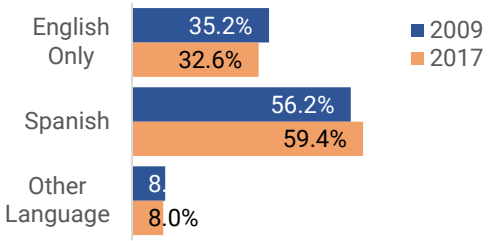
Source: U.S. Census, ACS, 2009 and 2017 5-Yr Estimates

Many of the immigrants who are currently residing in the County only speak Spanish in the home and only speak to their children in Spanish, which results in a large group of children who speak only Spanish when

[22] According to the U.S. Office of Management and Budget (OMB), "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. The Black racial category includes people who marked the "Black, African Am., or Negro" checkbox. It also includes respondents who reported entries such as African American; Sub-Saharan African entries, such as Kenyan and Nigerian; and Afro-Caribbean entries, such as Haitian and Jamaican.

they enter the school system. In 2017, approximately 59.4 percent of children between the ages of 5 and 17 report only speaking Spanish at home (Figure 2.4). Having to learn English when first enrolled in school can lead to students falling behind their classmates and not being able to learn at the same pace as their peers. HS/EHS programs are equipping children with the necessary language and literacy skills to be able to perform at the same level as their peers when they enter into the public school system.

Figure 2.4: Languages Spoken at Home by Children Age 5-17 (%)



Source: U.S. Census, ACS, 2009 and 2017 5-Yr Estimates

Head Start Eligible Children by Opportunity Zone

Within the opportunity zones, children under 5 years old living in poverty make up 26.4 percent of all children under 5 years old living in poverty in Miami-Dade County (Table 2.20). Children under 5 years old living in female-headed households with no husband present make up the largest group of children (8,049) living below poverty level within the opportunity zones, and account for 16.4 percent of all children under 5 years old living below poverty in Miami-Dade County. Children under 5 years old in married couple families are the second largest group with 3,094 children under 5 years old living below poverty level within the opportunity zones, and account for 6.3 percent of children under 5 years old living in poverty in Miami-Dade County overall. One participant in the Community Needs Assessment staff focus group conducted expressed frustration at the higher rate of poverty among single-headed households stating, "the U.S. wasn't designed for a single person." The rate of poverty in single-headed household, especially female-headed single households is due to the lack of affordability in Miami-Dade County that makes supporting a family on one income alone very challenging and the creation of programs such as HS/EHS, a necessity.

Table 2.20: Children 5 & Under Living in Poverty by Family Type in Opportunity Zones, 2017

	Children 5 & Under	% of Total Number of Children under 5 in poverty
Married-Couple Family	3,094	6.3%
Male Householder, No wife	1,836	3.7%
Female Householder, No husband	8,049	16.4%
Total Children	**12,979**	26.4%

Source: U.S. Census, ACS, 2017 5 Year Estimates

The number of families in poverty with children under 5 years old also varies by race. Within the opportunity zones, the racial/ethnic groups with the highest numbers of families with children under 5 years old who are living below poverty are Hispanic or Latino and Black or African American families (See Table 2.21). In 2017, Hispanic or Latino families were the largest group with children under 5 years old living below the poverty level (882 families), a 4.5 percent decrease from 2010. Black or African American families were the second largest group with 775 families with children under 5 year's old living in poverty, a 35.4 percent decrease from 2010. The number of families with children under 5 years old living in poverty decreased for almost every racial group except for marginal increases for American Indians (18 families) and Asians (10 families).

Table 2.21: Families in Poverty, with Children 5 & Under by Race, & (%) Change

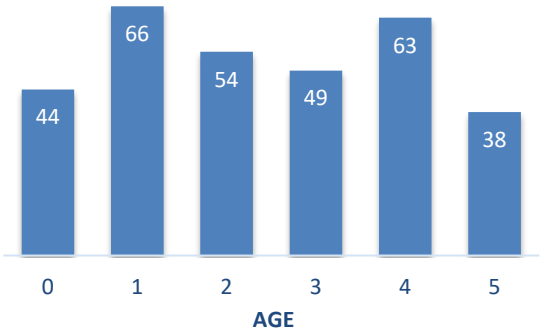
	2010	2017	Change
White, Not Hispanic or Latino	54	20	-63.0%
Black or African American	1,199	775	-35.4%
Hispanic or Latino	924	882	-4.5%
American Indian	0	18	1.0%
Asian	0	10	1.0%
Native Hawaiian	0	0	0.0%
Some other race	122	50	-59.0%
Two or more races	24	0	-100%

Source: U.S. Census, ACS, 2010 and 2017 5 Year Estimates

Head Start Children who are Automatically Eligible

Children who are homeless or currently in the foster care system are automatically eligible for HS/EHS Programs. According to the Homeless Trust, there are 314 total children ages 5 and under who are currently experiencing homelessness in Miami-Dade County (Figure 2.5). Children who are 5 years old and under must be provided with stability and adequate housing to thrive under challenging circumstances. Being enrolled in a HS program where children from families in these difficult situations can receive the cognitive, social, and emotional help that they need is vital to their development during this critical period of their lives.

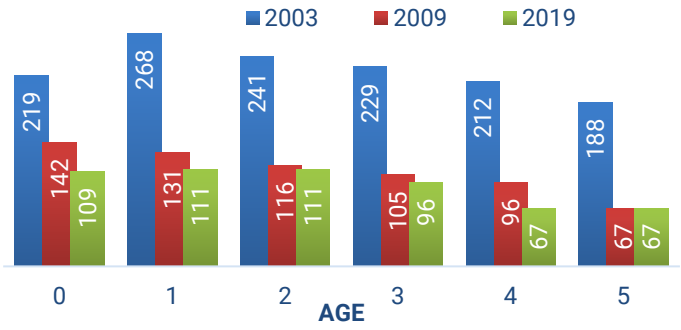
Figure 2.5: Children 5 & Under Experiencing Homelessness



Source: Miami-Dade County Homeless Trust, Point-In-Time Census 2018

Children who are 5 years old and younger and are currently in the foster care system are also in need of a certain degree of stability that can be supplied through an HS/EHS program. The number of children in the foster care system was steadily declining over the past decade, which is representative of the Department of Children and Families' rapid family rehabilitation approach over the past 10 years (Figure 2.6). For those children who are in the foster care system, the transitions and trauma that many children face must be dealt with early on to set them up for academic success throughout their school careers. HS programs give them the support and resources necessary to be able to do well after their pre-kindergarten experience. The programs automatic eligibility of homeless and foster children helps establish social support systems for these children early on.

Figure 2.6: Children 5 & Under in Foster Care System



Source: Department of Children and Families, 2003, 2009, and 2019

The map in figure 2.7 displays the number of children living below the poverty level throughout the County. From this map, it is apparent that most of the areas with the largest numbers of children living below the poverty level are within or around the 67 opportunity zones. Figure 2.8 displays a map of the number of children under the age of 6 living below the poverty level and exhibits a similar finding to the map in Figure 2.7. From this map, it is clear that the areas with the most substantial numbers of 6-year old children living in poverty are within the opportunity zones as well. The figures suggests an overwhelming need for childcare services within these opportunity zones specifically.

Community Perception of Economic Needs of Families with Young Children

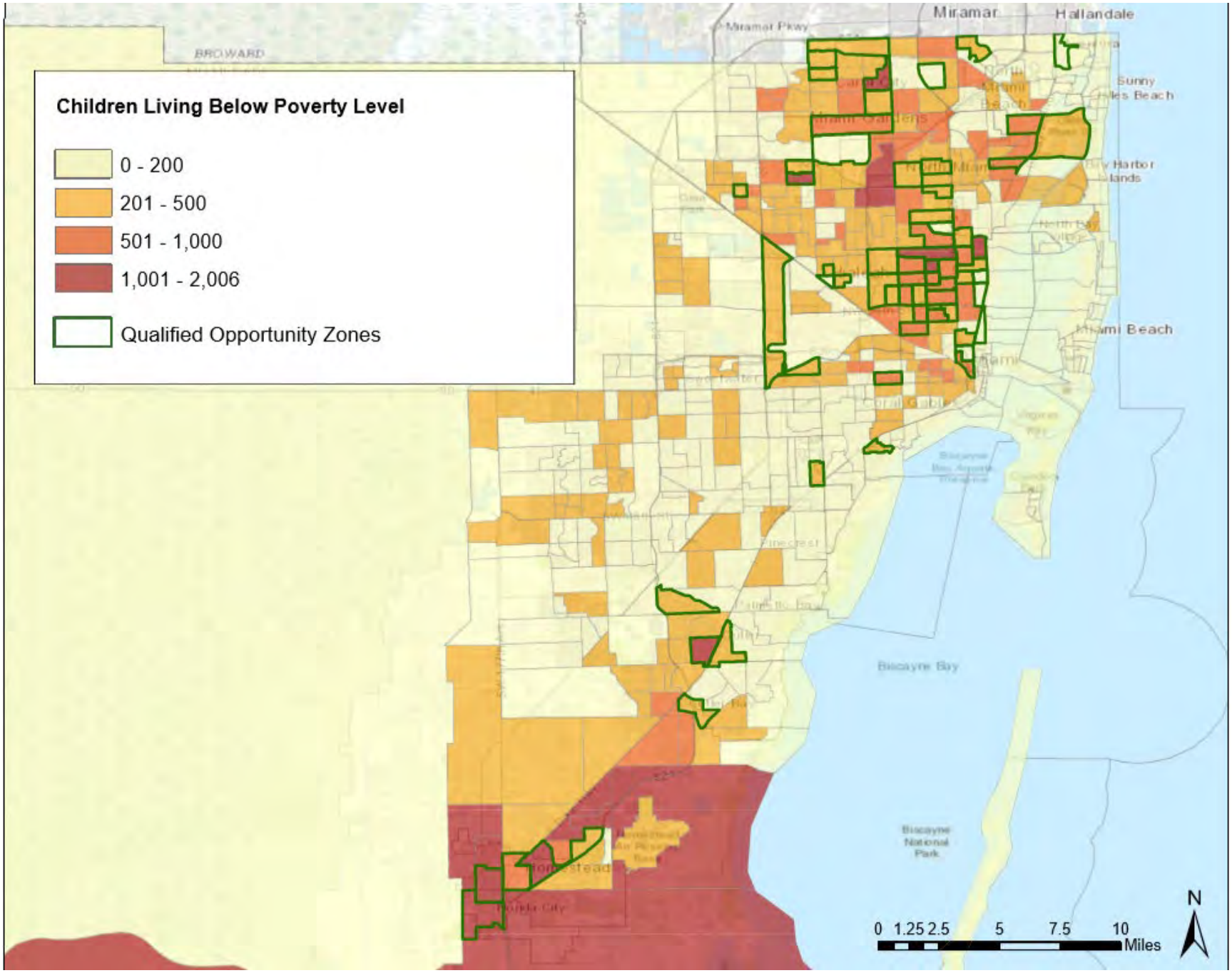
Survey respondents and focus group participant's highlighted the need for increased comprehensive child care programs and services. Approximately 43.3 percent of survey respondents indicated having at least one child, with 37.1 percent of children being between the ages of 0 and 3, and 16.7 percent of children between the ages of 4 and 5. Of these survey respondents, 34.3 percent stated a lack of childcare as a

major problem in Miami-Dade County. When asked to indicate major concerns in respondent's respective households:

- 23.5 percent stated getting healthcare or medicine for my child when they are sick,
- 23.3 percent stated getting tutoring services for my child,
- 22.8 percent stated finding convenient childcare,
- 22.2 percent stated finding affordable childcare,
- 19.4 percent stated getting help with my child's behavioral challenges, and
- 15.7 percent reported finding childcare for children with special needs.

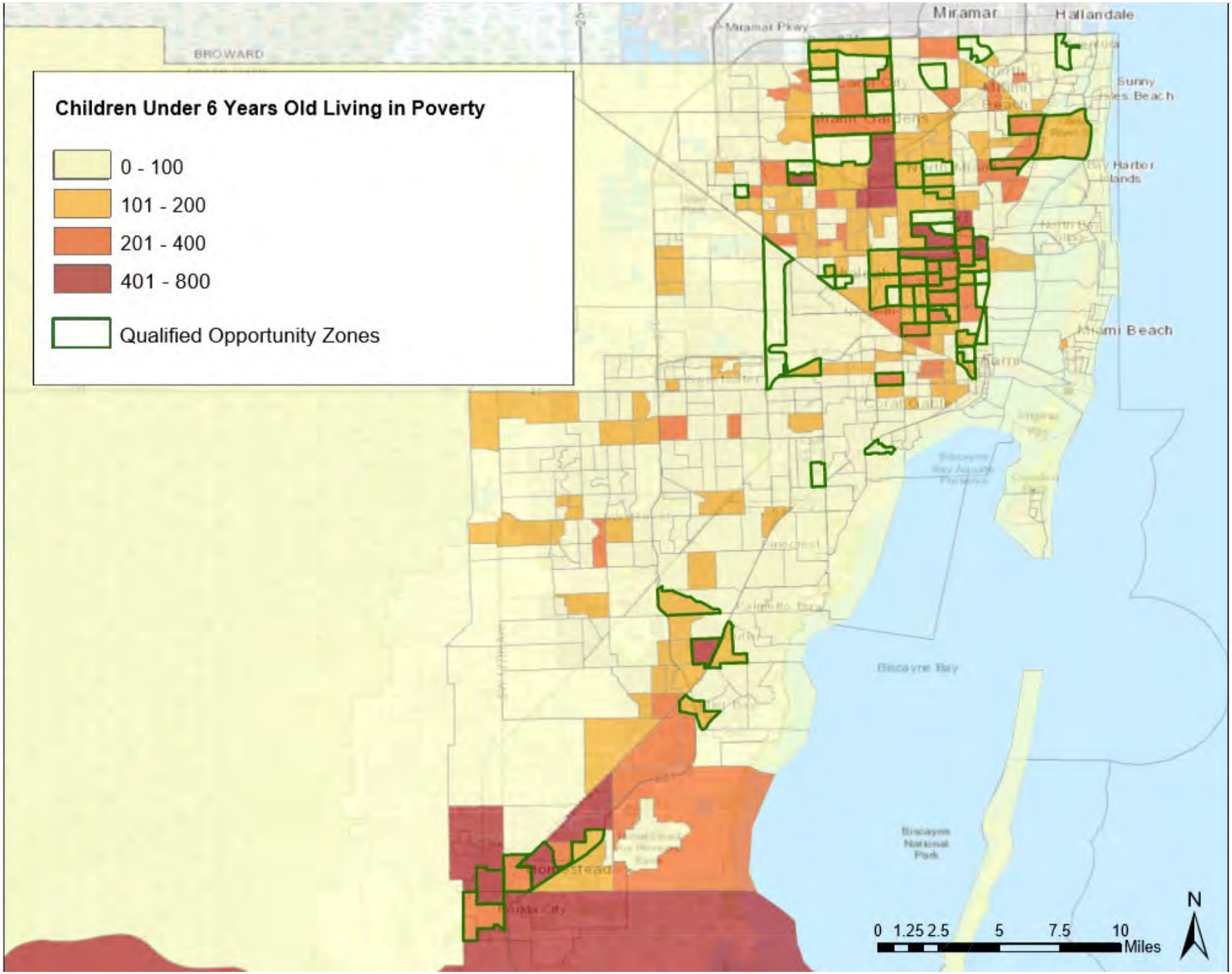
Expansion of childcare programs such as the HS/EHS Program may help alleviate the impact of these major economic challenges facing residents with children. Focus group participants shared their issues finding adequate and safe childcare before they found the HS Program. Finding accessible and affordable childcare that allows parents to work full-time jobs, advance in their careers or education was a struggle for most members of the Head Start Policy Council board before their involvement with the program. Participants of other focus groups throughout the County also expressed the need to expand HS/EHS programs throughout the County to help meet the ever-increasing demand for affordable childcare services.

Figure 2.7: Children Living Below Poverty Level



Source: U.S. Census, ACS, 2017 5-Yr Estimates

Figure 2.8: Children Under 6 Years Old Living in Poverty



Source: U.S. Census, ACS, 2017 5-Yr Estimates

Other Important Socioeconomic Indicators

Consumer Price Index

According to the U.S. Bureau of Labor Statistics, the consumer price index (CPI) is "a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services."[23] The CPI reflects the change in prices of goods and services that are directly purchased in the marketplace. Table 2.26 shows the CPI from 2009 to 2019, along with the percent change from the previous year. Two CPI indexes are shown, the CPI-U and CPI-W. The CPI-U is the consumer price index for all urban consumers that is a more general index that seeks to track the retail prices as they affect all urban consumers. The CPI-W index is the consumer price index for all urban wage earners and clerical workers - it is a more specialized index, and it aims to track retail prices as they affect all urban hourly wage earners and clerical workers. When analyzing the annual CPIs as they increase, it is apparent that the CPI-U was rising at a faster rate over the past ten years. The greatest percentage increase for both CPI-U and CPI-W occurred from 2017 to 2018, at over 3 percent, however by 2019 it had decreased to below 2 percent. From 2009 to 2017, when adjusted for inflation, median wages decreased by 7.0 percent and median household income decreased by 1.7 percent, further highlighting the rise in cost of living and unaffordability in Miami-Dade County.

Table 2.22: Annual CPI Increases for Urban Consumers & Urban Wage Earners & Clerical Workers

	Annual CPI-U	Change from Previous Year	Annual CPI-W	Change from Previous Year
2009	221.387	-	218.958	-
2010	223.062	0.8%	221.088	1.0%
2011	230.851	3.5%	229.161	3.7%
2012	235.207	1.9%	234.323	2.3%
2013	238.179	1.3%	236.968	1.1%
2014	243.147	2.1%	241.532	1.9%
2015	245.419	0.9%	242.597	0.4%
2016	249.790	1.8%	245.903	1.4%
2017	256.681	2.8%	252.339	2.6%
2018	265.065	3.3%	261.267	3.5%
2019	269.776	1.8%	265.488	1.6%

Source: U.S. Bureau of Labor Statistics

Financial Institutions

Lack of access to formal finance may leave poor households more vulnerable to adverse shocks, poverty traps, and predatory lending practices. Miami-Dade County's financial sector is robust, as shown by the presence of a variety of financial institutions. Financial institutions were distinguished by the type of financial institution as defined by the FDIC, and include: 1) Commercial Bank with National Charter and Federal Member, 2) Commercial or Savings Bank with a State Charter and Federal Member, 3) Commercial Bank with a State Charter and Federal Nonmember, and 4) State Chartered Thrifts. The first type of financial institution are commercial banks that are national banks chartered, regulated and supervised by the Office of the Comptroller of the Currency in Washington D.C.; the second type is a commercial or savings bank that is chartered, regulated and supervised by the State's banking division that is a member of the Federal Reserve; the third type was a commercial bank that is chartered by the State and is not a member of the Federal Reserve;[24] and lastly, the fourth type is a state-chartered thrift[25] that is a savings or loan association and is either owned by shareholders or by depositors and borrowers. From 2000 to 2019 there was a steady decrease in the number of financial institutions in Miami-Dade County across all types (Table

[23] U.S. Bureau of Labor Statistics, Consumer Price Index, https://www.bls.gov/cpi/

[24] FDIC Insured Bank Glossary of Terms, http://fdicbanksinsured.com/fdic-insured-bank-glossary-of-terms/

[25] Dixon, Amanda, Types of banks: Are you banking at a thrift, bank or credit union?, https://www.bankrate.com/finance/cd/types-of-banking-institutions.aspx

2.23). The first type of financial institution, commercial banks that are nationally chartered, decreased from 18
institutions in 2000 to 10 institutions in 2019. Commercial or savings banks that are chartered by the State decreased from six institutions in 2000 to two in 2019, while commercial banks that are charted by the State and are not members of the Federal Reserve increased from 12 institutions to 22 institutions from 2000 to 2009 but then decreased back to only 12 institutions in 2019. In 2019, state-chartered thrifts had only one institution down from five institutions in 200.

Table 2.23: Financial Institutions by Type

	2000	2009	2019
Commercial Bank, National Charter and Federal Member	18	14	10
Commercial or Savings Bank, State Charter and Federal Member	6	3	2
Commercial Bank, state Charter and Fed Nonmember	12	22	12
State Chartered Thrifts	5	4	1

Source: FDIC, 2000, 2009, and 2019

While the number of financial institutions decreased significantly from 2000 to 2019, the total sum of bank deposits in each institution type increased considerably from 2000 to 2009. Table 2.24 shows that in 2009 there were significant increases in total bank deposits in each financial institution type, especially in commercial banks that are chartered by the State and are not members of the Federal Reserve and for state-chartered thrifts. In 2019, deposits decreased significantly from 2009 in each institution type except for commercial banks that are nationally chartered and are Federal Reserve members, which experienced a $22,025,468 increase over the ten years. The financial institution with the largest decrease from 2009 to 2019 was the state-chartered thrifts with a $35,592,432 reduction of deposits over the ten years.

Table 2.24: Bank Deposits by type of Financial Institution

	2000	2009	2019
Commercial Bank, National Charter and Federal Member	$11,260,387	$22,043,045	$44,068,513
Commercial or Savings Bank, State Charter and Federal Member	$1,131,998	$1,401,806	$1,249,713
Commercial Bank, state Charter and Fed Nonmember	$4,731,094	$12,314,539	$11,346,472
State Chartered Thrifts	$3,248,383	$35,759,390	$166,958

Source: FDIC, 2000,2009, and 2019

Household Debt

Household debt for the average Miami-Dade County renter and homeowner was calculated to examine the average cost-of-living expenses of residents. The non-housing expenses detailed in Table 2.25 are the expenditures of a two-person household, without children, after housing costs are deducted.

Median household monthly income estimates reflect the median amount of money each household makes monthly before deducting housing costs, non-housing expenses, transportation costs, and monthly credit card payments. This data was extracted from the U.S. Census American Factfinder database under table S2503, Financial Characteristics 2013-2017. Overall annual income estimates for renters and owners were first extracted and then divided by 12 to calculate the monthly household income. Median monthly housing costs estimates were also derived from U.S. Census 2013-2017 data. The housing to income ratio was then calculated by dividing the median household monthly income by the median monthly housing cost for both renters and owners.

Non-housing expense (food, healthcare, and other necessities) estimates from 2017 were found in the Economic Policy Institute Family Budget Calculator and then examined[26]. The cost of food for a two-person household in Miami-Dade County came to an average of $541. These costs were based on the USDA's low-cost food plan, which assumes that almost all food is bought at a grocery store and then prepared at home. This food plan represents the amount families need to spend to have an adequately nutritious diet. Healthcare costs were estimated at $677 and assumed that individuals bought the lowest cost plan on the health insurance exchange from the Affordable Care Act. These costs included insurance premiums and out-of-pocket costs that were calculated from the Health and Human Services Medical Expenditure Panel Survey. Other necessity costs came out to $648 and included apparel, personal care, household supplies, reading material, and school supplies; these costs came from the 2017 Bureau of Labor Statistics Consumer Expenditure Survey.

Monthly transportation costs were retrieved from the Center for Neighborhood Technology's Housing and Transportation Affordability Index (2017)[27]. The annual cost of transportation in Miami-Dade County from the H&T Index was $11,296, which was then divided by 12 to calculate the average monthly cost of transportation in the County.

Credit card monthly debt payment data was extracted from SmartAsset (2018). The overall average credit card debt per capita in Miami-Dade County was $3,579 and was obtained from a study done by SmartAsset titled *Counties with the Lowest Credit Card Debt per Capita*[28]. The average credit card debt per capita was then inputted into a Credit Card Calculator to determine the amount of the monthly payments. An interest rate of 13.02% was used with a payoff period of two years. The average monthly payments were calculated to be $309.

Total expenses were calculated by adding the non-housing expenditures, transportation costs, and credit card debt payments for both owners and renters. Disposable income was then determined by subtracting the housing costs and total expenses from the monthly household income of both owners and renters. The disposable income of Miami-Dade County Renters resulted in a negative amount of income (-$1,604) leftover after the average renter pays for their basic housing and daily expenses. The disposable income calculated for the average Miami-Dade County homeowner after paying housing and daily living costs was a mere $564. The negative disposable income calculated for renters and the minimal disposable income left over for homeowners is representative of the unaffordability experienced by Miami-Dade County residents and the growing financial burden of daily costs of living.

Table 2.25: Household Debt Calculator for Miami-Dade County Renters & Owners

	Census Data (2013-2017)	Census Data (2013-2017)	Housing to Income Ratio	Economic Policy Institute (2017)	H&T Index (2017)	SmartAsset (2018)	Total Expenses	Income-Housing Expenses
	Median Household Monthly Income	Median Monthly Housing Cost	Ratio	Non-housing expenses (food+ medical+ other) / 2 Person Household Monthly Cost	Monthly Transportation Cost	Credit Card Monthly Debt Payment	Total Expenses	Disposable Household Income
Renters	$2,707	$1,195	44%	$1,866	$941	$309	$3,116	($1,604)
Owners	$5,384	$1,704	32%	$1,866	$941	$309	$3,116	$564

[26] Family Budget Calculator, https://www.epi.org/resources/budget/
[27] H & T Fact Sheet, https://htaindex.cnt.org/fact-sheets/?lat=25.5516034&lng=-80.6326916&focus=county&gid=371#fs
[28] Counties with the Lowest Credit Card Debt per Capita, https://smartasset.com/credit-cards/credit-card-calculator#us

Tax Revenue to the County

From 2017 to 2018, the total amount of tax revenue to the County increased by $210 million. Revenue per capita also increased in that time period from $959.14 per capita in 2017 to $1,022.55 per capita in 2018. Increases in revenue from property taxes, county hospital sales surtax, transportation sales surtax, utility taxes, and other taxes offset the decreases in revenue from local option gas taxes and the communication tax. In 2018, property tax revenues increased by 8.7 percent or $151 million. According to the Miami-Dade County Comprehensive Annual Financial Report, there was an increase in property values in 2018 when compared to 2017, which partly contributes to the large increase in property tax revenue. The improved economic climate in 2018 also contributed to the $60 million increase in other tax revenues.

Table 2.26: Tax Revenues by Revenue Source

Tax Revenues (in millions)	2017	2018
Property Taxes	$1,732	$1,883
County Hospital 1/2% Sales surtax	$256	$275
Transportation 1/2% sales surtax	$256	$275
Utility Taxes	$95	$101
Local option gas taxes	$60	$59
Communication Tax	$31	$30
Other taxes	$201	$219
Total Tax Revenue:	$2,631,000,000	$2,842,000,000
Revenue per capita:	$959.14	$1,022.55

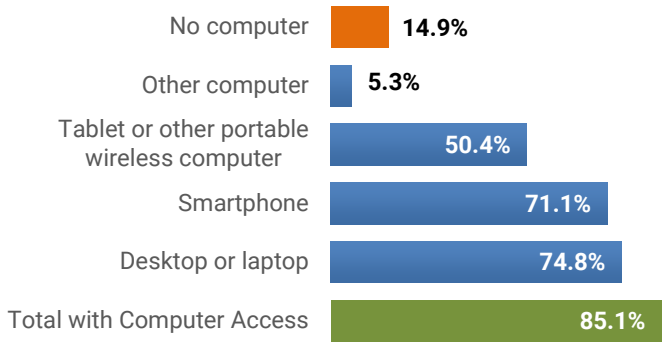
Source: Miami-Dade County Comprehensive Annual Financial Report, 2018

While tax revenues increased significantly from 2017 to 2018, many community members expressed confusion or lack of knowledge on the allocation of these revenues. One focus group participant stated, “Allapattah generates a lot of money for this County but only 5 to 10 percent stays in Allapattah. The NET office and Camillus House should have more money to deal with affordable housing.”

Computer and Internet Access

Computers and internet access are a vital necessity for individuals and families as it connects them to economic, educational, social, and other resources. Increasingly, community programs and information are being made available through online forums and websites. The percentage of households with access to a computer is relatively high in Miami-Dade County, with 85.1 percent of households having access to one or more computing devices (Figure 2.9). In 2017, 74.8 percent of residents have computer access through a desktop or laptop computer, 71.1 percent use a smartphone, 50.4 percent use a tablet or other wireless computer, and 5.3 percent use some other type of device. Only 14.9 percent of households have no computing device. The majority of residents rely on a combination of computing devices. Only 10.6 percent use a desktop or laptop with no other type of computing device, 5.4 percent rely exclusively on a smartphone, and 0.5 percent use only a tablet or other portable wireless computer.

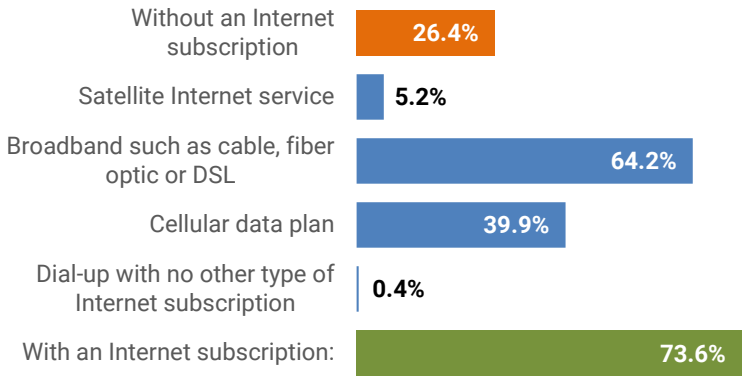
Figure 2.9: Types of Computing Devices Used by Residents



Source: U.S. Census, ACS, 2017 5-Year Estimates

Access to a computing device enables households to bridge the digital divide, which refers to population inequality as a result of unequal access to information technology. In addition to a lack of access to a computing device, the digital divide is also the result of a lack of access to the Internet. High-speed Internet access, or broadband, is critical for economic opportunity, job creation, education, and access to various services. According to the Federal Communications Commission, all of Miami-Dade County's territory has broadband coverage.[29] However, according to U.S. Census estimates 227,000 households (26.4 percent) have no internet access (Figure 2.10). Consistent with the high percentage of individuals using their smartphone as one of their computing devices, 39.9 percent of households access the Internet through their cellular data plan, while 64.2 percent pay for some form of broadband such as cable, fiber optic or DSL. (The percentages in Figure 2.10 exceed 100 as many households have multiple Internet subscriptions.) Approximately 58,000 households, or 6.8 percent of total households in Miami-Dade County, access the Internet via a cellular data plan with no other type of Internet subscription.

Figure 2.10: Types of Internet Subscription of Residents



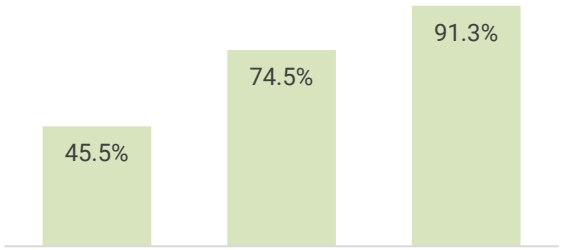
Source: U.S. Census, ACS, 2017 5-Year Estimates

Access to high-speed Internet is more limited for households in the lower-income ranges. In 2017, only 45.5 percent of households with income below $20,000 had broadband access, compared to 91.3 percent of households with income of $75,000 or more (Figure 2.11). There are over 200,000 households in Miami-Dade County with income below $20,000.

[29] Federal Communications Commission, Fixed Broadband Deployment. https://broadbandmap.fcc.gov/#/

Affordability plays a major role in deterring people from adopting broadband. According to a U.S. Department of Commerce study, 28 percent of surveyed households without broadband cited cost as the primary barrier.[30] Everyday processes, from bill paying to job seeking, program enrollment, and education, require that people have access to and knowledge of computer usage and the Internet. Educational institutions are putting more classes, student, and teacher information on online platforms. For those individuals that do not have computer or internet access in their homes, there are numerous options throughout the community where a computer or the Internet is readily available such as at every public library or many public places such as restaurants and coffee shops.

Figure 2.11: Broadband Access by Household Income



Source: U.S. Census, ACS, 2017 5-Year Estimates

Miami-Dade County operates 50 library branches throughout the County. With a library card, patrons are able to use library desktop computers and tablets/laptops for up to two hours a day. All computers and tablets/laptops have access to the Internet, Microsoft Office 2010, and USB 2.0 ports. Miami-Dade County also operates a Mobile Library service – the Bookmobile – which makes make scheduled stops at public parks, childcare facilities, condominium complexes, retirement communities, senior centers, and recreational facilities. Materials may be returned to the Mobile Library or to any branch in the public library system. Materials borrowed from branches may also be returned to the Mobile Library. Additionally, with a tablet/laptop device, Miami-Dade County libraries offer patrons the ability to download books, music, magazines and more for free using their library card.

Figure 2.12 shows County and municipal libraries along with the number of Mobile Library stops throughout Miami-Dade County. There are eleven municipal libraries in the County, including in North Miami Beach, Hialeah, Miami Shores, and Surfside. As shown in the map, there is a high number of county libraries and Mobile Library stops within and around the Northern opportunity zones, providing easy access for residents within those areas. The more Western and Southern areas of the County contain fewer county and municipal libraries but have larger numbers of Mobile Library locations to help meet the needs of residents with less access.

Digital Convergence: 1 Million Project

Through the 1 Million Project (1MP), Miami-Dade County Public Schools (M-DCPS) has partnered with the 1 Million Project Foundation to help close the homework gap by providing free devices and wireless service to eligible low-income high school students without home internet access. Eligible students use the device and Internet service for the time they are enrolled in high school, up to four years. This is a five-year project, starting in 2017-2018. Each year, devices are distributed to eligible students who keep them until they graduate from high school.

Students receive a smartphone (Android) or hotspot device, 10 G.B. per month of free high-speed LTE data while on the Sprint Network, unlimited data at 2G speeds, free hotspot capability, and unlimited domestic calls/texts while on the Sprint Network.

In 2017-18, M-DCPS deployed 3,577 phones to schools from October 2017 to May 2018, for an average of 358 phones per month. In 2018-19, M-DCPS deployed 3,852 phones from August 2018 to February 2019, for an average of 550 phones per month.

Source: Miami-Dade County Public Schools, http://digital.dadeschools.net/sprint.asp

[30] Exploring the Digital Nation: America's Emerging Online Experience. (June 2013) https://www.ntia.doc.gov/files/ntia/publications/exploring_the_digital_nation_-_americas_emerging_online_experience.pdf

CAHSD Computer Literacy and Training Programs

The Community Action and Human Services Department offer a Computer Training Program and a Computer Repair Program through some of their Community Resource Centers in Miami-Dade County. The Departments Computer Training program provides individuals who want to develop marketable skills, increase earning potential, and enhance personal development with more opportunities through computer literacy training. These courses are offered at five of the thirteen Community Resource Centers, including Accion Community Resource Center, Joseph Caleb/Liberty City Community Resource Center, Miami Gardens Community Resource Center, Naranja Community Resource Center, and Perrine Community Resource Center.

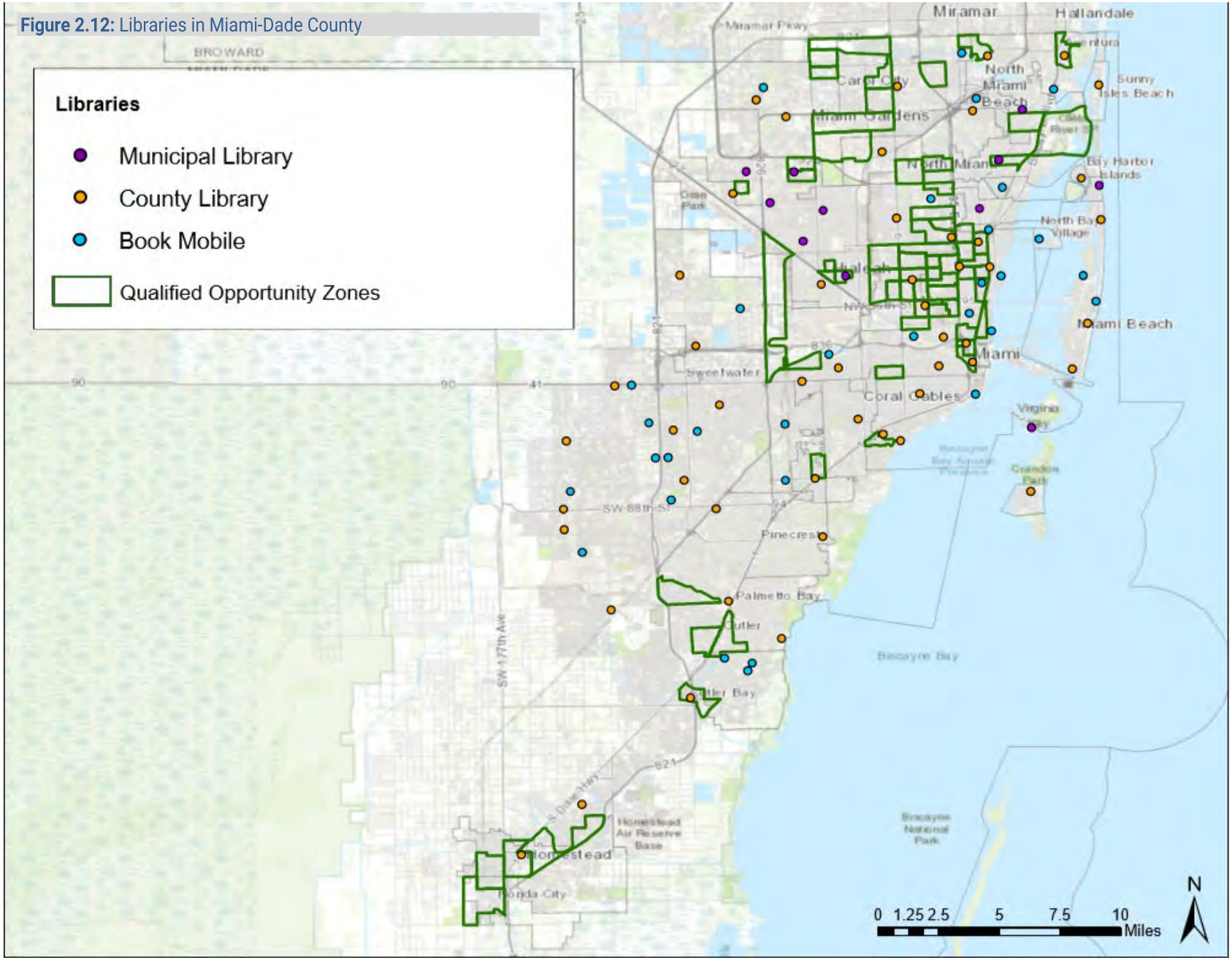
The Computer Repair Program is designed to teach individuals how to build a computer, install software, and set up a network. On-site job developers work with trainees to help enhance job skills and provided job placement referrals. This program is located at the Accion Community Resource Center. Both the Computer Training and Computer Repair Programs offer a certificate of completion in the area of concentration, and assistance with job placement to all graduates of the program.

Although 85.1 percent of residents in Miami-Dade County reported having access to a computer and 73.6 percent reported having an internet subscription, computer literacy programs are necessary to help residents learn how to better utilize computers and the internet to benefit their own development. Each of these programs can help increase computer literacy in Miami-Dade County while equipping residents with marketable skills that could help them attain higher-wage jobs and improve access to information and resources. The expansion of these programs to more community centers in the County could improve computer literacy overall and foster a more technically advanced workforce, especially in the lower-income communities of Miami-Dade County.

CAHSD Volunteer Income Tax Assistance Program

The Volunteer Income Tax Assistance (VITA) Program is help residents prepare their tax returns during tax season and is available for individuals who earn $56,000 or less annually, individuals with a disability, the elderly, and residents with limited English speaking skills. During the COVID-19 Pandemic, CAHSD continued to offer free tax preparation assistance over the telephone and online. Eight Community Resource Centers participated in the program during COVID-19. This supportive service allows low-income residents and household to stay up-to-date with their annual filing of taxes and avoid legal ramifications.

Figure 2.12: Libraries in Miami-Dade County



III. Education

Access to education is a major indicator of economic wellbeing for residents in Miami-Dade County. Although educational attainment is not a guarantee for financial stability, higher degrees of educational attainment increase knowledge of important skills and availability of higher wage employment opportunities. Participants in the Community Needs Assessment focus group discussions recognized the correlation between quality education and jobs, with one participant stating, "kids lose hope without education and jobs." Lack of access to quality education results in an increasingly unskilled labor force, increase in crime, and a lack of upward mobility in the County. Quality education and increased opportunities for post-secondary education attainment are vital to the overall wellbeing of Miami-Dade County residents.

From 2009 to 2017, educational attainment increased among Miami-Dade County residents. In 2009, 76.5 percent of residents had at least a high school diploma or equivalent, which increased to 81 percent in 2017. Overall, 25 percent of residents had at least a bachelor's degree in 2009, and about 28 percent had at least a bachelor's degree in 2017.

Table 3.1 shows poverty rates by educational attainment for people aged 25 and older. The population over 25 years old living below the poverty level increased by 17.1 percent over the eight-year period. In both 2009 and 2017, most residents in poverty had a high school diploma or less. Residents with less than a high school diploma below the poverty level decreased by 14.4 percent. However, there was a significant increase in the number of residents below the poverty level with a high school diploma, some college/ associate degree, and a bachelor's degree or above. This demonstrates that advanced degrees are not adequately providing individuals with living wage jobs. The percentage of high school graduates in poverty increased by 33.7 percent, and individuals with some college/ associate degree in poverty increased by 30.2 percent. The most significant change of those living below the poverty level was for residents with a bachelor's degree or higher with a 72.9 percent increase from 2009 to 2017.

Table 3.1: Adult Education Attainment Below Poverty Level & (%) Change

	2009	2017	Change
With income in the past 12 months below poverty level	252,601	295,839	17.1%
Less than high school graduate	106,431	91,053	-14.4%
High school (incl. equivalency)	78,735	105,302	33.7%
Some college, associate degree	40,080	52,178	30.2%
Bachelor's degree or higher	27,355	47,306	72.9%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

High School Graduation Rates

Graduation rates among high school students display a positive trend from 2013-14 to 2017-18, with an increase from 76.6 percent to 85.4 percent (See Figure 3.1). The dropout rates among Miami-Dade County high school students decreased from 2013-14 to 2014-15, then followed an upward trend from 2014-15 to 2016-17. From 2016-17 to 2017-18, the dropout rate decreased by 0.9 percent (See Figure 3.2).

Figure 3.1: Graduation Rates

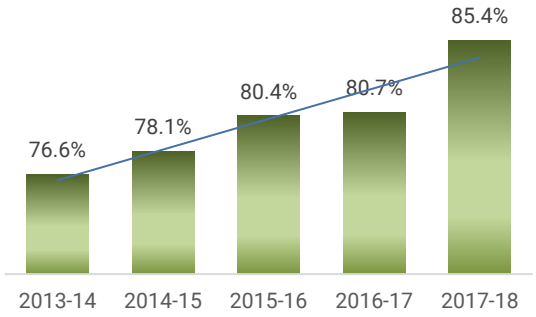
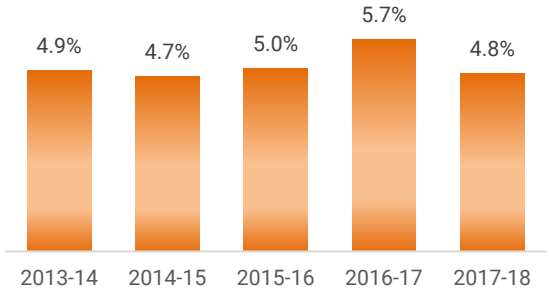


Figure 3.2: Dropout Rates



Source: Florida Department of Education

Graduation and dropout rates vary significantly when examined across racial/ethnic groups and gender as displayed in Table 3.2. Graduation rates are higher among female students across all racial/ethnic groups while dropout rates are higher among all male students. White students, both male and female have the highest graduation rates of 88.6 percent for white males and 93.6 percent for white females. Black or African American students have the lowest graduation rates among the three racial/ethnic groups analyzed and the highest dropout rates, with 7.1 percent of Black male students dropping out and 4.2 percent of female student dropping out in the 2017-2018 school year. Black male students have a dropout rate 3.6 percent higher than white male students, 1.5 percent higher than Hispanic male students, and 2.9 percent higher than Black female students.

Table 3.2: Graduation & Dropout Rate by Race/ Ethnicity & Gender, 2017-18

	Graduation Rate		Dropout Rate	
	Male	Female	Male	Female
White non-Hispanic	88.6%	93.6%	3.5%	3.3%
Hispanic or Latino	82.8%	89.5%	5.6%	3.9%
Black or AA	75.5%	85.5%	7.1%	4.2%

Source: Florida PK-12 Educational Portal

Figures 3.3 and 3.4 show the overall graduation and dropout rates of Black or African American Students, Hispanic or Latino students, and White non-Hispanic students in Miami-Dade County over the past four school years. From school year 2014-2015 graduation rates have increased and dropout rates have decreased for students from all three racial/ethnic groups. The graduation rate increased by 10.1 percent for Black or African American students, 6.9 percent for Hispanic or Latino students, and 2.8 percent for White non-Hispanic students. The dropout rate for Black or African American students decreased by 1.0 percent from the 2014-15 to 2017-18 school year, but increased by .04 percent for Hispanic or Latino students, and 0.7 percent for White non-Hispanic students. Although graduation rates have increased and dropout rates have decreased over the four school years examined, Black or African American students still have the lowest graduation rates and highest dropout rates when compared to their counterparts.

Figure 3.3: Graduation rates by Race/Ethnicity

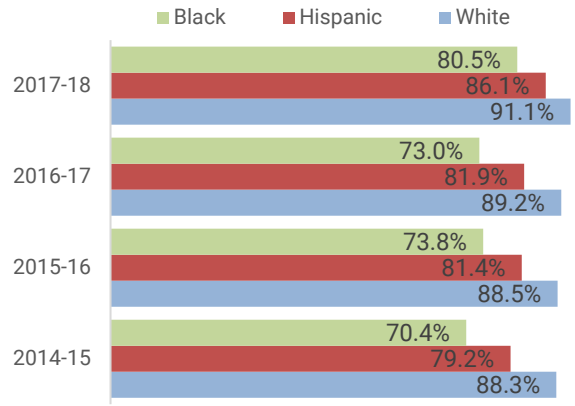
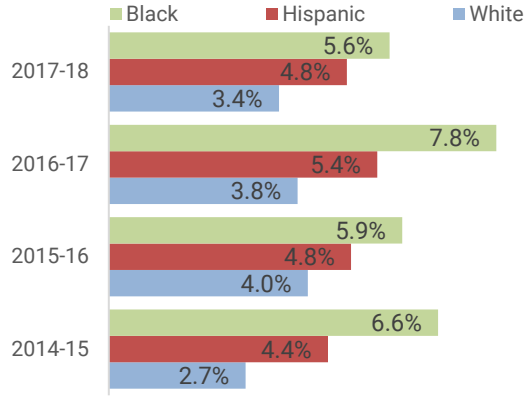


Figure 3.4: Dropout rates by Race/Ethnicity



Public vs. Private Student Enrollment

Student enrollment in public versus private school in Miami-Dade County was also examined to understand the distribution of students by school type in the County. Public school enrollment by grade level in 2009 and 2017 and within the 67 opportunity zones examined in this study are displayed in Table 3.3. From 2009 to 2017, overall public-school enrollment decreased by 2.4 percent, with enrollment only increasing slightly for student in preschool and Kindergarten and then decreasing for grade levels 1 through 12. When comparing overall public-school enrollment in 2017 to enrollment within the opportunity zones, 66.6 percent of students residing within opportunity zones are enrolled in public school compared to 56.7 percent overall in Miami-Dade County.

Table 3.3: Public School Enrollment by Grade Level & in Opportunity Zones (OZ)

	2009	%	2017	%	OZ 2017	%
Preschool	22,276	3.5%	24,315	3.7%	5,202	5.8%
Kindergarten	24,538	3.8%	26,771	4.0%	4,933	5.5%
Grade 1 to 4	105,898	16.5%	103,881	15.7%	16,871	18.7%
Grade 5 to 8	108,089	16.8%	105,945	16.0%	15,803	17.6%
Grade 9 to 12	118,967	18.5%	114,604	17.3%	17,147	19.1%
% of Total Enrolled in School	59.1%		56.7%		66.6%	

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Students residing within opportunity zones are more likely to be enrolled in a public school and make up a significant portion of public-school enrolled students in Miami-Dade County. Table 3.4 shows the percentage of students per grade level that reside within opportunity zones. Preschool students residing in opportunity zones account for 21.4 percent of all the preschool students in public schools, with Kindergarten students making up 18.4 percent of all students. Students in grades 1 through 12 within opportunity zones account for 15.4 percent of all students attending a public school in Miami-Dade County.

Table 3.4: Student Enrollment by Grade Level in Opportunity Zones (%)

	%
Preschool	21.4%
Kindergarten	18.4%
Grade 1 to 4	16.2%
Grade 5 to 8	14.9%
Grade 9 to 12	15.0%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Overall private school enrollment in Miami-Dade County also decreased from 2009 to 2017, going from 12.2 percent in 2009 to 11.3 percent in 2017. Only 7.3 percent of students residing in opportunity zones attended a private school in 2017. Preschoolers were the student group with the most private school enrollees with 3.2 percent attending in 2017. Students residing in opportunity zones were a small percentage of overall private school enrollees with preschool students accounting for 8.6 percent and Kindergarten students making up 6.4 percent. Students in grade levels 1 through 12 only accounted for 9.2 percent of private school students overall within those grade levels.

Table 3.5: Private School Enrollment in Miami-Dade County & in Opportunity Zones (OZ)

	2009	%	2017	%	OZ 2017	%
Preschool	22,359	3.5%	20,933	3.2%	1,799	2.0%
Kindergarten	6,018	0.9%	5,488	0.8%	351	0.4%
Grade 1 to 4	15,627	2.4%	17,018	2.6%	1,736	1.9%
Grade 5 to 8	17,431	2.7%	15,576	2.4%	1,249	1.4%
Grade 9 to 12	17,248	2.7%	15,458	2.3%	1,418	1.6%
% of Total enrolled in school	12.2%		11.3%		7.3%	

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Table 3.6: Private School Enrollment in Opportunity Zones (%), 2017

	%
Preschool	8.6%
Kindergarten	6.4%
Grades 1 to 4	10.2%
Grades 5 to 8	8.0%
Grades 9 to 12	9.2%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

Barriers to Quality Education

There are multiple major barriers to attaining a quality education for students in Miami-Dade County. With 25.4 percent of all children under 18 years old living below the poverty level, many school aged students are suffering from familial financial hardships that create a barrier to attaining a quality education. Students who are economically disadvantaged, as defined by the Florida Department of Education, are students determined to be eligible for free and reduced-price meals under the National School Lunch Program.[31] According to No Kid Hungry, 1 in 7 children in the U.S. goes hungry everyday due to living in "food insecure" homes that do not have enough food to feed every family member.

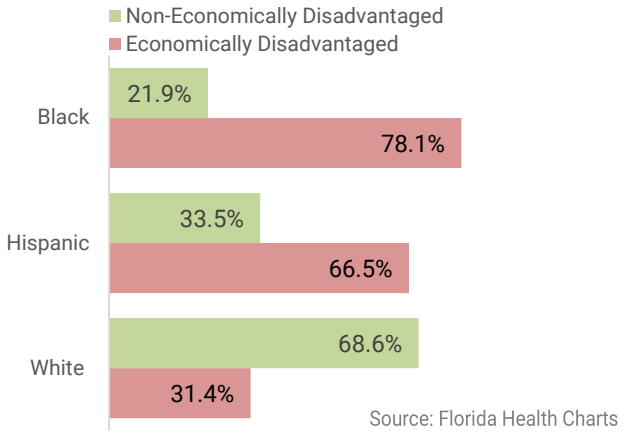
Many students go to school hungry and get most of their nutrients from free or reduced-price meals at school. Table 3.7 displays the percentage of children in Miami-Dade County that are considered economically disadvantaged over the past three school years. From school year 2015-16 to 2017-18, the percentage of economically disadvantaged students decreased by 5.9 percent. Although this decrease is significant, 66.1 percent of students are still economically disadvantaged in the County.

Table 3.7: Percentage of Economically Disadvantaged Students (%)

	Economically Disadvantaged	Non-Economically Disadvantaged
2015-16	72.0%	28.0%
2016-17	70.8%	29.2%
2017-18	66.1%	33.9%

Source: Florida PK-12 Educational Portal

Figure 3.5: Economically Disadvantaged Students by Race/Ethnicity (%)



Source: Florida Health Charts

In 2017-18 there were slightly more female students (66.3 percent) who were economically disadvantaged than male students (65.9 percent). Black or African American students have the highest percentage of students that are economically disadvantaged at 78.1 percent, compared to 66.5 percent of Hispanic or Latino students and 31.4 percent of White non-Hispanic students (Figure 3.5). The disproportionate number of economically disadvantaged Black or African American students in comparison to Hispanic or Latino and White, non-Hispanic students can be correlated to the lower graduation and higher dropout rates of Black or African American students who are facing greater financial and physical need.

Homeless Students

The number of homeless children in Miami-Dade County is steadily increasing each year. In 2018, the Homeless Trust of Miami-Dade County reported 629 homeless children, ages 0 through 17, residing in the county. The number of homeless students is not formally collected by the Homeless Trust but is examined through the division of Miami-Dade County Public Schools and their program Project UP-START. According to Project UP-START, there are approximately 9,000 students within the county who are considered homeless or "unstably-housed;" a low estimate according to project UP-START Director of Community Outreach Ms. Albo-Steiger, who stated, "we do have more students that are out there. We have 14,000 to 15,000, if I had to guess."[32] They attribute these exceptionally large numbers in part to increased displacement after the occurrence of numerous

[31] Florida Department of Education, Definitions, https://edstats.fldoe.org/portal%20pages/Documents/Definitions.pdf

[32] Quintana, (2018) Miami-Dade's Homeless Student Population is Growing, and 2017s Hurricanes Didn't Help, https://www.wlrn.org/post/miami-dades-homeless-student-population-growing-and-2017s-hurricanes-didnt-help#stream/0

catastrophic hurricanes such as Harvey, Irma and Michael combined with the high cost of living and lack of affordable housing units in the area.

Local colleges such as Florida International University and Miami Dade College have created programs to assist their homeless and unstably-housed students to help them access higher education degrees and programs that can help them escape poverty and homelessness as they enter into adulthood. Florida International University's Fostering Panther Pride[33] program assists in the attaining and processing of Homeless Tuition Exemption, securing on or off campus housing, connecting students with community resources, and accessing priority course registration. They also assist students with finding housing during times in which the university is closed for winter and summer break so that they are not without a place to stay during those transitional times. Miami Dade College's Educate Tomorrow at Single Stop[34] student support program is designed to help "former or current foster youth, homeless, unaccompanied or disadvantaged" students. Through the program students will get access to community resources, academic support and mentoring, and streamlined financial advising. These programs are aimed at helping as many homeless students as possible but with the rapid rate at which the number of homeless students is growing, these programs will face capacity issues without increased funds and resources.

In addition to financial barriers in obtaining quality education there are behavioral barriers. When students are unable to focus on their work or are being disciplined by their teachers and school staff, it takes away from their ability to focus on their studies. Table 3.8 displays overall duplicated and unduplicated school suspensions in Miami-Dade County Public Schools (M-DCPS) from 2008 to 2018. Duplicated suspensions are the number of total suspensions, where a student who was suspended three times during the school year would be counted three times, while unduplicated suspensions refer to the total number of students who were suspended over the school year. The number of duplicated and unduplicated outdoor and indoor suspensions decreased drastically from 2008 to 2018 due to M-DCPS's efforts to eliminate the outdoor suspension of students in 2015. M-DCPS's decision to eliminate outdoor suspensions was driven by the findings of a 2012 study by Johns Hopkins University[35] that found that subjecting students to out-of-school suspensions led to increased alienation and incidences of students getting into trouble outside of school. Students who are suspended should now be referred to one of eleven Student Success Center sites where students receive counseling and academic support rather than completing an outdoor suspension.[36].

Table 3.8: Overall Suspensions in Public Schools

	Duplicated		Unduplicated	
School Year	Outdoor	Indoor	Outdoor	Indoor
2008-09	37,230	49,068	22,471	27,956
2009-10	39,333	55,304	24,061	30,419
2010-11	35,894	45,690	22,386	25,816
2011-12	37,512	41,050	22,891	23,765
2012-13	25,506	35,315	16,370	20,886
2013-14	25,819	32,503	16,274	19,593
2014-15	23,221	32,535	15,306	19,241
2015-16	2,182	19,879	1,583	11,479
2016-17	2,158	18,102	1,549	10,810
2017-18	1,923	15,763	1,443	9,957

Source: Miami-Dade County Public Schools, School Performance Data

[33] Florida International University, Fostering Panther Pride, http://sas.fiu.edu/fpp/

[34] Miami Dade College, Educate Tomorrow at Single Stop, https://www.mdc.edu/main/singlestop/educate_tomorrow_at_single_stop.aspx

[35] Balfanz, et. al, Sent Home and Put Off-Track: The Antecedents, Disproportionalities, and Consequences of Being Suspended in the Ninth Grade, Johns Hopkins University, https://civilrightsproject.ucla.edu/resources/projects/center-for-civil-rights-remedies/school-to-prison-folder/state-reports/sent-home-and-put-off-track-the-antecedents-disproportionalities-and-consequences-of-being-suspended-in-the-ninth-grade/balfanz-sent-home-ccrr-conf-2013.pdf

[36] Gerety (2017) Zero Suspensions and an Unexplained Leap in Excessive Absences in Miami-Dade Schools, https://www.wlrn.org/post/zero-suspensions-and-unexplained-leap-excessive-absences-miami-dade-schools#suspensions

Post-Secondary Enrollment in Miami-Dade County

Accessibility and enrollment in post-secondary education is a large predictor of economic stability and opportunity for Miami-Dade County residents. Post-secondary educational certificate and degree programs help residents to attain the skills and education level necessary to work in high skill, high wage industries and occupations that allow residents to afford the high cost-of-living in Miami-Dade County. Enrollment in postsecondary institutions in Miami-Dade County and in the opportunity zones is examined in Table 3.9. From 2009 to 2017 overall post-secondary enrollment in Miami-Dade County schools slightly increased from 7.8 percent to 8.1 percent (Table 3.9). In the opportunity zones, postsecondary enrollment in 2017 was only 6.9 percent. Access to affordable education is a necessity for residents to have the ability to progress financially in Miami-Dade County.

Table 3.9: Postsecondary Institution Enrollment in Miami-Dade County & in Opportunity Zones

	2009	2017	OZ
Count	184,462	211,968	23,480
% Enrolled	7.8%	8.1%	6.9%

Source: U.S. Census, ACS, 2009 and 2017 5-Yr estimates

A major barrier to accessibility to higher education is the cost of attendance. Tables 3.10 and 3.11 below show tuition and fees of Miami-Dade County's main public institutions from 2000 to 2017. Miami Dade College is the largest institution of higher education in the state and the second largest in the country, with eight campuses, over 165,000 students and more than 300 educational pathways. It is also one of the most affordable options for higher educational attainment in Miami-Dade County, with only minimal increases in yearly tuition and fees. From 2000 to 2017, the cost of tuition and fees when adjusted for inflation increased by $1,479.

Table 3.10: Miami Dade College Tuition & Fees

Year	Unadjusted	Adjusted for Inflation
2000	$1,490	$2,173
2009	$2,585	$3,025
2017	$3,547	$3,652

Source: The Chronicle of Higher Education, Tuition and Fees

Florida International University (FIU) is Miami-Dade County's public research university, serving over 50,000 students and offering more than 190 degree options. From 2000 to 2017 the cost of tuition and fees at FIU almost doubled, increasing by $3,324 when adjusted for inflation. This increase in tuition can be considered a significant barrier for many residents when choosing whether to pursue higher education. While FIU increased its costs over the past 17 years, it is still relatively affordable when compared to over $50,000 annual tuition cost at the largest private university, the University of Miami.

Table 3.11: Florida International University Tuition & Fees

Year	Unadjusted	Adjusted for Inflation
2000	$ 2,350	$ 3,427
2009	$ 4,580	$ 5,360
2017	$ 6,558	$ 6,751

Source: The Chronicle of Higher Education, Tuition and Fees

The number of Federal Pell Grants awarded to needy students also increased significantly from 2000 to 2017. The Federal Pell Grant Program "provides need-based grants to low-income undergraduate and certain post baccalaureate students to promote access to postsecondary education."[37] Pell grants help ease the financial burden on qualifying students. The number of Pell grant recipients at Miami Dade College increased by 42 percent from 2000 to 2017, while FIU recipients increased by 217 percent (Table 3.12). From 2000 to 2017, the percent of Pell Grant recipients at Miami Dade College increased from 36 percent to 39 percent, while at FIU the increase was from 31 percent to 48 percent. The significant increase during this 17-year period is representative of the increased financial need of students pursuing higher education and the necessity to promote and increase access to postsecondary educational opportunities.

Table 3.12: Federal Pell Grants Awarded to Miami Dade College and Florida International University

MDC	Recipients	Enrolled	% Awarded
2000	23,983	66,301	36%
2009	29,188	96,123	30%
2017	34,110	88,312	39%
FIU	**Recipients**	**Enrolled**	**% Awarded**
2000	6,924	22,698	31%
2009	10,683	31,589	34%
2017	21,920	45,813	48%

Source: U.S. Department of Education, Distribution of Federal Pell Grant Program Funds by Institution

[37] U.S. Department of Education, Federal Pell Grant Program, https://www2.ed.gov/programs/fpg/index.html

CAHSD Youth Education, Training and Employment Services

CAHSD offers a variety of services to young adults between the ages of 18 and 25 who need assistance with their education, training, or employment services. The Departments Youth Education and Training Services program assists young adults residing in Miami-Dade County in achieving their education or training goals such as high school completion, paid work experience, occupational training, employability skills training, team building, guidance and counseling, and AmeriCorps scholarships.

The Youth Employment Services program is designed for young adult men residing in County Commission District 3 and assists them in achieving their employability goals. The program provides services such as; counseling, job development, job placement, job retention, employability skills training and guidance, employment orientation, and information and referrals.

The expansion of the Youth Education and Training Services program and the Youth Employment Services program to more community resource centers in Miami-Dade County would help improve the educational attainment levels and job skills of young adults throughout the County. These programs provide vital services to individuals entering the workforce to gain marketable skills that would help them achieve and retain higher-paying employment and improve their overall quality of life. These programs provide alternative options for young adults who may not have finished their formal schooling or were diverted from further educational endeavors after high school, to develop the necessary job skills. There are many different reasons why a student may not finish high school or may choose not to attend college or university, but programs that allow them to gain job skills and enter higher-wage, higher-skill industries must be available in order to develop a strong and advancing workforce.

Community Perception of Educational Needs

Increasing educational opportunities and attainment throughout the County is necessary to develop a highly-skilled workforce to remain competitive in high-skill, high-wage industries. Approximately 36.6 percent of community survey respondents stated a lack of access to high-performing public schools as a significant issue in their neighborhoods, and 23.6 percent stated high-quality neighborhood schools are missing from their communities.

Partner survey respondents also emphasized the need for increased resources to be directed toward educational programs. Many of the community organizations already contain an educational program component but they believe increased promotion of their programs could help promote overall wellbeing in the community with one respondent stating, “Education needs to be promoted and encouraged throughout the community. Technical programs like the ones we offer provide a better future.”

The educational concerns brought up in the focus groups ranged from the need to expand early childhood quality education programs to easier accessibility for adults to pursue higher education. Many participants felt that these programs should be targeted toward the youth in the community to attain a higher level of education and be able to afford to live in the areas where they grew up. The need for the expansion of educational programs and scholarships for youths in the community, the Head Start programs and affordable daycare facilities were all major concerns for focus group participants. There was a significant emphasis on advocating for increased resources and funding for the educational system in Miami-Dade County and creating programs that would support the upward mobility of young residents.

IV. Housing

Participants in the focus groups emphasized affordable housing as the number one quality of life issue facing Miami-Dade County residents. Many participants expressed distress over the increase in large and expensive development projects that are coming into their communities and pricing out long-time community members while others remarked on the political nature of affordable housing and unfair and unequal affordable housing development and allocation. Many participants remarked on the fact that many residents must work multiple jobs to pay for housing while one participant stated, "people who make decent money don't make enough to afford to live in a decent neighborhood." With large percentages of cost-burdened renters and owners, rising housing costs combined with the stagnation in wages and lack of employment opportunities are impacting residents who recognize that they simply cannot afford the cost of living in Miami-Dade County.

Housing Occupancy

The total number of housing units in Miami-Dade County increased by 4.8 percent from 2009 to 2017 (Table 4.1). Out of the 1,008,908 total housing units, 858,289 units (85.1 percent) were occupied, and 150,619 (14.9 percent) were vacant. While occupied housing units increased by 3.7 percent, which coincides with the growth in total housing units, the significant 11.6 percent increase in vacant housing units is notable. The increase in vacant housing units is representative of the growing unaffordability of housing for county residents.

Table 4.1: Housing Occupancy

	2009	2017	% Change
Total Housing Units	962,935	1,008,908	4.8%
Occupied housing units	827,931	858,289	3.7%
Vacant housing units	135,004	150,619	11.6%

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

In 2017, 47.7 percent of total vacant housing units were for seasonal, recreational, or occasional use, while 19.0 percent were categorized as "other vacant" properties and 18.6 percent were for rent (See Table 4.2). Housing units that were rented but not occupied accounted for 4.4 percent of total vacant units, while housing units that were sold but not occupied accounted for 4.1 percent of vacant units. According to a study by LendingTree in 2019, an explanation for the large percentage in vacant housing units in Miami-Dade County is that South Florida, especially Miami, is a popular destination for homeowners to buy secondary residences as vacation or seasonal homes.[38]

Table 4.2: Vacancy Rates, 2017

	Count	%
For rent	28,071	18.6%
Rented, not occupied	6,583	4.4%
For sale only	9,223	6.1%
Sold, not occupied	6,120	4.1%
For seasonal, recreational, or occasional use	71,818	47.7%
For migrant workers	208	0.1%
Other vacant	28,596	19.0%
Total:	150,619	14.9%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

Table 4.3 shows that in the 67 opportunity zones examined, there were 118,724 total housing units, 106,401 (89.6 percent) of which were occupied, and 12,323 (10.4 percent) were vacant. The total housing units within the opportunity zones account for 11.8 percent of the total housing units, 12.4 percent of occupied housing units, and 8.2 percent of vacant housing units in Miami-Dade County.

Table 4.3: Housing Occupancy in Opportunity Zones, 2017

	Count	% of Units in County
Total Housing Units	118,724	11.8%
Occupied housing units	106,401	12.4%
Vacant housing units	12,323	8.2%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

[38]Kapfidze, (2019) LendingTree Ranks Metros with the Highest Vacancy Rate, https://www.lendingtree.com/home/mortgage/highest-vacancy-rates/

From 2009 to 2017, there was a significant shift in the number of owner-occupied units compared to renter-occupied units (Table 4.4). Owner-occupied housing units significantly decreased from 58.3 percent in 2009 to 52.2 percent in 2017, while renter-occupied housing units significantly increased from 41.7 percent to 47.8 percent in 2017. The decrease in owner-occupied housing units and the increase in renter-occupied housing units is representative of the diminished ability of residents' ability to afford to purchase a home in Miami-Dade County.

Table 4.4: Owner &. Renter-occupied Housing Units in Miami-Dade County and in Opportunity Zones

	2009	2017	OZ 2017
Owner-occupied	58.3%	52.2%	8.6%
Renter-occupied	41.7%	47.8%	16.6%

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

In 2017, owner-occupied housing units accounted for 52.2 percent of all housing units, while renter-occupied housing units were 47.8 percent of occupied units in the County. In contrast, in the 67 opportunity zones owner-occupied units were 36.1 percent of housing units, while renter-occupied units accounted for 63.9 percent of units. Owner-occupied housing units in the opportunity zones were only 8.6 percent of the total owner-occupied units in Miami-Dade County, while renter-occupied units in the zones were 16.6 percent of all renter-occupied units in the County. Within the opportunity zones, there were much higher concentrations of renters than homeowners which can be attributed to a lack of affordable housing units for purchase, and the lower income levels of residents within the opportunity zones.

Housing Costs

From 2009 to 2017, the median value of occupied housing units decreased by 14.0 percent from $282,300 to $242,800. Although this decrease in median value suggests that housing should be more affordable in 2017, with the rising cost-of-living and stagnation of wages, housing is still highly unaffordable for a large portion of residents in Miami-Dade County.

Table 4.5: Median Value of Owner-Occupied Housing Units

	2009	2017
Median Value	$282,300	$242,800

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

From 2009 to 2017, there was an 18.8 percent increase in households paying rent on occupied units. The monthly cost of housing for renters in the County is displayed in Table 4.4 below and details the overwhelming growth in the number of renters who are paying more than $1,000 a month on rent. Renters paying $1,000 to $1,499 a month on rent increased by 40.3 percent, but the most significant growth from 2009 to 2017 is the increase in renters paying $1,500 to $1,999 a month and renters paying over $2,000 a month. Renters paying $1,500 to $1,999 a month increased by 118.4 percent while renters paying over $2,000 a month increased by 197.5% over the eight years. These significant increases in the number of residents paying over $1,000 a month on rent are indicative of the rising cost-of-living throughout Miami-Dade County.

Table 4.6: Monthly Housing Cost for Renters

	2009	2017	% Change
Occupied units paying rent	333,414	396,015	18.8%
Less than $500	39,633	31,988	-19.3%
$500 to $999	140,518	100,653	-28.4%
$1,000 to $1,499	105,210	147,624	40.3%
$1,500 to $1,999	34,391	75,109	118.4%
$2000 or more	13,662	40,641	197.5%

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

When rent costs in the 67 opportunity zones were examined, the largest group of renters (27,499 renters) were paying an average of $500 to $999 a month on rent, making up 27.3 percent of all renters in the County with monthly rent costs falling in that price bracket (Table 4.7). Renters residing in the opportunity zones also account for 29.9 percent of all renters in Miami-Dade County paying less than $500 a month on housing, and only account for 2.4 percent of all renters paying over $2,000 a month. Due to the opportunity zones being located in economically distressed communities in Miami-Dade County, affordable housing and public housing developments had already been established in many of these areas. The already established affordable and public housing units in these zones can be attributed to why large percentages of residents in opportunity zones are paying less than $999 a month in rent.

Table 4.7: Monthly Cost of Housing for Renters in Opportunity Zones (OZ), 2017

	OZ	% of total in County
Occupied units paying rent	65,640	16.6%
Less than $500	9,550	29.9%
$500 to $999	27,499	27.3%
$1,000 to $1,499	21,391	14.5%
$1,500 to $1,999	5,603	7.5%
$2000 or more	1,597	2.4%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

Mortgage

In 2017, 63.0 percent of housing units had a mortgage, while 37.0 percent did not (Table 4.8). In the 67 opportunity zones examined, 60.5 percent of homes had a mortgage while 39.5 percent did not. 8.2 percent of all homes with a mortgage and 9.1 percent of homes without a mortgage of Miami-Dade County were located in the opportunity zones.

Table 4.8: Mortgage Status for Homeowners in Miami-Dade County & in Opportunity Zones (OZ), 2017

	County	OZ	%
Housing Units with a mortgage	282,187	23,261	8.2%
Without a mortgage	165,824	15,168	9.1%

Source: U.S. Census, American Community Survey, 2017 5-year Estimates

Housing Affordability

The number of households in Miami-Dade County that are considered cost-burdened decreased for owners but increased significantly for renters. Housing affordability is measured by the percentage of income families spend on their housing costs. A threshold of 30 percent is the standard of affordability since 1981. According to HUD, households that spend more than 30 percent of their overall household income on housing costs are considered to be housing cost-burdened. Those households spending more than 50 percent of their household income are considered extremely cost-burdened.

Miami-Dade County's pattern of cost-burden is distinguished from the rest of the U.S. in three ways: 1) its excessively high composition of cost-burdened households, 2) its rising composition of cost-burdened renter households, and 3) its rising portion of "severely" cost-burdened households.

Miami-Dade County's high rate of cost-burdened households became a permanent feature of the local economy. Nationally, the composition of cost-burdened households rose from 28 percent of all households to 36 percent at the peak of the recession in 2010 and since declined to 32 percent. In Miami-Dade County, the percentage of cost-burdened households consistently runs at 1.5 times the national average. The most significant difference between Miami-Dade County and the rest of the nation is the rate of growth in cost-burdened renter households. At the national level, cost-burdened owner households grew from 13 percent to 19 percent of all households from 2000 to 2010, decreasing to 14.9 percent by 2015. The pattern is similar for renter households across the nation — growing from 14.3 percent to 17.5 percent from 2000 to 2010 and decreasing to 17.3 percent of all households. In Miami-Dade County, rather than peaking and receding, cost-burdened renter households' composition is steadily growing without interruption since 2000.

According to the U.S. Census, the number of cost-burdened owners in Miami-Dade County decreased in the past eight years. Table 4.9 shows that in 2009, 41.8 percent of household owners were considered cost-burdened

while in 2017 only 28.6 percent were considered cost-burdened. The number of homeowners who were considered to be extremely cost-burdened also decreased from 21.3 percent in 2009 to 13.7 percent in 2017.

Table 4.9: Cost Burdened Owners & (%) Change

	2009	%	2017	%	% Change
Total:	482,841		448,011		-7.2%
30.0 to 34.9%	32,637	6.8%	23,679	5.3%	-27.4%
35.0 to 39.9%	26,904	5.6%	18,116	4.0%	-32.7%
40.0 to 49.9%	39,209	8.1%	24,795	5.5%	-36.8%
50.0% or more	102,911	21.3%	61,350	13.7%	-40.4%
Total	201,661	41.8%	127,940	28.6%	-36.6%

Source: U.S. Census, American Community Survey, 2009 and 2017 5-year Estimates

There are even larger percentages of renters that are considered cost-burdened and extremely cost-burdened throughout the County. Table 4.11 shows that both cost-burdened renter households and extremely cost-burdened renter households increased from 2009 to 2017. The total number of cost-burdened and extremely cost-burdened renter households rose from 60.5 percent in 2009 to 61.4 percent in 2017, with extremely cost-burdened renters increasing from 32.9 percent in 2009 to 34.1 percent in 2017.

Table 4.10: Cost Burdened Renters & (%) Change

	2009	%	2017	%	% CHANGE
Total:	345,090		410,278		18.9%
30.0 to 34.9%	33,410	9.7%	36,502	8.9%	9.3%
35.0 to 39.9%	25,391	7.4%	30,321	7.4%	19.4%
40.0 to 49.9%	36,563	10.6%	44,847	10.9%	22.7%
50.0% or more	113,463	32.9%	140,062	34.1%	23.4%
Total	208,827	60.5%	251,732	61.4%	20.5%

Source: U.S. Census, ACS, 2009 and 2017 5-year Estimates

The increase in cost-burdened renter households coincided with the increase in home values during the housing bubble. Miami-Dade County's median gross rent increased from $1,057 in 2011 to $1,290 in 2018 (22 percent increase). As such, the number of cost-burdened renter households increased substantially during this period. It is worth noting that gross rent is defined by the U.S. Census as the amount of contract rent plus the estimated average monthly cost of utilities (electricity, gas, and water and sewer) and fuels (oil, coal, kerosene, wood, etc.) if these are paid for by the renter, or paid for the renter by someone else.

The rising number of cost-burdened households is contributing to the homelessness epidemic and a significant number of residents moving away from the County or the State to find a more affordable area to live in.

Housing affordability also affects the household size, as younger adults are delaying the move out of their parents' household, and older/retired adults are living with their younger family members. According to the U.S. Census Bureau, the share of Americans living in multigenerational households (homes with two or more adult generations) hit an all-time high in 2016. That same year, the number of multigenerational households increased to 20 percent of the U.S. population, or 64 million people.

In 2009, the average household size of owner-occupied housing was 3.04, and renter-occupied housing was 2.68. In 2017, the average household size of owner-occupied housing increased to 3.29, and renter-occupied increased to 2.88. The overall average household size in Miami-Dade County increased from 2.89 in 2009 to 3.09 in 2017[39].

Community Perception of Housing Affordability

Affordable housing was a major concern for all stakeholders who participated in the Community Survey, Partner Survey, and focus groups. In the Community Survey, 64.0 percent of respondents selected affordable housing as a significant problem in the community, while 52.0 percent indicated that affordable housing is lacking in their community. Approximately 46.9 percent of respondents reported housing expenses of $1,300 or more. Based on the self-reported data of housing costs and income, roughly 35 percent of respondents pay more than 30 percent of their income on housing costs.

In the Community Partner Survey, 17 respondents indicated lack of affordable housing as the primary issue. With the rising cost of living and housing costs, respondents felt that many residents could not afford the cost of housing in Miami-Dade County, and the lack of affordable housing is exacerbating the issue. Respondents noted that the "homes were too expensive, and rent was too high," and the "inflated costs," made it challenging to serve all the residents who required assistance.

The lack of affordable housing in Miami-Dade County was one of the top three issues for 43 out of 64 focus group participants. In areas such as Florida City, Allapattah, and Hialeah, participants mentioned that lack of affordable housing has created multigenerational households, with multiple family members live in a two- or three-bedroom house. Another issue with affordable housing mentioned in many of the focus groups was fair and equal affordable housing for all. A participant in the Opa-Locka focus group stated that she had "no problem with development, but it is not equal development," with another participant in Edison/Little River saying, "affordable housing is so political." Many participants expressed their concerns about the lack of fairness regarding affordable housing development and allocation. Safe, decent and affordable housing should be available for all community members, including historically disenfranchised groups such as the homeless and veterans, and across all racial and ethnic groups.

Utilities and Living Conditions

The majority of residents living in Miami-Dade County reside in homes with adequate utilities and living conditions. Over 99 percent of residents in the County live in housing units with complete plumbing systems and kitchens. Conduent Healthy Communities Institute estimates that 31.1 percent of Miami-Dade County residents experience severe housing problems, when affordability, overcrowding, and substandard housing facilities are taken into account.

The number of individuals living in housing with telephone service increased by 2 percent in the last eight years. The U.S. Census Bureau collected information on telephones or telephone service in occupied housing units since the 1960 decennial census. Over time, the questions have been phrased to include any type of telephone service, including landline, VOIP, and cell phone. In 2017, 92 percent of housing units use electricity as house heating fuel, while 2.4 percent utilize utility gas (Table 4.11). These numbers are representative of the adequate condition of housing facilities available in the County.

> "Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards."
>
> Conduent Healthy Communities Institute. *Miami Matters: Measuring What Matters in Miami-Dade County*. http://www.miamidadematters.org/indicators/index/view?indicatorId=2365&localeId=414

Table 4.11: Occupied Housing with Utilities & (%) Change

	2009	2017	Percent Change
Total Occupied Units	827,931	858,289	3.7%
Facilities with Complete Plumbing	99.6%	99.6%	0.0%
Facilities with Complete Kitchens	99.3%	99.3%	0.0%
Facilities with Telephone Service	94.2%	96.1%	2.0%
House Heating Fuel			
Utility gas	2.2%	2.4%	9.9%
Bottle, Tank or L.P. gas	0.6%	0.5%	-18.3%
Electricity	92.2%	92.0%	-0.2%
Fuel Oil, Kerosene, etc.	0.1%	0.1%	7.8%
Coal or Coke	0.0%	0.0%	0.0%
All other fuels	0.1%	0.1%	-6.8%
No fuel used	4.7%	4.9%	3.4%

Source: U.S. Census, ACS, 2009 and 2017 5-Year Estimates

Housing Mobility

According to the U.S. Census Bureau's Census Flows Mapper, the number of individuals over the age of 1 living in Miami-Dade County increased by 6.0 percent from 2013 to 2017 (Table 4.12). This increase is largely due to an increase of residents moving into Miami-Dade County from abroad, which increased by 30.8 percent from 2013 to 2017. The number of individuals from different counties who are moving into Miami-Dade County decreased by 7.7 percent along with the number of individuals moving into the County from different states which decrease by 16.0 percent. Residents from Miami-Dade County that moved to another county increased by 9.7 percent while those who moved to another state increased by 0.4 percent. The increase in residents moving out of the County is felt deeply by community members. Community Needs Assessment focus group participants from Coconut Grove expressed their grief at the outflux of community members, with one stating, "people have disappeared," and another stating, "there was a time when 30,000 people lived here and now there are only 3,500." The increasing cost of living combined with the lack of adequate job opportunities and high housing costs have caused many long-time residents to move to other counties or states where housing and daily living are more affordable.

Table 4.12: Housing Mobility and (%) Change, 2009-17

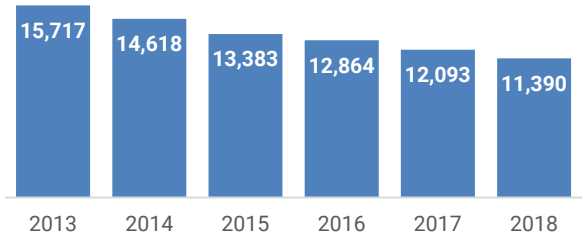
	2013	2017	Change
Total Estimate Population 1 year +	2,520,806	2,672,590	6.0%
Moved from different County, same state	28,869	26,660	-7.7%
Movers to a different County, same state	49,736	54,549	9.7%
Moved from different state	29,715	24,973	-16.0%
Movers to a different state	39,576	39,729	0.4%
Moved from abroad	38,191	49,942	30.8%

Source: U.S. Census, Census Flows Mapper, 2013 and 2017 5-year Estimates

Evictions

Eviction filings are only recorded by Miami-Dade County for the South District, South Central District, East District, North District, Northwest District, and North Central District. Renters and tenants can be evicted by their landlords for not paying rent. Eviction filings for the six districts decreased by 27.5 percent from 2013 to 2018. This decrease in eviction filings may indicate that while housing costs have continued to rise in Miami-Dade County more renters have been able to pay their rent since 2013.

Figure 4.1: Eviction Filings



Source: Miami-Dade County Clerk of Courts, Eviction Filings, 2013-2018

Overall Homelessness

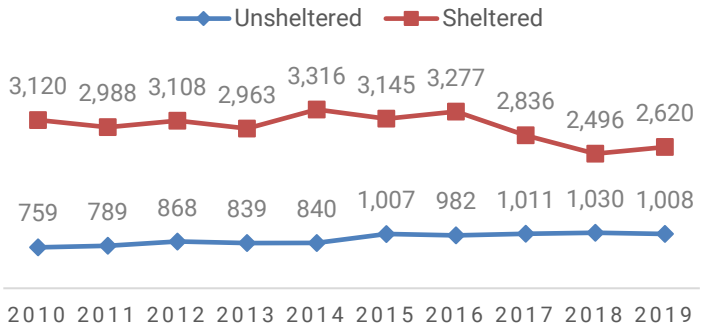
HUD defines homelessness as not having a fixed, regular, and adequate night-time residence. This includes individuals who are living on the streets, in shelters, welfare hotels, transitional housing programs, or couch surfing with friends and relatives. The Miami-Dade County Homeless Trust took on the task of ending homelessness throughout the County by providing services and resources to families and individuals who are homeless or are about to become homeless. To better understand the state of homelessness in the community, each year, the Trust undertakes an annual count of the individuals and families who are living unsheltered on the street and those who are living in temporary or emergency shelters. Figure 4.2 shows that while the number of homeless individuals remained relatively unchanged over the past ten years, the number of homeless people in our community is quite large. These numbers, while significant, are still not representative of the total number of individuals and families within the community who are homeless, this is simply an estimate taken of the homeless population that was visible to the Homeless Trust Census volunteers during the count, including families with school-aged children who are living in shelters, hotels, transitional housing, or on the street.

The number of homeless individuals in Miami-Dade County is likely much larger than the estimates from the Homeless Trusts' annual counts if every person who lives within the confines of the legal definition of homelessness is included.

Many partner survey respondents listed housing for the homeless population in Miami-Dade County as one of the top unmet needs in the community. Multiple respondents commented on the need for more emergency shelters for homeless individuals and families and homeless prevention services. Another participant commented on the lack of shelter for women with children that are not domestic violence survivors but are simply just homeless. The lack of support services for individuals who are homeless is a growing concern among community organizations in Miami-Dade County and is an area in which additional attention must be directed.

Increased attention on the homeless population in the County was also a major concern for multiple focus group participants who emphasized the need to resolve the housing challenges in Miami-Dade County through fair housing efforts and a greater focus on the homeless population.

Figure 4.2: Total Number of Homeless Individuals



Source: Miami-Dade County Homeless Trust, Point-in-Time

Public Housing and Subsidized Housing Programs

Miami-Dade County's Public Housing and Community Development Department oversees the County's Public Housing Program, Section 8 Housing Choice Voucher Program, Section 8 Moderate Rehabilitation Program, and Section 8 New Construction Program. Each program aims to provide low-income individuals and families with adequate and safe housing at a price they can afford. Public housing programs are different from Section 8 Housing Programs because units are owned and run by the public housing authority. Housing authorities exist at both the County level and in some large municipalities – such as Miami, Miami Beach, and Hialeah. Therefore, each level of government oversees its own public housing units and subsidized housing programs.

The Section 8 Housing Choice Voucher Program is a tenant-based program in which tenants can choose their rental unit within the private housing market. Section 8 Housing Choice Voucher program's subsidized housing units are owned and operated by private owners who receive subsidies in exchange for renting to very low, low, and moderate-income individuals. Private owners can be individuals, private or nonprofit corporations. The tenants find rental housing in a private housing complex, and the subsidy is then paid to the private landlord. These housing subsidies are also referred to as a tenant-based voucher. In multifamily subsidized housing units, the subsidy stays with the property and is given directly to the owner of the building, who then provides affordable housing. These subsidies are also referred to as project-based vouchers. Section 8 tenants typically pay about 30 percent of their income on rent, while the County's Public Housing and Community Development department or the U.S. Department of Housing and Urban Development pays the difference.

The Section 8 Moderate Rehabilitation program assists very low-income families and individuals in rehabilitated multifamily buildings. The Section 8 New Construction program provides direct rental subsidies to building owners who house low-income tenants in new or recently renovated units. Tenants participating in each of these programs pay 30 percent of their income for rent, and the County or municipal housing authority pays the difference.

Miami-Dade County oversees more than 9,000 public housing units. The leasing of 14,310 units was facilitated through the Section 8 Housing Choice Voucher program, 596 units under the Section 8 New Construction program, and 1,898 units under the Section 8 Moderate Rehabilitation program. The City of Miami Public Housing Authority oversees 6,500 public housing units and 15,000 subsidized housing units. The City of Miami Beach only has one public housing property of 200 housing units for the elderly and 1,451 multifamily affordable housing units. The City of Miami Beach also manages a First-Time Homebuyer Program that assists first-time buyers with affordable housing. The City of Miami Affordable Housing Master Plan Draft documents the need for affordable housing and recommends for the City of Miami's to "grow the supply of affordable housing units by 20 to 25 percent by 2030," requiring the "preservation or development of 32,000 units over the next ten years."[40]

Section 8 Waitlist

The lack of affordable housing in Miami-Dade County has created a high demand for Public and Subsidized housing. As of 2018, the number of public and subsidized housing units funded by the County and the municipal housing authorities increased substantially. Even with the increased number of subsidized housing units there are still overwhelming unmet housing needs within the County. Miami-Dade County currently has 35,184 people on their Section 8 Housing Choice Voucher program waiting list and 13,444 people on their Section 8 Moderate Rehabilitation program waiting list. The City of Miami Beach currently has 545 participants on their Section 8 Housing Choice Voucher program waitlist while the City of Miami capped their waitlist at 100 and is currently on

[40] FIU Jorge M. Perez Metropolitan Center (2020) City of Miami Affordable Housing Master Plan Draft, file:///C:/Users/camil/Downloads/City%20of%20Miami%20Affordable%20Housing%20Master%20Plan%20Draft-compressed.pdf

participant number 28. The high number of residents on a Section 8 housing voucher waitlist is linked to the lack of affordable housing and the rise of income inequality and poverty in the County.

CAHSD Housing Assistance Programs

The Community Action and Human Services Department provides numerous services through housing programs for qualifying Miami-Dade County residents. CAHSD's housing programs include rental and other assistance for the homeless or evicted, home rehabilitation programs, home weatherization assistance, a residential construction mitigation program, paint, and hurricane shutter assistance, and home beautification. Each program is designed to help alleviate housing costs or improve housing conditions for residents. Many programs aim to help low-income residents maintain safe and adequate housing.

The Rental and Other Assistance for the Homeless or Evicted program can help residents with their first month's rent payment, security deposit, mortgage, utility bills, emergency shelter, or food. There are three categories of housing assistance services, first-month assistance, rental assistance, or mortgage assistance. The maximum assistance for first-month assistance services and rental assistance is $800, and the maximum assistance amount for mortgage assistance is $1,200. If the maximum payment does not satisfy the payment requirements of the landlord or mortgage company, the resident receiving assistance must pay the remaining balance. Under this program, the resident can only receive one type of aid per year.

The Emergency Food and Shelter Program (EFSP), "provides assistance to eligible residents experiencing a one-time crisis situation which interrupts their ability to pay utility bills, rent/mortgage or secure necessary food."[41] The resident must be able to document the crisis and demonstrate their ability to maintain the housing expenses after the emergency assistance. Assistance for temporary shelter is also available on a limited basis.

CAHSD also manages two Home Rehabilitation Programs, the Housing Rehabilitation program, and the Single Family Home Rehabilitation program. The Housing Rehabilitation program provides forgivable loans to eligible low-income single-family homeowners to help them make repairs to their homes. The repairs are "prioritized to eliminate health and safety issues, correct code violations, make the home more energy-efficient and make improvements." [42]The Single Family Home Rehabilitation program also helps limited-income residents with home repairs by providing a housing inspector to help identify what repairs are needed in the home, assists in hiring licensed contractors, and ensures work on the house is progressing as planned.

The Home Weatherization Assistance Program is a federally funded program managed by CAHSD to assist low-income homeowners in making their homes energy-efficient. Repairs include attic insulation, low-flow showerheads, water heater jackets, energy-efficient light bulbs, weather-stripping, energy recovery ventilation (ERV), repair or replacement of doors, windows, refrigerators, water heaters or air conditioning systems.

CAHSD's Residential Construction Mitigation Program is a no-cost program funded by Florida Division of Emergency Management grants to provide retrofit measures to structures that serve as protection against wind drive forces such as hurricanes. Services provided include re-roofing, load path reinforcement, and opening protection (windows or shutters). Applications for the program are accepted on a first-come, first-served basis, but priority is given to low to moderate-income householders, seniors, and households with children.

The Paint and Hurricane Shutter Assistance Program is designed to assist individuals with the exterior painting or application of accordion hurricane shutters. The program provides forgivable loans on a first-come, first-served basis, and participation in the program is dependent on the availability of funds.

[41] Miami-Dade County Community Action and Human Services Department, Rental and Other Assistance for the Homeless or Evicted, https://www.miamidade.gov/global/service.page?Mduid_service=ser1497555806798351

[42] Miami-Dade County Community Action and Human Services Department, Home Rehabilitation Programs, https://www.miamidade.gov/global/service.page?Mduid_service=ser1541188139420804

The Home Beautification program provides funding for exterior home painting and landscaping for residents within the County Commission Districts 1, 12, and 13. These upgrades are free for residents living in a single-family home.

CAHSD oversees two utility bill assistance programs for low-income individuals and families unable to pay their utility and gas bills. The first program is a federally funded program called the Low Income Home Energy Assistance Program (LIHEAP) that helps low-income households pay for the cooling or heating of their homes. LIHEAP helps qualified residents pay their energy bills and assist individuals suffering from an energy crisis. The two categories of assistance are Regular Home Energy Assistance and Crisis Home Energy Assistance. Regular Home Energy Assistance provides one-time benefit payment once a year, maximum amount of aid $600. The amount of assistance is based on household income, size, and composition. The Crisis Home Energy Assistance category is limited to once during the cooling season and once during the heating season, and the applicant must have a final notice or shut-off of electricity. The maximum assistance is $1,000 per season based on the need during the crisis. During the COVID-19 pandemic, LIHEAP is providing crisis assistance up to $2,000 for those residents who are currently experiencing hardship in paying their home energy bills due to the pandemic.

The second light bill assistance program is the Florida Power and Light Care to Share Program that was implemented to provide emergency assistance funds to households with low income and in imminent danger of having their "services disconnected and are unable to make a payment due to hardship or lack of funds."[43] Applicants are screened at one of the thirteen Community Resource Centers in Miami-Dade County and can receive a maximum one-time payment of $600 within 12 months.

The third light bill assistance program is the Energy Assistance Program for households with one person aged 60 or older during a home energy emergency. The energy emergency may result from a receipt of disconnection notice or a delinquent utility bill.

Each of these programs provides supportive services for homeowners and renters to help residents maintain safe and affordable housing. These housing programs and light bill assistance programs can be the difference between safe housing and homelessness, and the expansion of these programs is a necessity for the overall wellbeing of community members in Miami-Dade County. With the economic consequences of the COVID-19 pandemic beginning to become glaringly apparent for many homeowners and renters, the expansion of safety net programs such as those managed by the CASHD will be even more critical moving forward.

V. Transportation

Access to adequate transportation is a necessity in Miami-Dade County. Substantial population increases come with increased traffic congestion and wear and tear on major roadways and public transportation systems. In the Community Needs Assessment focus groups, transportation was the third most significant quality of life issue for participants. Participants in the Florida City focus group expressed feeling congested in their area due to the large population increase over the past ten years and the significant roadway developments that have been made to accommodate the increase in daily traffic to and from the area. Participants from the Hialeah and Coconut Grove focus groups discussed major changes to the bus routes and limited access to public transportation for residents in their areas causing significant delays for residents who rely on public transportation as their main method of getting to their destinations. Lack of safe and reliable transportation is a growing concern for Miami-Dade County residents.

54.2% of survey respondents indicated traffic and road congestion is a major problem in their community.

Access

Access to transportation is of vital importance in Miami-Dade County due to it being a commuter-centric area in which many residents use their vehicles as their primary mode of transportation. The number of vehicles available for occupied housing units remained relatively high from 2009 to 2017, while the number of housing units with no vehicles available decreased slightly (Table 5.1).

Table 5.1: Vehicle Availability for Occupied Housing Units, 2009-17

	2009	2017
Total Population	827,931	858,289
No vehicles available	11.3%	10.7%
1 vehicle	39.1%	39.3%
2 vehicles	35.4%	34.8%
3 or more vehicles	14.2%	15.2%

Source: U.S. Census, ACS 2009 and 2017, 5 Year Estimates

The number of individuals who commute to work every day in the County rose slightly over eight years. The primary mode of transportation to work each day is driving alone by car, truck, or van with the second most cited mode of transportation being carpooling with other commuters in a car, truck, or van. There have been slight decreases in individuals primarily using these two forms of transportation from 2009 to 2017, which may be due to an increase in the number of commuters who now have the option to telecommute. To cut back on the high levels of traffic in the County some companies have enacted telecommute or flexible options for their employees to work from home either some or all workdays. This trend reflects the increased percentage of people who telecommute - from 3.4 percent in 2009 to 4.9 percent in 2017. On the other hand, public transportation usage decreased from 5.7 percent in 2009 to 5.2 percent in 2017 (Table 5.2). This decrease in public transportation may be attributed to the changing of bus routes and increasingly limited bus schedule, which participants in the Community Needs Assessment focus groups discussed as making it harder for residents to rely on public transportation as a reliable source of moving throughout Miami-Dade County. Accessible, affordable, and

Table 5.2: Means of Transportation to Work

	2009	%	2017	%
Total Population who Work	1,092,916		1,251,193	
Car, Truck or Van-Drove Alone	840,896	76.9%	961,416	76.8%
Car, Truck or Van- Carpooled	105,568	9.7%	111,870	8.9%
Taxicab	1,421	0.1%	3,024	0.2%
Motorcycle	2,219	0.2%	2,855	0.2%
Bicycle	3,976	0.4%	7,484	0.6%
Walked	23,399	2.1%	26,122	2.1%
Other means	15,670	1.4%	11,478	0.9%
Telecommuted	37,596	3.4%	61,423	4.9%
Public Transportation	62,171	5.7%	65,521	5.2%
Bus or Trolley Bus	54,101	5.0%	56,088	4.5%
Streetcar or Trolley Car	562	0.1%	555	0.0%
Subway or elevated rail	5,205	0.5%	7,118	0.6%
Railroad	2,211	0.2%	1,723	0.1%
Ferry Boat	92	0.0%	37	0.0%

Source: U.S. Census, American Community Survey, 2009 and 2017 5-Year estimates

well-designed public transportation that connects people with jobs, recreation, education, and other opportunities is a necessity to help diminish air pollution and traffic congestion that is currently plaguing the County.

The transportation modes of Miami-Dade County residents did not change significantly from 2009 to 2017. The use of public transportation decreased by 0.5 percent from 5.7 percent in 2009 to 5.2 percent in 2017. However, the percentage of residents who walk to work remains the same at 2.1 percent. The percentage of residents who work at home increased from 3.4 percent to 4.9 percent. The mean travel time for work from 2009 to 2017 increased from 29.9 minutes to 31.3 minutes.[44]

Table 5.3 shows that in 2017, 54.6 percent of workers in Miami-Dade County commuted less than 10 miles from their residence to their job location. Approximately 16 percent, or over 175,000 workers, commuted more than 25 miles to their jobs. The proportion of workers who travel long distances remained the same since 2009.

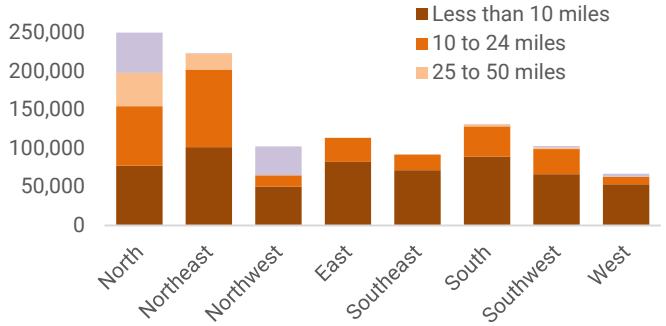
Consistent with the availability of housing and traffic patterns, the data shows that most workers live north/northeast or south/southwest of their job location (Figure 5.1). About 78 percent of employed Miami-Dade County residents live *and* work in the County while the remaining 22 percent travel outside the County for work.

Table 5.3: Jobs by Distance - Home Census Block to Work Census Block

	Count	Share
< 10 miles	593,138	54.6%
10-24 miles	325,456	30.0%
25-50 miles	69,214	6.4%
50+ miles	98,423	9.1%

Source: U.S. Census Bureau, Center for Economic Studies, On the Map 2017.

Figure 5.1: Worker Job Counts by Distance/Direction, 2017



Source: U.S. Census Bureau, Center for Economic Studies, On the Map 2017.

The reliance on personal vehicles for transportation and the increased travel time also adds to the cost of living. The Center for Neighborhood Technologies (CNT) developed the Housing and Transportation (H+T®) Affordability Index. This index provides a comprehensive view of affordability, including both the cost of housing and the cost of transportation. CNT defined an affordable range for H+T as the combined costs consuming no more than 45 percent of income. According to the H+T Affordability Index, Miami-Dade County's median monthly housing costs, as a percentage of monthly household income, is 37 percent. However, when transportation costs are combined with housing costs, the percentage of household income soars to an average of 60 percent, far above the 45 percent H+T Affordability Index threshold. Except for the City of Opa-Locka, all other municipalities in Miami-Dade County have an H+T Affordability Index far above the 45 percent threshold.[45]

Table 5.4: Average Housing & Transportation Costs as % of Income

	%
Housing + Transportation Costs % Income:	593,138
Housing Costs % Income:	325,456
Transportation Costs % Income:	69,214

Source: Center for Neighborhood Technology

[44] U.S. Census, 2009 & 2017 ACS 5-Year Estimates
[45] CNT, https://www.cnt.org/tools/housing-and-transportation-affordability-index

Community Perception of Access to Transportation

For 54.2 percent of survey respondents, traffic and road congestion were significant problems in their neighborhood. Due to the high percentage of respondents belonging to the higher age groups, many respondents overall are public transportation users (26.1 percent). Still, most respondents indicated they rely on their vehicles for transportation (66.5 percent). If only working-age respondents are considered, public transit users account for only about 22 percent of respondents, while 77 percent rely on their vehicle. Approximately 19.2 percent of survey respondents indicated reliable public transportation as missing from their neighborhoods.

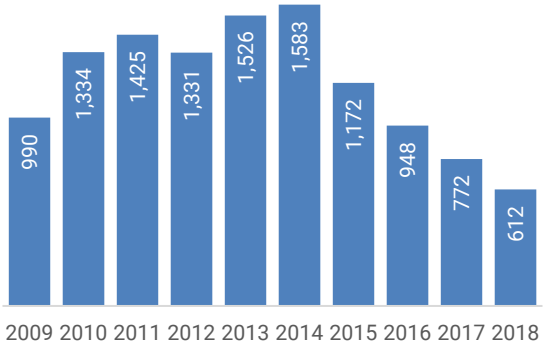
For the focus group participants, the third most significant quality of life issue was transportation. With substantial population increases for many of the communities where focus groups were held, increased traffic congestion is proving to be a significant concern for residents. Participants in the Florida City focus group indicated the population increase has caused residents to feel congested in their community. It has created considerable roadway developments and infrastructure improvements to accommodate the increase in daily traffic to and from the area. In Allapattah, participants expressed concern and frustration at the quality of their roads that are not being improved upon or expanded to accommodate large numbers of people living and visiting the area. In Hialeah, one participant mentioned that the bus schedule had changed repeatedly over the past five years, eliminating many bus routes and changing the bus operation hours to close on the weekends. The change in bus routes and the elimination of some routes altogether caused significant transportation delays for residents who rely on the bus as their primary transportation source. In Coconut Grove, participants stated similar concerns regarding public transportation in their community. The change in the bus routes made it harder for residents to reach their destinations in reasonable times. Many participants expressed frustration at the “inadequate transportation” in the County and the need for the “expansion of transportation.”

VI. Community Safety and Justice

Child Safety

The safety of school-aged children throughout Miami-Dade County is a primary focus of public services and programs. Data from Florida Health Charts show the number of children experiencing child abuse significantly decreased within the last five years. In 2017, there were 772 child abuse cases reported, down from 1,583 cases in 2014 (Figure 6.1). The number of reported children experiencing sexual violence also steadily decreased from 89 cases in 2013 to 52 cases in 2017 (Figure 6.2). This decrease might be the result of increased community attention and programs that provide support for parents and kids from vulnerable populations.

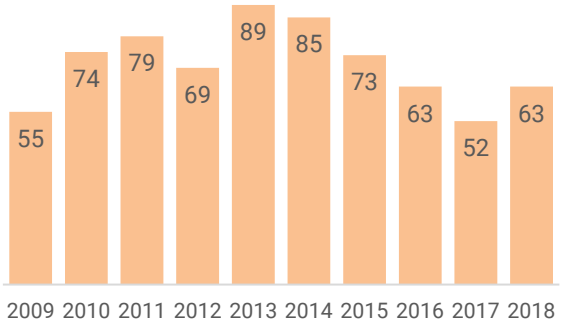
Figure 6.1: Children Experiencing Child Abuse, Ages 5-11



Source: Florida Health CHARTS

The number of reported domestic violence offenses in Miami-Dade County also decreased over the past decade. An increase in services for families and children who are facing domestic violence within the home might be a contributor to the consistent decrease in cases. Miami-Dade County's Coordinated Victims Assistance Center, along with other community organizations such as Lotus House Women's Shelter and Miami Rescue Mission Center for Women and Children, provide specialized care for victims of domestic violence and a safe place for them to live while they attempt to recover from the abuse suffered. Families with children under 5 years old in these programs are automatically eligible for HS/EHS Programs.

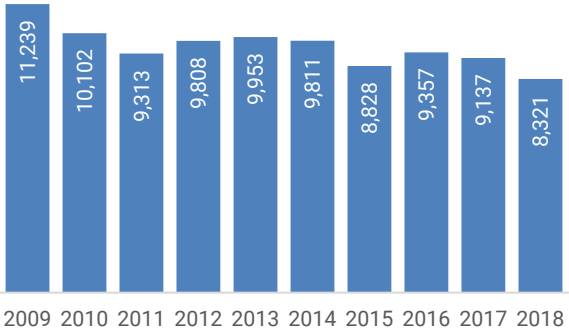
Figure 6.2: Children Experiencing Sexual Violence, Ages 5-11



Source: Florida Health CHARTS

It is important to keep in mind that the counts of child abuse, sexual violence, and domestic violence are only the cases that are reported to law enforcement and are not representative of the exact numbers of children and families suffering from abuse. Additionally, vulnerable populations like individuals with disabilities and elderly individuals are also at higher risk for violence and neglect. It is also worth noting that during the COVID-19 crisis, women's shelters remain open and many community leaders are concerned that the pandemic exacerbated potentially existing difficult living situations due to having to stay indoors during quarantine. It is possible we will see a rise in domestic violence cases as a result.

Figure 6.3: Domestic Violence Offenses, 2009-18



Source: Florida Health CHARTS

Data on child abuse and children experiencing sexual violence is only available from Florida Health Charts starting from age 5 to age 11; therefore, these numbers are not taking into consideration the number of children under 5 years old who may be suffering from violence and abuse in or outside of the home. Children under the age of 5 are most likely unable to express the extent of the abuse or neglect that they face, which contributes to

the deficient reporting numbers of abuse for children younger than 5 years old. The HS/EHS programs are community programs that provide support for parents as well as social and emotional assistance for children who are victims of physical, emotional, or sexual abuse. These aspects of the HS/EHS programs help equip students with coping skills and the psychological help necessary to be able to deal with trauma and enter into the public-school system with the ability to perform adequately.

CAHSD Domestic Violence Assistance Programs

The Community Action and Human Services Department, Violence and Intervention Division is an accredited program by the Counsel of Accreditation (COA), and is the only certified program in the state of Florida.

CAHSD assists victims of domestic violence through their residential and non-residential programs. Victims can receive services through CAHSD's Coordinated Victims Assistance Center or at one of the five Domestic Violence Outreach Units located throughout Miami-Dade County. Services provided include injunctive relief, counseling, information and referral, emergency shelter, transportation, emergency financial assistance, transitional housing, emergency food and clothing, advocacy support, and individual treatment and family group counseling. Residential assistance programs include a certified Domestic Violence Center, Safespace, with three emergency shelters that provide advocacy and support services and a transitional housing program, Inn Transition, with two locations that provide longer-term housing, advocacy, and support services to victims and their families. Safespace shelters provide a coordinated process for placement and manage a 24 hour hotline for victims seeking shelter and/or services.

The Coordinated Victims Assistance Center (CVAC) is a non-residential, one-stop center for domestic violence, sexual assault, dating violence, and human trafficking victims that provides on-site services in collaboration with community partners and co-located organizations. The Domestic Violence Outreach Units are a court-based program with five locations that help provide representation and assistance to victims and their families as well as advocacy, referrals, financial assistance, access to a 24-hour victim assistance help line, and crisis counseling.

Domestic violence assistance programs are necessary to ensure the safety of victims of abuse and their dependents. These programs allow for domestic violence victims to escape their abusers and live a safer and healthier lifestyle. Although the number of domestic violence victims and children facing child abuse decreased over the past three years, as seen in Figures 6.1 and 6.3, the number of victims is still astounding, and the expansion of these services would help to continue supporting residents who are facing these life-threatening situations.

Community Perception of Child and Family Safety

Approximately 34.3 percent of survey respondents indicated that domestic violence was a significant problem in the community, while 29.0 percent indicated that child abuse and neglect are major problems. When asked what was missing from their community, 11.3 percent of respondents indicated that assistance in understanding family conflicts/violence was missing, and 18.1 percent of respondents indicated lack of information or help in handling family conflict/violence.

Partner survey respondents also recognized the need for "more resources for children, teens, and elders affected by domestic and dating violence." One respondent specifically highlighted the "insufficient safe housing for victims of domestic and sexual violence."

Focus group participants also emphasized growing concern over increases in domestic abuse incidents in their neighborhoods and the need for more assistance to victims and survivors of domestic violence. These concerns were coupled with other overwhelming community safety concerns such as increased gun violence, drug abuse, and gang violence.

Crime Rate

Analyzing the number of crimes committed and residents arrested in Miami-Dade County helps to portray the status of community safety. Total arrests and the arrest rate per 100,000 population in Miami-Dade County significantly decreased each year from 2014 to 2018. In 2018, 72,187 residents were arrested, a 32.6 percent decrease from the 113,097 arrests in 2014 (Table 6.1).

Table 6.1: Miami-Dade County Arrest Rate Summary Data

Year	Population	Total Arrests	Arrest Rate Per 100,000
2014	2,613,692	113,097	4,327
2015	2,653,934	94,809	3,572
2016	2,700,794	79,319	2,937
2017	2,743,095	70,065	2,554
2018	2,779,322	72,167	2,597

Source: Florida Department of Law Enforcement

According to the Florida Department of Law Enforcement, both more adult and juvenile male residents were arrested than female residents each year from 2014 to 2018. In 2018, 80.2 percent of adult individuals and 78.6 of juvenile individuals arrested in Miami-Dade County were male compared to only 19.8 percent of adult females and 21.4 percent of juvenile females. From 2014 to 2018, arrests decreased by 34.5 percent for adult males, 42.0 percent for adult females, 36.8 percent for juvenile males, and 41.0 percent for female juveniles.

According to the Miami-Dade Corrections and Rehabilitation Department, there are between 4,000 to 4,200 persons incarcerated daily in Miami-Dade County detention facilities. These incarcerated individuals are awaiting trial or serving sentences of 364 days or less.

When total arrests were analyzed by race/ethnicity, overall arrests decreased for both White and Black residents, while increasing for Indian and Asian residents from 2014 to 2018. From 2014 to 2018, arrests decreased for White residents by 37.3 percent and by 35.3 percent for Black residents. Arrests increased by 55.7 percent for Indian residents and 25.7 percent for Asian residents at the same time. While arrests for White and Black residents decreased from 2014 to 2018, in 2018 they still made up the majority of arrests in the County. In 2018, 56.8 percent of overall arrests were White residents, 42.4 percent were Black residents, 0.3 percent were Indian, and 0.5 percent were Asian.

Table 6.2: Total Arrests by Age, Gender, and Race/Ethnicity

	Adult		Juvenile		Race/Ethnicity			
	Male	Female	Male	Female	White	Black	Indian	Asian
2014	84,772	23,706	3,577	1,042	65,317	47,362	122	296
2015	69,840	20,646	3,416	907	53,811	40,314	169	515
2016	59,414	16,331	2,892	682	45,443	33,164	188	524
2017	53,479	13,058	2,819	709	38,868	30,508	215	474
2018	55,547	13,743	2,262	615	40,975	30,630	190	372

Source: Florida Department of Law Enforcement

Violent Crimes by Type

Crimes are classified as violent crimes or non-violent crimes. The four crimes classified as violent crimes are murder, rape, robbery, and aggravated assault. In Miami-Dade County, total violent crimes decreased by 17.1 percent from 2014 to 2018. Aggravated assault and robbery are the two violent crimes that are most commonly committed in Miami-Dade County. In 2018, there were 8,965 cases of aggravated assault and 3,653 cases of robbery. The number of murders, robberies, and aggravated assaults all decreased from 2014 to 2018, with rape cases being the only violent crime to increase by 14.4 percent.

Table 6.3: Violent Crimes by Type

Year	Murder	Rape	Robbery	Aggravated Assault	Total Violent Index Crime
2014	212	801	5,706	9,842	16,561
2015	217	756	5,366	9,896	16,235
2016	198	796	4,831	9,810	15,635
2017	188	874	4,032	9,364	14,458
2018	198	916	3,653	8,965	13,732

Source: Florida Department of Law Enforcement

Property Crimes by Type

Property crimes are a category of non-violent crime that addresses crimes against personal and private property. The three main types of property crime examined in the Table 6.4 are burglary, larceny, and motor vehicle theft. The total number of property crimes committed decreased by 18.1 percent from 2014 to 2018. Larceny was the property crime with the most occurrences each year over the five years, with 69,295 cases in 2018. From 2014 to 2018, the number of cases in each type of property crime decreased by 46.4 percent for burglary crimes, 13.9 percent for larceny crimes, and 1.7 percent for motor vehicle theft.

Table 6.4: Property Crimes by Type

Year	Burglary	Larceny	Motor Vehicle Theft	Total Property Index Crime
2014	17,115	80,448	8,478	106,041
2015	14,534	76,400	8,800	99,734
2016	11,774	75,242	8,568	95,584
2017	11,628	72,384	8,702	92,714
2018	9,178	69,295	8,336	86,809

Source: Florida Department of Law Enforcement

Drug Use

From 2014 to 2018, drug-related arrests decreased by 20.1 percent for males and 14.0 percent for females in Miami-Dade County (Table 6.5). Males made up 86.6 percent of all drug/narcotic arrests, while females accounted for the remaining 13.4 percent of drug-related arrests. Drug-related arrests also decreased by 21.5 percent for White individuals, 18.9 percent for Black individuals, and 33.3 percent for Asian individuals, only increasing for Indian residents by 118.2 percent. Although there were significant decreases in drug arrests for both White and Black individuals, they still account for a majority of the total drug arrests, with White individuals making up 56.1 percent and Black individuals making up 46.2 percent of total drug arrests.

Table 6.5: Drugs/Narcotics Offenses by Gender & Race/Ethnicity

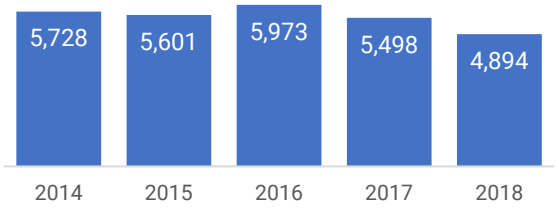
	Sex		Race			
Year	Male	Female	White	Black	Indian	Asian
2014	13,742	1,983	9,070	7,229	11	39
2015	10,403	1,560	7,054	5,298	16	29
2016	8,821	1,413	5,902	4,629	24	36
2017	9,942	1,480	6,322	5,413	22	36
2018	10,985	1,706	7,122	5,866	24	26

Source: Florida Department of Law Enforcement

Firearm Use in Violent Crimes

Crimes involving a firearm decreased significantly from 5,728 in 2014 to 4,894 in 2018 (Figure 6.4). Firearms are most heavily used in murder crimes, with 76.3 percent of murder committed in 2018 involving a firearm, down from 84.0 percent in 2014. In 2018, firearms were involved in 41.0 percent of robberies, 35.9 percent of aggravated assaults, 25.0 percent of manslaughters, and 2.4 percent of forcible sex offenses (Table 6.6). The use of a firearm decreased from 2014 to 2018 for murders, robberies, and manslaughter, but increased in aggravated assault cases while remaining at the same rate of usage in forcible sex offense cases.

Figure 6.4: Total Crimes involving a Firearm



Source: Florida Department of Law Enforcement

Table 6.6: Firearm Usage in Violent Crime

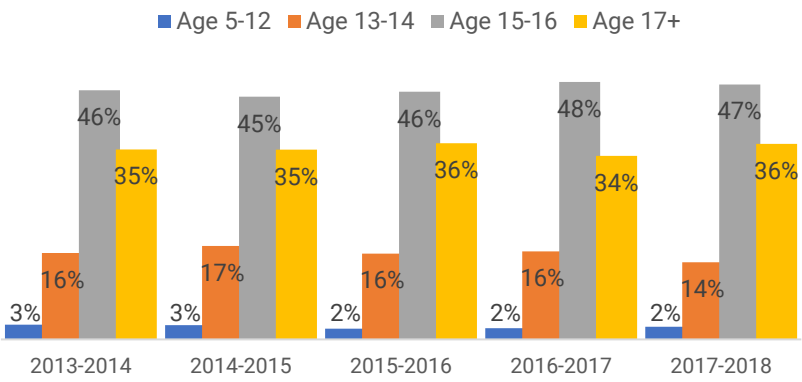
Year	Firearm Involved Murders	Firearm Involved Forcible Sex Offenses	Firearm Involved Robbery	Firearm Involved Aggravated Assault	Firearm Involved Manslaughter
2014	84.0%	2.4%	42.2%	31.6%	30.0%
2015	81.1%	1.2%	40.7%	32.6%	40.0%
2016	81.8%	4.5%	46.1%	36.1%	22.2%
2017	81.9%	3.0%	43.3%	38.1%	25.0%
2018	76.3%	2.4%	41.0%	35.9%	25.0%

Source: Florida Department of Law Enforcement

Juvenile Crimes

The juvenile crime rate is a major predictor of the overall well-being of the youth in the community. When analyzing juvenile arrests by age, youths in the 15 to 16 age group have the highest percentage of arrests compared to their peers (Figure 6.5). In 2018, only 2 percent of arrests was of children between 5 and 12 years old, 14 percent was for children 13 to 14 years old, 47 percent was for children between 15 and 19 years old, and 36 percent was for children 17 years and older. From 2014 to 2018, the percentage of arrests across all age groups remained stable, with only very slight increases or decreases across the age groups.

Figure 6.5: Juvenile Arrests by Age Group



Source: Florida Department of Law Enforcement

Figure 6.6 shows that in 2018, 81 percent of juvenile arrests were of male juveniles compared to only 19 percent for female juveniles. Analysis of juvenile arrests across racial and ethnic groups demonstrates the disproportionate arrest rate of juvenile Black residents, with 52.3 percent of all juvenile arrests in 2018 being Black, 44.0 percent being Hispanic, and only 3.5 percent being White (Figure 6.7). From 2014 to 2018, the percent of Black juveniles being arrested increased by 2.2 percent, while decreasing by 1.5 percent for Hispanic juveniles, and decreasing 0.8 percent for White juveniles.

Figure 6.6: Juvenile Arrests by Gender

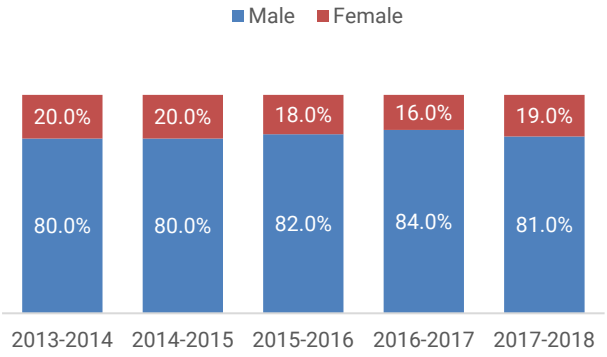
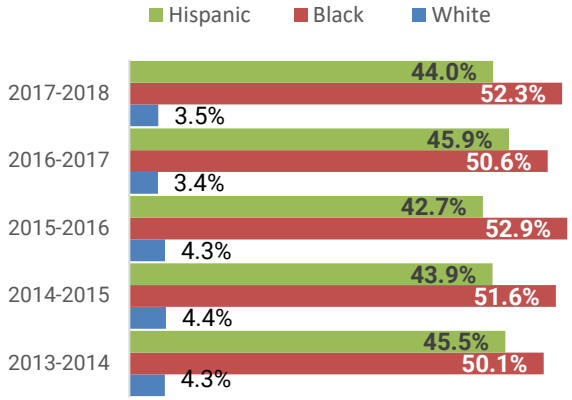


Figure 6.7: Juvenile Arrests by Race/Ethnicity



Source: Florida Department of Law Enforcement

Juvenile Arrests by Offense

Juvenile arrests are also categorized by non-violent and violent offenses. In 2017-18, juvenile non-violent offense accounted for 70 percent of juvenile crimes committed, a 2 percent decrease from 2013-14 (Table 6.7). Burglary was the most common non-violent offense committed by juveniles, In 2017-18, 12.9 percent of juvenile non-violent offenses was for burglary, 6.4 percent for grand larceny, 6.4 percent for auto theft, and 5.2 percent for felony drug offenses.

Table 6.7: Juvenile Arrests (%) for Non-Violent Offenses

	2013-14	2014-15	2015-16	2016-17	2017-18
Arson	0.2%	0.1%	0.2%	0.2%	0.1%
Weapon/ Firearm	2.1%	3.5%	3.2%	3.9%	3.1%
Burglary	13.5%	12.6%	13.8%	17.9%	12.9%
Auto Theft	3.1%	4.2%	6.3%	5.9%	6.4%
Grand Larceny (Excl. Auto Theft)	5.2%	5.2%	6.3%	6.8%	6.4%
Felony Drug	4.2%	4.4%	3.3%	3.6%	5.2%
Fraud Forgery Counterfeiting	0.4%	0.5%	0.5%	0.7%	0.3%
Total (Non-Violent Offenses)	72%	73%	72%	74%	70%

Source: Florida Department of Juvenile Justice

While non-violent juvenile offenses decreased from 2013-14 to 2017-18, violent juvenile offenses increased by 2 percent, accounting for 30 percent of all juvenile offenses. Table 6.8 shows that in 2017-18, 9.6 percent of juvenile arrests for violent crimes was for aggravated assault/battery, 8.9 percent was for assault/battery, 4.7 percent for armed robbery, and 3.7 percent for other robberies. All other juvenile offenses accounted for less than 1 percent of arrests for violent offenses.

Table 6.8: Juvenile Arrests (%) for Violent Offenses

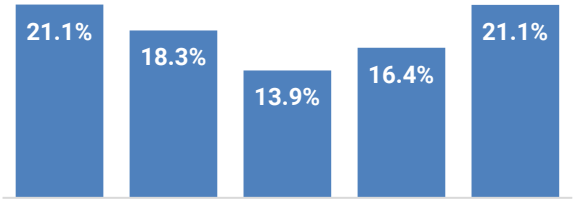
	2013-14	2014-15	2015-16	2016-17	2017-18
Murder/ Manslaughter	0.1%	0.4%	0.6%	0.2%	0.3%
Attempted Murder	0.3%	0.1%	0.4%	0.4%	0.4%
Sexual Battery	0.9%	1.2%	1.0%	1.0%	0.9%
Kidnapping	0.4%	0.4%	0.2%	0.3%	0.3%
Other Felony Sex Offense	0.4%	0.6%	0.5%	0.2%	0.5%
Armed Robbery	3.4%	3.4%	3.0%	3.8%	4.7%
Aggravated Assault/ Battery	8.1%	8.9%	9.5%	8.4%	9.6%
Other Robbery	3.6%	3.1%	3.6%	3.7%	3.7%
Obstruct Justice Violent	0.7%	0.7%	0.7%	0.8%	0.5%
Assault/ Battery	10.4%	8.2%	8.1%	7.3%	8.9%
Misdemeanor Sex Offenses	0.1%	0.0%	0.1%	0.0%	0.1%
Total (Violent Offenses)	28%	27%	28%	26%	30%

Source: Florida Department of Juvenile Justice

Diversion Programs

According to the Florida Department of Juvenile Justice, 21.1 percent of juveniles participated in a diversion program in 2017-18. Diversion programs for juveniles are aimed at redirecting youth offenders from the justice system while still holding them accountable for their actions through different programming, supervision, and support. The percentage of juveniles participating in diversion programs decreased significantly from 2013-14 to 2015-16 by 7.2 percent but increased by the same amount from 2015-16 to 2017-18.

Figure 6.8: Juveniles Participating in a Diversion Program



Source: Florida Department of Juvenile Justice

CAHSD oversees the Project Family and Child Empowerment (FACE) program, a 16-week intensive intervention program for youth aged 8 to 18 years old who have diverted from the juvenile justice system. The

diversion program is located at the Edison Community Resource Center, and it is a voluntary program. Services included are individual counseling, group counseling, discussion groups, homework assistance, workshops and seminars, video presentations, teen summits, and other activities. Participants are referred to the program as a result of committing a criminal offense, portraying qualifiable behaviors or having academic issues, or a safe haven where participants can receive homework assistance and tutoring in a secure environment after school. Diversion programs are essential resources for youthful offenders that want to avoid the stigma and trauma of being formally processed in juvenile court.

Juveniles Tried in Adult Court

When juveniles are tried in adult court, it is most likely for violent offenses. In 2017-18, 36.4 percent of juvenile offenders who were tried in adult court were charged with armed robbery, 11.4 percent were charged with murder/manslaughter, 9.1 percent for attempted murder, and 5.7 percent for aggravated assault/battery (Table 6.9). For each of the top five violent crimes, there were large increases from 2013-14 to 2017-18 of juveniles charged in adult court.

Table 6.9: Juvenile Tried in Adult Courts (%)

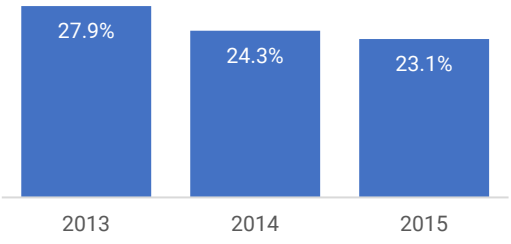
	2013-14	2014-15	2015-16	2016-17	2017-18
Murder/ Manslaughter	4.1%	13.3%	14.4%	4.7%	11.4%
Attempted Murder	7.1%	3.0%	6.8%	6.3%	9.1%
Sexual Battery	7.1%	5.9%	1.5%	1.6%	1.1%
Kidnapping	6.1%	2.2%	2.3%	2.4%	2.3%
Armed Robbery	29.6%	20.7%	27.3%	33.9%	36.4%
Aggravated Assault/ Battery	6.1%	5.9%	9.1%	6.3%	5.7%
Other Robbery	3.1%	8.1%	3.8%	1.6%	0.0%
Miami-Dade County overall	2%	3%	3%	3%	3%

Source: Florida Department of Juvenile Justice

Recidivism Rates

The Florida Department of Corrections defines recidivism as a "return to prison, as the result of either a new conviction or violation of post-prison supervision, within three years of their prion release date."36F 46 According to the Florida Prison Recidivism Report, in 2019, Miami-Dade County's recidivism rates for prisoners released between 2010 and 2017 decreased from 27.9 percent in 2013 to 23.1 percent in 2015 (Figure 6.9). Although the report discusses prisoner releases from the time period of 2010 to 2017, the 36 month recidivism rate is not calculated till three years after the time individuals are released from prison. In 2019, when the data was gathered, the 36 month recidivism rate was only available for those prisoners that were released in 2015.

Figure 6.9: Miami-Dade County, Recidivism Rate after 36 Months of Release



Source: Florida Department of Corrections

Adult Reintegration Programs

When released from prison, many adult and juvenile offenders find it difficult to reintegrate back into society. Finding employers that are willing to hire ex-prisoners is very challenging and can be discouraging for individuals who went to prison, served their sentence, and are trying to rebuild their lives. Multiple participants in the

Community Needs Assessment focus group discussions expressed the need for comprehensive reintegration of formally incarcerated individuals who are trying to change their lives and support their families. One participant stated, “you have people who went to prison and come out and try to get a job and they can’t. Jobs are not allowing them to work and this turns people back to a life of crime. Just the fact that you were incarcerated is a strike against you.” Reintegration programs can focus on job skill development that would help these individuals be prepared to reenter the workforce and give them the skills to attain a living wage job.

Community Perception of Public Safety

Crime is a growing issue for many Miami-Dade County residents. Approximately 46.1 percent of community survey respondents indicated that violent crimes were a major problem in the community. In the community focus group discussions, many participants addressed the increase in crime and safety concerns in their neighborhoods. The focus group comprised of CAHSD staff members addressed significant community concerns observed by staff who work closely with community members within the neediest communities in Miami-Dade County, making them more aware of the effect of crime on their clients. Many participants made the connection between gentrification/lack of affordability to an increase in crime, with one participant stating, "because of gentrification we are having a lot of crime, and they are pushing other communities that already have crime into other areas." The lack of affordability, not only of housing but food and daily necessities, leads to desperate residents turning to crime to survive and support their families. One participant said, "there is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."

This increase in crime led to many of the department's employees becoming fearful of working directly with community members, especially for those employees who are required to do home visits with their clients. A participant who is a community resource center employee expressed their concern saying, "We used to go knock on doors, and now we are so scared and so busy." Another participant stated, "gone are the days when you visit people for home visits as a caseworker."

Police perceptions varied greatly within each focus group and across the areas in which they were held. Participants in the Hialeah focus group discussion expressed frustration at the lack of police involvement and community communication. Many even expressed fear of an incident occurring at one of their Community Resource Center events due to the police's slow response rate, with one stating, "it's a mission to get them to even come down there, and there is no visibility."

In contrast, participants from other focus group discussions expressed the increase in police involvement in their neighborhoods and the positive effect on the community. When discussing the police's responsibility in addressing the major crime and drug issues that are facing the community, one participant stated, "the drug scene has decreased over the past year in my area. I have seen more officers that are more educated on who is making trouble and who isn't." Increased police education and involvement, and community policing can help to improve the community and community relations with the police overall.

VII. Health and Wellness

The overall health and wellness of residents in Miami-Dade County is another important indicator of wellbeing in the County. Access to affordable healthcare and the development of healthy living habits is vital to the prevention of avoidable illnesses and unnecessary hospitalizations. Understanding the state of physical, emotional, and mental health of residents in Miami-Dade County helps to focus resources for the neediest populations to promote improved health and wellness programs and meet their needs. Participants in the Community Needs Assessment focus groups conducted voiced concern over a flawed healthcare system and an increased need for programs directed toward the increasing mental health needs of community members.

Physical Health

Disability Status

Table 7.1 shows that 10.2 percent of the population in Miami-Dade County has a disability. The age group with the largest percentage of individuals with a disability is the 65 and over population, where 21.1 percent of adults between the ages of 65 and 74, and 48.6 percent of the population 75 and older have a disability. Only 0.6 percent of the population under 5 years old has a disability. There is a higher percentage of residents with a disability in each age group in the 67 opportunity zones. In the opportunity zones, 26.8 percent of residents between 65 and 74 years old, and 49.2 percent of residents over 75 years old have a disability. A significantly higher percentage of residents between 35 and 64 years old in the opportunity zones have a disability, 14.6 percent compared to 8.6 percent in Miami-Dade County overall.

Table 7.1: Disability by Age Group

	Overall		Opportunity Zone	
	Count	%	Count	%
Under 5 years	898	0.6%	229	0.9%
5 to 17 years	17,346	4.4%	3,376	5.8%
18 to 34 years	23,244	3.7%	4,625	5.4%
35 to 64 years	93,962	8.6%	19,594	14.6%
65 to 74 years	46,037	21.1%	6,882	26.8%
75 years and over	91,343	48.6%	9,442	49.2%
Total	272,830	10.2%	44,148	12.7%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

In terms of disability types, the largest percentage of Miami-Dade County residents have an ambulatory difficulty (5.7 percent), a cognitive difficulty (4.5 percent), and an independent living difficulty (4.3 percent) (Table 7.2). Only 2.1 percent of the population has a hearing or vision difficulty, and only 2.6 percent of the population has a self-care difficulty.

Table 7.2: Disability Type by Age Group

	Under 5 years	5-17 years	18-34 years	35-64 years	65+	Total
With a hearing difficulty	0.4%	0.5%	0.5%	1.3%	9.2%	2.1%
with a vision difficulty	0.3%	0.8%	0.9%	1.8%	6.9%	2.1%
		Under 18	18-34 years	35-64 years	65+	Total
with a cognitive difficulty	-	3.4%	2.4%	3.7%	12.9%	4.5%
with an ambulatory difficulty	-	0.6%	1.0%	4.6%	23.3%	5.7%
With a self-care difficulty	-	0.9%	0.8%	1.7%	10.8%	2.6%
with an independent living difficulty	-	0.0%	1.5%	3.2%	17.2%	4.3%

Source: U.S. Census, ACS 2009 and 2017 5-Yr estimates

The number of children under 18 years old with a disability in Miami-Dade County increased slightly in the past four years. As the number of children with disabilities increases, public programs that help provide supportive services to families with children with disabilities must increase as well. Ensuring that public facilities are equipped for children with disabilities to be able to function and learn safely is imperative to their development.

Table 7.3: Children 18 & Under with a Disability

	2014	2015	2016	2017
With a Hearing Difficulty	2,478	2,088	2,283	2,478
With a Vision Difficulty	3,509	3,464	3,487	3,511
With an Ambulatory Difficulty	1,873	1,894	2,018	2,355

Source: Florida Health Charts

Disability Services for People Living Independently (DSAIL)

CAHSD manages the Disability Services and Independent Living (DSAIL) program that provides assistance to Miami-Dade County residents with disabilities ages 18 to 59. The aim of the program is to assist residents with disabilities in "maintaining and/or acquiring independence and autonomy at a personal level. The assistance and support provided can enhance adaptive living skills and help individuals remain at home and in the community."[47] Services provided include case management, in-home support in the form of home care, personal care and chore services, information and referral, group activity therapy, family and individuals counseling and support, and assistance finding jobs and accessible housing. Programs such as DSAIL help to empower individuals living with disabilities to live independently and thrive on their own.

Rates of Infectious Communicable Diseases

Starting in March 2010, the global coronavirus pandemic reached the United States and within weeks brought the U.S. economy to a halt. The explosion of cases overwhelmed the American healthcare system and in the third quarter of the year continues to affect many areas of the country, with California, Florida and Texas leading the nation in new cases. South Florida in particular is a "hot zone" accounting for about a third of new cases in the state. According to the Florida Department of Health's COVID-19 Data and Surveillance Dashboard, as of August 5th, 2020, 126,789 Miami-Dade County residents had tested positive, 6,002 residents were hospitalized, and 1,784 residents had died due to the virus. The median age of residents who tested positive for COIVD-19 was 43 years old, and females made up 64,512 of cases, while male residents accounted for 62,292 of the cases. All data on residents impacted by the coronavirus pandemic is preliminary, and the full impact of the pandemic on overall health and well-being in Miami-Dade County is likely to will remain unknown for a while, until a cure or a vaccine is available. Beyond the immediate health impacts and hospitalizations, the pandemic brought on economic strain and increased the food insecurity of tens of thousands of Miami-Dade County residents. Lack of healthy and nutritious food can have negative long-term health consequences.

While COVID-19 is the most immediate communicable disease impacting health in Miami-Dade County, understanding other primary infectious diseases and their impact on the wellbeing of Miami-Dade County residents is a necessity when evaluating overall health. Meningitis, hepatitis A, salmonellosis (salmonella), influenza/pneumonia, tuberculosis, and chickenpox are the six most infectious diseases affecting residents. Salmonellosis and influenza/pneumonia are the two most common infectious diseases. In 2017, 822 residents suffered from salmonellosis, and 330 residents suffered from influenza/pneumonia.

Table 7.4: Common Communicable Disease Cases

	Meningitis	Hepatitis A	Salmonellosis	Influenza/Pneumonia	Tuberculosis	Chickenpox
2013	34	32	608	241	135	67
2014	30	35	675	242	130	49
2015	10	37	743	242	125	58
2016	3	51	780	291	116	79
2017	12	132	822	330	99	68

Source: Florida Health Charts

Diabetes

Diabetes is a disease that results in too much sugar in the blood and can be highly dangerous if not carefully monitored or adequately managed. From 2014 to 2018, the number of children hospitalized due to diabetes remained relatively stable. Children ages 12 to 18 had the highest number of hospitalizations from diabetes (Table 7.5).

[47] Miami-Dade County Community Action and Human Services Department, Disability Services for People Living Independently (DSAIL), https://www.miamidade.gov/global/service.page?Mduid_service=ser1542233574645619

Overall, diabetes hospitalizations and deaths are displayed in Table 7.6. The number of hospitalizations from or with diabetes and the number of preventable hospitalizations under 65 years old from diabetes fluctuated from 2014 to 2018. In 2018, there were 79,822 hospitalizations from or with diabetes, and 2,661 preventable hospitalizations for residents under 65 years old with diabetes. The number of diabetes deaths increased by 83 deaths from 2014 to 2018, with 666 people dying from diabetes in 2014 and 749 dying in 2018.

Table 7.5: Diabetes Hospitalizations for Children 18 & Under

	Under 1 years	1-5 years	5-11 years	12-18 years
2014	0	36	84	294
2015	0	26	87	261
2016	0	23	115	252
2017	0	28	94	322
2018	0	20	91	312

Source: Florida Health Charts

Table 7.6: Diabetes Hospitalization and Deaths

	Hospitalization from or with diabetes	Preventable hospitalizations under 65 from diabetes	Diabetes death
2014	79,687	2,639	666
2015	81,417	2,670	714
2016	83,174	2,958	763
2017	81,558	3,081	790
2018	79,822	2,661	749

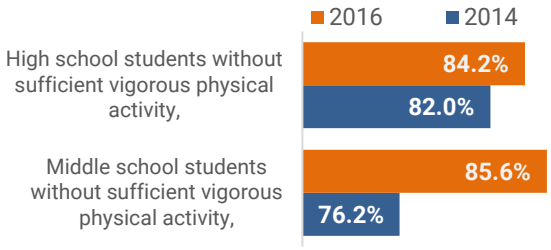
Source: Florida Health Charts

Physical Activity

Daily inactivity is a substantial health predictor for both children and adults. Figure 7.1 details the percentage of high school and middle school students without sufficient vigorous physical activity in 2014 and 2016. There were increases in inactivity for both middle and high schoolers from 2014 to 2016, 9.4 percent and 2.2 percent respectively.

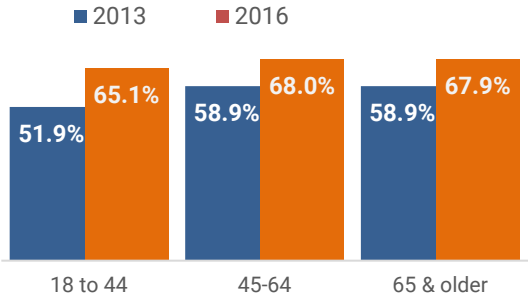
Adults who are sedentary, inactive, or insufficiently active are examined in Figure 7.2. From 2013 to 2016, adults who are inactive or insufficiently active increased significantly in all age groups. Adults who are inactive increased by 13.2 percent for adults 18 to 44 years old, 9.1 percent for adult's ages 45 to 64, and 9 percent for adults 65 years and older. Adults who are sedentary increased from 32.7 percent in 2013 to 33.5 percent in 2016. An inactive and sedentary lifestyle can lead to multiple potential health issues such as increased weight gain and risk of obesity.

Figure 7.1: Students Without Sufficient Vigorous Physical Activity (%)



Source: Florida Health Charts

Figure 7.2: Adults who are Inactive or Insufficiently Active (%)



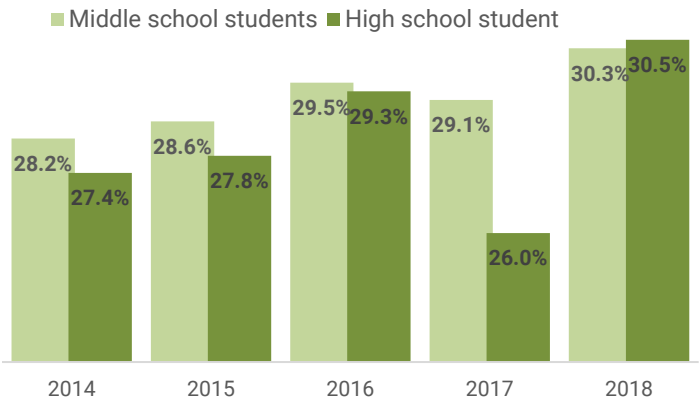
Source: Florida Health Charts

Overweight or Obese

From 2014 to 2018, the number of students who were overweight or obese increased. In 2018, 30.3 percent of middle schoolers were considered overweight or obese, up from 28.2 percent in 2014 (Figure 7.3). The percentage of overweight or obese high school students also increased, from 27.4 percent in 2014 to 30.5 percent in 2018. Beyond the immediate health risks, childhood obesity is also linked to psychological problems and carries future health risks. According to CDC research, children who experience obesity are more likely to become adults with obesity, and adult obesity is associated with increased risk of a number of serious health conditions including heart disease, type 2 diabetes, and cancer.[48]

The percentage of adults who were overweight or obese fluctuated from 2010 to 2016. From 2013 to 2016, the percentage adults who were overweight increased from 31.5 percent to 35.3 percent for adults between the ages of 18 and 44, but decreased for adults in the 45 to 64, and 65 and older age groups. The increase was only 0.2 percent for residents ages 18 to 44, and 4.5 percent for adults ages 45 to 64, but there was a 0.1 percent decrease for ages 65 and older in the same period. Adults who are overweight and obese run the increased risk of heart disease, diabetes, high blood pressure, and high cholesterol.

Figure 7.3: Percentage of Students who are Overweight or Obese



Source: Florida Health Charts

Hospital Admissions

From 2014 to 2018, the number of emergency department visits for children ages 0 to 19 decreased by 4.9 percent (Table 7.7). Emergency room visits for children ages 0 to 5 decreased by 8.5 percent from 2014 to 2018 and accounted for 48.0 percent of all child emergency room visits in 2018.

Table 7.7: Emergency Department Visits, 2014-18

	2014	2015	2016	2017	2018
Ages 0-5	152,404	148,780	151,505	138,795	139,490
Ages 5-19	171,223	171,306	177,396	165,829	166,534
Ages 0-19	305,964	303,718	311,704	289,713	290,870

Source: Florida Health Charts

In 2018, there were a total of 186,238 non-fatal injury emergency department visits in Miami-Dade County (Table 7.8). Over 93 percent of these emergency department visits were categorized as unintentional emergencies, 3.0 percent categorized as assault, and 3.1 percent were not E-coded or uncategorized injuries.

Table 7.8: Non-Fatal Injury Emergency Department Visits by Intent, 2018

	Count
Assault	5,559
Not E-Coded	5,755
Other (Legal Intervention/War)	157
Self-Harm	890
Undetermined	561
Unintentional	173,316
Total	**186,238**

Source: Florida Health Charts

[48] Centers for Disease Control, Childhood Obesity Causes & Consequences. https://www.cdc.gov/obesity/childhood/causes.html

AIDS/HIV

HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. According to the Florida Department of Health, in 2018 there were 27,908 Miami-Dade County residents, ages 13 and over, living with HIV. In other words, one in 85 adults in Miami-Dade County were known to be living with HIV. The rate of infections is significantly higher for Black residents.

Table 7.9 shows there was a slight decrease in AIDS cases and a slight increase in HIV cases from 2014 to 2018. The number of AIDs and HIV cases varies significantly across gender and racial/ethnic groups. Table 7.9 displays the number of AIDS and HIV cases per 100,000 population by gender in Miami-Dade County. In 2018, 37.2 percent of AIDs cases and 20.4 percent of HIV cases were among women.

Table 7.9: AIDS & HIV Cases by Gender

	AIDS cases per 100,000		HIV cases per 100,000	
	Male	Female	Male	Female
2014	318	117	992	197
2015	326	140	1,082	251
2016	346	119	1,028	232
2017	293	106	930	234
2018	293	109	1,017	207

Source: Florida Health Charts

Table 7.10 details the number of AIDs and HIV cases by race/ethnicity in Miami-Dade County. Black residents report the highest number of cases in both AIDs and HIV per 100,000 population. Hispanic residents had the largest number of AIDs cases in 2018 at 196 per 100,000 population. Still, they surprisingly had the lowest number of HIV cases, with only 24 per 100,000 population, compared to 352 for Black residents and 137 for White residents. For comparison, in 2018: one in 103 Whites, one in 31 Blacks, and one in 127 Hispanic/Latinos were living with HIV.

Table 7.10: AIDS & HIV Cases by Race/Ethnicity

	AIDS cases per 100,000			HIV cases per 100,000		
	White	Black	Hispanic	White	Black	Hispanic
2014	36	205	188	125	395	17
2015	32	227	202	120	409	33
2016	27	205	226	109	375	25
2017	33	166	193	97	369	30
2018	29	172	196	137	352	24

Source: Florida Health Charts

Leading Causes of Death

The top three leading causes of death in Miami-Dade County are heart disease, malignant neoplasm (cancer), and cerebrovascular diseases. Table 7.11 shows that from 2013 to 2018, 31,253 residents died from heart disease, 25,742 residents died from malignant neoplasm, and 8,011 died from cerebrovascular diseases. The number of deaths per year for each of the three leading causes remained relatively stable with only slight fluctuations from year to year.

Table 7.11: Resident Deaths by Top 3 Leading Causes of Death

	Heart Diseases	Malignant Neoplasm (Cancer)	Cerebrovascular Diseases
2013	4,995	4,100	872
2014	5,082	4,247	1,061
2015	5,299	4,199	1,380
2016	5,333	4,380	1,443
2017	5,399	4,436	1,587
2018	5,145	4,380	1,668
Total	31,253	25,742	8,011

Source: Florida Health Charts

Table 7.12 details the percentage of adults in Miami-Dade County who have been told they have coronary heart disease, a heart attack, or a stroke. In 2016, 6.7 percent of the Miami-Dade County population was diagnosed with one or more of the ailments listed. The number of cancer incidences per 100,000 population is also examined with slight fluctuations occurring from 2013 to 2017, growing steadily from 2013 to 2016 but decreased slightly from 2016 to 2017 by 49 cases.

Table 7.12: Adults with Coronary Heart Disease, Heart Attack, or Stroke, Overall, 2007-16

Year	Miami-Dade
2007	6.5%
2010	7.0%
2013	7.3%
2016	6.7%

Source: Florida Health Charts

Table 7.13: Age-Adjusted Cancer Incidence, 2013-17

Year	Count per 100,000
2013	11,876
2014	11,827
2015	12,216
2016	13,002
2017	12,963

Source: Florida Health Charts

Health Insurance

The lack of affordable healthcare in the United States and Miami-Dade County is a significant barrier to positive health outcomes for residents. One participant from the Community Needs Assessment focus group discussion stated, "I had to quit my job to qualify for healthcare for the birth of my daughter." This shortcoming of the American healthcare system is experienced by residents everyday who cannot afford the out-of-pocket costs of health care and do not have adequate access through their jobs. Lack of insurance increases an individual's risk of falling ill due to a lack of access to preventative care or annual check-ups.

Table 7.14: Uninsured Residents in Miami-Dade County and Opportunity Zones by Age Group, 2017

	Miami-Dade County Overall		Opportunity Zones	
	Total	% uninsured in age group	Total	% uninsured in age group
Under 6 years	9,034	5%	1,338	4.5%
6-18 years	42,022	11%	7,559	13.2%
19-25 years	80,190	32%	15,297	41.4%
26-34 years	107,424	32%	17,560	40.5%
35-44 years	112,751	30%	17,765	38.5%
45-54 years	111,155	28%	16,709	35.1%
55-64 years	76,477	24%	12,492	30.9%
65-74 years	10,494	5%	1,797	7.0%
75 years +	3,255	2%	530	2.8%
Total	552,802	20.7%	91047	26.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

In 2017, 20.7 percent of residents in Miami-Dade County and 26.3 percent of residents within the 67 opportunity zones examined were uninsured. Individuals in age groups between 19 to 64 had the highest percentages of uninsured residents. In Miami-Dade County overall, 32 percent of residents ages 19 to 25 and 41.5 percent of residents in the same age group residing within opportunity zones were uninsured. Residents between 26 and 34 were the next largest group of uninsured residents, with 32 percent being uninsured in Miami-Dade County overall and 40.5 percent being uninsured in the opportunity zones.

In 2016, only 76.7% of adults had health insurance of any kind and 16.7 percent stated that they were unable to see a doctor in the past year due to the cost (Figure 7.4). The percentage of adults who visited a dentist or dental clinic from 2010 to 2016 in Miami-Dade County decreased from 65.2 percent in 2010 to 63.7 percent in 2016, a 1.5 percent decrease. From 2007 to 2016, adults with a personal doctor also decreased, from 74.7 percent to 63.8 percent (Figure 7.5). The increasing cost of healthcare and lack of comprehensive health insurance for all is detrimental to the overall health of all Miami-Dade County residents.

Figure 7.4: Adults with any Type of Health Insurance

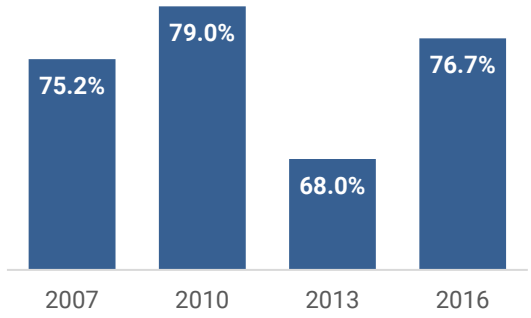
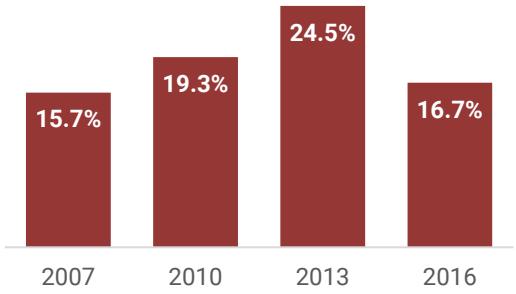


Figure 7.5: Adults who could **not** see a Doctor in the past year due to cost



Source: Florida Health Charts

Medicaid/Medicare Participation

Medicare and Medicaid coverage is another important indicator of health, especially for populations that are under the age of 19 and those over the age of 65. Low-income populations and populations with a disability or particular need can qualify for Medicare or Medicaid coverage. In 2017, 93.1 percent of the population 65 and older in Miami-Dade County and 92.7 percent residing within opportunity zones, were covered by Medicare (Table 7.15). Over 51 percent of residents under the age of 19 in Miami-Dade County had access to healthcare through Medicaid (Table 7.16). Within the opportunity zones, a higher percentage of 71.1 percent of residents under the age of 19 were receiving Medicaid benefits. While large portions of the younger and older population have access to affordable health care in Miami-Dade County due to Medicare and Medicaid coverage, only 11.0 percent of the population ages 19 to 64 in Miami-Dade County and 19.9 percent within the opportunity zones have Medicaid. If affordable healthcare options are not available for the population between the ages of 19 and 64, a large portion of residents will be at risk of being unable to get the care they need when necessary.

Table 7.15: Medicare Coverage by Age Group (%), 2017

	Miami-Dade County		Opportunity Zones	
	With	Without	With	Without
Under 19	0.6%	99%	0.5%	99.5%
19 to 64	2.9%	97%	4.7%	95.3%
65 +	93.1%	7%	92.7%	7.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Table 7.16: Medicaid/Means-Tested Public Coverage by Age Group (%), 2017

	Miami-Dade County		Opportunity Zones	
Medicaid	With	Without	With	Without
Under 19	51.1%	48.9%	71.1%	28.9%
19 to 64	11.0%	89.0%	19.9%	80.1%
65 +	38.4%	61.6%	47.7%	52.3%

Source: U.S. Census, ACS, 2017 5 Year Estimates

Approximately 44.9 percent of survey respondents indicated access to affordable healthcare is a major issue in the County. Partner survey respondents selected lack of access to healthcare as a primary issue in Miami-Dade County. Many participants commented on the high cost of healthcare and health insurance for community members. Unaffordable healthcare is a significant deterrent for individuals who need medical attention but feel they cannot afford adequate care. Multiple participants expressed concern over the lack of preventative or early intervention health care options in the County, especially for individuals with mental health needs.

Maternal and Child Health

The overall health of mothers and their infants and children are essential indicators of community health. Pregnant women, infants, and young children are some of the most vulnerable populations within Miami-Dade County. Public programs such as Head Start and Early Head Start provide support for women in a fragile state taking care of their young and developing children.

Maternal health during pregnancy can affect the cognitive development and functioning of the child in utero. The percentage of births to mothers that had prenatal care during their first trimester was consistently high over the past five years, even though there was a slight decrease from 86.1 percent in 2017 to 84.8 percent in 2018 (Table 7.17). Prenatal care is especially vital for pregnant mothers from lower socioeconomic backgrounds who may be dealing with multiple sources of stress or varying degrees of physical work. This medical supervision at the beginning and throughout the pregnancy can help provide necessary medical resources and information, as well as giving parenting resources that can help prepare parents for future children. The percent of mothers who initiated breastfeeding decreased from 2014 to 2018 (Table 7.18). In 2018, 27,801 (89.6 percent) mothers initiated breastfeeding down from 29,068 (90.9 percent) in 2014.

Table 7.17: Births to Mothers with 1st Trimester Prenatal Care (%), 2014-18

Year	Percentage
2014	86.7%
2015	86.0%
2016	85.7%
2017	86.1%
2018	84.8%

Source: Florida Health Charts

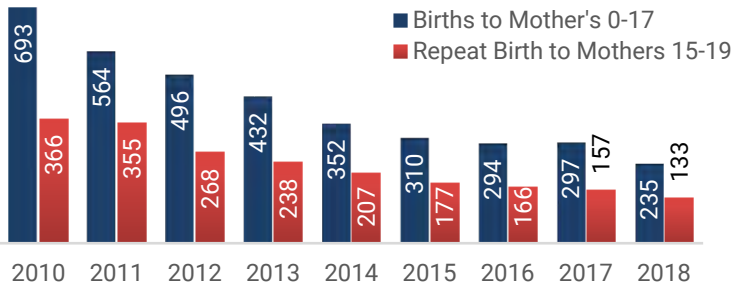
Table 7.18: Mothers who Initiate Breastfeeding, 2014-18

Year	Count	%
2014	29,068	90.9%
2015	30,045	92.6%
2016	30,440	93.1%
2017	28,960	91.1%
2018	27,801	89.6%

Source: Florida Health Charts

A mother's age can influence both maternal and infant health. According to the Centers for Disease Control and Prevention, teen pregnancy contributes to higher high school dropout rates for teen mothers. Children of teen mothers are more likely to have lower academic achievement, more significant health problems, a greater likelihood of incarceration, higher teen pregnancy rates, and higher levels of unemployment. Figure 7.6 shows that teen pregnancy rates in Miami-Dade County, have decreased significantly from 2010 to 2018. In 2010 there were an estimated 693 births to mothers between the ages of 0-17, while in 2018, the number went down to 235 births, a decrease of 458 births. The number of repeat births to mothers between the ages of 15 to 19 also decreased from 366 repeat births in 2010 to 133 repeat births in 2018.

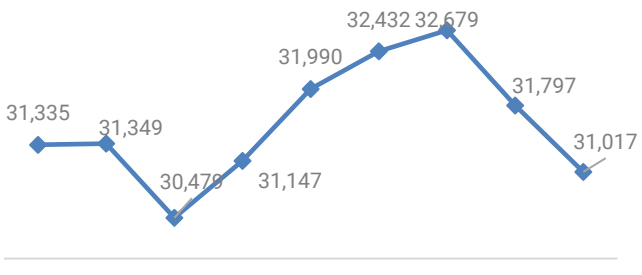
Figure 7.6: Teen Pregnancy Counts



Source: Florida Health Charts

Data on resident live births for Miami-Dade County from Florida Health Charts shows a decline in overall live births in the past few years (Figure 7.7). This decrease is consistent with the demographic shifts discussed earlier in this report, which point to the aging of the overall population, the decrease in the proportion of children within the total population, as well as the current trends of women to delaying childbirth until later years and often having fewer children.

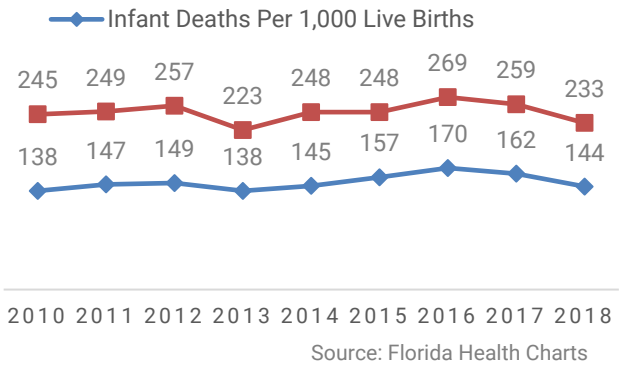
Figure 7.7: Total Resident Live Births



Source: Florida Health Charts

Infant and child death rates also remained relatively unchanged, with slight decreases from 2016 to 2018 (Figure 7.8). The consistency of the death rates for infants and children is representative of overall community health. Supportive programs that help provide guidance and education on infant and child health and safety contribute to a decreasing numbers of deaths among young children. Sudden Infant Death Syndrome (SIDs), Shaken Baby Syndrome, physical abuse, death by drowning, and accidental poisoning are all common causes of mortality in infants and children under 5 years old.[49] Awareness of everyday health and safety issues that may be life-threatening to young children helps build a safer community.

Figure 7.8: Infant & Child Death Rates

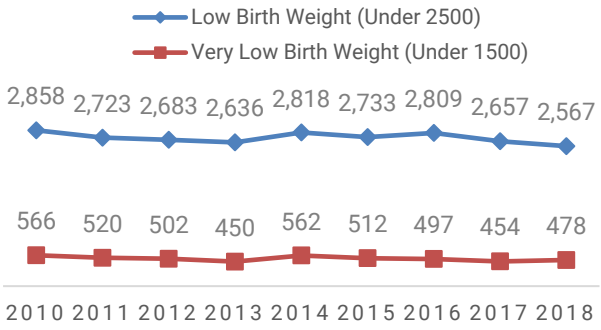


Source: Florida Health Charts

The number of infants born with low or very low birth weight decreased slightly over the past three years. Babies born under 2,500 grams are considered to have low birth weight, and babies born under 1,500 grams are considered to have very low birth weight. Low birth weight is usually caused by premature birth, those before 37 weeks of gestation. Maternal health and use of a substance can also contribute to low or very low birth weight, especially if the mother is smoking cigarettes or abusing substances throughout her pregnancy.

Mothers who smoke, drink alcohol, or abuse substances during their pregnancies are not only at higher risk of having children with low or very low birth weight. These mothers are also at risk of having children with underdeveloped brains and lungs, increased risk of sudden infant death (SID), Fetal Alcohol Syndrome, and congenital disabilities. Mothers who are pregnant while addicted to drugs such as cocaine or meth may birth infants who are also dependent on their drug of choice. These babies suffer from Neonatal Abstinence Syndrome, which results in several different congenital disabilities and developmental issues. In 2017, 16 infants were born with Neonatal Abstinence Syndrome, and 216 children under the age of 11 were reportedly exposed to prescription opioids, heroin, or other drugs. These occurrences illustrate the far-reaching effects of the community-wide issue of substance abuse.

Figure 7.9: Babies Born with Low or Very Low Birth Weight



Source: Florida Health Charts

[49] Centers for Disease Control and Prevention. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm

Environmental Health

According to the American Public Health Association, environmental health is the branch of public health that focuses on the interrelationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities. The context of people's lives determines their health. The World Health Organization (WHO) defines the environment as it relates to health, as "all the physical, chemical, and biological factors external to a person, and all the related behaviors."[50] In addition to social determinants, there are also factors related to the physical environment - safe water and clean air, healthy workplaces, safe houses, communities, and roads - contributing to the health of individuals and communities.

Air Quality

According to the Environmental Protection Agency (EPA), clean air and water support healthy brain and body function, growth, and development.[51] Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment.

Miami-Dade County's Environmental Resources Management department implements monitoring, education, restoration, regulatory, and land management programs that protect water quality, drinking water supply, air quality, and natural resources. The department is vital to the health and well-being of all Miami-Dade County residents, visitors, and the ecosystem. According to the department, the air quality in Miami-Dade County usually falls in the "Good" range throughout the year. However, there are a couple of times throughout the year when the Air Quality Index (AQI) falls below the good range, which may be harmful to certain sensitive groups such as the elderly, the young, and those with respiratory conditions. Miami-Dade County offers an Air Quality Notification Service that residents can customize for their own needs.

Air pollution tracking occurs through the measurement of PM, also known as particle pollution, a complex mixture of airborne particles and liquid droplets composed of acids (such as nitrates and sulfates), ammonium, water, black (or "elemental") carbon, organic chemicals, metals, and soil (crustal) material. Health effects may include cardiovascular conditions such as cardiac arrhythmias, heart attacks, and respiratory effects such as asthma attacks and bronchitis. Exposure to particle pollution can result in increased hospital admissions, emergency room visits, absences from school or work, and restricted activity days, especially for those with pre-existing heart or lung disease, older people, and children. The EPA divides particles into two categories - "coarse particles" ($PM_{10-2.5}$) such as those found near roadways and dusty industries which range in diameter from 2.5 to 10 micrometers (or microns), and "fine particles" (or $PM_{2.5}$) such as those found in smoke and haze which have diameters less than 2.5 microns. Major sources of primary fine particles include cars and trucks (especially those with diesel engines); wildfires; fireplaces, woodstoves, cooking; dust from roads and construction, etc. Significant sources of fine secondary particles are power plants and some industrial processes, including oil refining and pulp and paper production.[52]

National air-quality standards for PM were established in 1971, and the last 2012 PM standard became effective on March 18, 2013.[53] The 24-hour $PM_{2.5}$ standard is set to 35 micrograms per cubic meter ($\mu g/m^3$). According to the Florida Department of Health's Public Health Tracking program, the percentage of days with levels of particulate matter over the National Ambient Air Quality standard in 2016 was 0.3 percent. The Florida Department of Environmental Protection has eight sites throughout Miami-Dade County that measure air quality. Each site focuses on a specific pollutant, including sulfur dioxide, carbon monoxide, $PM_{2.5}$, ozone, and nitrogen dioxide. The readings from each site are accessible to the general public. For example, the highest daily averages

[50] World Health Organization. 2006. Preventing Disease through a Healthy Environments. Geneva, Switzerland.
[51] Environmental Protection Agency. Air Topics. https://www.epa.gov/environmental-topics/air-topics
[52] Environmental Protection Agency. https://www3.epa.gov/region1/airquality/pm-what-is.html
[53] Environmental Protection Agency. https://www3.epa.gov/region1/airquality/pm-aq-standards.html

in 2018 for Miami Fire Station #5 were below the national standards for $PM_{2.5}$. However, the Homestead Fire Station site had two recorded daily averages that were higher than the 35 µg/m^3 EPA standard.

High concentrations of ozone can also have harmful effects on the respiratory system, aggravate asthma, and can inflame and damage cells that line the lungs. Ozone may also aggravate chronic lung diseases such as emphysema and bronchitis and reduce the immune system's ability to fight off bacterial infections in the respiratory system. The EPA established the safe 8-hour ozone standard to 0.070 ppm. The two stations tracking ozone levels in Miami-Dade County recorded only three daily averages above the EPA standard.

Carbon monoxide (CO) is another pollutant that can increase the severity of lung ailments, cause dizziness, fatigue, nausea, and even death. EPA defined the national ambient air quality standard (NAAQS) for carbon monoxide as nine parts per million averaged over eight hours, and this threshold cannot exceed more than once a year, or an area would be violating the standard. Carbon monoxide levels were within the norms, with the highest readings at one part per million averaged over eight hours in Miami-Dade County.

Sulfur dioxide levels were also within the established standard in 2018 in Miami-Dade County. The highest readings of this gas recorded in 2018 in Miami-Dade County was 2 parts per billion. Short-term exposures to sulfur dioxide can harm the human respiratory system and make breathing difficult. The existing standard, established in 2010, is 75 parts per billion based on the three-year average of the 99th percentile of the yearly distribution of 1-hour maximum daily concentrations.

Lastly, another harmful pollutant measured throughout the year is nitrogen dioxide, which primarily gets in the air from the burning of fuel. It forms from emissions from cars, trucks and buses, power plants, and off-road equipment. Exposures over short periods can aggravate respiratory diseases, particularly asthma, leading to respiratory symptoms (such as coughing, wheezing or difficulty breathing), hospital admissions, and visits to emergency rooms. The national standard for nitrogen oxides is a 1-hour level of 100 ppb based on the 3-year average of 98th percentile of the yearly distribution of 1-hour maximum daily concentrations, and an annual standard at a level of 53 ppb. The highest reading for 2018 in Miami-Dade County was 58 ppb.

Water Quality

Water quality is also essential in ensuring the health of residents. The federal Clean Water Act provides the statutory basis for the state water quality standards programs. The Watershed Monitoring Section (WMS) of the Florida Department of Environmental Protection manages two statewide water quality monitoring programs. WMS developed Status and Trend report cards into interactive map tools that are publicly accessible.[54] The report cards for region 6, which includes the southern counties from Monroe to St. Lucie (including Miami-Dade County), show that most of the rivers, streams, and canals in the region meet water quality thresholds for ammonia, nitrogen, phosphorus, and other water pollutants.

In 2018, the Florida Department of Environmental Protection (FDEP) performed a Source Water Assessment on the Miami-Dade County drinking water system. The assessment provided information about any potential sources of contamination in the vicinity of county wells. There are 89 possible sources of pollution identified for this system with low to high susceptibility levels. Regulatory contaminants sometimes found in drinking water include nitrates, arsenic, and disinfection by-products. These contaminants were selected by the Center for Disease Control and Prevention (CDC) Tracking Network due to them occurring more frequently in drinking water at levels that may impact health.[55] The assessment detected 21 contaminants in Miami-Dade County's drinking water in 2018, but all were below maximum contaminant levels allowed. According to the Florida Health Department's Public Health Tracking program, in 2015 98.2 percent of Miami-Dade County's population was

[54] Interactive Water Quality Report Cards, Florida Department of Environmental Protection. https://floridadep.gov/dear/watershed-monitoring-section/content/interactive-water-quality-report-cards

[55] Florida Department of Environmental Protection, Water Assessment and Protection Program, www.dep.state.fl.us/swapp

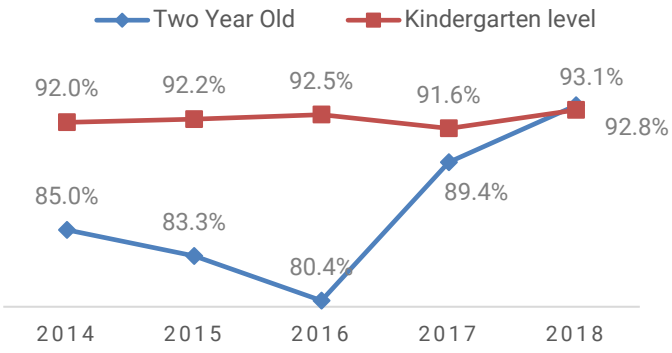
using public water with optimally fluoridated water supplies, compared to only 77 percent of Florida residents.[56] Community water fluoridation is recommended by nearly all public health, medical, and dental organizations as it helps prevent tooth decay. It is also recommended by the American Dental Association, American Academy of Pediatrics, U.S. Public Health Service, and the World Health Organization. [57]

Immunizations/Vaccinations

Immunizations, also called vaccinations, help prevent diseases like measles, chickenpox, and the flu. The CDC recommends vaccinations from birth through adulthood to provide a lifetime of protection against many diseases and infections. These include influenza, pneumococcal disease, human papillomavirus, and hepatitis A and B. Vaccine coverage refers to the proportion of a population that is appropriately immunized against a specific vaccine-preventable disease (VPD). Maintaining high immunization coverage is essential for the effective prevention and control of VPDs.

The immunization levels of young children in the County increased in the past five years, from 85.0 percent for children who are 2 years old in 2014 to 92.8 percent in 2018 (Figure 7.10). Immunization rates for children entering Kindergarten have remained relatively high over the past five years, with a slight increase of 1.1 percent from 2014 to 2018. Immunizations are vitally important in maintaining the health of young children, especially as they enter into the public-school system. Students who receive immunizations protect not only themselves but also their peers and those who are unable to receive vaccines due to health conditions.

Figure 7.10: Immunization Levels of Young School Aged Children



Source: Florida Health Charts

Impact on Community

Concerns over the environmental health of Miami-Dade County are rising among community members. One participant from the Community Needs Assessment focus group discussions in Edison/Little River shared his concern over the increasing environmental disasters and their unequal impact on specific communities, especially the Black community and residents living in poverty. This participant stated, “Black communities are disproportionately affected by environmental injustice,” highlighting the need for increased attention on the impacts of environmental disasters, such as hurricanes and flooding, on residents from lower-income areas and historically disenfranchised groups.

Mental Health of Children and Young Adults

The mental health and emotional well-being of children in the County are essential and determine many of their future outcomes. The estimated number of seriously emotionally disturbed youth between the ages of 9 and 17 increased from 2014 to 2018 (Table 7.19). In 2018, an estimated 25,487 children were thought to be emotionally disturbed, up from 24,773 children in 2014.

Behavioral/Mental Health of Children and Young Adults

Examining the state of behavioral and mental health among children and young residents in Miami-Dade County is vital to understanding their overall health and wellness. The rate of young residents partaking in risky

[56] Florida Environmental Public Health Tracking, https://www.floridatracking.com/healthtracking/Report.htm
[57] Centers for Disease Control, https://www.cdc.gov/fluoridation/index.html

behaviors, such as early tobacco and alcohol/drug usage and unsafe sexual behavior, highlights the need for programs for school aged children that emphasize healthy living habits. Mental health status is also a major health and wellness indicator analyzed in this section to help illuminate the areas in which school-aged children and young adults need more support. Concern over mental health status throughout the County is growing among community members, especially when regarding youths.

Young adults who participate in risky behaviors at an early age are at a higher risk of numerous health concerns and developing unhealthy habits as they get older. Figures 7.11, 7.12 and 7.13 show tobacco usage of students from 2012 to 2018 by grade level, gender, and racial/ethnic group. High school students have a significantly higher percentage of students who have ever tried a tobacco product at 56.0 percent compared to 16.5 percent of middle school students. In 2018, when examined across gender, male and female students use tobacco at a very similar rate of 39.1 percent for males and 38.8 percent for female students. Tobacco usage increased by 6.9 percent for male students and 9.5 percent for female students from 2012 to 2018. When examined across racial and ethnic groups, tobacco usage of White students decreased by 8.3 percent from 2012 to 2018, while increasing by 16.9 percent for Black students and 8.9 percent for Hispanic or Latino students. In 2012, White students were the largest percentage of students that had ever tried a tobacco product at 44.9 percent, while in 2018, Hispanic or Latino students were the largest group of students who had tried a tobacco product at 41.8 percent. The increase in tobacco usage by middle and high school students is concerning considering the long-term effects of tobacco usage.

Figure 7.11: Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Grade Level (%)

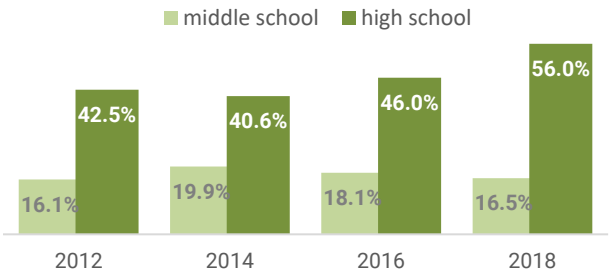


Figure 7.12: Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Gender (%)

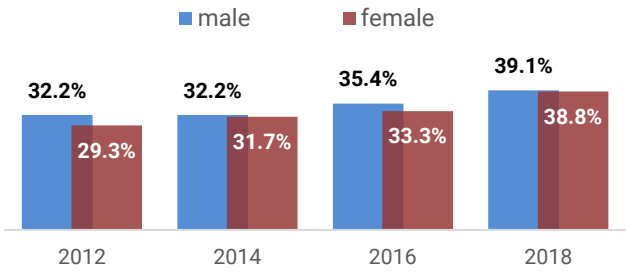
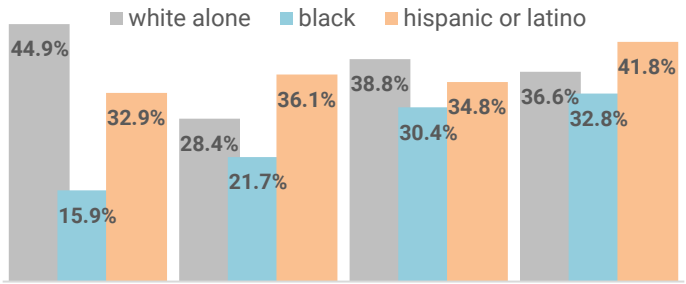


Figure 7.13: Students who have ever Tried Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars by Race/Ethnicity(%)



Source: Florida Health Charts

Although tobacco usage increased from 2012 to 2018, Marijuana/hashish and alcohol usage by both middle and high school students have decreased over time (Figures 7.14 and 7.15). From 2010 to 2016, marijuana/hashish usage increased from 2010 to 2012 but then decreased significantly from 2014 to 2016. In 2016, 12.7 percent of high schoolers reported having used marijuana/hashish in the past 30 days down from

16.8 percent of high school students in 2014. Middle school students using marijuana/hashish increased by 0.2 percent from 2014 to 2016. Alcohol usage decreased from 2010 to 2016, with 37.1 percent of high school students and 20.6 percent of middle school students using alcohol in 2010, down to 26.2 percent among high school students and 7.3 percent among middle school students in 2016.

Figure 7.14: Marijuana/Hashish Usage in past 30 days by Grade Level (%)

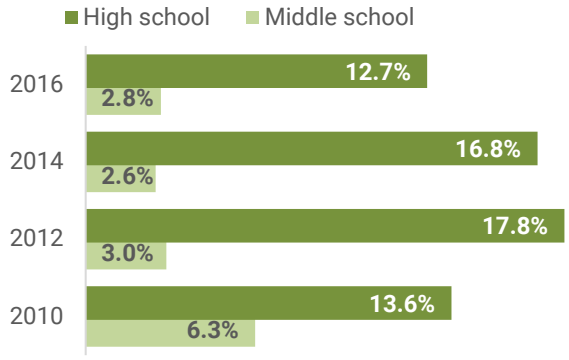
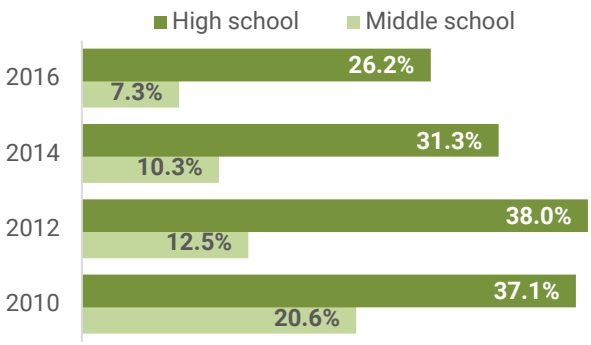


Figure 7.15: Alcohol Usage in Past 30 days by Grade Level (%)

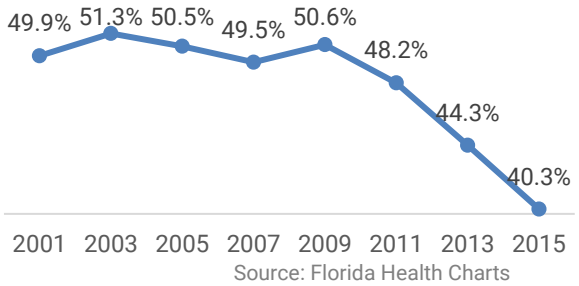


Source: Florida Health Charts

Sexual Behaviors of Children and Young Adults

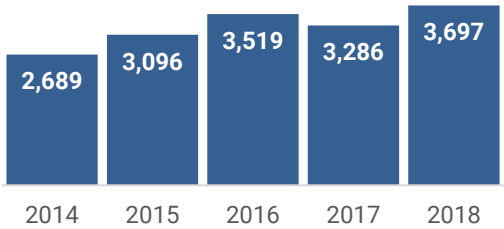
Healthy sexual behavior is also imperative to the overall health of residents and especially young adults in Miami-Dade County. According to Psychology Today, the earlier a child begins having sex, "the likelier they are to engage in high-risk sex," such as having multiple sexual partners, engaging in frequent intercourse, having unprotected sex, and using drugs or alcohol before sex.[58] Engaging in these high-risk behaviors can lead to unplanned pregnancies and contracting sexually transmitted diseases (STDs) that could potentially have lasting negative impacts on overall health. According to the Youth Risk Behavior Survey conducted by the Florida Department of Health from 2001 to 2015, the percentage of high school students in Florida who had ever had sexual intercourse decreased significantly over the fifteen year period (Figure 7.16). After slight fluctuation from 2001 to 2009, the rate of high school students who had sexual intercourse began to steadily decline from 50.6 percent in 2009 to 40.3 percent in 2015, a decrease of more than 10 percent.

Figure 7.16: Percentage of High School Students who have ever had Sexual Intercourse in Florida



Source: Florida Health Charts

Figure 7.17: Bacterial STDs, Ages 15-19 Per 100,000 People



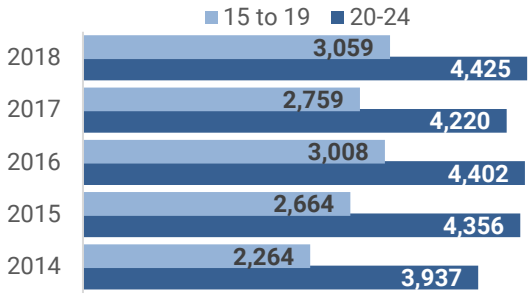
Source: Florida Health Charts

While the percentage of students in Florida having sexual intercourse in high school decreased in 2015, the rate of STDs continued to increase in Miami-Dade County. From 2014 to 2018, the number of bacterial STDs for residents between the ages of 15 to 19 increased by a rate of 1,008 cases per 100,000 people. In 2014, 2,689 residents per 100,000 people in that age group had a bacterial STD compared to 3,697 residents in 2018 (Figure 7.17).

[58] Ross C., Overexposed and Underprepared: The Effects of Early Exposure to Sexual Content, https://www.psychologytoday.com/us/blog/real-healing/201208/overexposed-and-under-prepared-the-effects-early-exposure-sexual-content

The number of chlamydia cases per 100,000 people also increased from 2014 to 2018, for both residents between the ages of 15 and 19, and ages 20 to 24. In 2018, 3,059 residents between the ages of 15 and 19, and 4,425 residents between the ages of 20 and 24 had chlamydia, up from 2,264 for ages 15 to 19 and 3,937 for ages 20 to 24 in 2014. The number of HIV cases per 100,000 people between the ages of 13 and 19 increased from 2014 to 2018. From 2014 to 2016, the number of HIV cases increased significantly from 32 per 100,000 people for ages 13 to 19 in 2014 to 45 cases in 2016, but from 2016 to 2018, the number of cases decreased from 45 to 41. The increase in STDs over the past five years is an indication of the number of young adults participating in high-risk sexual activity in Miami-Dade County. This clearly demonstrates a need for comprehensive sexual education for middle and high school students, when it relates to promoting safe and responsible sexual activity.

Figure 7.18: Chlamydia Cases by Age Group Per 100,0 population



Source: Florida Health Charts

School Safety

School safety is another significant predictor of the overall health and safety of school-aged children in Miami-Dade County. Figure 7.19 displays the number of school environment safety incidents per 1,000 K-12 students from 2013 to 2018. The number of school environment safety incidents decreased significantly from 11,937 cases in 2013 to 3,679 in 2018. Although there was an overall decrease in incidents over the six years, there was an increase of 692 incidents from 2016 to 2017, and then another reduction of 357 cases from 2017 to 2018.

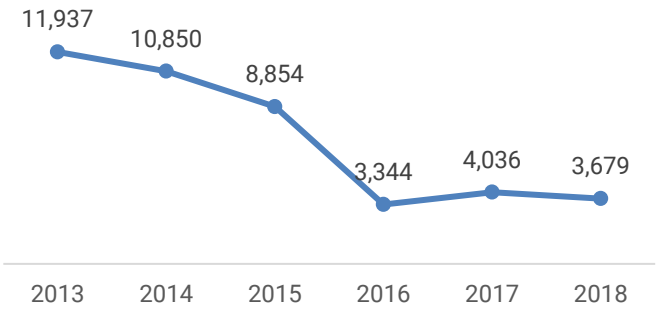
Table 7.19: Estimated Seriously Emotionally Disturbed Youth Ages 9-17

Year	Count
2014	24,773
2015	24,724
2016	24,872
2017	25,122
2018	25,487

Source: Florida Health Charts

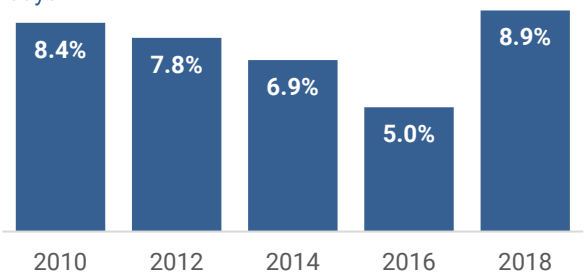
Despite the overall decrease in school safety incidents from 2013 to 201, Figure 7.20 shows an increase of students who did not attend school out of safety concerns. In 2010, only 8.4 percent of students reported feeling unsafe while at school or on their way to school. Over the eight years, the percentage of students who felt unsafe at school fluctuated, with 8.9 percent reporting feeling unsafe in 2018, the highest since 2010. Feeling unsafe at school or on their way to school induces student anxiety and does not allow students to focus primarily on their studies or be comfortable when in class and on school property. Miami-Dade County Public Schools adopted School Board Policy 5517.01 that defines bullying and other unacceptable behaviors, and provides guidelines for preventing, reporting and addressing bullying.

Figure 7.19: K-12 School Environmental Safety Incidents, Rate Per 1,000 Students



Source: Florida Health Charts

Figure 7.20: Percent of middle and high school students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days



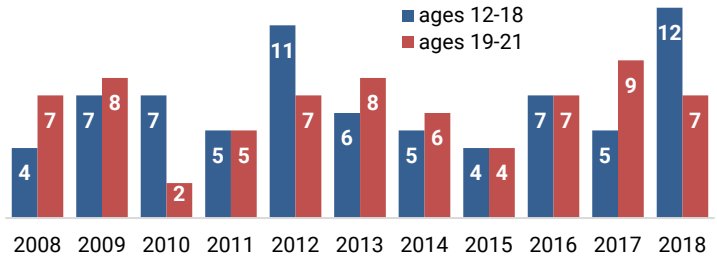
Source: Florida Health Charts

Depression and Suicide in Children and Young Adults

Teen depression and suicide is a growing concern in Miami-Dade County. The percentage of students who felt sad or hopeless for two or more weeks in a row and stopped doing their usual activities increased from 2010 to 2018. In 2018, 23.3 percent of students felt sad or hopeless for two or more weeks in a row, an increase from 22.6 percent in 2010.

With the rise in students who felt sad for two or more weeks in a row, was an increase in the number of deaths by suicide for residents ages 12 to 21. Understanding the needed support systems and putting forth programs are a necessity for tackling the issue of teen depression and suicide. Residents ages 12 to 18 had the highest increase of deaths by suicide over ten years, increasing from 4 deaths in 2008 to 12 deaths in 2018 (Figure 7.21). The rate of residents ages 19 to 21 fluctuated minimally over the ten years, rising from 7 deaths in 2008 to 9 deaths in 2017, but then decreasing back down to 7 deaths in 2018. Focusing on the mental health status of school-age children should be the primary focus moving forward due to the significant increase in school-age children dying by suicide over the past ten years.

Figure 7.21: Deaths by Suicide for Residents ages 12 to 21



Source: Florida Health Charts

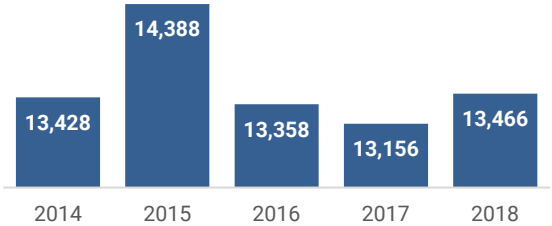
Behavioral and Mental Health of Adults

The behavioral and mental health of adults in Miami-Dade County are other major indicators of overall health and wellness in the community. Community Needs Assessment focus group participants were especially concerned with the number of residents with mental health issues that are not receiving the necessary help.

Rates of Depression for Adults

The number of age-adjusted hospitalizations for mood and depressive disorders for adults in Miami-Dade County fluctuated often over the past five years. In 2018, there were 13,466 reported hospitalizations for mood and depressive disorders, up from 13,428 in 2014 (Figure 7.22). In 2015, there was a significant increase in admission from the previous year, but then a decrease in cases from 2015 to 2017.

Figure 7.22: Age-Adjusted Hospitalizations for Mood & Depressive Disorders for Adults



Source: Florida Health Chartszzz

Table 7.20 shows a decline in the percentage of adults who have been diagnosed with a depressive disorder is displayed within the 18 to 44 age group and the 65 and older age group. A slight increase of 1.4 percent from 2013 to 2016 is shown among individuals in the 45 to 64 age group.

Table 7.20: Adults who have ever been told they had a depressive disorder, by Age Group

Year	18-44	45-64	65 & older
2013	8.1%	15.2%	16.1%
2016	7.6%	16.6%	14.2%

Source: Florida Health Charts

Table 7.21 displays the percentage of adults who are limited in activities because of a physical, mental, or emotional problem from 2007 to 2016. Adults within the 18 to 44 years old and 65 and older age groups both saw decreases in the percent of adults who are limited in any way, as did the percentages of adults told they have a depressive disorder. Adults in the 45 to 64 age group had the only increases in the percentage of adults, which increased from 17.5 percent in 2007 to 18.3 percent in 2016.

Table 7.21: Adults who are limited in any way in any activities because of physical, mental, or emotional problems, by Age Group

Year	18-44	45-64	65 & older
2007	5.9%	17.5%	26.6%
2010	13.5%	16.1%	32.1%
2013	11.6%	21.8%	30.8%
2016	4.4%	18.3%	19.8%

Source: Florida Health Charts

Baker Acts

The Florida Mental Health Act of 1971, or more commonly known as the Baker Act, is a Florida law that allows for individuals with mental illness to be involuntarily held in a mental health facility for up to 72 hours. The process of a person being involuntarily held is more commonly referred to as being Baker Acted. A person can be Baker Acted if there is a reason to believe that they are mentally ill and they have refused to undergo a mental health evaluation, and if they pose a threat to themselves or someone else without immediate treatment. After the 72-hour involuntary commitment, the person may be discharged and referred to outpatient treatment, they may consent to continued voluntary commitment, or the facility can file a petition through the court system for involuntary placement of the individual. If the petition for involuntary placement is filed in court, a hearing must occur within five days to examine whether the person meets all of the necessary criteria to be committed to a mental health facility for up to six months.

According to the Baker Act Reporting Center, in Miami-Dade County the number of children under the age of 18 having to submit to involuntary examinations was steadily increasing over the past five years, with 36,078 children having an involuntary examination in the 2017-2018 year, up from 30,355 in 2013-2014. The number of older adults involuntarily examined also steadily increased over the past five years within the county, with 15,253 adults over 65 having to submit to involuntary examinations in 2017-2018, an increase of 1,694 involuntary examinations from 2013-2014.

In 2017-2018, children under 10 years old account for 2.0 percent of all involuntary examinations, while children 11 to 13 years old account for only 4.9 percent. Residents ages 25 to 34 account for 19.6 percent of all involuntary examinations, while residents ages 25 to 34 making up 15.6 percent. Individuals with a professional certificate make up 48.9 percent of initiators of involuntary examinations while law enforcement officers account for 48.5 percent of Baker Act initiations.

Table 7.22: Involuntary Exams by Age (Baker Act)

	Involuntary exam	% of total
<10	4,090	2.0%
11 to 13	9,942	4.9%
14-17	22,046	10.9%
18-24	26,328	13.0%
25-34	39,740	19.6%
35-44	31,540	15.6%
45-54	29,871	14.7%
55-64	23,866	11.8%
65-74	9,542	4.7%
75-84	4,154	2.1%
85+	1,557	<1.0%

Source: Baker Act Reporting Center FY17/18 Annual Report

The percentage of children under 18 years old who have been examined under the Baker Act in Miami-Dade County, is significantly lower in comparison to the overall percentage in Florida. In comparison, the number of older adults over 65 years old who have been examined under the Baker Act is significantly larger when compared to the entire state. Mental health efforts targeted at the County's older population may be necessary to combat the growing number of older individuals who are having to be involuntarily examined and committed.

Mental Health Status of Incarcerated Individuals

Incarcerated individuals with mental health issues is a large and growing issue throughout the entire United States, and especially in the state of Florida and Miami-Dade County. Correctional facilities and state prisons throughout the country have become some of the biggest providers of psychiatric services. Within Miami-Dade County, 9.1% of the population lives with a serious mental illness, while only 13% of these individuals receive any sort of public mental health care. The Miami-Dade County Jail houses around 1,200 prisoners with serious mental illness each day. The combination of a large population living with mental illness, homelessness or substance abuse, Miami-Dade County had to restructure their approach to dealing with a vast population of incarcerated individuals where approximately 17% have a mental illness.

The Criminal Mental Health Project was the County's solution to the growing issue and is hailed as the national model for decriminalizing mental illness. This program diverts nonviolent defenders who have committed a misdemeanor from the county criminal justice system and places them within a community-based treatment facility instead. Doing this cut down tremendously on the cost of maintaining these incarcerated individuals and decreased the number of overall prisoners throughout the county jail and prison systems. This program and the diversion of seriously mentally ill individuals into treatment not only cut cost for the community members and taxpayers, but increased safety throughout the community. Individuals who are suffering from mental illness have benefitted the most from these programs by being able to get needed services to reintegrate back into society.

Community Perception of Access to Mental Health Services

Approximately 39.4 percent of Community Survey respondents indicated lack of access to mental health services for adults and children in Miami-Dade County as a significant problem. Also, 21.1 percent of householders indicated that getting help with family members who have mental illness was a major concern.

Multiple partner survey respondents emphasized the growing mental health concerns in the community and the need for increased access to mental health services as a primary focus for community organizations. Many of the focus group participants who work in CAHSD Community Resource Centers expressed having experiences with community members who are suffering from mental health issues that had not received adequate services. One participant expressed the need for increased staff training on how to handle clients who had mental health issues in order to be able to properly help them while protecting themselves and Center staff from any potential violent outbursts or episodes from clients.

One participant highlighted the problem of mental health stemming from trauma and abuse being an overwhelming issue in Miami-Dade County that is not being dealt with properly. Many other participants agreed that it was one of the most significant problems not being appropriately addressed that has stemmed from decades of poverty and historical occurrences such as the drug epidemic in the 1970s and 80s in Miami-Dade County. The lack of communication and openness about these issues, especially in the Hispanic, Caribbean and Black cultures was also discussed as perpetuating the issue further due to the stigma surrounding mental health in these cultures.

Substance Use

Tobacco Use

Adults who are current smokers decreased significantly from 2007 to 2016 for those between 18 and 44 years old, and adults who are 65 years and older. In 2016, 9.8 percent of adults between 18 and 44 years old were current smokers, while 8.1 percent of adults over 65 years old were current smokers, down from 16.2 percent and 13.0 percent respectively in 2007. Adults between 45 and 64 years old who are current smokers increased from 15.8 percent in 2007 to 18.0 percent in 2016 (see Tables 7.23 and 7.24). Conversely, adults who were former smokers increased from 2007 to 2016 for adults ages 18 to 44 and 65 years and older and decreased for adults between 45 and 64 years old.

Table 7.23: Adults who are Current Smokers (%)

	18-44	45-64	65 & older
2007	16.2%	15.8%	13.0%
2010	13.2%	10.3%	6.7%
2013	14.0%	15.5%	11.6%
2016	9.8%	18.0%	8.1%

Source: Florida Health Charts

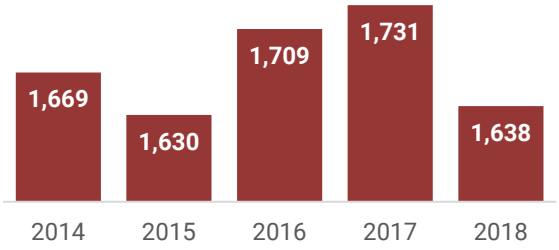
Table 7.24: Adults who are Former Smokers (%)

	18-44	45-64	65 & older
2007	13.4%	23.5%	35.5%
2010	9.7%	23.9%	42.5%
2013	16.0%	23.6%	32.2%
2016	15.5%	19.8%	41.5%

Source: Florida Health Charts

With the decrease in the percentage of adults who are current smokers, the number of tobacco-related cancer deaths decreased as well. Figure 7.23 shows that from 2014 to 2018, the number of tobacco-related cancer deaths decreased from 1,669 in 2014 to 1,638 in 2018. In 2016 and 2017, the number of tobacco-related cancer death had increased to 1,709 in 2016 and 1,731 in 2017 but then decreased significantly in 2018.

Figure 7.23: Tobacco-Related Cancer Deaths

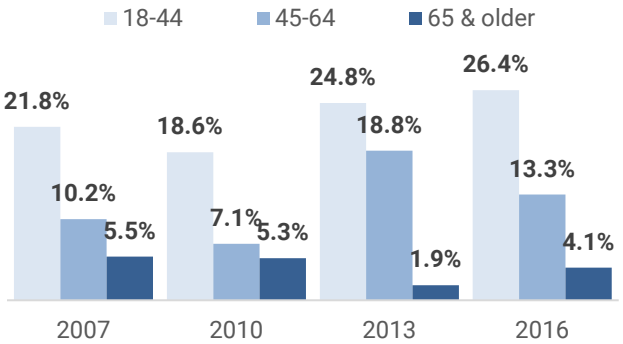


Source: Florida Health Charts

Alcohol and Drug Abuse

Alcohol and drug use in Miami-Dade County is another major factor in overall community health and wellness. According to Florida Health Charts, adults who engage in heavy or binge drinking increased from 2007 to 2016 for residents between 18 and 64 years old (Figure 7.24). Residents 65 years and older were the only age group where heavy and binge drinking decreased. The number of alcoholic liver disease deaths increased by 23 deaths over the 2014 to 2018 period. The most alcoholic liver disease deaths, 115, were reported in 2016, followed by a decrease to 90 deaths in 2017, and another increase to 106 in 2018.

Figure 7.24: Adults who engage in Heavy or Binge Drinking (%)



Source: Florida Health Charts

Drug-related incidences and deaths are also a major concern related the well-being of Miami-Dade County residents. In 2017, 305 residents died of opioid overdose and 420 of drug overdoses. In 2017, there were 462 non-fatal opioid-involved overdoses and 3,244 non-fatal drug overdoses (Tables 7.25 and 7.26). There were 16 infants with neonatal abstinence syndrome in 2017.

Table 7.25: Consequences of Drug Usage, 2007

	2017
Drug confirmed traffic crash fatalities	6
Drug confirmed traffic crash injuries	6
Drug suspected traffic crash fatalities	7
Drug suspected traffic crash injuries	25

Source: Florida Health Charts

Table 7.26: Drug Arrests, 2007

	2017
Adult drug arrests	11,422
Juvenile drug arrests	371
Total Drug arrests	11,793

Source: Florida Health Charts

Traffic crash fatalities and injuries as a consequence of drug usage were also recorded in 2017, as shown in Table 7.27. There were 12 drug-related confirmed traffic crash fatalities and injuries and 32 drug suspected traffic crash fatalities and injuries. In 2017, 11,422 adults and 371 juveniles were arrested due to drug-related crimes.

Table 7.27: Drug involved incidence, 2017

	2017
Opioid Overdose deaths	305
Drug Overdose deaths	420
Suspected Non-fatal Opioid-involved Overdose	462
Suspected Non-fatal All Drug Overdose	3,244
Neonatal Abstinence Syndrome from Birth Defects Registry	16

Source: Florida Health Charts

Recommendations from the Miami-Dade County Opioid Epidemic Task Force

The Miami-Dade County Opioid Addiction Task Force[59] is dedicated to recognizing and finding solutions for the increasingly overwhelming public health issues that are associated with the opioid epidemic in Miami-Dade County. The task force outlined 25 recommendations to combat the effects of the opioid epidemic and ensure the health and safety of all Miami-Dade County residents. Their main goals are to maximize access to health care for resident and enhance the screening process for opioid misuse and addictions, create comprehensive treatment and recovery programs that are suitable for individuals seeking help for opioid addiction, create strong partnerships between law enforcement, the justice system, and first responders, to help establish best practices for prevention and policing efforts, and lastly to educate and increase awareness throughout the County of the effects of opioid use, abuse, and overdose. In 2018, the task force had completed 11 initiatives, completed and continued to work on 11 other initiatives, and were in the process of completing the last three initiatives (See Appendix C for the full list of recommendations).

[59] Miami-Dade County Opioid Addiction Task Force (2018), Opioid Addiction Task Force Implementation Report, https://www.miamidade.gov/mayor/library/opioid-task-force/2019-opioid-implementation-report.pdf

CAHSD Substance Abuse Treatment Programs

CAHSD oversees the Rehabilitative Services Division in Miami-Dade County that provides residential and outpatient treatments to adults diagnosed with substance use disorders. Services provided include assessment, intervention, direct treatment, case management, and referrals. The Division consists of four units specialized in offering services to help meet client's needs. The first unit is the Central Intake Unit, which is the entry point for adults seeking evaluation, referral, and substance abuse treatment placement. Individuals can be referred by another organization, the courts, the Police Department, the Corrections and Rehabilitation Department, the State Attorney's Office, a family member, and as walk-ins. At this stage, individuals are initially evaluated to determine their appropriate level of care and placement in a treatment program. In addition, through screening and risk assessment conducted at the Central Intake Unit, individuals may also be identified and engaged in the Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) project, a SAMHSA grant-funded initiative. The MASTER project aims to increase engagement in care for racial and ethnic minority individuals with substance use disorders and/or co-occurring substance use and mental disorders, who are at risk for HIV or are HIV positive and reside in Miami-Dade County. Through this project, the Rehabilitative Services Division expanded and enhanced the scope of outpatient and residential substance abuse treatment services provided to minority individuals at risk for HIV through comprehensive screening, assessment, referral and linkage to community partners, and provision of culturally competent and appropriate levels of care for HIV, Hepatitis B and C, Substance Use Disorders, Co-occurring Disorders, and ancillary supports. Furthermore, various residential and outpatient treatment opportunities are designated within units of the Rehabilitative Services Division to serve individuals who are deemed appropriate for engagement in the MASTER project.

The second unit consists of three residential treatment program options: the New Direction Treatment Program, the Specialized Transitional Opportunity Program (STOP) for the homeless, and an Intensive Day/Night Program for Women. Each program is designed to cater to individuals' specific needs through numerous treatment approaches such as Medication-Assisted Treatment (MAT), individual, group and family counseling, medical, psychiatric and psychological services, case management, continued care planning, and other services dependent on the need of the individual. Residential programs allow individuals to rehabilitate and learn to cope with their substance abuse problems in a safe and controlled environment.

The third unit of the Rehabilitative Services Division is the Diversion and Treatment Program (DATP), a comprehensive outpatient treatment program to help individuals referred by the criminal justice system as an alternative to jail. Treatment services include assessment, comprehensive treatment planning and development, evidence-based treatment, individual, group and family therapy, psychological, medical and psychiatric services, life skills training, and case management. This program is offered at Coconut Grove Community Resource Center, Miami Dade College North Campus, and Florida City Community Resource Center.

The fourth unit in the Division consists of correction-based treatment through the Driving Under the Influence (DUI) Program. This program provides treatment services to sentenced offenders, including individual and group counseling, substance abuse educational sessions, case management, and other support services. Each unit in the Rehabilitative Services Division aims to assist Miami-Dade County residents suffering from addiction to address and treat their substance abuse issues through specialized treatment programs built around their needs. Substance abuse can affect any individual and has lasting impacts on the physical and mental health of the individual and their families, programs implement by the Rehabilitative Services Division are vital in addressing the issue of substance abuse in the County and providing supportive services to those suffering from addiction.

Community Perception of Substance Abuse within Miami-Dade County

Substance abuse has been continued to be a growing concern for residents in Miami-Dade County. Approximately 46.5 percent of community survey respondents indicated that opioid/drug/alcohol abuse was a

major problem in the community, while 15.5 percent of respondents listed finding help for family members with substance use issues as a major concern in their household. Multiple partner survey respondents also addressed the growing substance abuse issues in the County by highlighting the need for more drug treatment programs in the community.

Nutrition

Nutrition is a main indicator of physical health, and access to affordable and healthy food options is vital to the overall health of community members in Miami-Dade County.

Food Insecurity and Public Programs to Combat Food Insecurity

Florida Health Charts documents the rise of children in the County who are considered food insecure from 2014 to 2017. Over the four years, child food insecurity grew by 2.4 percent (Table 7.28). Children who experience food insecurity are at risk of not receiving adequate amounts of necessary food filled with nutritional value that will help support their development and growth. These children may only eat one to two meals a day and sometimes go full weekends without an adequate meal.

Table 7.28: Child Food Insecurity

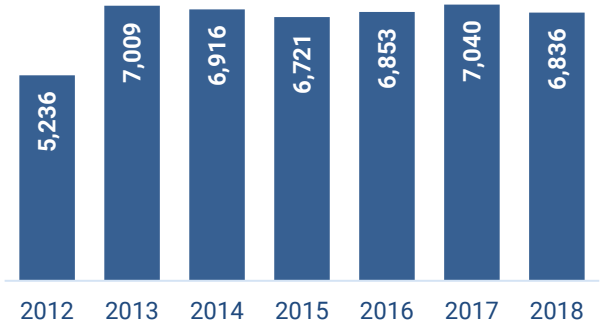
Year	Percent
2014	19.4%
2015	20.0%
2016	20.6%
2017	21.8%

Source: Florida Health Charts

While the food insecurity rate for children increased, the food insecurity rate for the entire Miami-Dade County population decreased from 2014 to 2016. In 2016, 9.1 percent of the population was considered food insecure, down from 11.3 percent in 2014. Fewer individuals reported being food insecure in Miami-Dade County than in Florida overall, with 9.1 percent being food insecure in Miami-Dade County in 2016 compared to 13.9 percent in Florida.

To help combat child hunger and food insecurity for children enrolled in Miami-Dade County Public Schools (M-DCPS), the MDCPS' Department of Food and Nutrition administers the Free and Reduced-Price Meals Policy for students under the National School Lunch and Breakfast Programs. This program provides free or reduced meals during school hours for students whose family household income falls below a certain level. Households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF), foster children, and homes with children who are migrants or homeless are automatically eligible to receive free or reduced lunch. The Florida Health Charts also collects the number of children in Pre-K receiving free or reduced lunch. The number of children in Pre-K4 who are eligible remained consistently around 6,000 to 7,000 children, fluctuating minimally from year to year (Figure 7.25). All Head Start/Early Head Start programs provide students with free daily hot and nutritious breakfast, lunch, and snacks. A dietitian approves all food served through the HS/EHS programs. Nutrition education is also provided to parents and students by those same HS dietitians.

Figure 7.25: Children in Pre-K who are Eligible for Free/ Reduced Lunch



Source: Florida Health Charts

Table 7.29 shows that the percentage of elementary and middle school students who are eligible for free and reduced lunch decreased from 2014 to 2018. In 2018, 68.0 percent of elementary school students and 65.3 percent of middle school students eligible for free or reduced lunch, down from 75.1 percent and 75.6 percent in 2014.

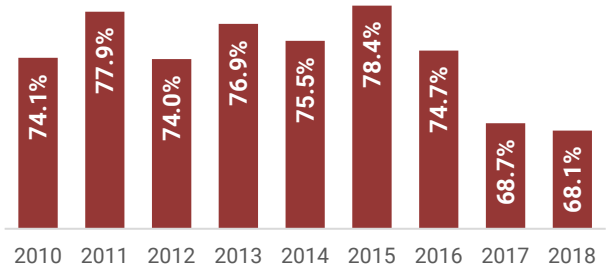
Table 7.29: Students Eligible for Free & Reduced Lunch (%)

Year	Elementary	Middle school
2014	75.1%	75.6%
2015	74.9%	74.5%
2016	73.3%	72.2%
2017	72.5%	70.7%
2018	68.0%	65.3%

Source: Florida Health Charts

The nutrition and health of mothers and their infants who are living in poverty are also at risk. The Women, Infants, and Children (WIC) program provides food, nutrition education, breastfeeding support, and referrals to outside resources for pregnant or postpartum women with infants and children up to 5 years old who are income eligible. They must be living below the federal poverty level to be eligible for services, and automatically qualify if they receive SNAP benefits, Medicaid, or TANF benefits. Florida Health Charts details the percentage of WIC-eligible Individuals that receive services. Figure 7.26 shows that over the past four years, the percentage of eligible individuals who are receiving services declined significantly. From 2015 to 2018, the number of eligible people served declined by 10.3 percent. The number of participating women and young children is correlated to the rise and fall of the number of low-income women and young children likely to be eligible. The number of WIC-eligible individuals is dependent on several factors, including economic conditions, the number of births to mothers in the eligible income categories, as well as federal funding for the WIC program.[60] Continuing to provide funding and resources for public assistance programs such as WIC helps to improve the overall health and nutrition of the entire community. Without these funds, low-income pregnant women and mothers of young children may not be able to support their families or have the knowledge necessary to take care of their infants and young children adequately. The WIC program also provides these mothers with the vital nutrients needed in their diets.

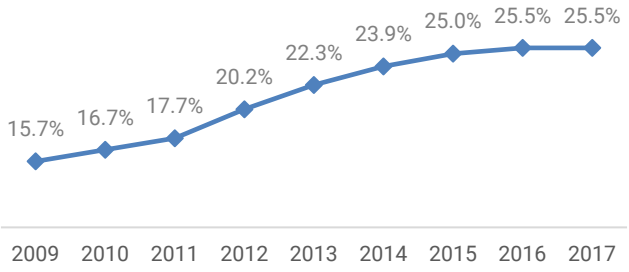
Figure 7.26: Women, Infants, and Children (WIC) Program Eligible Individuals Being Served



Source: Florida Health Charts

Although the number of WIC-eligible individuals in the County receiving services declined over the past four years, the percentage of residents receiving Food Stamps or SNAP benefits increased from 2009 to 2017. According to the U.S. Census, in 2017, 25.5 percent of the population was receiving Food Stamps/SNAP, up from 15.7 percent in 2009. Without the assistance of programs such as WIC and Food Stamps/SNAP, many families and children would be without proper food and nutritional intake.

Figure 7.27: Residents Receiving Supplemental Nutrition Assistance Program (SNAP) Benefits (%)



Preventable hospitalizations and deaths for individuals under 65 years old due to nutritional deficiencies have increased significantly from 2014 to 2018. From 2014 to 2018, preventable hospitalizations from nutritional deficiencies increased by 129 percent. Deaths due to nutritional deficiencies increased by 173 percent.

Table 7.30: Hospitalizations and Deaths Due to Nutritional Deficiencies

Year	Preventable Hospitalizations Under 65 from Nutritional Deficiencies	Deaths due to Nutritional deficiencies
2014	307	11
2015	389	14
2016	577	12
2017	731	33
2018	703	30

Source: Florida Health Charts

Programs to Combat Food Insecurity

Food insecurity within Miami-Dade County is a growing issue, especially in areas with high concentrations of residents of lower socioeconomic status. The U.S. Department of Agriculture (USDA) defines food deserts as areas devoid of fresh fruit, vegetables, and other healthful whole foods. This is largely due to a lack of grocery stores, farmers markets, and healthy food providers. According to data reported by the Florida Environmental Public Health Tracking system, in 2016 63.6 percent of Miami-Dade County residents, or approximately 1.6 million people, lived within ½ mile of a healthy food source. This percentage is significantly higher than the figure reported for Florida overall – approximately 31 percent. City-specific data reported by Redfin shows Boston, Miami, and Baltimore had the most significant improvements in access to fresh food since 2014. According to Redfin, 57 percent of Miami residents lived within a five-minute walk of a grocery store or farmers market in 2019, which is a 49 percent increase from 2014.[61]

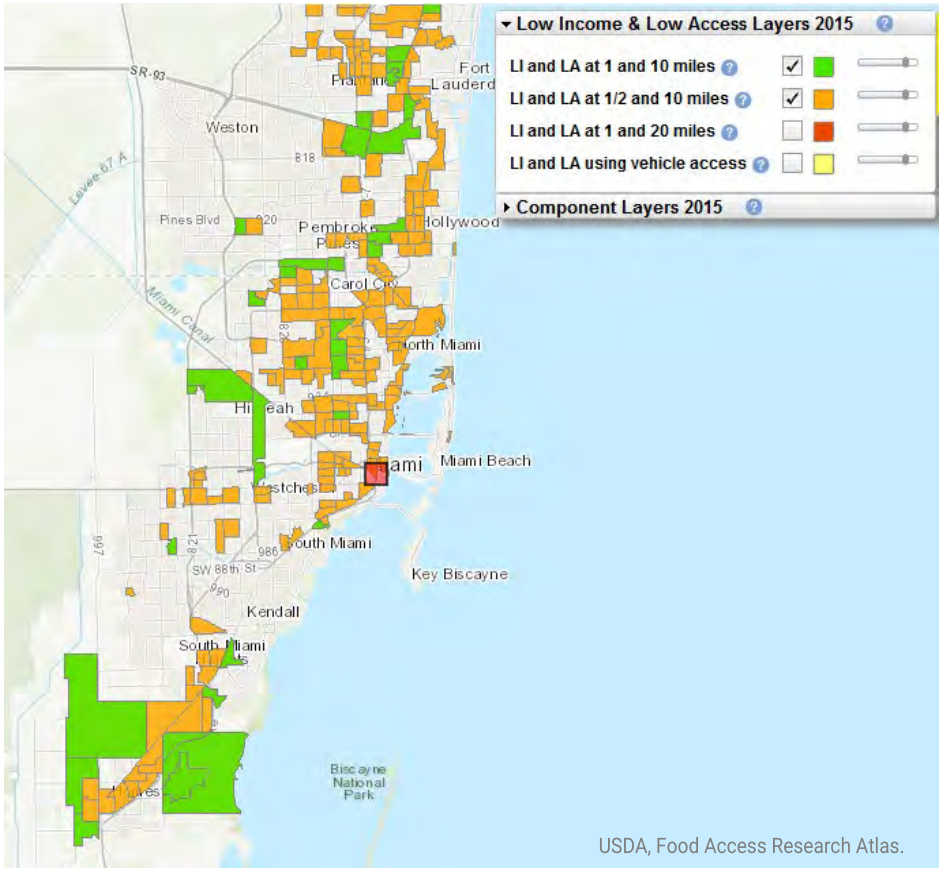
The Food Access Research Atlas (formerly the *Food Desert* Locator) is a mapping tool by the U.S. Department of Agriculture that provides a spatial overview of food access indicators. The Atlas shows pockets in which Miami-Dade County residents do not live within the proximity of a healthy food source.[62] These pockets coincide within areas that have a large concentration of low-income households. The USDA was reportedly working on an update of the Atlas in the summer of 2019.

[61] New York, Philadelphia and Miami are 2018's Best Cities for Fresh-Food Access. Redfin. https://www.redfin.com/blog/new-york-philadelphia-and-miami-are-2018s-best-cities-for-fresh-food-access

[62] United States Department of Agriculture Economic Research Service. https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx

To address food insecurity, community organizations throughout the County must come together to provide healthy and nutritious meals for underserved populations.

Figure 7.28: Food Access Research Atlas



Farm Share is a community organization aimed at alleviating hunger throughout the state of Florida. They have partnered with the Florida Department of Agriculture and Consumer Services with locations throughout the state in Quincy, Jacksonville, Pompano Beach, and two locations in Miami-Dade County: Homestead and Florida City.

Their mission is to provide fresh produce to soup kitchens, homeless shelters, food banks, churches, and other charitable organizations that feed the hungry and underserved populations without fees to facilitate the eradication of hunger in Florida. Farm Share repackages fresh fruits and vegetables that would be thrown away because they do not meet market standards and ships them to local food-serving organizations and individuals. Farm Share distributes more than 55 million pounds of healthy and nutritious food annually.[63]

Feeding South Florida is a regional food bank that partners with food pantries, soup kitchens, shelters, childcare centers, and the public-school systems throughout Miami-Dade, Monroe, Broward, and Palm Beach Counties. They serve approximately 300 nonprofit partner agencies that aid about 706,000 clients each year. Feeding South Florida rescues food from local grocery stores, farmers, manufacturers, and organizations that would go to waste without their intervention. This rescued food is then transported to their facilities to be inspected, under strict adherence to government guidelines, before it is allowed for distribution to other organizations, such as food banks and soup kitchens. Feeding South Florida seeks to combat child food insecurity by placing food pantries within elementary, middle, and high schools so that children and their families have easy access to food. They also deliver snacks for students participating in afterschool programs and implement the Backpack Program for students in schools where there is no School Pantry Program. The Backpack Program by Feeding South Florida and Caring for Miami consists of packing a bag with food to feed children while they are home over the weekends. The weekend food bag contains two breakfasts, two lunches, and two dinners, which would fit perfectly into a child's backpack. Feeding South Florida also implements the Summer BreakSpot Program, which helps feed school-aged children during the summer months of June, July, and August who would otherwise not have access to adequate meals during their summer breaks.

The Miami-Dade County Community Action and Human Services Meals on Wheels program provides home-delivered meals each week to low-income elderly and homebound with disabilities. Participants in the program receive seven frozen meals each week along with other basic grocery essentials such as fruit, vegetables, and dairy products. Miami-Dade County also provides nutritionally-balanced, hot meals to older adults at 21 locations throughout the County. At these meal locations, recipients also receive education on nutrition, counseling, and transportation to and from the facility, health and wellness services, and numerous recreational activities. The aim of this program is to reduce the need of premature institutionalization and malnutrition.

Lyft launched a national Grocery Access Program that was expanded to Miami in 2019.[64] The program started with a pilot in Washington, D.C. in 2018 and since expanded to Atlanta, and provides thousands of affordable rides ($2.50) to grocery stores for local families.

Community Perceptions of Access to Healthy Food

In the community survey, 38.2 percent of respondents indicated lack of access to food and especially health food, as a major issue in the community, 17.5 percent of respondents felt that healthy food options were missing in their community, and 36.8 percent of respondents felt that having enough food to feed their family was a major concern in their household.

Access to healthy food options was also an essential unmet health-related need for respondents in the community partner survey. Individuals and families from low-income neighborhoods and the elderly population are especially likely to suffer from food insecurity. One respondent commented on the need for more home-delivered meals for elderly individuals and individuals who have a disability.

Multiple participants in the staff focus group expressed concern over their clients' lack of access to healthy food options in their communities. One participant explained the fact that many of their clients did not have easy access to fresh produce or healthy food option in the areas that they reside in, and the corner stores that clients rely on do not carry those healthy options, with another participants stating, "We are the hub of agriculture, but who has access to it?" Concerns over food insecurity and lack of access to healthy food options are growing and pose major barriers to health and wellness for residents in Miami-Dade County

[64] Removing Transportation Barriers to Healthy Food. https://blog.lyft.com/2019/4/25/removing-transportation-barriers-to-healthy-food

VIII. Community Resources

Resources in Targeted Urban Areas

In 1997, Miami-Dade County identified 15 neighborhoods and two commercial corridors as Targeted Urban Areas (TUAs). The TUAs would serve as economic development priority areas and the focus of public efforts largely directed by community input.[65] These areas were targeted because of the higher prevalence of poverty and lack of economic opportunity. Per capita income of TUA residents in 2000 was approximately 44 percent below the per capita income in the County. Median household income in the County was 1.5 times higher than in the TUAs in 2000. Approximately 46 percent of the TUA population 25 years and older did not have a high school diploma or the GED equivalent in 2000.[66]

The 2018 Miami-Dade Economic Advocacy Trust (MDEAT) Report Card and Scorecard for the now 17 TUAs found significant improvements in the areas of educational attainment and juvenile crime rates, but persistent economic and housing affordability needs and growing violent and property crime rates in many of the TUAs. Most resources available to the populations of the TUAs continue to consist primarily of agencies and organizations providing basic services under three major categories: 1) child, family and school social services, 2) medical and public health social services, and 3) mental health and substance abuse social services. The analysis found significant needs in many of the TUAs in all MDEAT's four policy areas: Jobs/Economic development, Housing, Education, and Criminal Justice.[67]

The most current analysis (October 2019) of services targeting specific areas in Miami-Dade County from the Switchboard of Miami, which is maintained by the Jewish Community Services, produced an extensive list of programs and organizations. This analysis focused on these respective target areas: Carol City (33056, 33055), Coconut Grove (33133), Goulds (33170), Liberty City (33147), Little Haiti (33137, 33150, 33138, 33127), Model City/ Brownsville (33142, 33147), North Miami 7th Avenue Corridor (33168), North Miami Downtown Corridor (33161), North Miami West Dixie Highway (33161), N.W. 27th Avenue Corridor (33147), N.W. 183rd Street Corridor (33056, 33169), Opa-Locka (33054), Overtown (33136), Perrine (33157), Richmond Heights (33157), South Miami (33176), and West Little River (33143).

Overall, community resources are grouped into three specific categories: 1) Child, Family, and School Social Services; 2) Medical and Public Health Social Services (health, dental health, nutrition, disability services resources); and 3) Mental Health and Substance Abuse Social Services (Table 8.1). Most resources fall within the Child, Family, and School category, with an estimated 748 organizations and programs within the target regions. The Medical & Health category has about 176 organizations and programs providing services. Mental Health & Substance Abuse has about 97 organizations and programs providing services to the respective communities within the target areas, the least among the three categories.

Child, Family, and School Social Services category mainly consists of programs and services being held by Miami-Dade County Parks and Recreation, YMCA After School Programs, Boys and Girls Club, Miami-Dade County CAHSD, Early Learning Coalition, City of Miami Summer Camp Programs, FIU Afterschool All-Stars, Jewish Community Services of South Florida, Inc., Miami Children's Museum Afterschool Program, AmeriCorps Communities in Schools, and a host of other providers. Jackson Healthcare System, Baptist Health, Jessie Trice Community Health Center, Inc., AIDS Healthcare Foundation, Catholic Charities, and the University of Miami are some of the Medical and Public Health Social Service providers within the respective target areas along with a

[65] Miami-Dade County, Targeted Urban Areas. https://www.miamidade.gov/global/government/trusts/economicadvocacy/targeted-urban-areas.page

[66] "Socio-Economic Conditions in Miami-Dade's Targeted Urban Areas2007-2011." (2013). Economic Analysis & Policy Dept. of Regulatory & Economic Resources, Miami-Dade County.

[67] Miami-Dade Economic Advocacy Trust, Annual Report and Scorecard. https://www.miamidade.gov/global/government/trusts/economicadvocacy/annual-reports.page

variety of others. Mental Health and Substance Abuse Social Service providers mainly consist of CAHSD, Jackson Healthcare System, Baptist Health, Harbor Village, Mercy Hospital, Inc., Agape Network, Inc., Miami Rescue Mission, Banyan Health Systems, Mactown, Inc. Group Homes, and the Salvation Army. The top three communities with the most considerable amount of total services available in the area are Little Haiti (134 providers), Model City/Brownsville (110 providers), and Overtown (106).

Analysis of services from the Switchboard of Miami did not include disability services and resources as a category. However, these services are included in the Medical and Public Health Social Services category. According to Switchboard of Miami, within the specific target areas, disability services are mainly offered at Ready Care Home Health, Inc., Children's Rehab Network, Jesse Trice, Epilepsy Foundation, American Cancer Society, and the University Of Miami Miller School Of Medicine. In addition, CAHSD provides programs and services offered through the Miami Elderly and Disability Services Home Care Program, which offers all-around assistance to the elderly and the young disabled who need help with their daily activities.

Table 8.1: Community Resources Available within Target Urban Areas

Target Urban Areas	Child, Family and School Social Services	Medical and Public Health Social Services	Mental Health and Substance Abuse Social Services	Total
Carol City	34	9	4	47
Coconut Grove	31	7	7	45
Gould's	7	0	0	7
Liberty City	45	5	1	51
Little Haiti	101	19	14	134
Model City/Brownsville	91	11	8	110
N. Miami 7th Ave Corridor	6	1	0	7
N. Miami Downtown Corridor	37	10	8	55
North Miami W. Dixie Hwy	37	10	8	55
N.W. 27th Ave Corridor	45	6	2	53
N.W. 183rd St. Corridor	43	19	12	74
Opa-Locka	36	4	7	47
Overtown	65	35	6	106
Perrine	43	6	5	54
Richmond Heights	25	12	6	43
South Miami	27	13	5	45
W. Little River	75	9	4	88
Total	**748**	**176**	**97**	**1,021**

Source: JCS Helpline Services

Many community service providers were located within the 67 designated opportunity zones (See Figure 11.1). Residents within the opportunity zones are the most economically disadvantaged citizens throughout the County and the high concentration of social service provider in or in the vicinity of these areas is reflective of the awareness of the need to make services accessible to low-income residents.

Resources within Opportunity Zones

In order to determine the needs of a community, it is essential to determine what vital programs and services are offered within opportunity zones in Miami-Dade County. Over 50 zip codes in Miami-Dade County were analyzed to determine what resources are available in critical categories. The following section details the following six categories: General Family and Community, Economic/Employment, Education, Health and Wellness, Safety and Security, and Childcare/Early Childhood Development. Each category has multiple subgroups which feature the top five zip codes ordered by total resources. Additionally, each category also lists zip codes that do not feature any resources in their categories.

General Family and Community Resources

The first category in this section is General Family and Community (Table 8.2). It features six subgroups: libraries and museums, recreational and cultural centers, family support, parenting classes, and parks and open spaces. Each of these subgroups provides essential programs and services in Miami-Dade County. Libraries and museums provide literacy programs and tax aide to residents. Recreational/cultural centers and family support services provide essential programs to families in the low to moderate-income bracket. Senior Services also provide essential programs to the elderly population in Miami-Dade County. They include transportation, food delivery service, and access to nutritional education and health referrals. Of the 57 total zip codes, zip code 33189 had the most resources (212 resources) in the general family and community category. There were only three zip codes (33157, 33169, 33134) that did not have any resources within this category.

Table 8.2: General Family & Community Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Libraries & Museums	Recreational & Cultural Centers	Family Support	Senior Services	Parenting Classes	Parks and Oper Spaces	Total Resources
33189	17	26	74	31	18	46	212
33136	2	21	63	29	12	47	174
33033	17	25	75	35	19	2	173
33127	5	30	55	29	13	36	162
33030	17	24	71	31	18	2	133
Zip Codes with 0 resources: 33157, 33169, 33134							

Source: JCS Helpline Services

Economic/Employment

The Economic/Employment sector features three subcategories: employability skills, transportation, and mentorships/internships. Services in this sector are vital to residents because of the programs they provide to the workforce, especially for those who struggle to obtain employment or are in the low to moderate-income bracket. Services that provide employability skills include job training, interview skills, and resume assistance. Transportation is one of the critical resources, especially in Miami-Dade County, for residents who do not have personal vehicles. Mentorships/internships provide residents with opportunities like employability skills, job experience, and networking. Within this category, 33130 has the most resources (84) in the economic and employment sector. This area falls within the Downtown Miami area and the Brickell City Centre. There were three zip codes (33177, 33023, 33025) that did not have any resources within this category.

Table 8.3: Economic & Employment Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Employability Skills	Transportation	Mentorships/ Internships	Total Resources
33130	27	48	9	84
33125	33	6	9	48
33128	26	6	9	41
33142	28	6	4	38
33134	13	17	6	36
Zip Codes with 0 Resources: 33177, 33023, 33025				

Source: JCS Helpline Services

Education

The Education sector provides much-needed services to residents in Miami-Dade County, including the three subgroups: adult education services, afterschool youth programs, and post-secondary institutions. Adult education services and post-secondary institutions provide technical and vocational programs for young adults. Some of these are offered through traditional colleges such as Miami-Dade College and Florida International University. Afterschool youth programs offer learning opportunities and educational programs in addition to education through the Miami-Dade County Public School system. All zip

Table 8.4: Education Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Adult Education Services	Afterschool Youth Programs	Post-Secondary Institutions	Total Resources
33177	26	1	11	38
33010	2	1	32	35
33161	2	1	31	34
33181	2	1	29	32
33170	24	6	0	30
Zip Codes with 0 Resources: None				

Source: JCS Helpline Services

codes analyzed in this category offer educational resources, which is due to it being one of the most needed resources in Miami-Dade County. Table 8.4 shows that the most significant number of afterschool youth programs lies in the 33177-zip code, which is in the South Miami Heights area.

Health and Wellness

Healthcare, like Education, is one of the most in-demand sectors for Miami-Dade County residents. Three subcategories, which include medical clinics, dental clinics, and opioid programs, are heavily relied on in the County. For low to moderate-income residents, Medicaid is one of the most popular health insurance options. Both medical clinics and health clinics provide necessary services; however, residents who have low incomes struggle to afford necessities such as healthcare. Opioid programs provide substance abuse treatment to adults and families who have been affected. These include a wide range of services, from rehabilitation programs to AA/NA meetings. The zip code (33143) with the most resources in this category is in South Miami. It includes cities such as Coral Gables and Kendall. All zip codes analyzed in this section had resources in one of the three subcategories.

Table 8.5: Health & Wellness Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Medical Clinics	Dental Clinics	Opioid Programs	Total Resources
33143	59	17	10	86
33054	58	13	14	85
33162	58	16	0	74
33138	50	13	10	73
33016	45	12	16	73
Zip Codes with 0 Resources: None				

Source: JCS Helpline Services

Safety and Security

The Safety and Security sector features three subcategories: mental health, crime prevention, and victim assistance. The mental health category is inclusive of support groups, therapy practices, and support for individuals with developmental disabilities. These services offered by both the public and private sectors contain multiple organizations that offer different types of mental health support for all demographic groups. Crime prevention services are structured to work in tandem with government-provided services like the police. Victim assistance provides support to individuals who are/were in unstable situations, such as abusive relationships. Within this category, 33179 has the most resources (100) in the Safety and Security sector, with mental health constituting most of these resources.

Table 8.6: Safety & Security Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Mental Health	Crime Prevention	Victim Assistance	Total Resources
33179	72	6	22	100
33167	63	6	21	90
33127	61	6	22	89
33009	64	6	17	87
33018	43	4	24	71
Zip Codes with 0 Resources: 33136, 33166, 33030, 33150				

Source: JCS Helpline Services

Childcare/Early Childhood Development

The Childcare/Early Childhood Development sector includes early childhood education, supplemental programs such as summer camps, and developmental assistance like speech therapy. Childcare centers include programs directly related to early childhood development that provide social skills activities, physical fitness, and daily assistance with child growth. Within this category, 33142 has the most resources (66) in the Childcare/Early Childhood Development sector, with child development constituting most of these resources.

Table 8.7: Childcare & Early Childhood Development Resources, Top 5 Zip Codes in Opportunity Zones

Top 5 Zip Codes	Child Development	Childcare Centers	Total Resources
33142	62	4	66
33137	52	4	56
33125	48	6	54
33128	43	7	50
33130	43	7	50
Zip Codes with 0 Resources: 33009, 33032			

Source: JCS Helpline Services

Community Resources for Senior Citizens

With a large number of Miami-Dade County residents over the age of 60, community resources for senior citizens are vital to the overall health and well-being of the community. The Community Action and Human Services Department provides a variety of different programs catering to elderly residents in Miami-Dade County, including specialized senior centers, volunteer programs, and meals for the elderly, among other programs.

CAHSD oversees three specialized senior centers in Miami-Dade County: the Haitian American Senior Center, the Jack Orr Senior Center, and the Miami Gardens Senior Focal Point Center. To be eligible to receive services from these centers, individuals must be Miami-Dade County Residents, 60 years of age or older, and must be either physically and mentally stable. Transportation to and from the senior centers is available at the Haitian American and Miami Gardens centers. Services at each of the centers include Social services, screening and assessment, case management, information and referrals, volunteer opportunities, and immigration services.

Another major program to ensure the health of elderly community members in Miami-Dade County is the Meals for the Elderly program managed by CAHSD. Seniors at least 60 years old can receive nutritionally-balanced, hot meals at 21 locations throughout the County. At these meal locations, recipients also receive education on nutrition, counseling, and transportation to and from the facility, health and wellness services, and numerous recreational activities. The aim of this program is to reduce the need of premature institutionalization and malnutrition. Additionally, the Miami-Dade County Community Action and Human Services Meals on Wheels program provides home-delivered meals each week to low-income elderly and homebound with disabilities. Participants in the program receive seven frozen meals along with other basic grocery essentials such as fruit, vegetables, and dairy products.

For individuals over the age of 55 who want to maintain an active lifestyle while giving back to their community, CAHSD oversees three Senior Volunteer Programs: the Foster Grandparent Program (FGP), the Retired and Senior Volunteer Program (RSVP), and the Senior Companion Program (SCP). These volunteer programs are designed to keep seniors active and involved in their communities while aiding children, veterans, needy adults, and other seniors who require assistance and companionship.

CAHSD also aids families and caretakers of seniors over 60 years old who require supportive systems. Through their Care Planning services, the department provides crisis intervention, short and long-term case management, and regular monitoring to seniors, especially functionally impaired individuals who live alone, thereby preventing premature institutionalization.

The Home Care Program offers assistance to elderly residents with disabilities by providing homemaking, personal care, chore, and respite services in the comfort of their own home.[68]OBJ

Adult Day Care centers for functionally-impaired elderly individuals and young adults with disabilities are also offered through the department. These daycare centers help support families and caregivers who are working full-time or need help caring for their family members while they are away from home. This support allows caretakers peace of mind while allowing the functionally impaired individuals to remain in their homes and avoid institutionalization. Services provided in these Center include health monitoring, social activities, recreation, nutritious meals, transportation, and information and referrals.

Each of these programs is vital to the health and safety of the elderly population in Miami-Dade County. These services allow senior citizens to remain in their homes while having all of their physical and mental needs met and to avoid institutionalization. They also provide tremendous support to family members and caregivers who care for their elderly family members full-time. Maintaining and expanding these programs is necessary to the

[68] Miami-Dade County Community Action and Human Services Department, Home Care Assistance for Elderly Residents with

physical and mental health of the senior citizens being served and the health and overall well-being of their families and caretakers.

Child Care Resources

Local Child Care Centers

According to the U.S. Census, in Miami-Dade County an estimated 40,477, or 26.3 percent of children under the age of 5 years old live below the federal poverty level. All 40,477 children would be considered eligible for Head Start/Early Head Start (HS/EHS) early education programs. Miami-Dade County has a large number of working mothers, with 74.6 percent of working females having children under the age of 18 and 70.4 percent of working mothers having children under the age of 6 years old. With the typical full-time work hours being 9 AM to 5 PM Monday through Friday, parents who work full-time have the option through HS Preschool programs to leave their children at the center for full-time care. Parents who work part-time also have the option of their children attending school for a half-day. HS/EHS programs, along with other early education programs in Miami-Dade County, are aimed at providing quality education for children while helping parents to be able to work without the worry of finding new childcare options daily.

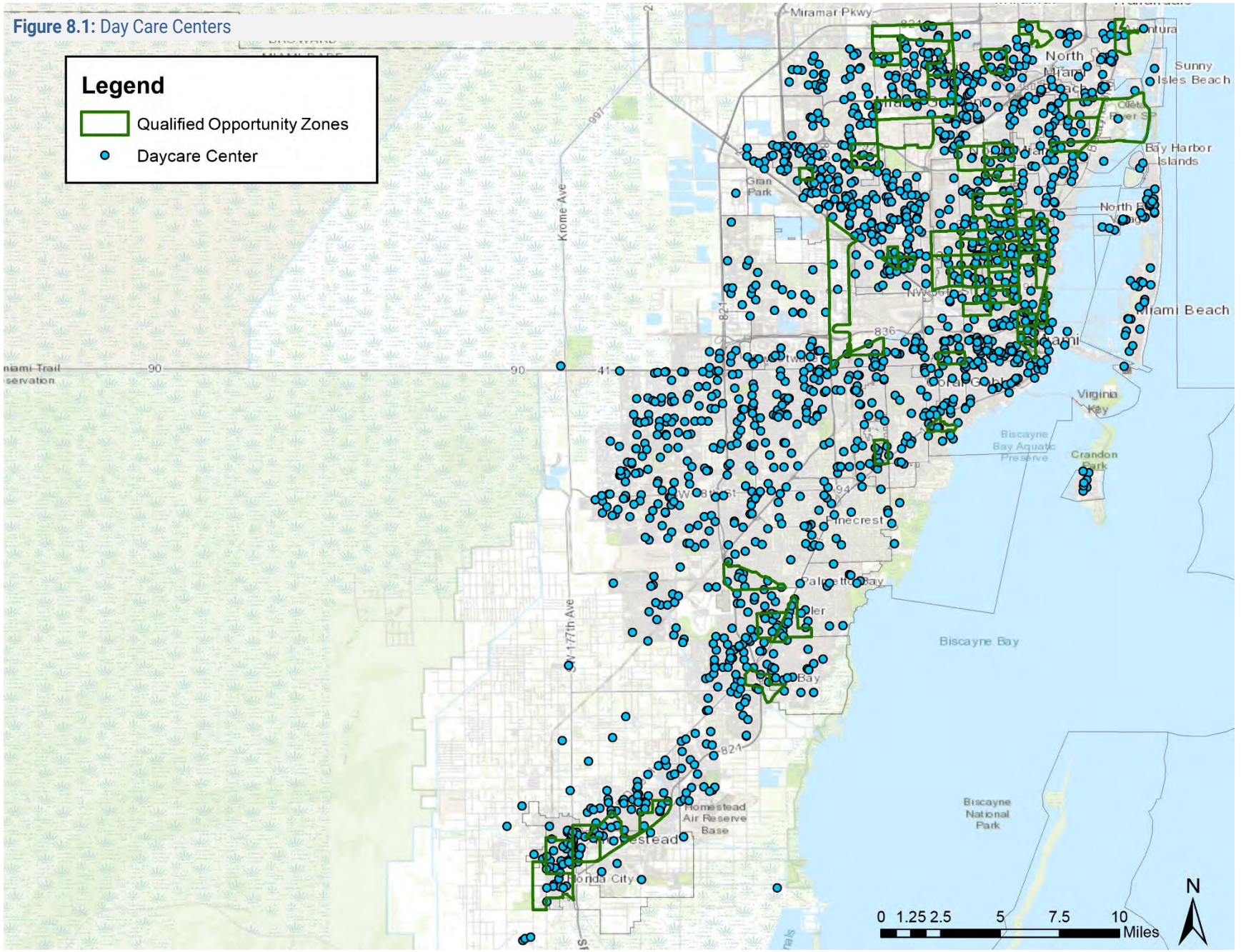
In 2019, there were a total of 87 HS/EHS locations in Miami-Dade County that provide comprehensive child development services for low-income children and families. Of these, 21 provide EHS services.[69] EHS programs serve infants and toddlers under the age of 3 and pregnant women. HS programs follow the 10 month school calendar and provide full-day (7 hours) services.

Throughout Miami-Dade County, there are a large number of childcare facilities, centers, and programs that vary in size as well as in scope. While some offer progressive curriculums for preschools, others are more intimate daycare centers that take a more relaxed approach to childcare. According to data from the Department of Children & Families (DCF) available at the Miami-Dade County GIS Open Data portal, at the beginning of 2019 Miami-Dade County had 1,666 daycare providers with reported capacity of 148,854 children.[70] These providers are dispersed throughout the entire county.

Figure 8.1 displays a map of all of the daycare centers throughout Miami-Dade County. Daycare centers follow an even distribution throughout the County with a high concentration of centers located within and around the opportunity zones. While childcare is easily accessible throughout the County, all the daycare centers may not be considered easily affordable.

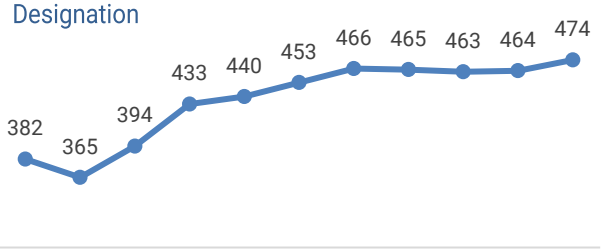
[69] Miami-Dade County Open Data Hub. https://gis-mdc.opendata.arcgis.com/datasets/head-start
[70] Miami-Dade County Open Data Hub. https://gis-mdc.opendata.arcgis.com/datasets/daycare

Figure 8.1: Day Care Centers



In 1996, the Florida Legislature established the Gold Seal Quality Care program. The Gold Seal Quality Care designation is awarded to childcare facilities, large family childcare homes, or family day care homes that are accredited and whose standards substantially meet or exceed the National Association for the Education of Young Children (NAEYC), the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission. The Gold Seal Quality Care Program is not an accreditation; instead it is a recognition for the service providers receiving it. As of October 2019, Miami-Dade County had 474 Gold Seal providers, which represent 29 percent of the childcare centers in the County. The number of providers increased by 19 percent over the last decade. There are a total of 1,858 providers in the state. After Miami-Dade County, Palm Beach and Broward counties have the greatest number of Gold Seal designated providers.

Figure 8.2: Providers with Gold Seal Quality Care" Designation

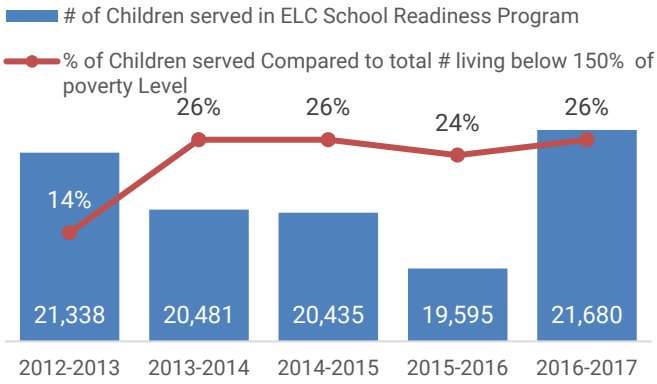


Source: Florida Department of Children and Families

The Early Learning Coalition (ELC) of Miami-Dade/Monroe is a non-profit organization that dedicated itself to providing high-quality early education to help local children of all income levels and from all backgrounds. It is the biggest learning coalition out of 31 similar organizations in the state of Florida, the largest provider of voluntary pre-school programs and school readiness programs, and the second-largest Early Head Start Grant recipient in the nation.[71]

According to their website, the ELC is in charge of 1,316 early care and education providers and facilitated the education of 22,043 children in the VPK program and 750 children in the EHS program. The ELC also provided the opportunity for 15,000 parents to be able to work because of access to childcare. Voluntary Pre-Kindergarten programs, or VPK, are free Pre-Kindergarten programs for all 4 and 5-year-olds in Miami-Dade and Monroe County to help prepare them for elementary education. There are over 100 VPK providers throughout Miami-Dade County. The school readiness programs, administered through the ELC provide early education for children under 5 years old who fall into specific income brackets. According to their 2017-2018 Annual Report, the ELC of Miami-Dade County enrolled 21,680 students in their school readiness programs, the highest number of children enrolled since the 2013-2014 school year (Figure 8.3). These programs are a preventative measure for students who are at a higher risk of future school failure. In 2017, the ELC served 26 percent of the 82,452 children in the County who are living below 150 percent of the federal poverty level, an increase from 24 percent in 2016-2017.

Figure 8.3: Children Served in Early Learning Coalition (ELC) School Readiness Program



Source: Florida Department of Children and Families

Along with the programs by the ELC, Miami-Dade County Public Schools have programs such as the Pre-Kindergarten Program for Children with Disabilities that provides early education for 3 to 5 year-olds that have cognitive, developmental, behavioral, or physical disabilities. There are 104 school sites for this program that serve 3,047 students with disabilities.

[71] "Early Head Start- Child Care Partnership and Early Head Start Expansion Awards" Office of Administration for Children and Families https://www.acf.hhs.gov/ecd/early-learning/ehs-cc-partnerships/grant-awardees

IX. Head Start and Early Head Start Children and Families

The Head Start/Early Head Start Division of the Community Action and Human Services Department is the sole Head Start grantee in Miami-Dade County, that contracts with 17 agencies in the community for the provision of Head Start (HS) and Early Head Start (EHS) services. Partner agencies include: Allapattah, Catholic Charities, Centro Mater, Easter Seals, Family Christian Association of America, Inc. (FCAA), Haitian Youth, KIDCO Creative Learning, Landow Yeshiva, Le Jardin Community Center, Inc., Miami-Dade County Public Schools, O'Farrill Learning Center, Sunflowers Academy, United Way Center for Excellence in Early Education, Our Little Ones, Paradise Christian, St. Albans, and YWCA of Greater Miami-Dade. In addition, agencies that provide EHS programs are located at Centro Mater, Easter Seals, FCAA, Haitian Youth Early Step Learning, KIDCO Creative Learning, Landow Yeshiva, Le Jardin Community Center, United Way Center for Excellence in Early Education, and YWCA of Greater Miami-Dade.

The number of children enrolled for full-day programming was consistent from 2015-16 to 2018-19, with a small decrease of two children from 2014-15 to 2015-16 (See Table 9.1). Home-Based programming was also consistent among the last five years, with 40 infants and toddlers being enrolled.

Table 9.1: Number of Children Enrolled in HS/EHS, 2014-19

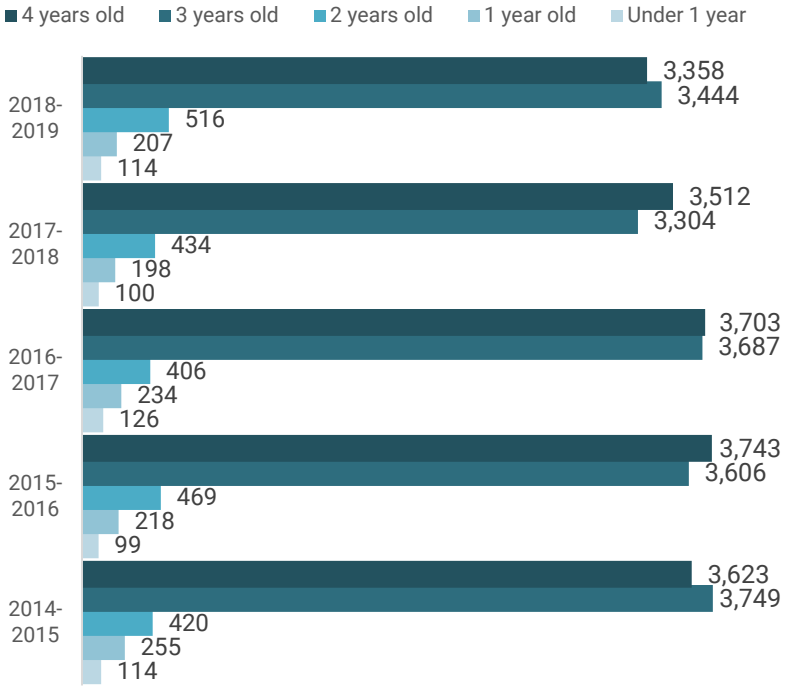
	2014-15	2015-16	2016-17	2017-18	2018-19
Full-Day Enrollment	6,718	6,716	6,716	6,716	6,716
Home-Based Program	40	40	40	40	40

Source: Head Start and Early Head Start PIR

The ages of children enrolled in the HS/ EHS program ranges from infants 2 months old to 5 years old. From 2014 to 2019, majority of children enrolled in the program were between the ages of 3 and 4 (See Figure 9.1). Children under the age of 1 are the least represented group of children enrolled in the program.

Table 9.2 shows the tribal/ racial/ ethnic composition of enrolled children and pregnant women in the HS/ EHS program for the 2015-19 year. Reporting for the 2014-15 year had differences between ethnic and racial groups. Black or African Americans that are Non-Hispanic and White Hispanics are the highest enrolled groups in the program (See Table 9.2). The least enrolled groups among Hispanics and Non-Hispanics are the American Indian or Alaska Natives, Native Hawaiians or other Pacific Islanders, and those that classify themselves as other.

Figure 9.1: Ages of Enrolled Children in HS/EHS, 2014-2019



Source: Head Start and Early Head Start PIR

Table 9.2: Tribal/Racial Ethnic Composition of Children and Pregnant Women Enrolled in HS/EHS

	2015-16	2015-16	2016-17	2016-17	2017-18	2017-18	2018-19	2018-19
	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic	Hispanic	Non-Hispanic
American Indian or Alaska Native	1	1	0	1	0	6	0	4
Asian	1	40	0	37	2	34	3	25
Black/ African American	214	4,211	138	4,213	93	3,706	103	3,768
Native Hawaiian or other Pacific Islander	0	4	0	3	0	3	1	2
White	3,368	173	3,307	305	3,206	304	3,203	285
Biracial/ Multi-racial	107	19	109	46	131	63	166	82
Other	0	0	0	2	0	2	0	1

Source: Head Start and Early Head Start PIR

HS/EHS cumulative enrollment in the past five years declined, going from 8,161 students served in the 2014-2015 school year to 7,943 students in the 2018-2019 school year, a 218-student decline. Although cumulative enrollment decreased, the percentage of children that were enrolled for multiple years increased from 34.9 percent in 2014-2015 to 39.4 percent in the 2018-2019 school year, a 4.5 percent increase in retention of students over multiple school years.

There are 17 main HS service providers throughout Miami-Dade County that serve 7,422 three- and four-year-old children. Eleven of those service providers also provide EHS services and serve around 601 students 36 months old and younger. Miami-Dade County Public Schools (M-DCPS) and Catholic Charities of the Archdiocese of Miami serve the largest amount of students through their HS programs in comparison to the other 15 agencies. M-DCPS also serves the largest amount of students in their EHS programs. (See Tables 9.3 and 9.4 below)

Table 9.3: HS Enrollment, 2018-19

	2018-19
Allapattah	82
Catholic Charities	1,479
Centro Mater	575
Easter Seals	604
FCAA	558
Haitian Youth	105
KIDCO Creative Learning	333
Landow	83
Le Jardin Community Center, Inc.	546
Miami-Dade County Public Schools	1,866
O'Farrill Learning Center	302
Our Little Ones	145
Paradise Christian School, Inc.	206
St. Alban's Child Enrichment Center	208
Sunflowers Academy	42
United Way Center of Excellence	32
YWCA of Greater Miami-Dade	256
Total	7,422

Source: Head Start and Early Head Start PIR

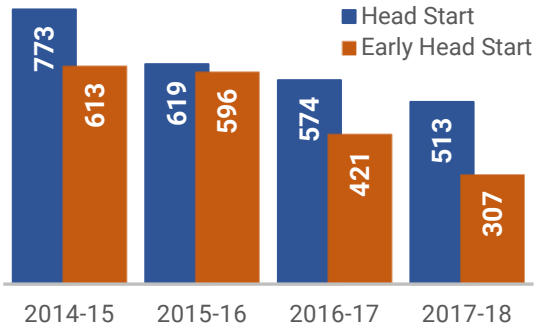
Table 9.4: EHS Enrollment, 2018-19

	2018-19
Centro Mater	83
Easter Seals	11
FCAA	28
Haitian Youth Early Step Learning	20
KIDCO Creative Learning	39
Landow	16
Le Jardin Community Center, Inc.	46
Miami-Dade County Public Schools	266
O'Farrill Learning Center	10

Source: Head Start and Early Head Start PIR

The number of students on the waitlist for HS and EHS Programs also decreased since the beginning of the 2014 school year. According to CAHSD's HS/EHS Division, since 2014 the County received two additional grants, the Child Care Partnership grant and the Early Head Start Expansion grant to serve an additional 792 EHS children in Miami-Dade County. Through these grants Miami-Dade County works with 10 community early childcare centers to provide EHS services for children and families and to enhance the quality of services provided by community-based private early childcare centers. This decrease in the number of students on the waitlist means that more eligible participants are being served in the 2018-2019 school year than in all previous years.

Figure 9.2: Waitlist for HS/EHS Programs



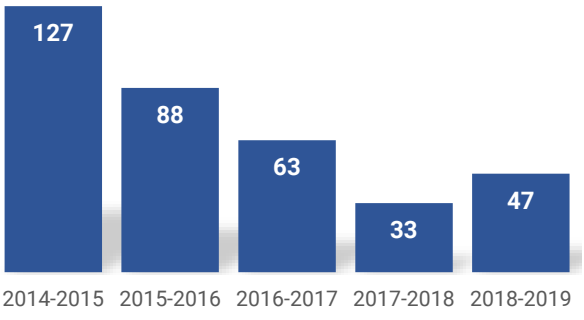
Source: Head Start and Early Head Start PIR

HS and EHS Programs can allow students from over-income families to participate in their programs. These applications are meticulously reviewed to ensure that the child and family would benefit from the program. This number of over-income level students has risen in the past five years from 110 over-income students served in 2014 to 142 students served in the 2017-2018 school year. This number is still well below the 10% allowed by the Office of Head Start and is due to those children transitioning from EHS to HS.

Homeless and foster care children are automatically eligible to participate in HS and EHS programs. The number of homeless children currently participating in the program decreased tremendously from the 2014-15 school year at 127 homeless students to the 2017-18 school year at 33 homeless students but has seen a slight increase in the most recent 2018-19 school year with 47 students enrolled under the homeless status (Figure 9.3).

The number of children currently being served who are in the Foster Care system has remained consistent over the past five years, with a slight increase from 10 students in 2014-2015 to 13 students in the 2018-2019 school year. Providing services to children and families who are currently in these difficult financial or family situations helps build-up vulnerable communities in Miami-Dade County and better prepare children to perform throughout their lifetime.

Figure 9.3: Homeless Children Enrolled in HS



Source: Head Start and Early Head Start PIR

A major way that HS/EHS assist children and families in difficult financial situations is through providing students with free daily hot and nutritious breakfast, lunch, and snacks. A dietitian approves all food served through the HS/EHS programs. Nutrition education is also provided to parents and students by those same HS dietitians. In 2019, 3 million meals were served to children in the HS/EHS programs.

Parental Demographics

HS and EHS programs help parents feel supported, knowing their children are receiving high-quality care and education. The program motivates parents to pursue work or additional education or training to

improve their ability to provide for their families. This is especially true of single-parent households in which one parent would need the added support of comprehensive childcare because they lack the support of an additional parent or partner in their household. There are large numbers of parents with children in the HS or EHS programs that pursing education or gaining additional job training to help improve their financial situations. The numbers of two-parent families and single-parent families with one or more parents pursuing school or job training have been declining over the past five years, but that may be explained by the decrease in program attendance overall (Table 9.5). The program strives to encourage parents to meet their family's goals of continuing education or job training. HS and EHS provides opportunities for parents to enroll in Child Development Associate Credential Programs (CDA), with the hope of employing the parents in the HS and EHS centers. For instance, several staff members in our Community Needs Assessment focus group discussions were parents themselves who found success in HS/EHS and eventually began to work for CAHSD.

Table 9.5 shows that the number of parents in two-parent families with both parents pursuing job training or additional schooling has remained relatively low over the past five years, with an all-time low of 90 parents in the 2018-2019 school year. Of those two-parent families, the number of families with only one of the two parents receiving additional schooling or training decreased steadily over the past five years from 687 parents in 2014-2015 to 590 parents in 2018-2019. For single-parent families, those parents pursuing increased training or school has fluctuated throughout the five years with a significant decrease of 81 parents from the 2017-2018 school year to the 2018-2019 school year. Parents who are not seeking additional schooling or training are consistently the largest group of parents, which could be due to the parents' financial situations, the need to work, or their citizenship status.

Table 9.5: HS/EHS Parental Pursuit of Job Training/Schooling

Job Training/School	2014-15	2015-16	2016-17	2017-18	2018-19
Two Parent Family					
Both parents/guardians are in job training or school	107	117	115	92	90
One parent/guardian is in job training or school	687	678	670	665	590
Neither parent/guardian is in job training or school	2,230	2,166	2,177	1,985	2,000
Single Parent Family					
The parent/guardian is in job training or school	768	873	869	817	736
The parent/guardian is not in job training or school	3,882	3,854	3,877	3,557	3,816

Source: Head Start and Early Head Start PIR

Most parents with children enrolled in HS or EHS have a high school diploma or GED, with the second-largest group having received less than a high school diploma, as shown in Table 9.6. The third-largest group has an associate degree, vocational schooling, or some college education. These three groups have remained the three largest over the past five years. Parents with a bachelor's or advanced degree are the smallest group out of the four, and their numbers have remained consistently low over the past five years,

Table 9.6: HS/EHS Parent/Guardian Educational Attainment

	2014-15	2015-16	2016-17	2017-18	2018-19
Advanced degree or baccalaureate degree	466	470	473	477	526
Associate degree, vocational school, or some college	1,593	1,752	1,894	1,792	1,825
High school graduate or GED	2,815	3,137	3,218	2,982	3,019
Less than high school graduate	2,800	2,329	2,119	1,865	1,862

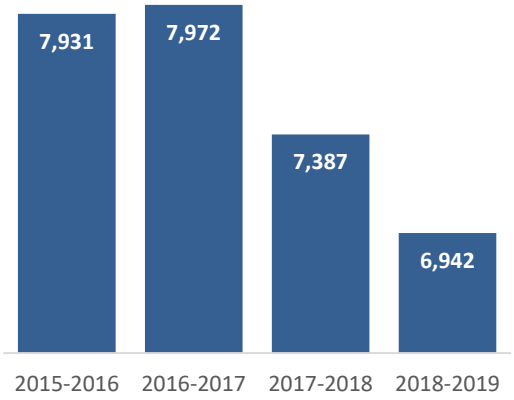
Source: Head Start and Early Head Start PIR

although there have been gradual increases from 2014 with only 466 parents with an advanced degree to 2018 with 526 parents with these advanced degrees.

Family Services

The HS/EHS Division provides not only comprehensive childcare services but also a plethora of wraparound services catered to the families with children enrolled in the HS/EHS program. The total number of families being served through the Division decreased significantly from the program year 2015-16 to 2018-19. Per CAHSD, the numbers reported for PY 2018-19 did not include the locally designed slots they serve, only funded slots. This lack of inclusion of locally designed slots contributes significantly to the overall decline in the number of total families served, as shown in Figure 9.4. Therefore, these numbers may not be fully representative of all families served in the 2018-19 program year, but give an overview of the main services needed and received by families in Miami-Dade County in the past five years.

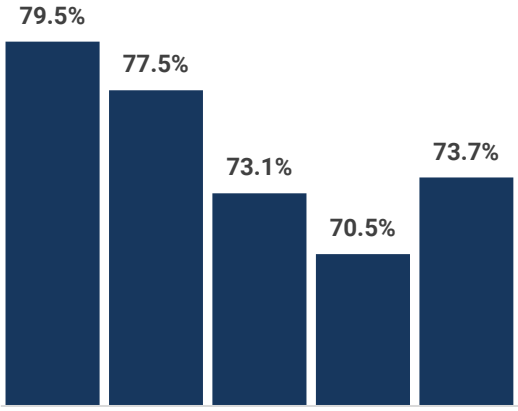
Figure 9.4: Total Families being served by HS/EHS Division



Source: Head Start and Early Head Start FIR

Figure 9.5 shows the total percentage of families with children enrolled in the HS/EHS Program that received at least one family service provided by the HS Division. The percentage of families who received at least one family service decreased by 9.0 percent from PY 2014-15 to PY 2017-18 but increased by 3.2 percent from PY 2017-18 to PY 2018-19. While there was a significant decline in families who received at least one family service over the past five years, increased funding and support for the HS Division and family services will hopefully bring additional availability for more families to receive supportive services through the Division.

Figure 9.5: Families who received at Least One Family Service



Source: Head Start and Early Head Start FIR

Family services provided by the HS Division include: emergency or crisis intervention, housing assistance, mental health services, adult education, job training, substance abuse prevention, substance abuse treatment, child abuse and neglect services, domestic violence services, child support assistance, health education, assistance to families of incarcerated individuals, parenting education, relationship or marriage education, and asset building services. These services provide support to the low-income families that have small children enrolled in the HS/EHS program, and help alleviate poverty and improve overall wellbeing of the families being served.

Table 9.7 below displays the number of families who identified that they had a specific need for services in a particular category. The total number of families that identified their need during the program year decreased by 11.2 percent from PY 2017-18 to PY 2018-19. In PY 2018-19, the top five services that had the largest number of families recognize they need those specific services are parenting education (67.3 percent), health education (42.4 percent), relationship or marriage education (33.2 percent), adult education (28.9 percent), and asset building (28.8 percent). The bottom five services that families identified

they needed were substance abuse prevention services, substance abuse treatment, child abuse, and neglect services, domestic violence services, and child support assistance services. From PY 2017-18 to PY 2018-19 the largest increase in number of families who identified their need for specific services were for assistance to families of incarcerated individuals, job training, health education, mental health services, and relationship or marriage education services.

Table 9.7: Number of Families who Identified Need During the Program Year

	2015-2016	2016-2017	2017-2018	2018-2019
Emergency or Crisis Intervention	464	494	603	294
Housing Assistance	176	243	213	122
Mental Health Services	149	288	119	159
English as a Second Language (ESL) Training	511	459	480	504
Adult Education	1,175	990	804	914
Job Training	750	413	357	501
Substance Abuse Prevention	4	4	1	27
Substance Abuse Treatment	3	1	0	0
Child Abuse and Neglect Services	17	7	10	13
Domestic Violence Services	25	18	13	6
Child Support Assistance	15	10	7	4
Health Education	876	1,068	964	1,341
Assistance to Families of Incarcerated Individuals	12	14	13	37
Parenting Education	2,537	2,065	2,212	2,131
Relationship or Marriage Education	436	427	793	1,050
Asset Building services	529	868	841	913
Families Who Received at Least One Family Service	4,047	3,882	3,563	3,165

Source: Head Start and Early Head Start FIR

Table 9.8 shows the number of families who received a service regardless of whether they identified it as a need or not. The number of families who received services is significantly higher than the number of families who recognized that they had a need because the HS Division provides services through training, workshops, and activities to families even when they do not specifically identify that they are in need.

From PY 2017-18 to 2018-19, the top five services that had the largest number of families receive services were parenting education services (81.7 percent), health education services (41.1 percent), relationship or marriage education services (30.1 percent), asset building services (28.8 percent), and adult education services (20.5 percent). The bottom five services that families received were substance abuse treatment services (0.1 percent), child support assistance services (0.1 percent), child abuse and neglect services (0.8 percent), domestic violence services (0.8 percent), and assistance to families of incarcerated individuals (0.8 percent). The top five increases in most services received by families were relationship or marriage education services, job training, mental health services, health education, and child support assistance services. The five services that had the largest decreases in number of families receiving services from PY 2017-18 to PY 2018-19 were substance abuse treatment services, housing assistance services, child abuse and neglect services, emergency or crisis intervention services, and domestic violence services.

Table 9.8: Number of Families who Received Services During Program Year

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Emergency or Crisis Intervention	538	736	770	1,176	824
Housing Assistance	151	150	253	194	85
Mental Health Services	231	229	422	250	370
English as a Second Language (ESL) Training	808	531	494	521	619
Adult Education	1,698	1,739	1,154	920	1,050
Job Training	920	854	580	375	585
Substance Abuse Prevention	7	44	6	48	180
Substance Abuse Treatment	3	5	2	10	4
Child Abuse and Neglect Services	48	109	44	67	42
Domestic Violence Services	68	128	25	58	42
Child Support Assistance	20	16	10	5	6
Health Education	2,760	2,789	2,157	1,707	2,104
Assistance to Families of Incarcerated Individuals	21	18	19	16	42
Parenting Education	4,694	4,996	4,319	4,124	4,182
Relationship or Marriage Education	1,792	1,658	969	946	1,542
Asset Building services	--	1,043	1,481	1,259	1,472
Families Who Received at Least One Family Service	6,103	6,143	5,825	5,206	5,119

Source: Head Start and Early Head Start FIR

Community Perception of Need for Family Services

Family services provided by the HS Division are vital to meeting the needs of low-income families with small children in Miami-Dade County. These wraparound services not only aim to protect and improve the quality of life for the children being served through the HS/EHS program but help to enhance the quality of life for the entire family. While these services are making significant impacts on families throughout the County, expansion of these family services is necessary to meet Miami-Dade County residents' current needs.

In the Community Survey conducted, 43.8 percent of respondents listed having enough income to support their family as their primary family concern, and 36.8 percent selected having enough food to feed my family. Other family issues selected by respondents included getting healthcare or medicine for their child when the child is sick, access to information and services for unemployed young adults, and getting information to gain skills to help them be a better parent. Approximately 34.3 percent of respondents felt that a lack of access to childcare was a major concern in their community.

When partner survey respondents were asked to list how CAHSD and their organization could jointly improve family and children well-being in Miami-Dade County, twelve respondents listed strengthening collaboration. Many respondents commented on how increased and continued partnership between their organizations and the Department, a combining and improvement of resources and services, and an increased focus on educational programs could improve overall family and child well-being in the County.

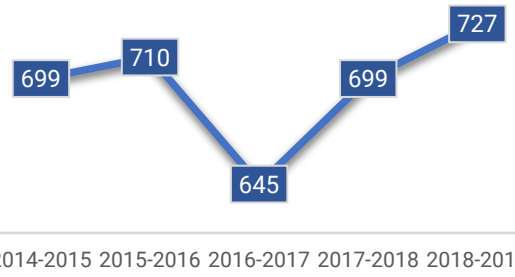
The question of improving family and child well-being in Miami-Dade County was also posed to all eight focus groups conducted. All eight focus groups expressed a need for CAHSD to focus more on educational programs for both parents and children. Many of the participants also expressed a need to expand the Head Start/Early Head Start Program and the need for widespread, affordable childcare. While CAHSD and

its HS Division are currently providing thousands of families with vital services, the need for more family services and more availability of HS/EHS programs is felt by residents throughout Miami-Dade County.

Disability Status

The HS and EHS Programs also provide specialized services and educational options for children with disabilities. Figure 9.6 shows that the number of children with a cognitive, developmental, or physical disability who are enrolled in HS or EHS increased over the past five years, from 699 in the 2014-2015 school year, to 727 students enrolled in the 2018-2019 school year.

Figure 9.6: Number of Children with a Disability Enrolled in HS/EHS



Source: Head Start and Early Head Start PIR

The three main types of disabilities seen in students being served by HS or EHS are developmental delays, speech or language impairments, and autism (Tables 9.9 and 9.10). Developmental delays are the most prevalent disabilities, and the number of students with these conditions continues to increase, rising from 317 students in the 2014-2015 school year to 334 students in the 2018-2019 school year. Students who may not be receiving services directly from HS programs may be receiving outside services from other public or private organizations, depending on their levels of severity or specified service needs.

Table 9.9: Types of Disabilities of Students Enrolled in HS/EHS

	2014-15	2015-16	2016-17	2017-18	2018-19
Speech or language impairments	229	217	175	211	238
Autism	19	27	30	32	23
Non-categorical/developmental delay	317	319	309	322	334

Source: Head Start and Early Head Start PIR

Table 9.10: Resources Provided for Students with Disabilities Enrolled in HS/EHS

	2014-15	2015-16	2016-17	2017-18	2018-19
Speech or language impairments	228	216	174	211	238
Autism	16	27	29	28	21
Non-categorical/developmental delay	306	313	304	316	328

Source: Head Start and Early Head Start PIR

Head Start Staff

HS and EHS programs serve a diverse base of students and parents, and their staff reflects the diversity of those that they serve each day. Table 9.11 shows that 418 staff members are White Hispanics, and 333 staff members are Black or African American. These numbers are reflective of the children being served throughout the program.

Table 9.11: Race and Ethnicity of HS/EHS Staff, 2018-19

	Hispanic or Latino	Non-Hispanic or Latino
American Indian or Alaska Native	0	1
Asian	0	1
Black or African American	13	333
Native Hawaiian or other Pacific Islander	0	0
White	418	28
Biracial/Multi-racial	9	2
Other	0	1
Unspecified	0	0

Source: Head Start and Early Head Start PIR

Large numbers of staff members are also proficient in languages other than English, with 417 staff members stating that they are fluent in a second language (Table 9.10). In the 2018-2019 school year, 368 of those staff members reported that they are fluent in Spanish while 45 are fluent in a Caribbean language. Being bilingual is especially crucial for HS staff members because a large group of parents and students are from Hispanic and Caribbean backgrounds, and many parents are not fluent in English.

Table 9.12: Language Spoken by HS/EHS Staff

	2014-15	2015-16	2016-17	2017-18	2018-19
The number who are proficient in a language(s) other than English	465	415	426	430	417
Of these, the number who are proficient in more than one language other than English	4	3	3	2	2
Language groups in which staff are proficient:					
Spanish	402	355	369	381	368
Caribbean Languages	59	56	53	45	45
Middle Eastern & South Asian Languages	2	3	3	3	3

Source: Head Start and Early Head Start PIR

The educational attainment of staff members is also an indicator of the quality of services provided to students and reflects the skill set of teachers and staff members. Table 9.13 shows that a large portion of the staff members working for HS or EHS have either a bachelor's degree or associate degree in Early Childhood Education or a related field. The number of staff members who have bachelor's degrees has slightly decreased over the past five years, while the number of staff members attaining their Child Development Associate certification has increased each year. There are very few staff members pursuing advanced degrees, and the number of staff members without the correct qualifications has decreased significantly over the past five years.

Table 9.13: HS/EHS Staff Educational Attainment

	2014-15	2015-16	2016-17	2017-18	2018-19
Advanced Degree in:					
Early Childhood Education	14	11	11	11	10
Any Field Relating to Early childhood Education	25	17	20	19	16
A Baccalaureate Degree:					
Early Childhood Education	120	115	119	116	105
Any Field Relating to Early childhood Education	139	155	150	156	145
Associate Degree:					
Early Childhood Education	87	86	98	100	102
Any Field Relating to Early childhood Education	30	40	40	42	47
A Child Development Associate (CDA) credential or state certification:					
Staff with the Certification	188	188	227	230	251
Number of Staff without the correct qualifications	121	83	46	40	19

Source: Head Start and Early Head Start PIR

HS Programs track staff members who are currently pursuing higher education while working for the program. Overall, there is a greater numbers of staff members pursuing associate and bachelor's degrees than any other degree program (Table 9.14). Although many staff members are pursuing higher education, there was an overall decrease in the number of staff members seeking these degree programs over the past five years. Increasing the knowledge of staff helps increase their capacity to provide quality educational services to students and their families.

Table 9.14: HS/EHS Staff Pursuit of Higher Education

	2014-15	2015-16	2016-17	2017-18	2018-19
Staff enrolled in an Advanced degree program	3	2	2	3	4
Staff enrolled in a Baccalaureate degree program	37	32	32	36	31
A Child Development Associate (CDA) credential or state certification					
Staff enrolled in Baccalaureate degree Program	5	2	0	1	0
Staff enrolled in Associate degree program	62	52	46	40	35
Staff without the correct qualifications					
Staff enrolled in Baccalaureate degree Program	1	1	0	0	1
Staff enrolled in Associate degree program	6	5	5	2	3

Source: Head Start and Early Head Start PIR

Funding and the U.S. Census

Accurate counts in the U.S. Census survey have an enormous influence on the amount of funding available to HS and EHS programs. In two recent studies conducted by the FIU Jorge M. Perez Metropolitan Center on hard-to-count communities in Miami-Dade County and Broward County, researchers found that families may not fill out the census because of lack of understanding why it is important and how the funds are used in their community.[72] Some parents of children under 5 years old avoid putting their children's information on the form due to a concern for privacy and to protect their children's identity.[73] According to Dr. Yasuda, President of the American Academy of Pediatrics, the 2010 Census missed approximately one million young children, which has cost social service programs, such as Head Start, around one billion dollars in federal funding each year.[74] Latino and African American children under 5 years are among the most undercounted demographic, causing significant funding losses to the social programs that would benefit them. Helping community members understand the benefits of Census participation and its impact on their community programs and resources is a necessity in order to continue promoting the education and health of the most vulnerable populations in Miami-Dade County.

Head Start/Early Head Start Impact

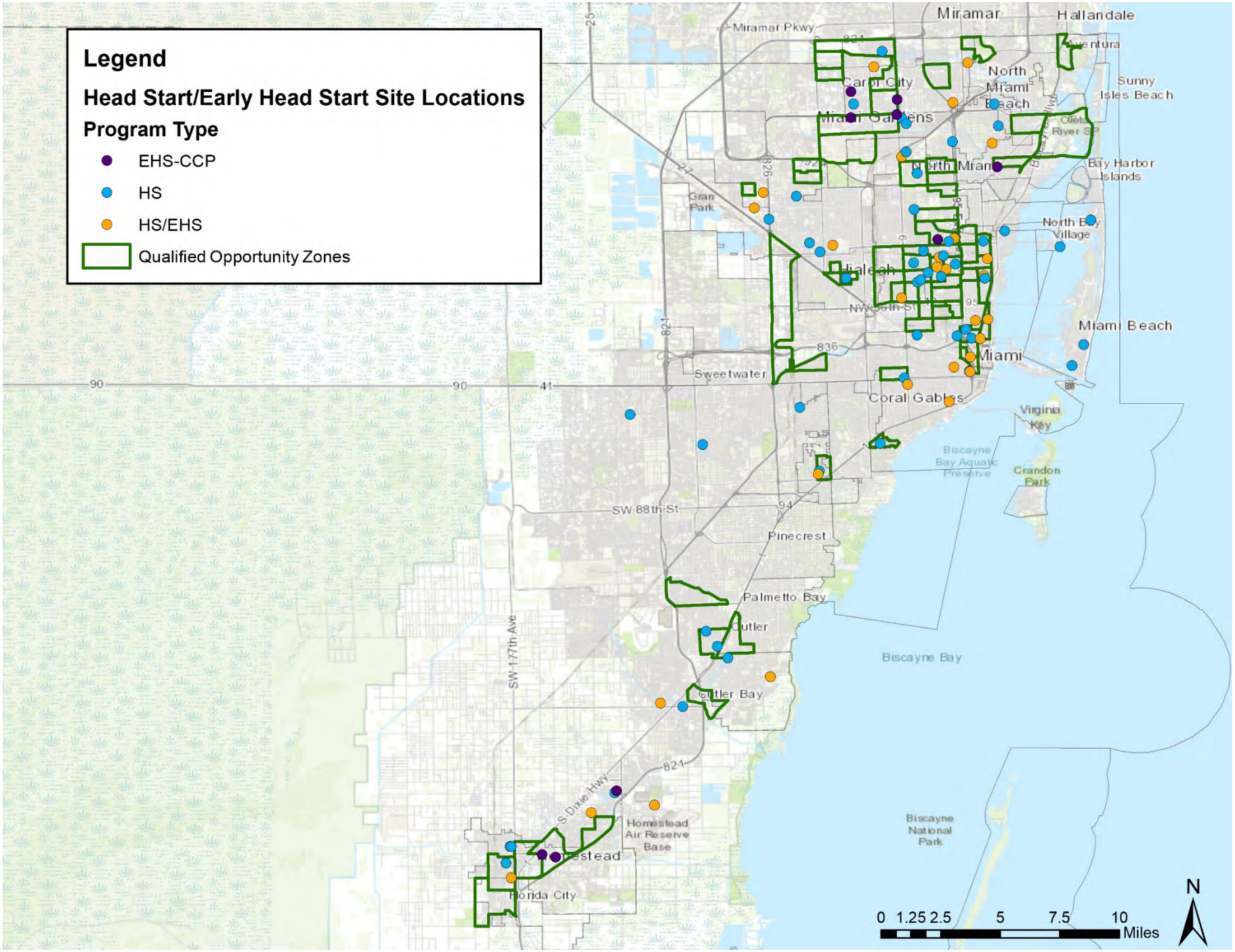
In addition to the six Community Needs Assessment focus group discussions conducted in targeted urban areas across Miami-Dade County, the seventh focus group was held at a monthly Head Start Policy Council meeting to understand the needs of community members with children enrolled in Head Start/Early Head Start Programs. The 16 participants included parents and representatives from community organizations that partner with Head Start. All participants expressed their gratitude and appreciation for the program, with one calling it a "godsend" and many others noting its great impact in their personal lives and the lives of others in the community. One participant discussed how the free childcare and wraparound services that the program offers help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many expressed the need for expanded services through the neediest areas of Miami-Dade County, and many felt that it is part of the solution to helping many families escape poverty and progress in their careers and education.

[72] FIU Jorge M. Perez Metropolitan Center (2019), Census 2020: Perspectives from Hard-to-Count Communities in Miami-Dade, https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/miami-census-focus-groups-report-final.pdf

[73] FIU Jorge M. Perez Metropolitan Center (2020), Census 2020: Perspectives from Hard-to-Enumerate Communities in Broward County, https://metropolitan.fiu.edu/research/periodic-publications/recent-reports/broward-census-report-final-2.pdf

[74] Jasuda, Kyle. January 24, 2019. 2020 Census: Make Sure Every Child is Counted. https://www.aappublications.org/news/2019/01/24/letter012419

Figure 9.7: Head Start and Early Head Start Provider Locations



X. Community Perceptions of Needs

Community Survey

The administrative data presented in this report, which relies on official government sources that collect population data over time, is supplemented with self-reported data from Miami-Dade County residents through a survey completed by **2,997** residents. The results of the survey are presented in the following section. The survey was administered online, over the phone and on paper. The data was collected over a two-month period, starting in the first week of December, and ending in the first week of February 2020. The survey was available in English, Spanish and Haitian-Creole. The online link was disseminated by Miami-Dade County and community partners, with a total of **363 online** responses. The phone data collection was administered with a random sample of Miami-Dade County households, with a total of **605 phone** responses. There were **2,029 paper-based** surveys collected. Paper-based surveys were collected from over 50 sites selected by the Community Action and Human Services Department (CAHSD). These sites included public library branches, community centers and Head Start/Early Head Start locations.

Key Findings

Overall, the survey respondents had positive views of their community as a good place to work and live. However, many residents also have concerns related to economic conditions, job opportunities and incomes. Some of the result highlights include:

- **Community Ratings:** A small majority (57.5 percent) believe the quality of life in their community is excellent or good. Most respondents think their community is a good place to raise children (59.0 percent), and a good place for elders to live (59.6 percent). Almost two-thirds (65.5 percent) indicated their community is a good place to live, but only a small majority consider their community to be a good place to work (51.3 percent).
- **Housing/Financial Need:** The most significant concerns for respondents were low wages relative to the cost of living, with 69.3 percent reporting it is a major concern for them, and 64.0 percent also indicating housing as a major concern. Unemployment is also a major concern for a small majority (50.5 percent), as well as poverty (50.6 percent) and job opportunities (53.6 percent).
- **Employment and Job Skills:** Only 57.1 percent indicated they have been employed continuously over the last two years, and 30.4 percent indicated they need to develop their computer skills to get better paying jobs.
- **Family Issues:** The top two family issues for respondents were having enough income to support their family (43.8 percent) and having enough food to feed their family (36.8 percent).
- **Transportation:** For 54.2 percent of respondents traffic and road congestion are a major problem in their neighborhood. While the majority rely on their own vehicle for transportation (66.5 percent), 26.1 percent rely on public transportation. However, only 86.7 percent indicated they have access to public transportation in their neighborhood.
- **Technology:** While most respondents have access to technology, many still lack sufficient access. Only 74.9 percent indicated they have a computer with Internet access. Most respondents (88.9 percent) have a smartphone. Only 80.0 percent have an email.
- **Assistance:** One out of three respondents (34.4 percent) have contacted a government agency for assistance in the past 12 months. Of the respondents who received assistance, almost half (47.2 percent) indicated they benefited from the Supplemental Nutrition Assistance Program (SNAP). The other assistance received by large percentages of respondents include free/reduced lunch

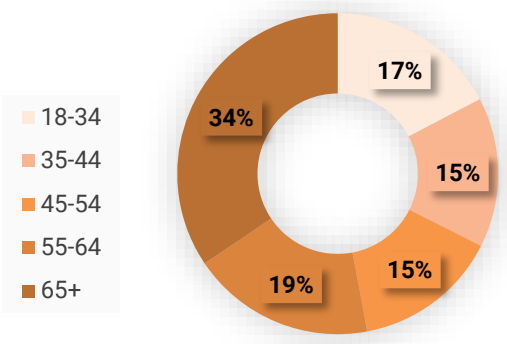
(36.2 percent), Supplemental Security Income (SSI) or Social Security Disability (SSD) (28.3 percent), and utility assistance (19.7 percent).

Respondent Demographics

The mixed method of data collection – online, phone and paper-based – with the highest number of surveys collected on paper, resulted in respondent demographics that are not representative of the County as a whole. The demographic information of respondents presented, outlines the distribution of respondents by age, gender race and ethnicity, and other individual and household characteristics.

Residents in the older age groups were over-represented among respondents. The paper-based surveys were distributed at community centers and senior facilities, which accounts for the disparity between county residents and survey respondents. According to the 2018 American Community Survey (ACS), approximately 20 percent of Miami-Dade County residents were 65 years of age or older. Conversely, younger residents were underrepresented. The 2018 ACS shows 28 percent of Miami-Dade County adult residents were in the 18-34 age group. The differences in the other age groups were smaller, between 2 and 4 percent. Over half the survey respondents also indicated there are elderly members in their household, with 21 percent having one household member in the 65 and over age group, and 31 percent having two or more elderly members. One out of ten respondents (10.4 percent) indicated they were a grandparent taking care of children in the household.

Figure 10.1: Age of Respondents



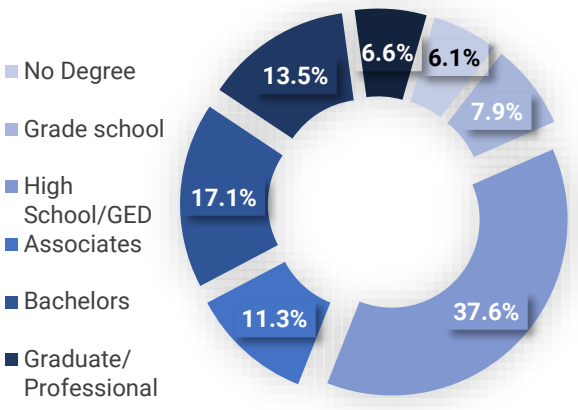
Source: 2019 Community Needs Assessment Survey

Most of the respondents had at least a high school or GED degree. Only 14 percent had less than a high school degree. Almost 31 percent indicated they had a bachelor's degree or higher.

Of the 2,608 respondents who reported their race and ethnicity, 47 percent indicated Hispanic ethnicity, 35.7 percent indicated Black or African American race, 3.5 percent were of Caribbean American descent, 4.6 percent Haitian American, and 13.7 percent were White. Respondents could select multiple options for race and ethnicity. There were also 27 Asian respondents (1 percent), 29 American Indian (1.1 percent), and 30 indicated Other (1.2 percent).

Some of the respondents indicated they are currently in the military (2.3 percent) or are veterans (8.3 percent). Of those who have served in the military, 91.2 percent reported they had been honorably discharged.

Figure 10.2: Educational Attainment of Respondents



Source: 2019 Community Needs Assessment Survey

Household Information

The most common language spoken in the households of respondents was English (48.1 percent), followed by Spanish (26.7 percent), and both English and Spanish (18.5 percent). Only 3 percent indicated their households speak Creole, and 3.0 percent indicated both English and Creole.

Single/never married and married households were the most represented in the respondent groups, each accounting for almost a third of respondent households. Large percentages indicated they were divorced (14.5 percent) or widowed (12.4 percent).

Approximately 43.3 percent of respondents indicated they have children, with most of them (63.8 percent) reporting one child in the household, 23.6 percent with two children and the remaining 12.6 percent having three or more children in the household.

The ages of children in the respondents' households distributed across all age groups. There is a large representation of households with children in the younger age groups as a result of the distribution of the survey at Head Start and Early Head Start locations.

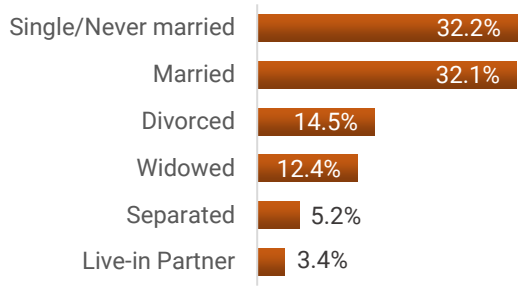
Housing, Employment and Income

Just over a third of the respondents (35.7 percent) indicated they reside in housing they own. Approximately 40 percent of respondents were renters, while 8.2 percent indicated they live with a family member. Additionally, 8.1 percent indicated they live in elderly public housing, 1.9 percent lived in family public housing, and 3.6 percent were in Section 8 housing. Small percentages were in a shelter (1.4 percent) or indicated they were homeless (0.9 percent).

Consistent with the overrepresentation of respondents in the older age groups, in terms of employment status, a large proportion (29.2 percent) indicated they were retired and not working. Almost a third (32 percent) were employed full-time while 11.4 percent were part-time workers. One out of nine (11.6 percent) indicated they were unemployed but seeking employment. Other groups by employment status included 2.4 percent retired but returned to the workforce, 2.3 percent staying at home, not seeking work currently, and 9.0 percent were disabled or too ill to work.

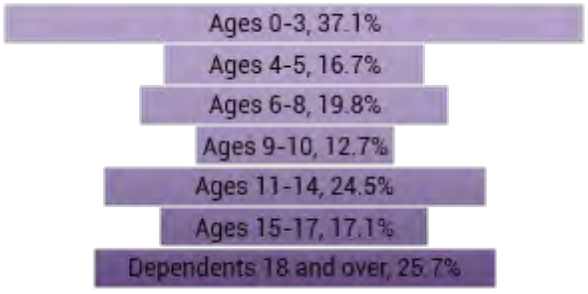
Of the 2,355 respondents who provided a response to the income question, the largest group were those with income below $15,000 (40.7 percent). Approximately 22.3 percent indicated their household income was between $15,000 and $25,000. Additionally, 21.1 percent were with incomes between $25,000 and $50,000, while 16 percent were in the $50,000 or more household income category.

Figure 10.3: Marital Status of Respondents



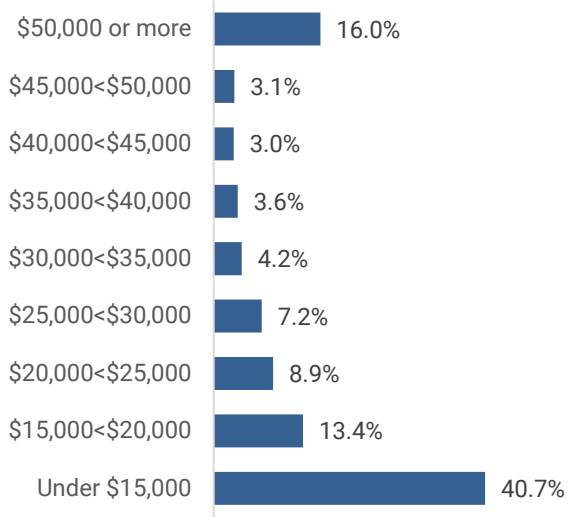
Source: 2019 Community Needs Assessment Survey

Figure 10.4: Number & Ages of Children in Respondents Household



Source: 2019 Community Needs Assessment Survey

Figure 10.5: Distribution of Respondents by Income Category



Source: 2019 Community Needs Assessment Survey

Community Ratings

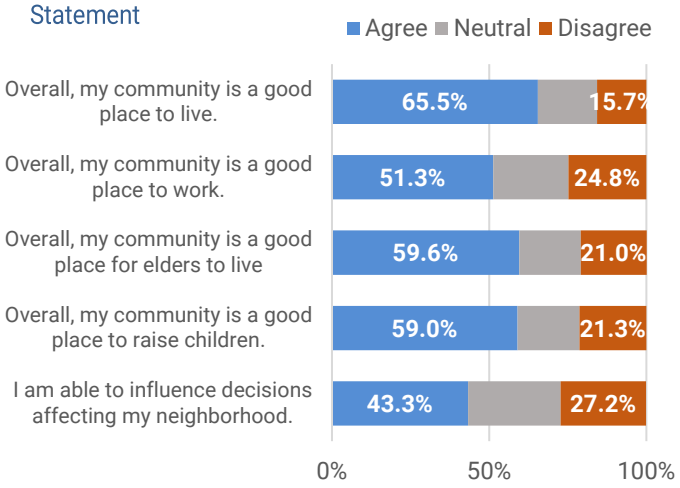
The survey began with a series of questions that gauged the respondents' perceptions of their community. Only a small majority indicated the quality of life in their community is excellent or fair (57.5 percent). Two thirds (65.5 percent) believe their community is a good place to live. A majority also indicated their communtiy is a good place for elders to live (59.6 percent), as well as for raising children (59.0 percent). Only a small majority think their community is a good place to work (51.3 percent).

A large percentage do not believe they are able to influence decisions affecting their neighborhood. Respondents were presented with a list of community characteristics and challenges, and asked to indicate whether they consider each a major problem, a minor problem or not a problem in their neighborhood. Economic issues and transportation were the issues which the majority of respondents considered a major problem in their neighborhood. Traffic and road congestion was among the top three, with 54.2 percent indicating it as a major problem.

The issues that were indicated as a major problem by less than a third of respondents include elderly abuse and neglect (27.4 percent), access to parks and greenspaces (28.7 percent), child abuse and neglect (29.0 percent), sexual assault (29.7 percent), caregiver support (29.7 percent), and human trafficking (31.9 percent). The full list of issues and respective percentages are presented in the *Detailed Question Responses* section.

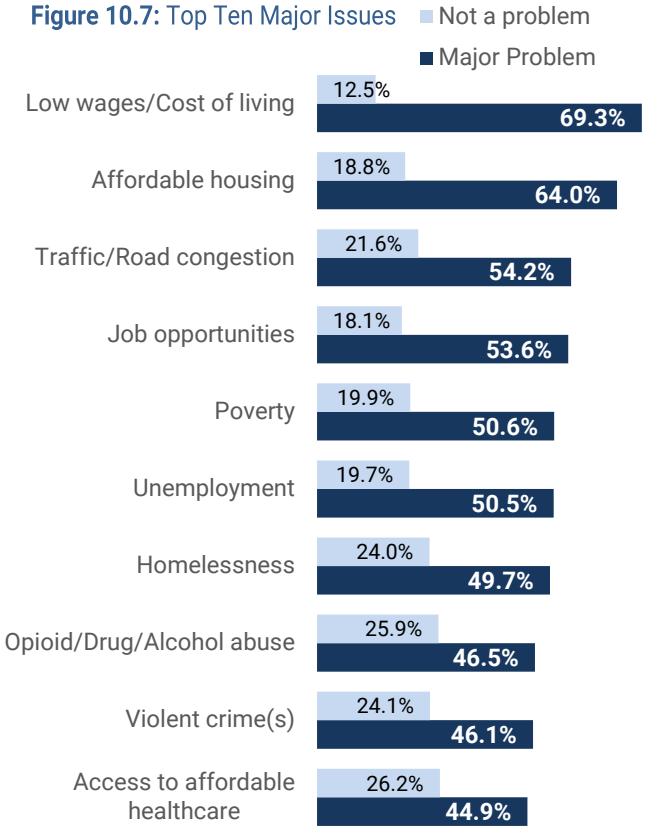
In a following question, the respondents were presented with a list of community characteristics and asked to indicate which of them were missing from their community. Only 10.5 percent indicated nothing is missing from their community. The majority indicated affordable housing is lacking in their community (52.0 percent). Significant percentages also selected living wage local jobs (32.8 percent) and high quality neighborhood schools (23.6 percent).

Figure 10.6: Participant Agreement/Disagreement with Statement



Source: 2019 Community Needs Assessment Survey

Figure 10.7: Top Ten Major Issues



Source: 2019 Community Needs Assessment Survey

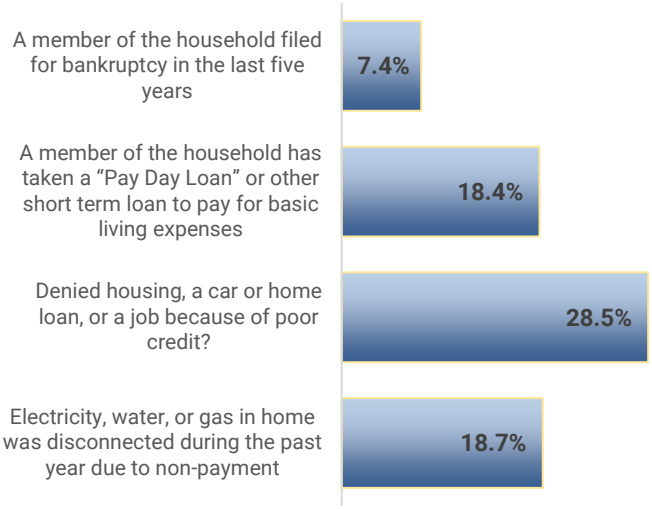
Housing/ Financial Need and Employment

Respondent feedback on questions related to housing and financial needs were consistent with their concerns related to community perceptions. Only 55.1 percent of respondents consider the overall physical condition and quality of housing in their community to be excellent (13.6 percent) or good (41.5 percent). Only 37 percent indicated they spend less than $1,000 monthly on housing. Almost half (46.9 percent) indicated housing expenses of $1,300 or more. Based on the self-reported data of housing costs and income, approximately 35 percent of respondents pay in excess of 30 percent of their income on housing.

The financial need of many of the respondents was also shown from their answers to questions pertaining to adverse living situations. Over one quarter (28.5 percent) reported they have been denied housing, a car or a home loan because of poor credit. This correlated with 24.5 percent of respondents indicating a credit score of 600 or less, and 17.7 percent reporting credit scores in the 600-699 range. However, one third (33.4 percent) do not know their credit scores.

Almost one out of five respondents (18.7 percent) also reported the electricity, water, or gas in their home was disconnected during the past year due to non-payment. A smilar percentage (18.4 percent) indicated that either themselves or another household member had taken a "Pay Day Loan" to meet basic living expenses.

Figure 10.8: Percentage of Respondents Experiencing Adverse Events



Source: 2019 Community Needs Assessment Survey

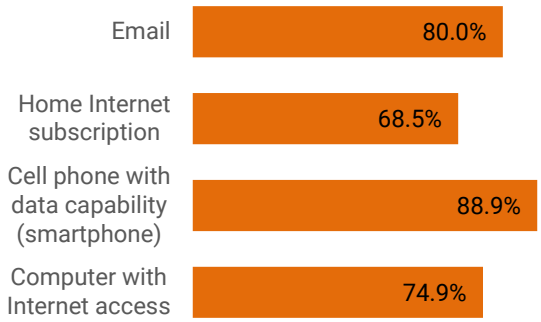
The financial need of the respondents is also linked to their employment and employability. Only 57.1 percent indicated they have been employed continuously over the past two years. Considering only respondents who are not in retirement age (aged less than 65), 64.1 percent have been employed continuously over the past two years. In the age groups younger than 65 years old, 41.6 percent reported being out of work at some point during the previous year and 48.5 percent have looked for a job in the past 12 months. However, the majority (51.5 percent) indicated lack of skills had prevented them from getting a better paying job, and 30.2 percent believe they need computer skills for a better paying job.

Technology

Economic opportunities are also linked to residents' access and use of technology. The survey results show that only 74.9 percent of respondents have access to a computer with Internet access, and 88.9 percent have access via a smart phone. However, only 68.5 percent have an internet subscription at home.

Most respondents (73.8 percent) have had their current phone for more than two years, while 14.1 percent indicated they had their phone for a year or less. In relation to email, 26.3 percent reported they have had their email address for fewer than five years, while 42.5 percent have been using their current email address for five to 10 years, and almost a third for longer than 10 years.

Figure 10.9: Most Used Technologies



Family Concerns

From a list of possible family concerns the largest percentage of respondents selected "income to support my family" (43.8 percent) and "food to feed my family" (36.8 percent). Again, economic considerations are a priority that supersede other concerns like mental health, child and elderly care. The other family issues, including getting healthcare or medicine for my child when he/she is sick, access to information and services for unemployed young adults, and getting information to gain skills to help me be a better parent etc. had less than a quarter of respondents selecting them as a concern for their household. The distribution of responses is in the *Detailed Question Responses* section.

Transportation

Due to the high percentage of respondents belonging to the higher age groups, a large percentage of respondents overall are public transportation users (26.1 percent), but most respondents indicated they rely on their own vehicle for transportation (66.5 percent). If only working age respondents are considered, public transit users account for only about 22 percent of respondents, while 77 percent rely on their own vehicle. Some respondents indicated multiple modes of transportation. In addition to the two primary modes of transportation, 13 percent indicated walking, 4 percent indicated biking and 9 percent indicated ridesharing as modes of transportation. Approximately 87 percent indicated there is access to public transportation in their neighborhood.

Assistance

Approximately a third of respondents (34.4 percent) indicated they have contacted a government agency for assistance. From the respondents in the working age groups, those less than 65 years old, 35.6 percent reported looking for government assistance. It is of note that when asked to indicate which agencies they had contacted, most respondents did not mention agencies, but specific programs, including SNAP/food stamps, WIC, SSI, Medicaid, utility assistance (Low-Income Home Energy Assistance Program), public housing and Head Start. The agencies that were mentioned by some respondents include Veterans Affairs, Social Security Administration, Department of Children and Families, Florida Department of Economic Opportunity and Community Action and Human Services Department/Community Action Agency. Some respondents also indicated contacting their local officials and departments. Of the 1,081 respondents who reported receiving government assistance, there was a wide range of programs indicated, with many respondents benefiting from more than one source of assistance.

Table 10.1: Percentage of Respondents who are Receiving Assistance

Program	Percent
Supplemental Nutrition Assistance Program (SNAP)	47.2%
Free/Reduced Lunch	36.2%
Supplemental Security Income (SSI) or Social Security Disability (SSD)	28.3%
Utility assistance (electricity/gas)	19.7%
Subsidized housing, vouchers, public housing	15.2%
Head Start/Early Head Start	15.1%
Women, Infants and Children (WIC)	14.1%
Transportation assistance	13.9%
Financial aid for education	9.3%
Childcare subsidies (VPK, CCDF)	9.3%
Temporary Assistance for Needy Families (TANF)	8.5%
Other	6.3%

Source: 2019 Community Needs Assessment Survey

Detailed Question Responses

Figure 10.10: Survey Question: Neighborhood Issues

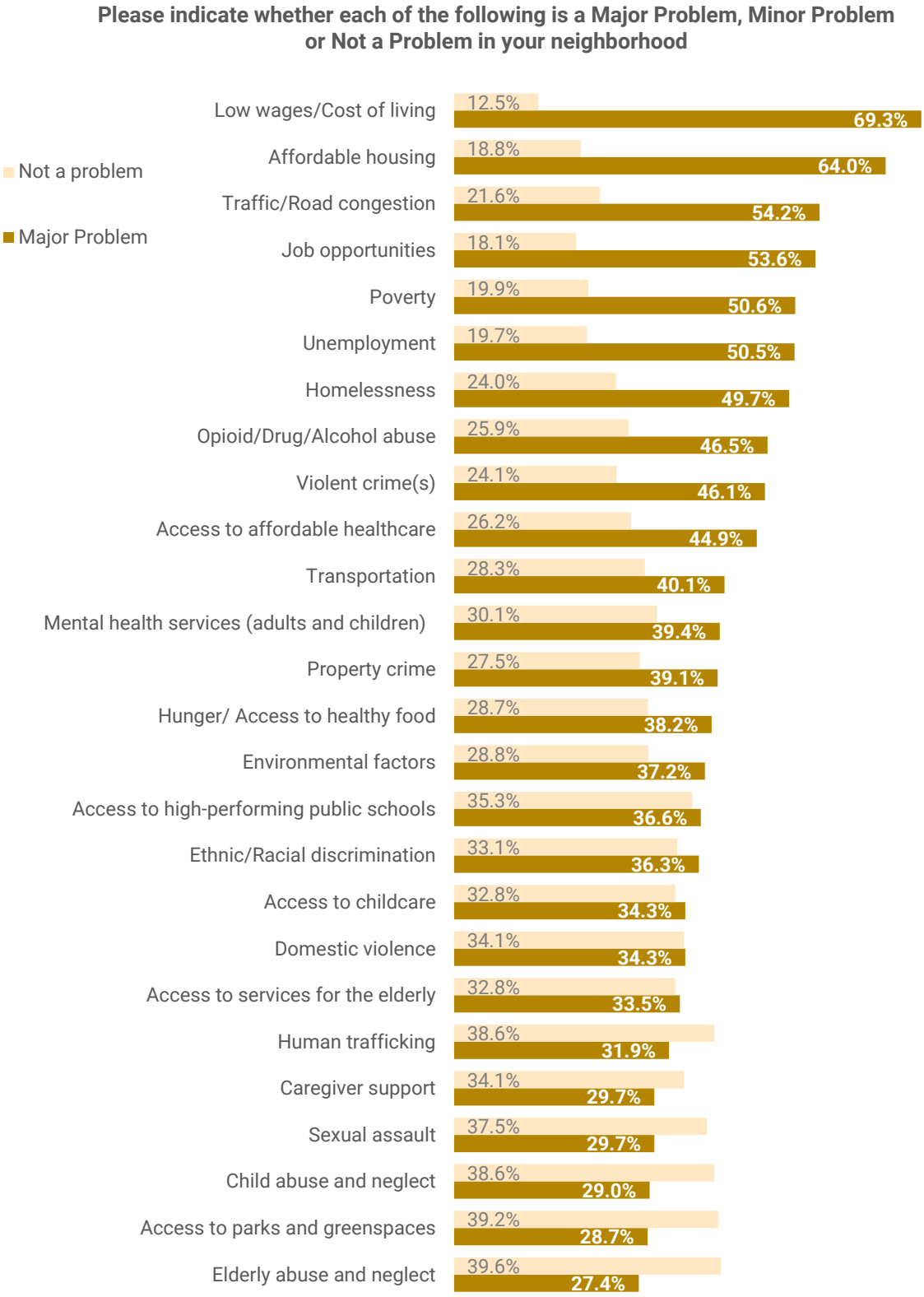
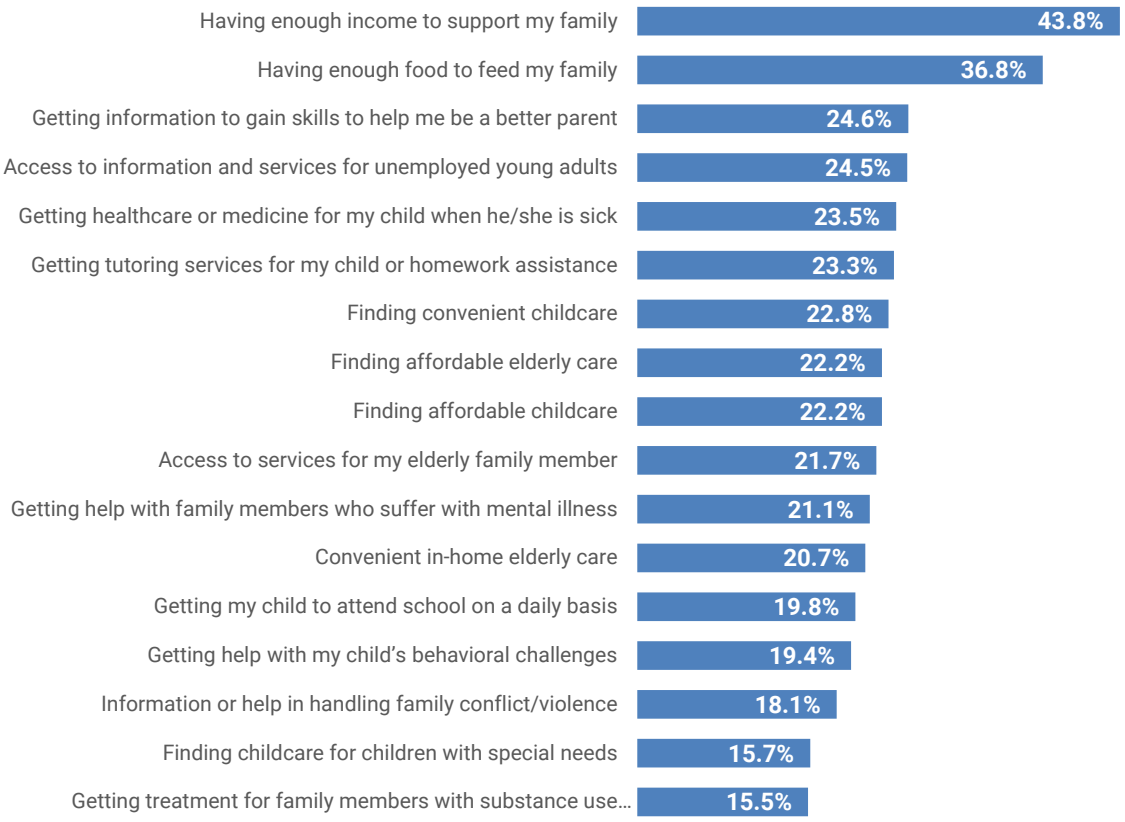


Table 10.2: Survey Question: Which three of the following are missing from your community?

Community Characteristic	Number of Respondents	Percentage
Libraries	276	10.3%
Nothing is missing from my community	283	10.5%
Neighborhood convenience stores	293	10.9%
Help in understanding family conflicts/violence	304	11.3%
Access to affordable childcare	310	11.5%
Senior centers/Services	366	13.6%
Community policing	385	14.3%
Parks/play areas	387	14.4%
Safe and sanitary housing	442	16.5%
Necessary infrastructure (i.e. streets, sidewalks, water, sewer)	447	16.6%
Green market/Healthy food options	471	17.5%
Access to affordable healthcare	497	18.5%
Reliable public transportation	515	19.2%
High quality neighborhood schools	634	23.6%
Living wage local jobs	880	32.8%
Affordable housing	1,396	52.0%

Figure 10.11: Survey Question: Please indicate if the following is a concern in your household



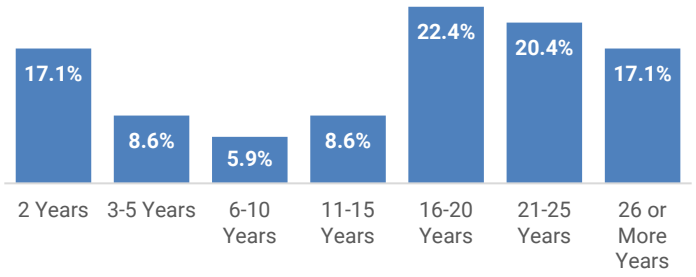
XI. CAHSD Staff Survey

A staff survey was also conducted to understand CAHSD staff members' perspectives on the Department overall and the services provided. This survey included both open- and close-ended questions administered online and resulted in 166 completed surveys.

Staff Demographics

The majority of staff respondents indicated they were employed by Miami-Dade County for more than 15 years, with 22.4 percent being employed between 16 and 20 years, 20.4 percent for 21 to 25 years, and 17.1 percent for over 26 years. Out of the 158 respondents who identified which division they worked in within CAHSD, more than half were employed in the HS Division (25.3 percent) and the Family and Community Services Division (29.7 percent) combined. Other staff respondents identified the Violence Prevention and Intervention Division (10.1 percent), Administration (8.9 percent), the Elderly and Disability Services Bureau (7.6 percent), and the Rehabilitative Energy, Transportation, and Facilities Division (1.9 percent) as their respective divisions of employment. Thirty-four respondents (20.4 percent) did not disclose their division.

Figure 11.1: Respondents Length of Employment



Source: 2019 Community Needs Assessment Staff Survey

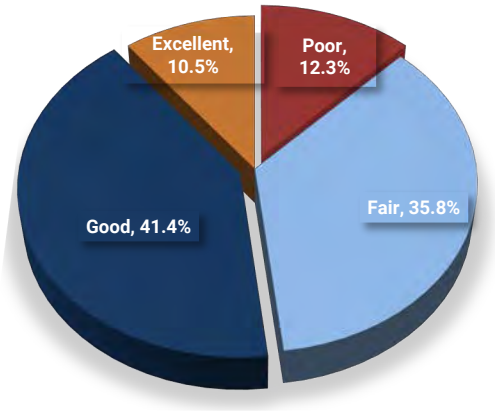
After analyzing the respondent's survey results, there was no significant difference in their responses based on the substantive questions that can be linked back to the employees' tenure or division.

Staff Perception

Client Quality of Life

When asked to determine whether staff members felt their client's quality of life was excellent, good, fair, or poor, a small majority of respondents thought that the quality of life of CAHSD clients was excellent or good (51.9 percent). At the same time, a large percentage believed it was only fair (35.8 percent), and 12.3 percent of respondents felt it was poor.

Figure 11.2: Staff Perception of Clients Quality of Life



Source: 2019 Community Needs Assessment Staff Survey

Staff respondents were then asked to identify three of the most important unmet needs of families and individuals in Miami-Dade County. Four hundred forty-nine unmet needs were identified in open-ended comments. Approximately 122 respondents listed affordable housing, 106 listed job opportunities and higher wages, 37 listed health care and mental health services, 30 listed childcare services, 29 recorded transportation, 24 listed education, 14 listed justice and safety, and 14 listed food assistance services. Other responses included

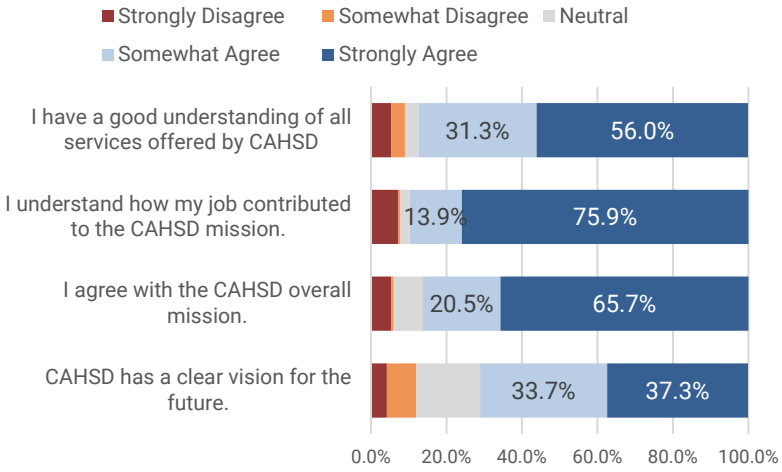
homelessness, basic needs, and awareness of rights, services for people with special needs, counseling, mentoring, community events, financial literacy training, and immigration services.

CAHSD Services and Mission

Most staff respondents understand and agree with CAHSD's mission and vision. A large majority, 87.3 percent, reported they have a good understanding of all services offered by CAHSD, 89.8 percent understood how their job contributed to CAHSD's mission, and 86.2 percent agreed with CAHSD's overall mission.

The statement with the smallest percentage of respondents in agreement pertained to CAHSD having a clear vision for the future, with 71.0% of respondents agreeing.

Figure 11.3: Staff Understanding of CAHSD Services and Overall Mission

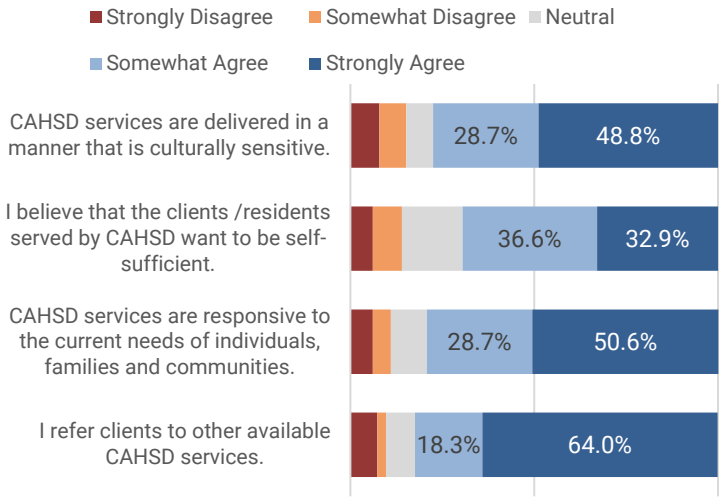


Source: 2019 Community Needs Assessment Staff Survey

CAHSD Service Delivery

When asked about the quality of CAHSD service delivery, the majority of staff respondents provided positive feedback. While the majority of feedback was positive, some employees had reservations. Approximately 9.7 percent of respondents disagreed with the statement "I refer clients to other available CAHSD services"; 11.0 percent disagreed with the statement "CAHSD services are responsive to the current needs of individuals, families, and communities"; 14.0 percent disagreed with the statement "I believe that the clients /residents served by CAHSD want to be self-sufficient"; and 15.2 percent disagreed with the statement "CAHSD services are delivered in a manner that is culturally sensitive."

Figure 11.4: Staff Assessment of CAHSD Service Delivery



Source: 2019 Community Needs Assessment Staff Survey

Respondents were then asked to identify the top three things that CAHSD is doing well. Since respondents could provide multiple answers, this question yielded 400 responses, which were grouped into six categories. Most of the responses (292) referenced services the Department provides to clients. Examples of different services include domestic violence intervention, utility assistance, childcare, and services to the elderly and food assistance. Also, 64 responses cited the Department had good organizational practices. Respondents felt the Department excels at providing good customer service and responsiveness to resident needs, employee professionalism, organizational resourcefulness and reliability, staff training, and having an overall good work environment. The promotion and communication of services were referenced in 64 responses as a strength of CAHSD. Employees felt that the Department was doing a good job at

community outreach, media communications, family engagement, and community events. Nine survey respondents listed grant acquisition, three listed collaboration with other agencies, and two listed volunteer recruitment, as some of the top three things CAHSD was currently doing well. Seven respondents did not answer the question but instead pointed out some negative characteristics of the Department, as perceived by them, related to unfair hiring practices and low employee morale.

CAHSD Improvement Areas

The final substantive question of the survey asked respondents to identify areas in which CAHSD needs improvement. Since respondents could provide multiple answers, this question yielded over 300 responses, which were grouped into five categories. About 200 responses referenced CAHSD organizational improvements such as staff recognition, opportunities for growth within the organization, staff training and support, customer service and professionalism, staff turnover, and vacancies. The second category included 87 responses that suggested CAHSD could improve their services to clients. Respondents suggested improvement across all services provided by CAHSD, including elderly services, housing, and utility assistance, transportation assistance, childcare, mental health, and other services for youth, legal assistance, substance abuse help, and expansion of services overall. Additionally, 41 responses listed improving promotion and outreach efforts through more outreach to parents and families, marketing of services, social media use to promote programs and increased visibility to the community as a necessity. The fourth category included 18 suggestions for the Department to improve its grant acquisition process. The last category was on collaboration in which 11 responses noted that the Department should focus their efforts on improved collaboration and advocacy efforts with other community organizations and agencies, and within the Department itself.

XII. Partner Survey

The data presented in this report relies on Partner Surveys distributed to community organizations that have a partnership with the Community Action and Human Services Department or are potential partners. Collaborative partnerships between the Department and other vital community organizations help to increase access and the distribution of essential community resources and services to community members in Miami-Dade County. The health and quality of these partnerships are vital to the quality of services provided to the community and were analyzed through the 44 completed partner surveys submitted throughout the online survey link distributed by the Department and other community partners. Some respondents were not official partners of CAHSD but had been working closely with the Department for some time. Out of the 44 survey respondents, 4 respondents had been partners with the Department for less than 5 years, 33 respondents had been partners for 5 to 9 years, and 6 respondents had been partners for 10 or more years, and one respondent did not answer the question. Participants were asked what the three most important unmet needs of families and individuals were in Miami-Dade County, what the top three main challenges were in solving those issues, how increased collaboration could help solve the issues, what the strengths of their partnership with CAHSD were, and how their partnership could improve.

Key Findings

- **Unmet needs of families and individuals:** According to community partners, the top three most critical unmet needs of families and individuals in Miami-Dade County were housing, access to healthcare and healthy food options, and lack of community services.
- **Main Challenges:** Community partners listed lack of funding, lack of resources and services, and lack of awareness/quality of services as the top three main challenges to meeting the needs of Miami-Dade County residents.
- **Collaborative Opportunities:** Many respondents commented on how increased and continued collaboration between their organizations and the Department, combining and improvement of resources and services, and an increased focus on educational programs could help improve family and child wellbeing in the County.
- **Strengths of Collaboration with CAHSD:** Community partners noted that clear and continued communication between CAHSD and their organization has helped to create strong partnerships. The Department's commitment to service delivery and its reliability as a partner has also helped community partners value the partnerships and trust the Department.
- **Areas in which partnerships could improve:** Many partner survey respondents stated their partnerships with CAHSD could improve through the expansion of resources and services, continued support and expansion of partnerships, and increased communication.

Unmet Needs of Families and Individuals

All community organizations that partner with CAHSD are closely involved with the community in Miami-Dade County and are keenly aware of the needs of the populations in which they work. When community partners were asked about the top three most critical unmet needs of families and individuals in Miami-Dade County, most respondents listed housing, access to healthcare and healthy food options, and lack of community services as the top three most important unmet needs.

Housing

Out of 44 respondents, 26 listed housing as the top unmet need facing families and children in Miami-Dade County, with 17 respondents listing housing in general as the top issue, and 9 more respondents listing housing for the homeless population as the top unmet need. The 17 respondents who listed housing in general as the top unmet need for individuals and families in Miami-Dade County listed the lack of affordable housing as the primary issue. With the rising cost of living and housing costs, many residents are unable to afford the cost of living in Miami-Dade County, and the lack of affordable housing is exacerbating the issue.

Respondents noted lack of housing and shelter for community members who are homeless, veterans, women with children, or domestic and sexual violence victims, as a significant unmet housing need. Multiple respondents commented on the need for more emergency shelters for homeless individuals and families and homeless prevention services. One participant specifically highlighted the "insufficient safe housing for victims of domestic and sexual violence." Another partner commented on the lack of shelter for women with children that are not domestic violence survivors but are simply just homeless. The lack of support services for individuals who are homeless is a growing concern among community organizations in Miami-Dade County and is an area that needs additional attention. Safe and affordable housing for all individuals and families is vital to the overall wellbeing of the community.

> "Insufficient safe housing for victims of domestic and sexual violence."

Community Services

The second most significant unmet need for individuals and families in Miami-Dade County was the need for increased community services for vulnerable populations. Out of the 44 respondents, 14 listed a community service that was lacking but essential in Miami-Dade County. Multiple respondents mentioned the necessity for increased availability of childcare services. Access to free or affordable childcare is a necessity for the advancement of the residents in Miami-Dade County. Increased childcare options allow parents and guardians who must work full-time or are looking to advance their careers through higher educational pursuits, to feel secure in leaving their children in a safe environment while they work to provide for their families.

Multiple respondents also mentioned the need for increased legal services. One respondent stated that there was, "insufficient free immigration lawyers for survivors in immigration detention," while another stated "family legal assistance (divorce/custody)" as services that were unmet in the community. CAHSD partners also mentioned increased medical and senior services, Hispanic empowerment, life skills training, and in-home family services as being critical unmet services needed in the community.

Healthcare

The third most crucial unmet need listed by 13 partner survey respondents was access to adequate healthcare and healthy food options for Miami-Dade County residents. Many participants commented on the high cost of healthcare and health insurance for community members. Unaffordable healthcare is a significant deterrent for individuals who need medical attention but cannot afford adequate care. Multiple participants expressed concern over the lack of preventive or early intervention health care options in the County, especially for individuals with mental health needs. As mental health concerns continue to grow as previously examined in the Health and Wellness section above (See section 7), the need for increased access to mental health services is a primary focus of community organizations. Respondents also recognized the need for more residential drug treatment programs and veteran outpatient treatment

services for both substance abuse and mental disorders. One participant stated the need for "more locations that offer trauma counseling and therapy" for veterans in the community.

Access to healthy food options was also an essential unmet health-related need for community partners. In 2016, 9.1 percent of the population in Miami-Dade County was considered food insecure and lacked access to healthy food options. Individuals and families from low-income neighborhoods and the elderly population are especially likely to suffer from food insecurity. One respondent commented on the need for more home-delivered meals for elderly individuals and individuals who have a disability.

Main Challenges

Next, partner survey respondents were asked to state the three main challenges to solving the unmet needs in the community. Community partners listed lack of funding, lack of resources and services, and lack of awareness and services as the top three challenges to meeting the needs of Miami-Dade County residents.

Funding

The first main challenge to solving the unmet needs in the Community was lack of funding. Twenty respondents listed funding as the number one challenge to helping meet the needs of residents. Without adequate funding of public programs, community organizations cannot serve the number of community members who need services. Funding is a significant barrier to tackling the unmet needs in Miami-Dade County and leads to a lack of resources and comprehensive services.

Resources

Fourteen respondents listed lack of resources as the second main challenge they consider to be inhibiting the solving of unmet needs in the community. One participant expressed frustration at the lack of resources available to help community members, stating, “the demand for these services is too large for the current resources.” Some participants explicitly stated the lack of resources in education and mental health programs that are growing necessities in the community.

> “The demand for these services is too large for the current resources.”

Awareness/Services

The third main challenge mentioned by Partner Survey respondents was lack of awareness in the community of the services provided, as well as the quality of services that were currently provided and lack of funding. One participant mentioned the poor existing services being provided throughout the community, while another commented on the lack of awareness in the community, stating, "often families do not know where to go.”

> “Often families do not know where to go.”

Other Unmet Needs

Other challenges to solving the unmet needs of resident in Miami-Dade County include the high cost of living, lack of affordable housing, low wages, and lack of job opportunities. Respondents noted that the “homes were too expensive, and rent was too high,” and the “inflated costs,” were making it difficult to serve all the residents who required assistance. Combined with the high cost of housing and living was the low rate of wages and the lack of high wage employment opportunities. Multiple respondents noted the need for higher wages and the necessity to

> “Lack of industry other than tourism/service.”

> “Lack of time-not able to create accessible opportunities for job training.”

"analyze current pay rates," while another noted the "lack of industry other than tourism/service." These issues regarding wages and employment coupled with the fact that some respondents felt there was a "lack of time-not able to create accessible opportunities for job training," make the creation of job training programs difficult without increased funding and support from other organizations.

Collaborative Opportunities

Partners were then asked to provide suggestions on how CAHSD and their own organization could jointly improve family and children wellbeing in Miami-Dade County. Many respondents commented on how increased and continued collaboration between their organizations and the Department, combining and improvement of resources and services, and an increased focus on educational programs could help improve family and child wellbeing in the County.

Twelve respondents listed collaboration as the most important way that the Department and their organization could improve family and child wellbeing in Miami-Dade County. Multiple participants called for increased collaboration and transparency, while others stated it was necessary that the Department continue collaborating and creating plans to deliver services in a more focused and organized manner. One respondent stated, "partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members." Other participants commented on the need to "develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs."

"Partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members."

"Develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs."

Combining resources to help tackle significant problems in Miami-Dade County was another focus of partner survey respondents. One partner stated that CAHSD, "should continue to support efforts to identify resources to improve access to safe housing and other critical services to the community," while another partner expressed the need for "more resources for children, teens, and elders affected by domestic and dating violence." Combining and focusing resources in specific focus areas helps to address major issues facing residents.

Focusing resources and efforts on educational programs was another primary concern for community partners. Many community organizations have an educational program component and felt that the promotion of their programs could help improve the overall wellbeing in the community."

"Education needs to be promoted and encouraged throughout the community. Technical programs like the ones we offer provide a better future."

Strengths of Collaboration with CAHSD

Community partners were then asked what they felt were the strengths of their partnership with CAHSD. The main strength listed by respondents focused on the clear communication between their organization and the Department. Many respondents noted the respect and trust they felt with members of the Department and the open communication provided for a very positive and healthy partnership. One participant stated, "open communication, cooperation, willingness to work together, respect, and willingness to nurture and foster the working relationship," as the strengths of their partnership with CAHSD. Clear

"Our partnership is long-standing, making for clear and direct lines of communication and strong collaborations focused on common goals."

and continuous communication helps foster strong bonds between the Department and its community partners, and can produce a more seamless service delivery system.

Many partners also mentioned the reliability and professionalism of CAHSD staff and their commitment to serving the community as significant strengths of their partnership. One participant noted how the Department is skilled at "augmenting your gap areas and providing our unique services to those in need within your geographic location." This commitment to the proper delivery of services to community members through partnerships, helps community partners to know that the Department is helping to provide resources and services at their highest capacity.

"Augmenting your gap areas and providing our unique services to those in need within your geographic location."

How can Partnerships Improve?

Lastly, community partners were asked how their partnerships with CAHSD could improve moving forward. Partners suggested that through the expansion of resources and services, continued support and expansion of partnerships, and increased communication, their partnerships with the Department could improve. Respondents noted that the expansion of the services provided by CAHSD was a way to continue to improve partnerships. Some respondents commented on the need for the Department to be more involved in specific areas such as assisting crime victims, emergency disaster relief efforts, diversity training, mental health programs, and farm workers. The Department's increased involvement in these areas could open more opportunities for partnerships and increased resources for organizations that are committed to providing services to these communities. One participant stated the need for "partnerships with more agencies," while another noted the need to "increase partnership opportunities where CAHSD adds value to existing local nonprofit programming." Stronger partnerships help provide a broader scope of services to community members.

"Increase partnership opportunities where CAHSD adds value to existing local nonprofit programming."

"By sustaining ongoing dialogue and exchange among partners to identify the needs of the community."

While communication was one of the main strengths listed by survey respondents, it was also listed as one of the main areas in which partnerships could improve. One partner stated that partnerships between the Department and community organizations could continue to improve, "by sustaining ongoing dialogue and exchange among partners to identify the needs of the community." Another partner commented on the need to follow up with community partners and agencies and to understand where they are in their service delivery goals, and how the Department and the partnership established could be improved upon to help these organizations continue to provide adequate services. One respondent stated that "they could be more responsive and accountable," as a way to enhance communication and build strong partnerships that ultimately benefit the community in the highest capacity.

"They could be more responsive and accountable,"

XIII. Focus Group Analysis

Eight focus groups were conducted in Miami-Dade County to collect primary data on the issues faced by Miami-Dade County residents. Six of the eight focus groups were conducted in targeted urban areas where CAHSD wanted a better understanding of the community's particular needs. These six urban areas were Opa-Locka/Miami Gardens, Hialeah, Allapattah, Florida City, Coconut Grove, and Edison/West Little River. Each location-based focus group was held in a Community Resource Center during a regularly scheduled Community Action Committee (CAC) meeting. Many participants were CAC board members, active members of the community, or staff members at the Community Resource Centers. The seventh focus group was held at a Head Start Policy Council Meeting to help CAHSD better understand the needs of parents and community members that have participated in the Head Start/Early Head Start program. The last focus group was for CAHSD staff members to gain insight into their experience not only as employees of the Department but as members and advocates for the communities in which they work. There were 75 overall participants over the eight focus groups, 47 participants were from the six location-based discussions, 16 were from the Head Start Advisory Board Meeting, and the last 12 participants were from CAHSD staff focus group.

Key Findings

At the beginning of each focus group, participants were asked to answer three questions on a CAHSD Discussion Sheet (See Appendix A) detailing their opinion of the top three quality of life issues, challenges to addressing those issues, and areas in which they felt CAHSD should focus on in the future. Only 64 participants (85.3 percent) filled out and submitted the discussion sheets. Qualitative analysis of the eight focus groups revealed the significant changes within each community, the issues faced by community members, the challenges to addressing these issues, and the areas in which the participants felt the Department should focus its efforts. The main findings across all groups are related too:

- **Community Change:** The majority of participants in each focus group had been long-term residents of Miami-Dade County, making them first-hand witnesses to the significant changes within their communities over the past ten years. Many discussed major shifts in the demographics and dynamics of their neighborhoods, as well as the construction of expensive housing developments, increased unaffordability in their neighborhoods, and significant transportation concerns.
- **Quality of Life Issues:** Participants listed affordable housing, low-wages, and transportation as the top three quality of life issues faced by Miami-Dade County resident. Other topics discussed by participants were the lack of employment opportunities, community safety, the educational system, and access to affordable healthcare.
- **Challenges to Solving Issues:** Participants stated that the lack of funding/resources, limited employment opportunities, and community involvement/community leadership were the main challenges to solving the primary quality of life issues in Miami-Dade County. Other significant challenges noted were community safety concerns, the educational system, housing costs, and transportation challenges.
- **CAHSD Future Focus Areas:** When asked where the Department should focus its attention most heavily in the future, participants expressed the need for the Department to help create employment opportunities through job training programs, increase their affordable housing efforts, and expand their community outreach initiatives. Other areas where CAHSD's focus was needed were in the expansion of educational programs, improved mental health services and training, and creation of community safety programs.

Community Changes

To frame the conversation and direct the participants into thinking about their community, the discussion started with the participants sharing observations about their community. Across all focus groups, participants recognized multiple changes in the dynamics of their community. The most common changes noted in each focus group addressed a shift in neighborhood culture and demographics, increased housing development and unaffordability, and significant transportation issues. While answers varied during each focus group, each of these community-wide changes were brought up by participants during the eight focus groups.

When participants were asked how their community has changed over the past ten years, one of the most common and widely felt changes was the shift in neighborhood dynamics and demographics. During the six focus groups held in targeted urban areas in Miami-Dade County, participants in each area felt a cultural change over the past ten years. Participants expressed the outflux of long-time community members who were leaving their neighborhoods and homes searching for affordable housing and a lower cost-of-living either in other locations in Florida or outside of the state. One Coconut Grove resident recalls when "30,000 people lived here, and now there are only 3,500." This outflux of long-time residents from these areas has brought in large and expensive development projects and an influx of new residents from varying demographic backgrounds, further changing these targeted areas' landscape and culture.

Many participants in these focus groups have been Miami-Dade County residents for most of their lives and have lived in these target areas for over ten years. In Coconut Grove, participants in the focus group detailed the community's change from being a primarily black, middle-class community to a now mainly Hispanic/Latino community, similar to Allapattah, where one focus group participant also addressed the increasingly Hispanic demographic in the area. In Hialeah, participants noted a demographic change and the area shifting from a heavily Caucasian area in the 1980s to an incredibly diverse community with large numbers of Hispanic members in the past three decades and an increasing number of young Black families moving-in more recently.

With a pronounced demographic shift in an area, significant cultural change of the community happens as well. As different regions of Miami-Dade County have become more Hispanic, the primary language used daily has also evolved from English to Spanish, especially in areas such as Hialeah, Allapattah, and Coconut Grove. The heavy usage of Spanish as one of the primary languages in Miami-Dade County has caused many residents who do not speak Spanish to have a hard time communicating with their neighbors and finding jobs in which being bilingual is not a requirement. This language barrier and cultural differences that accompany it have caused many participants to express their view of their community as increasingly "divided" and "fragmented." One participant from Coconut Grove expressed her distress because "now we are in a divided community. My neighbors don't want to communicate with me. We must find out how to communicate and coexist," while another participant from Florida City said, "We are not a melting pot, nothing has melted."

> "Now we are in a divided community. My neighbors don't want to communicate with me. We must find out how to communicate and coexist." -Coconut Grove Resident

The last significant change discussed by members in each of the eight focus groups conducted was the considerable increase in cost of living in their respective areas and the County as a whole. Each community has seen an increase in development in their neighborhoods, with significant high rises built in each focus group area, combined with rising housing costs and lack of affordable housing development. This development pushes out long-time residents who either cannot afford to live in the area anymore or feel they are being overcrowded and overrun by the influx of people from other regions. In Florida City and

Hialeah, participants expressed their understanding of their areas being the most affordable neighborhoods in the County, causing an increase in families and individuals migrating to their districts to rent and purchase in some of the last affordable communities in Miami-Dade County. The increase in residents is causing increased traffic congestion, changing the landscape of these areas that now have to accommodate substantial increases in overpopulation and traffic.

Quality of Life Issues

After reflecting on the significant changes in their communities over the past ten years, participants were then asked to detail the main issues that they felt were affecting the quality of life in Miami-Dade County. The quality of life issues faced by members of each of the communities were vital to understanding and accurately assessing the needs of the residents served by CAHSD. Each focus group participant was asked on the Focus Group Discussion sheet to identify the top three issues impacting the quality of life for Miami-Dade County residents. When analyzing the written responses of the 64 participants who filled out and submitted their discussion sheets, the top three overall quality of life issues mentioned were affordable housing, low-wages, and transportation. During the focus group discussion, participants explained their answers in more detail.

Affordable Housing

The lack of affordable housing in Miami-Dade County was one of the top three issues for 43 out of 64 focus group participants. Many of the focus group participants are actively involved in their communities. As they have witnessed housing prices increase, they have also noted the stagnation in wages across the County. Low wages combined with high housing costs and increased development of expensive high rises have led to a lack of affordability in all six focus group areas. Participants in the Edison-Little River focus group expressed how housing costs had escalated over the past five years, with one participant stating that "any three-bedroom home is over $240,000." These rising housing costs are not coinciding with the income levels in the area. Residents in Coconut Grove face the same issues with overpriced housing developments built in the area outpricing long-time residents by causing an increase in property taxes and buying out residents who can't afford to live there any longer. One participant who has lived in Coconut Grove for 68 years expressed his discomfort at the changes in his neighborhood, stating, "they built two-story houses around me, and now I am uncomfortable because they are always looking down at me in my yard." In areas such as Florida City, Allapattah, and Hialeah, participants expressed the high demand for affordable housing that has caused many residents to participate in generational housing where multiple family members are all living in a two- or three-bedroom house. In Florida City, participants noted that the high demand for affordable housing has caused some residents to choose not to increase their income or progress in their careers to "not lose their subsidy" and have to leave the only affordable housing they have.

"They built two-story houses around me and now I am uncomfortable because they are always looking down at me in my yard." -Coconut Grove Resident

Another issue with affordable housing mentioned in many of the focus groups was the issue of fair and equal affordable housing for all. A female participant in the Opa-Locka focus group stated that she had "no problem with development, but it is not equal development," with another participant in Edison/Little River saying, "affordable housing is so political." Many participants expressed their concerns about the lack of fairness regarding affordable housing development and allocation. Development opportunities and safe and affordable housing should be available for all members of the community, including historically disenfranchised groups such as the homeless and veterans, and especially across all racial and ethnic groups.

"No problem with development, but it is not equal development," -Opa-Locka Resident

Wages

Wages were the second most important quality of life issue expressed by participants during the focus group discussions. Many participants expressed the disproportion between individuals' salaries and income in Miami-Dade County and the high cost of housing and other daily expenses. One participant from Edison/Little River, a business owner and active member of the community, expressed his distress at not being able to "pay our employees what they need to survive and afford to live in this community." Low wages were mentioned as a significant problem in each of the six communities targeted for these discussions. Participants in Coconut Grove stated that minimum wage in their area is so low while housing costs are so high. One participant in Allapattah said that "employee wages don't keep up with the cost of living." Although participants recognize that there are plenty of job opportunities in Florida City and Hialeah, they are low-wage service sector jobs that can't accommodate the rising costs in each area. In Hialeah, participants recognized "there is work, but the wage is terrible nothing." In Florida City, one participant mentioned that the costly new development projects being built in the area are increasing the cost of living in an area where "upward mobility is impossible for some people."

> "Upward mobility is impossible for some people."
> -Florida City Resident

These wage issues transcend community boundaries and are even more prominent when examined across racial groups. In the Opa-Locka focus group, participants continually expressed the lack of equality when it comes to job availability and opportunities in their community, with one participant stating, "Black people are not at the table and don't have the same opportunities." In the Edison/Little River discussion, a participant expressed the same concerns, citing The Color of Wealth in Miami [75] report that details the differences in economic opportunity across ethnic and racial groups in the City.

> "Black people are not at the table and don't have the same opportunities."
> -Opa-Locka Resident

Transportation

The third significant quality of life issue for participants in the focus group discussions was transportation. With substantial population increases for many of the six communities where discussions were held, comes increased traffic congestion and wear and tear on major roadways. In Florida City, the population increase has caused residents to feel congested in their community. It has created significant roadway developments and infrastructure improvements to accommodate the increase in daily traffic to and from the area. In Allapattah, participants expressed concern and frustration at the quality of their roads that are not being improved upon or expanded to accommodate large amounts of people living and visiting the area. In Hialeah and Coconut Grove, public transportation issues were causing significant problems for residents. In Hialeah, one participant mentioned that the bus schedule had changed repeatedly over the past five years, eliminating many of the bus routes and changing the bus operation hours to close on the weekends. The change in bus routes and the elimination of some routes altogether caused significant transportation delays for residents who rely on the bus as their primary source of transportation. In Coconut Grove, participants stated similar concerns regarding public transportation in their community, with the change in the bus routes making it harder for residents to effectively and efficiently make it to their destinations.

[75] The Color of Wealth in Miami, http://kirwaninstitute.osu.edu/wp-content/uploads/2019/02/The-Color-of-Wealth-in-Miami-Metro.pdf

Other Quality of Life Issues

Although the top three issues discussed above were representative of most participants' top three quality of life issues, other significant issues also discussed were the lack of employment opportunities, community safety, the educational system and access to healthcare. From the Focus Group Discussion Sheet, a lack of employment opportunities and community safety were the next two most important quality of life issues to participants. Many participants expressed concern over the lack of job availability in their areas, with some participants expressing the need for equal working opportunities and new job producers. One participant in Coconut Grove addressed the need for skilled laborers in the established industries, and "this community doesn't have that, especially with no job training programs."

Safety was another major quality of life issue for participants. Many participants noted the increase in crime and gun violence in their neighborhoods, as well as the drug problem, domestic abuse, and hostile resident-police relations. In Florida City, participants expressed the effect that gentrification has made on the increase in gang violence in their area. One participant explained that gang members from Overtown and Liberty City who had been pushed out of their communities due to new development projects and gentrification efforts were now migrating to the Homestead/Florida City area. This influx of individuals from other Miami-Dade County locations has caused an increase in fighting between incoming gangs and gangs that had already been established in the area. In Hialeah, participants expressed concern over the level of crime in the area at nighttime and the lack of police involvement with one participant stating, "to reach them is a mission, and they have a super slow response rate."

> "To reach [police] is a mission and they have a super slow response rate."
>
> -Hialeah Resident

Education was the next most pressing issue for participants, ranging from the need to expand early childhood quality education programs to easier accessibility for adults to pursue higher education. One participant from Edison/Little River expressed frustration at the educational system in the area, stating, "our young people today from high school almost know nothing, our young people are not motivated to get to the higher education level." Participants in Florida City and Allapattah expressed similar concerns with one stating, "Kids lose hope without education and jobs." The lack of access to quality education has resulted in an increasingly unskilled labor force, an increase in crime, and a lack of upward mobility throughout the County.

> "Kids lose hope without education and jobs."
>
> -Florida City Resident

Health was the last major quality of life issue discussed by focus group participants. Access to affordable healthcare, healthy food access, and mental health were the three main concerns regarding this issue during the focus groups. In Hialeah, participants expressed the need for better mental health services for community members. Many of the participants who work in the Community Resource Centers had experience with community members who are suffering from mental health issues and are not receiving adequate services. One participant expressed the need for increased staff training on handling clients who had mental health issues to properly help them while protecting themselves and Center staff from any potential violent outbursts or episodes from clients.

Challenges to Solving these Issues

Once focus group participants had expressed the main quality of life issues that residents were facing daily in Miami-Dade County, they were then asked to address what they felt was preventing them from being resolved. The second question on the Focus Group Discussion Sheet asked participants to identify the three main challenges they saw in their communities that prevent the area from improving. This question aimed at understanding the public's perspective on why the County is facing these significant and

overwhelming issues. The three main challenges listed across all eight focus groups were lack of funding/resources, employment opportunities, and community involvement/leadership.

Lack of Funding/Resources

The lack of funding and resources allocated to some of the neediest communities in Miami-Dade County is causing even more financial hardship for residents trying to survive in an increasingly unaffordable community. In areas such as Coconut Grove that are surrounded by expensive housing developments, funding is not being allocated to the area anymore even though many residents still require assistance. One participant stated, "we are the hole in the donut… funding used to be allocated here, but now there's wealth around us making us ineligible for funding." For areas in Miami-Dade County facing gentrification, the issue of funding and resource allocation seems to be shared, further pushing citizens who need community services and resources out of these areas. In Allapattah, participants noted the substantial amounts of money the community generates for the County, although the community members never see those funds because they are reallocated to other neighborhoods. One participant stated, "money is wasted or misused."

> "We are the hole in the donut… funding used to be allocated here, but now there's wealth around us making us ineligible for funding."
> -Coconut Grove Resident

In Florida City, one participant noted that there is never enough money to address the community's challenges. Hialeah's participant expressed grief at the depleted state of schools in the community and the lack of funds to purchase necessary supplies for the students and teachers. Numerous fundraising events were held in Hialeah to raise money for the schools, and the schools still have not been given those supplies, making many members wonder where these funds go. A participant in Hialeah, who also works at a Community Action Resource Center, stated, "we're being shoved off to other agencies who have more resources than us. Very discriminating against us."

Employment Opportunities

Another significant challenge for solving the issues facing residents in Miami-Dade County is the lack of employment opportunities. Many participants noted the need for fair and equal employment that does not discriminate or leave groups of residents out of eligibility because of their race or language. In the discussion sheet answers, some participants noted that the requirement for potential employees to speak Spanish disenfranchises a large portion of the population in the County. In Hialeah, one participant noted the lack of an effort from residents to speak or learn English, requiring most jobs to hire employees who are bilingual to communicate with their clientele. A participant in Coconut Grove also stated, "many people don't get jobs because they don't speak Spanish."

Other challenges regarding employment opportunities are large developers and private companies building in the County that have the potential to provide employment opportunities in disadvantaged areas but are refraining from hiring local residents. They have the potential to help support local economies but are choosing to bring workers from other neighborhoods in the County instead. There is no accountability for these developers, one participant in Edison/Little River expressed frustration that "we've allowed private companies to segment themselves from the public." Participants also pointed out that "private businesses are supposed to hire 30 percent local workers," but questioned who is keeping track of that 30 percent.

> "We've allowed private companies to segment themselves from the public…private businesses are supposed to hire 30 percent local workers."
> -Edison/Little River Resident

In other areas such as Florida City, infrastructure has not expanded, and there is no real job producer that can create more long-term, high-wage jobs. Many participants also noted the need for more job training programs in their areas where residents can learn the necessary skills required for work in higher-paying industries and positions.

Community Involvement/Leadership

Lack of community participation and poor leadership was the third largest issue recorded on the Focus Group Discussion Sheets by participants. Regarding community participation, many of the answers written by participants expressed a need for Miami-Dade County residents to have more exposure to the community's services, especially at the Community Resource Centers. This lack of exposure to the available services also created a lack of participation and involvement in community activities and services that could be beneficial for those in need. Answers on the Discussion Sheet that pertain to the leadership in these communities expressed a deep distrust in government leaders to bring about positive change in their communities. Many participants expressed a lack of communication between residents and local leaders, such as County and City commissioners that has resulted in a lack of accountability, voter apathy, and citizen participation.

In Hialeah, focus group participants expressed their struggle with the lack of citizen engagement in their area. One participant who is an employee of the Community Resource Center in Hialeah explained the lack of involvement from the community members that they serve. They expressed the effort put into organizing events and workshops for residents, but then "they don't show up unless we offer food," making it very difficult to reach people who can benefit from their programs. In other discussion groups, the public's need to be made aware of the services offered by CAHSD and the Community Resource Centers that they oversee is imperative in making the public aware of how they can receive help.

> "When you vote you are hiring these people."
> -Edison/Little River Resident

In Edison/Little River, participants noted the need for education on civic engagement and the leaders in which they are voting into office. One participant stated, "when you vote, you are hiring these people." Employees of the Community Resource Center in Hialeah expressed their frustration at being blamed for the lack of resources and funding to provide services, when their community members "vote bad representatives into office," and "don't use their voice to advocate for their needs." In Allapattah, one participant stated, "Advocacy, education, and information, it is our fault for electing the wrong politicians. We have a lot to do to build community infrastructure." In Opa-Locka, one participant expressed their total lack of confidence in local government, stating, "County turns a blind eye and deaf ears to our recovery." This distrust and lack of confidence in local leaders is a massive barrier to solving problems effectively.

> "Advocacy, education, and information, it is our fault for electing the wrong politicians. We have a lot to do to build community infrastructure."
> -Allapattah Resident

Other Challenges

Aside from the top three challenges to solving the quality of life issues facing residents, the next most important challenges that must be addressed are police relations with the community, the educational system, housing costs, and transportation.

Many participants emphasized the effect of negative relations between the police and the communities they serve as a barrier to effectively addressing crime in the County. Participants' written answers from the Focus Group Discussion Sheets stated, "people are afraid of the police," with some addressing the lack of "communication from the police department." One participant noted the necessity for "police positivity and

engagement," and the need to "bridge the gap between the police and the community." The need to bring the police and the community together was a common theme in many focus group discussions.

Education was another major challenge addressed by focus group participants. Many individuals expressed the need for more youth-based programs and higher quality education to improve overall outcomes in the community. One participant from Edison/Little River stated, "the lack of knowledge and resources," of community members as a primary challenge to addressing the broader issues impacting residents' daily lives.

Lack of affordable housing and increased homelessness were also addressed as a significant challenge facing Miami-Dade County residents. One participant expressed frustration at the high housing costs that cause residents to have to work multiple jobs to pay for their housing expenses. Unfair housing and housing discrimination were also addressed by participants who felt that "there is housing discrimination," with one participant emphasizing the need to resolve the housing challenges in Miami-Dade County through fair housing efforts and a greater focus on the homeless population.

Transportation was the last significant challenge addressed by focus group participants. Participants expressed their frustration at the "inadequate transportation" in the County and the need for the "expansion of transportation." Better enforcement of driving laws was also a big concern for citizens who have witnessed significant safety issues attributed to residents' lack of knowledge of driving and pedestrian laws and protections.

Community Action and Human Services Department Focus Areas

The last question on the Focus Group Discussion Sheet refocused attention back on CAHSD and what it could do to improve outcomes in these areas of Miami-Dade County. The question posed was: what are the three main areas or issues in which CAHSD should focus its efforts? The three main areas that participants expressed were: 1) helping to create employment opportunities by providing job training, 2) affordable housing efforts, and 3) community outreach.

Job Training/Employment Opportunities

The first main area in which participants felt CAHSD should focus its efforts was in implementing job training programs. Many participants expressed the need for workers in their areas to have access to job training and placement programs that would help them develop the necessary skills to work in a technologically advanced environment. These programs should also be targeted toward the youth in the community so that they could attain a higher level of education and be able to afford to live in the areas where they grew up. One participant from Edison/Little River, a leader in an organization within the community, expressed his difficulty finding someone with the necessary job skills. Another participant in Coconut Grove discussed the need for skilled labor in his community, suggesting that CAHSD "come in and do more intensive training to allow us to work more effectively and bridge the gap." In Allapattah, one participant expressed concern at the lack of job skills and job training in the Black community, explicitly stating that "no Black people are working on community projects," this is creating even more of a divide between the community and the employment opportunities provided.

Another area of employment opportunity creation is the development of programs for local entrepreneurs and support for small businesses in the area. In the Opa-Locka and Allapattah focus groups, modest business growth and development were discussed as well as support for companies that provide a living wage to their employees.

> “Come in and do more intensive training to allow us to work more effectively and bridge the gap.”
> -Coconut Grove Resident

Housing

Although affordable housing creation does not fall under the Department's scope, many participants felt that CAHSD could take a larger role in advocating and creating more supportive housing systems for community members. A large portion of the answers written on the Discussion Sheets addressed participants' desire for the Department to address the affordable housing crisis through housing or rental assistance or put programs into place for the homeless. In Florida City, one participant commented that even the expansion of the Low-Income Home Energy Assistance Program (LIHEAP) would be beneficial to the community.

Community Outreach

The last central area in which focus group participants felt the Department should focus its efforts was in their community outreach efforts. A large portion of the participants in these focus groups are employees at the Community Resource Centers in which these discussions were held, making them acutely attentive to the resources provided by the centers and the public's overall lack of awareness of the services offered. One participant in Edison/Little River noted that they could "advocate for effective programs and policies" in the future, while a participant from Hialeah voiced the need for more community events and involvement.

Participants also expressed the need for CAHSD to better communicate with communities on what programs are offered and their scope of services. A lack of communication over the years has resulted in many needy community members not receiving services due to a lack of understanding where to go, and many negative interactions with community members who do not understand what services the Department is actually able to provide. In Hialeah, participants expressed that community members have come into their resource centers in threatening or defensive manners just due to lack of understanding of the process and scope of the Center's work. One participant in Coconut Grove also reiterated the need for the community to "have realistic expectations because, at the center, we still have to work within parameters."

Other Focus Areas for Community Action and Human Services Department Efforts

The remaining three areas in which participants felt CAHSD should heavily focus on education, mental health services, and community safety. Participants expressed a need for the expansion of educational programs and scholarships for youths in the community. Multiple participants stated the need for an extension of Head Start programs and affordable daycare facilities, while other participants were heavily focused on expanding educational opportunities for teenagers. There was a large emphasis on advocating for increased resources and funding for the educational system in Miami-Dade County, and for the creation of programs that would support the upward mobility of young residents.

The need for more programs and training to address the community's mental health needs was also highlighted through the participant's written responses to the Focus Group Discussion Sheet. Many participants were employed in organizations that work directly with the public and, therefore, witnessed the immense need for mental health programs, especially for the homeless population.

Lastly, many participants felt that CAHSD should focus more on addressing community safety by creating more youth violence prevention programs and more assistance to victims and survivors of domestic violence. There was also an emphasis on police involvement in the process of diminishing crime and creating positive, healthy relationships with the community, especially with the youth.

Head Start Policy Council Meeting Focus Group

In addition to the six focus groups conducted in targeted urban areas, a focus group was held at a monthly Head Start Policy Council Meeting to understand the needs of those community members that have children enrolled in Head Start (HS)/Early Head Start (EHS) Programs or have had children in these programs. There were 16 participants in the focus group discussion. Participants were made up of parents of children enrolled in the HS/EHS Program and representatives from community organizations that partner with HS. Their answers regarding the quality of life issues challenges to solving those issues, and areas in which they believe CAHSD should focus its efforts, were included in the previous analysis of the 64 participants who filled out and submitted the Focus Group Discussion sheet because their answers aligned with the answers provided by participants at the other location-based discussions.

Quality of Life Issues

The quality of life issues addressed by participants in the HS/EHS group aligned directly with the issues discussed in the other focus groups. The high cost of living, lack of living wage jobs, and equal employment opportunities, and the increasing housing costs were all important quality of life concerns to participants. One participant stated, "people who make decent money don't make enough to afford to live in a decent neighborhood." The concerns regarding transportation and lack of community programs were also expressed, but the limited availability of childcare and a flawed health insurance system were also important topics. Many participants shared their issues finding adequate and safe childcare before they found the HS Program. Finding accessible and affordable childcare that allows parents to work full-time jobs or advance in their careers or education was a struggle for most board members before their involvement with HS. Adequate healthcare was another major issue for many participants, with one participant detailing her experience of trying to apply for healthcare after the open enrollment period when she unexpectedly found out she was pregnant stating, "I had to quit my job to qualify for healthcare for the birth of my daughter." These are major issues that parents face every day in Miami-Dade County.

> "People who make decent money don't make enough to afford to live in a decent neighborhood."
> -Head Start Policy Council Member

> "I had to quit my job to qualify for healthcare for the birth of my daughter."
> -Head Start Policy Council Member

Challenges to Solving these Issues

The discussion on the challenges to solving the main quality of life issues in Miami-Dade County focused heavily on the lack of job-training programs and lack of support or communication from their local leaders. Another challenge identified by several participants was the topic of mental health. One participant brought up mental health problems stemming from trauma and abuse being an overwhelming issue in Miami-Dade County that is not being dealt with properly. Many other participants agreed that it was one of the most significant problems not being appropriately addressed and have stemmed from decades of poverty and historical occurrences such as the drug epidemic in the 1970s and 80s in Miami-Dade County. The lack of communication and openness about these issues, especially in the Hispanic, Caribbean, and Black cultures, was also discussed as perpetuating the issue further due to the stigma surrounding mental health in these cultures.

How do we Improve Family and Child Wellbeing?

The question of improving family and child wellbeing in Miami-Dade County was posed to all eight focus groups, and all eight focus groups expressed a need for CAHSD to focus more on educational programs

for both parents and children. Many of the participants also expressed a need for the expansion of the HS/EHS Program. The need for widespread, affordable childcare was addressed in each of the communities.

Other ways in which CAHSD could improve family and child wellbeing, according to the Head Start Advisory Board members, were by organizing fun community activities, with one participant stating, "let's utilize our parks and get active." Participants also suggested that the Department hold entrepreneurship workshops to help support small business owners in the area, and financial literacy programs to help community members and young adults handle their finances appropriately. Lastly, participants suggested expanding job training programs for parents and young adults who need a job but do not have the skills to get one. One participant emphasized the need for collaboration and local organizations' willingness to help community members succeed by providing them with the necessary information and opportunities, stating, "some people have the information needed and don't want to give it out." Bringing the community together and supporting those residents who need additional support and assistance was extremely important to the participants in this group.

> "Some people have the information needed and don't want to give it out."
> -Head Start Policy Council Member

Head Start/Early Head Start Impact

The last question asked of participants in the Head Start Policy Council focus group was what impact the HS/EHS program had on their lives and in the community. All participants expressed their sincere gratitude and appreciation for the program, with one calling it a "godsend" and many others noting its significant impact in their personal lives and others' lives in the community. One participant discussed how the free childcare and wraparound services that the program offers help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many expressed the need for even more availability of these services through the neediest areas of Miami-Dade County, and many felt that it is part of the solution to helping many families escape poverty and make a move to progress in their careers and education.

Community Action and Human Services Department Staff Focus Group

The last focus group was with the staff members of CAHSD. This focus group aimed to understand department staff's specific experiences in their work with the community and as community members themselves. Twelve staff members participated in the focus group discussion, most of whom had been working for the County for over 20 years. Participants were employed in multiple different divisions of CAHSD, such as Head Start, Procurement, Rehabilitation services, Community Resource Centers, and the Personnel Unit. The wide range of participants and the extended periods that they had been employed by CAHSD help provide a holistic view of services offered, the overall employee experience, and the areas in which the Department could improve institutional knowledge.

Quality of Life Issues

When asked about the quality of life issues facing residents, participants continued to state the same issues as participants in the other focus groups such as affordable housing, cost-of-living increases, transportation, and gentrification. One issue that was most heavily addressed during this focus group was the issue of crime. As community workers, many participants work closely with community members and within some of the neediest communities in Miami-Dade County, making them more aware of the effect of crime on their clients. Many participants made the connection between

> "There is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."
> -CAHSD Staff Member

gentrification/lack of affordability to an increase in crime, with one participant stating, "because of gentrification we are having a lot of crime, and they are pushing other communities that already have crime into other areas." The lack of affordability, not only for housing but food and daily necessities, has led to desperate residents turning to crime to survive and support their families. One participant said, "there is a correlation between poverty and crime when people feel marginalized, they end up turning to these things."

This increase in crime has resulted in many CAHSD employees becoming fearful of working directly with community members, especially for those employees who are required to do home visits with their clients. A participant who is an employee for a Community Resource Center expressed their concern saying, "We used to go knock on doors, and now we are so scared and so busy." Another participant stated, "gone are the days when you visit people for home visits as a caseworker."

> "We used to go knock on doors, and now we are so scared and so busy."
> -CAHSD Staff Member

Challenges to Solving Community Issues

The staff focus group participants also had similar answers to the question of what challenges are faced when attempting to solve these issues, with many noting the lack of funding/resources and an increase in unaffordability in the area. One answer rarely discussed in any of the other focus group discussions was the challenge of a lack of healthy food access. One participant explained that many of their clients did not have easy access to fresh produce or healthy food options in the areas they reside in, and the corner stores that clients rely on do not carry those healthy options. Another issue is the lack of affordability of these healthy food options. A participant expressed their frustration by stating, "we are the hub of agriculture, but who has access to it?"

> "We are the hub of agriculture, but who has access to it?"
> -CAHSD Staff Member

Whose responsibility is it to address these issues?

Another question posed to most focus groups conducted was the question of whose responsibility it was to address the community's issues. Most participants answered that local leaders, organizations, and public officials should be responsible for addressing these pressing issues. During the staff focus group, many participants stated that the Department's responsibility was to address these issues, with a participant saying, "We must take ownership. We must set up programs to keep people here unless the plan is not to keep people around this community."

> "We must take ownership. We must set up programs to keep people here unless the plan is not to keep people around this community."
> -CAHSD Staff Member

Another participant noted the responsibility of the police in addressing the major crime and drug issues that are facing the community. One participant stated, "the drug scene has decreased over the past year in my area. I have seen more officers that are more educated on who is making trouble and who isn't." Increased police education and involvement can help to improve the community and community relations with the police overall.

The topic of collaboration between county departments and other community organizations was also widely discussed. One participant expressed the "need to have more collaborations. We can't be territorial about our resources or services." The need to combine resources across Miami-Dade County and "build a network of organizations that work together" was evident through the conversation. Staff members who are working with limited resources and trying to provide clients with the most help possible need other resourceful organizations to do it.

Where should the Community Action and Human Services Department focus its efforts?

When asked where CAHSD should focus efforts in the future, there was a significant emphasis on creating and organizing more training programs for community members and building more of an awareness about the Department and the services offered. One participant expressed their gratitude at the training program that they attended when they first enrolled their children in HS/EHS, stating, "I came in without a GED and with three kids, and I went through the program, and now I own my own home." One participant stated that many of CAHSD staff had similar success stories regarding the programs that are provided by the Department, especially the job training programs.

> "I came in without a GED and with three kids, and I went through the program, and now I own my own home."
> -CAHSD Staff Member

The second area in which the staff members felt the Department should focus more heavily on was marketing the services that CAHSD offers. Participants expressed a lack of communication from CAHSD to the public, resulting in a lack of participation and residents' awareness. One participant stated, "we need to make it known that we are here; we need to go out into the community and let them know who we are," with another participant agreeing, "we need to understand our clientele and target everyone in a way that they can understand." Another participant suggested having an employee focused on posting on social media and communicating directly with the public on the Department's events daily.

> "We need to make it known that we are here; we need to go out into the community and let them know who we are."
> -CAHSD Staff Member

How do we improve the department?

The last question for staff members was: how do we improve the Department? The first area in which staff members felt the Department could improve was professional development and training for employees within CAHSD. One participant expressed the importance of focus groups and stated, "we need a check-in point for the staff and community to give feedback and input, and this feedback goes to the staff who can make a difference." Another participant agreed, suggesting that even staff members needed to be better informed about the services that the Department offers to better communicate with the public they are serving. Professional development and training for staff members were also listed as highly crucial so that the Department can have excellent communication and protocol in all divisions and with all staff.

> "We need a check-in point for the staff and community to be able to give feedback and input, and this feedback goes to the staff who can make a difference."
> -CAHSD Staff Member

The second major area that staff felt CAHSD could improve in was better utilizing their Community Resource Centers, with one participant suggesting, "we should make better use of our resource centers, a lot of them are empty. We should target community bus services to come into those centers." Another staff member also stated that employees need to do a better job following up with their clients and getting more involved in the centers and its members. Lastly, one participant expressed the need to accurately target clients and serve their needs effectively, stating, "we need to know who our target audience is. Where are the needs and trends, that's where our services will be most effective."

> "We need to know who our target audience is. Where are the needs and trends, that's where our services will be most effective."
> -CAHSD Staff Member

Recommendations

The Miami-Dade County Community Action and Human Services Department (CAHSD) is the largest provider of social services in the County and has served hundreds of thousands of residents of all ages from its inception. The Department's mission is to empower individuals, families, and communities through comprehensive social services. According to CAHSD, services are designed and coordinated to address and relieve hardships associated with poverty.[76] The Department's service delivery model is comprised of eight components that meet the multigenerational need of residents and includes the Head Start/Early Head Start Division, the Family and Community Services Division, the Elderly and Disability Services Bureau, the Violence Prevention and Intervention Division, the Rehabilitative Services Division, and the Energy, Facilities and Transportation Division. The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults (ages 18-24) in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities. The Psychology Internship Program is an American Psychological Association (APA) accredited program in which doctoral students provide direct mental health services to residents participating in select CAHSD programs. CAHSD has also been awarding scholarships for the past 30 years to individuals between the ages of 16-25 to assist them with reaching their educational goals. This program targets areas represented with an annual household income that does not exceed 125 percent of the Community Service Block Grant (CSBG) Poverty Income Guidelines. The target areas are: Allapattah, Brownsville, Coconut Grove, Culmer, Edison/Little River, Florida City, Goulds, Hialeah, Liberty City, Little Havana, Naranja, Opa-Locka, Perrine, South Beach, South Miami and Wynwood.

With the onset of the COVID-19 pandemic and its economic and health consequences, the delivery of services to residents in need and facing an immediate financial or physical crisis has become even more crucial. CAHSD is responding to current and emerging needs, and continuing to address community challenges through the provision of social services, while also seeking opportunities to expand and augment programs. Following guidance from the Office of Head Start (OHS) and the Florida Department of Education (DOE), due to COVID-19 (coronavirus), CAHSD closed all Head Start/Early Head Start locations in spring and summer 2020. HS/EHS employees continued to provide high quality early childhood educational activities to children, engage families, deliver services remotely, and provide grab-and-go meals for enrolled children during the closure. Another example of the COVID-19-related changes was the closure of the senior community centers including the County's 21 community centers. However, on March 16, 2020, Miami-Dade County launched a temporary emergency seniors meals program in an effort to help elderly residents stay safer at home during the COVID-19 pandemic. Between March and July 2020, the County had spent nearly $70 million on the emergency program, delivering nearly 8 million meals to over 80,000 seniors.

While there are numerous other agencies and nonprofit organizations in the social service ecosystem, CAHSD has the broadest reach and impact. In addition to the programs that address immediate needs, CAHSD also provides services that seek to address the persistent poverty for large segments of residents. The Family and Community Services Division provides services including family and community development, the Low Income Home Energy Assistance Program (LIHEAP), information referral, computer training, emergency food and shelter assistance, relocation assistance, youth intervention, and employment readiness and placement through the Community Services Block Grant (CSBG). CSBG provides funds to alleviate the causes and conditions of poverty in communities. The Community Action

[76] CAHSD Business Plan, 2019-2020.

Agency Board is a 45-member advisory board to the Miami-Dade Board of County Commissioners regarding the development, planning, implementation and evaluation of Community Service Block Grant (CSBG) programs, Head Start and other programs administered by CAHSD. The board is comprised of 15 members representing Miami-Dade County's Mayor, Board of County Commissioners and the City of Miami Mayor, 16 members elected through a democratic process to represent identified low-income communities, and 14 members representing community stakeholders in the areas of business, industry, labor, religion, law enforcement, social welfare and education. The diverse membership of the board ensures that program design and service delivery are aligned with the needs of the community.

While CAHSD has been an anchor social service agency with significant impact to the lives of thousands of families and individuals, the extensive analysis in this report shows the persistent need, both based on the public and administrative data, as well as the community and stakeholder feedback. The following recommendations are informed by the comprehensive analysis of public data across various areas that describe conditions for Miami-Dade County residents, as well as the extensive community input, including resident perceptions, stakeholder discussions, and input from partners, staff, community advisory committee and Head Start Policy Council members. CAHSD also provided program data for its services, clients and staff. Based on the analysis of information from all these sources, the following are four broad areas of opportunity for expanded and enhanced CAHSD involvement towards alleviating poverty.

Economic Development: Broadening Economic Opportunity and Mobility

Prior to the COVID-19 pandemic, many Miami-Dade County residents and their families were considered economically disadvantaged. With rising housing costs and South Florida's low-wage consumer-based and tourist-centric economy, individuals were already struggling to make ends meet and afford the high cost of living in the County. From 2009 to 2017, the total population living below the poverty level increased from 17.2 percent to 19 percent, or 505,182 people. In 2017, there were 138,967 children in poverty, which represents 25.4 percent of all children. There is a higher concentration of poverty in Miami-Dade County’s opportunity zones. In 2017, almost 111,000 of the 344,000 opportunity zone area residents (32.2 percent) had incomes below the poverty level. Approximately 43.4 percent of children in these areas were living in poverty. Insufficient incomes also result in housing unaffordability. In 2017, 127,940 owner households (28.6 percent of total) were cost-burdened, paying in excess of 30 percent of their income on housing. The number of cost-burdened renter households was even higher – 251,732 or 61.4 percent.

Before COVID-19, Miami-Dade County's economy was centered on strong tourism, hospitality and service sectors that employed thousands of workers. Most of the jobs in these sectors are typically low-wage, low-skill jobs, which were temporarily or permanently eliminated at the onset of COVID-19. While the County's tourism, hospitality, and service sector industries were booming before the pandemic, affording the high cost of living in the County was a challenge for many of the workers in these industries. A majority of the leading occupations that made up Miami-Dade County's employment base, such as retail salespersons, cashiers, and office clerks, are all at the bottom of the occupation wage scale. The median hourly wage in 2018 was $16.90 compared to an entry-level worker's average hourly wage of $10.30. Despite almost full employment pre-COVID-19, income stagnation and low median and hourly wages combined with the high cost of living resulted in 19.0 percent of the population in 2017 living below the poverty level. Maintaining an economy that revolves around low-wage, low-skill jobs inhibits the potential for stable economic growth through the introduction of higher-wage, higher-skill industries that require a skilled and educated workforce. Low-wage economies have a direct negative effect on median earnings and household income and create significant wage gaps between skilled workers and unskilled workers. Post-COVID-19, there must be an emphasis on developing a skilled and educated workforce through workforce development programs and services.

COVID-19 exacerbated the economic challenges of the community. Due to the financial hardships faced by many individuals before the pandemic and the many economic difficulties yet to come, making communities more resilient to economic shocks is a crucial long-term strategy, which entails a concerted effort to diversify the local economy and develop local talent to take advantage of higher skill and higher paying jobs. Programs expanding workforce readiness are vital to creating a healthy and thriving local economy that improves the quality of life for all residents.

To improve County residents' economic conditions, CAHSD may consider expanding employment and training programs. Programs that provide individuals with computer literacy skills and resume building, as well as soft-skills training, trade skills, and vocational training, will help support the advancement of workers. The Employment and Training Division provides employment programs services such as vocational training, career planning/development and financial assistance for disadvantaged populations such as at-risk youth and farm workers. As the pandemic's economic impact continues to manifest in the local economy, the development of the workforce and connecting workers to jobs is vital to building a more sustainable and inclusive economy prepared to face future economic crises.

The feedback from the community speaks to the importance of employment opportunities for residents. The majority of survey respondents indicated that job opportunities (53.6 percent) and unemployment (50.5 percent) are major problems in their neighborhood. Almost a third (32.8 percent) believe living wage local jobs are missing from their community. Access to information and services for unemployed young adults is a concern for 24.5 percent of respondents. The majority of respondents (51.5 percent) indicated lack of skills had prevented them from getting a better paying job, and 30.2 percent believe they need computer skills for a better paying job.

Easy access to programs and services is also necessary to improve attendance and participation in these workforce development programs. Increased efforts and funding would need to be allocated to aid residents who want to attend workforce development programs, but have transportation limitations, lack computer literacy skills, or need childcare services. Accommodations must be made to cater to residents facing these limitations when trying to provide them with training and employment services. For example, Lyft and Uber have a well-established presence in Miami-Dade County and are working with other social service providers, such as Catalyst Miami, to provide discounted rides for workforce program participants who need to go for training and interviews with potential employers.

Economic conditions are directly related to other vital social indicators such as educational attainment, overall health, and community safety and justice. Improving economic conditions in Miami-Dade County will have a positive effect on other major community issues. Well-designed and intentional workforce development initiatives are the prerequisite of any effort for providing equitable, inclusive, and sustainable economic opportunities for broad segments of the County's workforce.

Financial Implications: To alleviate the financial burden of new program implementation, CAHSD could partner with other Miami-Dade County departments that already have workforce development programs and either refer residents to them or collaborate with them in offering these programs. CAHSD could partner with departments such as the Miami-Dade County Internal Services Department that oversees the Community Workforce Program (CWP) or other community organization such as the Miami-Dade Beacon Council and the South Florida Workforce Investment Board who also provide workforce recruitment and training programs for residents. CAHSD is already working with partners across different areas of service, and the survey with 44 organizations that are CAHSD partners indicates that partnerships can be further enhanced.

The top three most critical unmet needs of families and individuals in Miami-Dade County, according to the partner responses, were housing, access to healthcare and healthy food options, and lack of community services. Twelve respondents listed collaboration as the most important way that the Department and their community organization could improve family and child wellbeing in Miami-Dade County. The respondents also expressed that their partnership with CAHSD has been based on open communication, professionalism of CAHSD staff, and the focus on common goals. The recognition of the value of partnerships with CAHSD, and the appreciation of CAHSD as a good partner, provides additional opportunities to deepen and broaden their community reach through collaborative efforts and information sharing across social service providers.

The delivery of programs through the Department's 13 family and community service centers and the County's 50 public libraries would provide services and programs in close proximity to residents from all communities. Members of the Head Start Policy Council suggested that the department hold entrepreneurship workshops to help support small business owners in the area, and financial literacy programs to help community members and young adults be prepared to handle their finances appropriately. Established Community Resource Centers and libraries are located within the County's most vulnerable areas, and program delivery through these sites would improve access to participants who could avoid extensive travel. Providing these programs at CAHSD's facilities, in partnership with other organization would also help limit the cost of program development and implementation.

Expansion and Enhancement of Services

The type and location of services CAHSD and its partners offer need to be based on the current and accurate assessment of need, with a consideration for access. Since CAHSD offers a blend of programs and services to residents of all ages, from children to the elderly, the enhancement and expansion of services also need to be geared to meeting the specific needs of various groups.

Families and Children - Head Start/Early Head Start

The main recommendation regarding the Head Start/Early Head Start programs is for CAHSD to continuously evaluate the locations of the HS/EHS service sites, and to continue expanding these services. In the 2017-2018 year, there were over 800 children on the wait list for HS/EHS services. Annual evaluation of low-income areas in Miami-Dade County and the concentration of children under five years old living in poverty would allow the Division to cater more directly to communities where residents are facing economic hardship. Post-COVID-19 this evaluation will be even more crucial to the distribution of services as more families will require the support services provided through the program.

Miami-Dade County's HS/EHS program is the largest comprehensive early childhood education and development program of its kind in the southeastern United States, and was recognized as a Program of Excellence by the National Head Start Association. More than half of the Department's expenditures are for services provided by the HS/EHS Division. The Division provides a comprehensive child development program for children (newborn to five years of age) from low-income families. The HS/EHS program includes the oversight of 17 delegate agencies in the provision of high-quality early childhood education in more than 350 classrooms, in over 90 locations across Miami-Dade County. Each year, the program offers education, child development and family support services to approximately 8,000 children, expectant mothers and their families. In addition to early childhood education, the Division also provides support to families through 16 additional interventions. Some of these address the economic and housing needs of residents - adult education, job training, English as a Second Language (ESL) training, asset building and housing assistance. In the 2018-2019 fiscal year, 81.7 percent of families

served by the Division received parenting education. Other family services include emergency and crisis intervention, substance abuse prevention and treatment, health education, relationship or marriage education, and mental health services. In 2018-2019, 5,119 families received at least one family service.

The Head Start/Early Head Start programs are held in high regard by the community and have provided vital resources and opportunities for the advancement of families. The participants in the Head Start Policy Council expressed their appreciation not only of the early childhood education programs of the Division, but also the additional wraparound services that the program offers that help build up the community because parents can go back to school and better themselves while the children are being properly taken care of. Many Head Start Policy Council members expressed the need for even greater availability of these services through the neediest areas of Miami-Dade County. The results of the community survey confirm the great need for these services as well.

The need for the expansion of HS/EHS programs is also apparent through the analysis of children under five and their families, and the Community Needs Assessment (CNA) focus groups conducted throughout Miami-Dade County. In 2017, 25.4 percent of the total population under the age of 18 lived below the poverty level. Within the opportunity zones, 43.1 percent of children under 5 years old and 43.4 percent of children under 18 years old were living below the poverty level. The large number of children living below the federal poverty level, combined with the severe undercount of children in that age group, necessitates an expansion of HS/EHS programs, especially post-COVID-19, in the most economically unstable areas in Miami-Dade County, such as the 67 designated opportunity zones.

In the CNA focus groups conducted, multiple participants remarked their gratefulness for the Head Start program and their desire for its expansion. Community members viewed the program as a real asset to county residents, and its value was continuously praised. The expansion of HS/EHS programs would provide even more children and families with improved opportunities through education and give parents the ability to participate in the workforce while their children receive quality childcare services.

Financial Implications: CAHSD's HS/EHS Division is funded primarily by the United States Department of Health and Human Services, and the United States Department of Agriculture for the Summer Meals Program. Additional funding for the Division is provided by the Early Head Start Child Care Partnership grant designed for the Partners for a Better Outcome Program to fund wrap-around services for 240 children ages birth to three years old.

CAHSD's continuous evaluation of data regarding the needs of residents and review of HS/EHS site locations and resource allocation, within the means of their federal funding, is necessary to continue to meet the current and emerging needs of residents. To help mitigate the added costs of continuous program evaluation and/or expansion, the Department can expand partnerships with other service providers to augment existing services. Increased collaboration efforts with other community organizations can help alleviate the cost burden of being the leading provider of services to the clients being served and expand the number of children and families being served. Additionally, there are opportunities for add-on or wrap-around services to the families whose children are enrolled in the HS/EHS programs. Many of these families could benefit from services such as financial literacy and planning, path to homeownership, training and workforce development, and potential job-seeking opportunities. CAHSD does not need to be a direct provider of these services for all families, but can collaborate with well-established organizations with a proven track record in this space.

Elderly Services

The Department provides a continuum of services to the elderly including specialized senior centers, meals for the elderly, recreation, health support, transportation, home care and care planning (e.g. Meals

for the Elderly, Meals on Wheels, Foster Grandparents and Senior Companions programs). As a response to COVID-19, the County implemented the County Emergency Senior Meals program which since its inception in March has delivered nearly 8 million meals, a program still ongoing as of August 2020. With an allocation from the CARES act, by the beginning of July 2020 Miami-Dade County had already spent nearly $70 million on this program.

Access to services for the elderly was indicated as a major problem by 33.5 percent of community survey respondents. For 27.4 percent, elderly abuse and neglect were also a major problem. Approximately 13.6 percent believe senior centers or services are missing from the community and 21.7 percent are concerned about access to services for their elderly family members. This feedback reflects unmet needs that CAHSD and other organizations should focus on.

Financial implications: Similarly to the need to evaluate the location of children in need and their number, CAHSD would also need to conduct periodic assessment of its elderly services. And again, enhancing these services through partnership would be crucial to reduce inefficiencies and to provide wrap-around services. The partnerships can be for the joint provision of services or CAHSD staff can provide referrals to resources offered by other organizations such as the Alliance for Aging.

Partnerships

The above recommendations point to the need of partnerships given the persistent social service needs of Miami-Dade County residents. Collaborations can also help organizations pool resources, not only financial, but in terms of expertise. The expansion of partnerships with other organizations was also suggested by multiple stakeholders. A Head Start Policy Council member emphasized the need for collaboration and willingness of local organizations to help community members succeed by providing them with the necessary information and opportunities. A CAHSD staff member stated, "We need to have more collaborations. We can't be territorial about our resources or services."

CAHSD has established partnerships with many organizations, and these partners recognize the importance of collaborations. Among the partner survey respondents, 4 organizations had been partners with the Department for less than 5 years, 33 had been partners for 5 to 9 years, and 6 had been partners for 10 or more years. These responses point to the Department's effort to build relationships with partners in the last decade. Partner survey respondents suggested their partnership with CAHSD could improve through the expansion of resources and services, continued support and expansion of partnerships, and increased communication. One partner stated that "partnerships must be guided by a shared vision and purpose that builds trust and recognizes the value and contribution of all members." Another participant commented on the need to "develop a true system of care instead of nonprofits operating in a silo. Too many of our youth and families are referred to numerous programs."

Financial Implications: There are no significant financial implications for building partnership, but they do require a clear delineation of responsibilities among partners and an agreement on common goals. Partner organization expressed their appreciation for the professionalism of CAHSD staff, the strong communication channels and collaborative spirit of their engagement with CAHSD. The strength of the existing partnerships allows CAHSD to enhance its collaborations and provides opportunities for the expansion of services.

Community Outreach and Engagement

Increased community outreach and engagement efforts are highly recommended for the Community Action and Human Services Department. One theme present in each of the focus group sessions with the

six Community Action Committee (CAC) groups was community members' disappointment in the perceived lack of outreach and engagement efforts from the Department. Many participants voiced frustration at the lack of communication regarding programs and services provided by the Department, primarily through the Community Resource Centers. The lack of exposure to the programs and services provided resulted in a lack of resident participation and involvement in the available services or activities being held. Community outreach was the third most often mentioned recommendation for CAHSD in the CAC discussions, after creating employment opportunities by providing job training, and affordable housing efforts. One participant in Edison/Little River noted that CAHSD could "advocate for effective programs and policies" in the future, while a participant from Hialeah voiced the need for more community events and involvement. Partner survey respondents also pointed to the lack of awareness in the community of services provided, the quality of provided services and lack of funding. One participant stated that "often families do not know where to go."

Many participants in the focus groups were Community Resource Center staff members themselves who recognized the need for better communication with communities on the programs offered and the Center's scope of services. The lack of communication may result in community members not receiving the services they need because they may not be aware of the services offered through their local Community Resource Center. Focus group participants commented on the communities' lack of knowledge of the Department or of the Community Resource Centers due to lack of marketing efforts with one staff member stating, "we need to make it known that we are here; we need to go out into the community and let them know who we are."

Access to these programs and services also plays a crucial role in citizen participation. For residents who have transportation limitations, work full-time, or have children, attending events or programs at the Resource Center can be challenging if they are unable to get to the Center, if the program is in the middle of the day, or if there are no childcare services offered. With increased efforts from the Department to improve access to programs and events through transportation efforts, programs being offered at hours convenient to residents, and/or free childcare services, community participation may be significantly improved. As previously mentioned, CAHSD needs not to develop new services but can partner with existing providers and offer community center facilities and other county sites as a place for these programs.

Financial Implications: Improving community outreach and engagement does not require significant financial steps but does require an increase in the allocation of staff time and effort directed toward the promotion of services and resources provided by CAHSD. To help increase outreach and engagement efforts, the Department could assign staff for public-facing interaction and train them to direct the public to the appropriate resources based on their specific needs. Promotion of the Department's existing programs and scope of services is vital to building an informed community with easy access to necessary resources. Informing the public of the Department's scope of services will also help diminish confusion with community members about the areas in which the Department can and cannot assist.

CAHSD needs to address the perception among residents that they are not responsive through increased communication with the community members they are serving. Proper marketing of the Community Resource Centers and the various programs offered by the Department can help increase community involvement in Departmental events and programs implemented through the Centers and help improve the Department's image as an involved and receptive organization. Moreover, increased community participation would allow the Department to have a continuous feedback loop regarding community needs, challenges, and perceptions.

Appendix A: Focus Group Discussion Sheet

CAC Discussion Sheet

Quality of Life Issues: What are the top three (3) issues that are impacting the quality of life for Miami-Dade County residents?

1)……

2)……

3)……

Community Challenges: What are the three (3) main challenges you see in these areas that prevent the community from improving?

1)……

2)……

3)……

CAHSD Focus Areas: What are the three main areas or issues in which CAHSD should focus its efforts?

1)……

2)……

3)……

Appendix B: 2019 Community Needs Assessment Survey

The Metropolitan Center at Florida International University is conducting a survey of Miami-Dade County residents for the purpose of assisting the Miami-Dade County Community Action and Human Services Department in identifying needed services in your community. We would like to obtain answers to the following questions from one family member, 18 years or older, in your household.

Your answers will remain confidential and none of the information you provide will be directly attributed to you. Your feedback is important and greatly appreciated.

What neighborhood do you live in? _____ Zip Code: _____

Please indicate your County Commission District and Commissioner. Choose one:

O District 1 - Barbara J. Jordan
O District 2 - Jean Monestime
O District 3 - Audrey M. Edmonson
O District 4 - Sally A. Heyman
O District 5 - Eileen Higgins
O District 6 - Rebeca Sosa
O District 7 - Xavier L. Suarez
O District 8 - Daniella Levine Cava
O District 9 - Dennis C. Moss
O District 10 - Javier D. Souto
O District 11 - Joe A. Martinez
O District 12 - Jose "Pepe" Diaz
O District 13 - Esteban L. Bovo, Jr.
O I don't know

I. COMMUNITY RATINGS

1. Would you say the quality of life in your community is

O Excellent O Good O Fair O Poor

2. Over the next few years, do you think the quality of life in your community will

O Improve greatly O Stay the same O Get a little worse
O Improve slightly O Get a lot worse

3. Please indicate your level of agreement with each of the following statements

	STRONGLY AGREE	AGREE SOMEWHAT	NEUTRAL	DISAGREE SOMEWHAT	STRONGLY DISAGREE
I am able to influence decisions affecting my neighborhood.	☐	☐	☐	☐	☐
Overall, my community is a good place to raise children.	☐	☐	☐	☐	☐
Overall, my community is a good place for elders to live	☐	☐	☐	☐	☐
Overall, my community is a good place to work.	☐	☐	☐	☐	☐
Overall, my community is a good place to live.	☐	☐	☐	☐	☐

4. In order of importance, what do you see as the three major ISSUES currently affecting the quality of life in your neighborhood?

Most Important: _____

Second Most Important: _____

Third Most Important: _____

5. Please indicate whether each of the following is a MAJOR PROBLEM, MINOR PROBLEM, or NOT A PROBLEM in your neighborhood

	MAJOR PROBLEM	MINOR PROBLEM	NOT A PROBLEM
Affordable housing	☐	☐	☐
Homelessness	☐	☐	☐
Unemployment	☐	☐	☐
Low wages/Cost of living	☐	☐	☐
Job opportunities	☐	☐	☐
Poverty	☐	☐	☐
Hunger/ Access to healthy food	☐	☐	☐
Transportation	☐	☐	☐
Violent crime(s)	☐	☐	☐
Child abuse and neglect	☐	☐	☐
Elderly abuse and neglect	☐	☐	☐
Sexual assault	☐	☐	☐
Domestic violence	☐	☐	☐
Ethnic/Racial discrimination	☐	☐	☐
Access to affordable healthcare	☐	☐	☐
Access to childcare	☐	☐	☐
Mental health services (adults and children)	☐	☐	☐
Access to services for the elderly	☐	☐	☐
Human trafficking	☐	☐	☐
Environmental factors	☐	☐	☐
Traffic/Road congestion	☐	☐	☐
Opioid/Drug/Alcohol abuse	☐	☐	☐
Caregiver support	☐	☐	☐
Access to parks and greenspaces	☐	☐	☐
Access to high-performing public schools	☐	☐	☐
Property crime	☐	☐	☐

6. In your opinion, which **three** of the following are missing from your community?

☐ High quality neighborhood schools
☐ Affordable housing
☐ Neighborhood convenience stores
☐ Safe and sanitary housing
☐ Reliable public transportation
☐ Libraries
☐ Parks/play areas
☐ Living wage local jobs
☐ Community policing
☐ Necessary infrastructure (i.e. streets, sidewalks, water, sewer)
☐ Access to affordable childcare
☐ Access to affordable healthcare
☐ Senior centers/Services
☐ Help in understanding family conflicts/violence
☐ Green market/Healthy food options
☐ Nothing is missing from my community

II. HOUSING/FINANCIAL NEEDS

7. In your neighborhood, what is the overall physical condition and quality of housing?
   O Excellent O Good O Fair O Poor

8. How much do you spend <u>each month</u> on housing (rent/mortgage, utilities, taxes etc.)? $_____

	Yes	No
9. Was the electricity, water, or gas in your home disconnected during the past year due to non-payment?	O	O
10. Have you been denied housing, a car or home loan, or a job because of poor credit?	O	O
11. During the past year, have you or other members of your household taken a "Pay Day Loan" or other short term loan to pay for basic living expenses?	O	O
12. Have you or a member of your household filed for bankruptcy in the last five years?	O	O

13. In which of the following ranges is your credit score?
   O 700 and above O 600-699 O Less than 600 O I don't know my credit score

III. EMPLOYMENT AND JOB SKILLS

	Yes	No
14. Have you or any adult in your household been employed continuously for the last two years?	)	
15. In the past 12 months has any adult in your household been out of work?	)	
16. In the past 12 months, has any adult in your household looked for a job?	)	
17. Has a lack of job skills prevented you or another member of your household from getting a better paying job in the past two years?	)	
18. Does any adult member of your household need computer skills to help get a better paying job?	)	

IV. FAMILY ISSUES

19. **Please indicate whether the following is a concern in your household:**	Yes	No	Not Applicable
Having enough food to feed my family	)	)	O
Getting information to gain skills to help me be a better parent	)	)	O
Getting healthcare or medicine for my child when he/she is sick	)	)	O
Getting my child to attend school on a daily basis	)	)	O
Getting help with my child's behavioral challenges	)	)	O
Getting tutoring services for my child or homework assistance	)	)	O
Finding childcare for children with special needs	)	)	O
Finding affordable childcare	)	)	O
Finding convenient childcare	)	)	O
Having enough income to support my family	)	)	O
Information or help in handling family conflict/violence	)	)	O
Getting help with family members who suffer with mental illness	)	)	O
Access to information and services for unemployed young adults	)	)	O
Convenient in-home elderly care	)	)	O
Finding affordable elderly care	)	)	O
Access to services for my elderly family member	)	)	O
Getting treatment for family members with substance use disorders	)	)	O

V. TRANSPORTATION

20. Which of the following transportation modes do you use most often?

O My own/household vehicle
O Public transportation
O Walking
O Bicycle
O Ride-sharing (Uber/Lyft)
O Special Transportation Services (STS)

21. Is there public transportation available in your neighborhood?

O Yes O No

VI. TECHNOLOGY

22. Which of the following technologies do you use? (Check all that apply)

Computer with Internet access	O Yes	O No
Cell phone with data capability (smartphone)	O Yes	O No
Home Internet subscription	O Yes	O No
Email	O Yes	O No

23. How long have you had your current phone number?

O Less than 6 months O 6 months–1 year O 1-2 years O 2+ years

24. Approximately for how long have you been using the same email address? _____ years

VII. ASSISTANCE

25. Have you contacted a government agency for assistance in the past 12 months?

O No (Skip to Question 27) O Yes. Which one(s)? ……

……

26. What kind of assistance did you **receive**? (e.g. monetary, referral, in kind etc.)? (mark **all** that apply)

☐ Free/Reduced Lunch
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Women, Infants and Children (WIC)
☐ Temporary Assistance for Needy Families (TANF)
☐ Supplemental Security Income (SSI) or Social Security Disability (SSD)
☐ Head Start/Early Head Start
☐ Childcare subsidies (VPK, CCDF)
☐ Subsidized housing, vouchers, public housing
☐ Transportation assistance
☐ Utility assistance (electricity/gas)
☐ Financial aid for education
☐ Other……

……

☐ I did not receive assistance

27. What other assistance programs are ***needed*** in your community? No Need ☐

……

……

VIII. DEMOGRAPHICS

These final questions will help us compare responses across groups.

28. What is your age?

O 18-34 O 35-44 O 45-54 O 55-64 O 65 or older

29. What is your gender?

O Female O Male O Other _____

30. What is your marital status?

O Single/Never married O Live-in partner O Divorced
O Married O Widowed O Separated

31. What is your housing status?

O I own
O I rent
O I live in elderly public housing
O I live in a shelter
O I live with a family member/other
O I am homeless
O I live in family public housing
O I live in Section 8 housing

32. How many children live in your household? _____

If you have children in the household, what are their ages? (mark all that apply)

☐ 0-3 ☐ 4-5 ☐ 5-8 years ☐ 9-10 years ☐ 11-14 years ☐ 15-17 years ☐ Dependents 18 and over

33. How many of your family members, including you, are 65 years or older residing in the same home?_____

34. Are you a grandparent who is the primary caretaker of your grandchildren? O Yes O No

35. What is the highest degree or level of school you have completed?

O No degree
O Grade school
O High school or GED
O Associate's degree
O Bachelor's
O Graduate/Professional degree
O Trade school/vocational education

36. Have you or anyone else in your household ever served in active duty in the U.S. Armed Forces, Reserves, or National Guard?

O Never served in the military
O Now on active duty
O I am a veteran. Please indicate
O Honorary Discharge
O Dishonorable Discharge

37. What is your race/ethnicity? (Mark all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Caribbean American
- ☐ Haitian American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White/Caucasian
- ☐ Other (please specify) ……..

38. What language is most often spoken in your home?

- O English
- O Spanish
- O Both English and Spanish
- O Creole
- O Both English and Creole
- O Other ……..

39. Are you presently

- O Employed full time
- O Employed part time
- O Unemployed and seeking work
- O Retired and not working
- O Retired but returned to the workforce
- O Stay at home, not seeking work currently
- O Disabled or too ill to work
- O Other ……..

40. Approximately, what is your annual household income?

- O Under $15,000
- O $15,000<$20,000
- O $20,000<$25,000
- O $25,000<$30,000
- O $30,000<$35,000
- O $35,000<$40,000
- O $40,000<$45,000
- O $45,000<$50,000
- O $50,000 or more

Appendix C: Miami-Dade County Opioid Addiction Task Force

The complete list of 25 recommendations by the Miami-Dade County Opioid Addiction Task Force and their progress in the completion of each.

- Promote the collaboration between healthcare providers and Healthy Start, along with the American College of Obstetricians (ACOG), to implement screenings and reduce the risk of Neonatal Abstinence Syndrome (NAS). Complete and Ongoing.
- Advocate for mandatory continuing educations for physicians, dentists, and clinical providers on opiate misuse and heroin abuse, prescribing, and substance abuse. Complete.
- Facilitate immediate linkage to care from first responders to medication-assisted treatment, detox and treatment services. Complete Ongoing.
- Review and develop regulations to promote safe prescribing and dispensing of controlled substances. Complete
- Encourage medical providers to utilize the prescription drug monitoring database (PDMP). Complete.
- Expand mental health and drug screenings in healthcare settings to prevent and identify opioid use disorder. Complete.
- Assist the community with filing Marchman Act petitions by funding a care advisor to assist with the process. Complete.
- Expand, enhance and strengthen the current Miami-Dade County existing treatment "continuum of care" by developing and implementing a comprehensive opioid addictions treatment "Recovery-Oriented System of Care (ROSC)." Complete and Ongoing.
- Seek and obtain funding, and explore all available options, including but not limited to, developing and implementing a recurring funding source to support opioid addiction services, including paying for the appropriate medication(s) in Medication Assisted Treatment (MAT) (i.e., Methadone, Buprenorphine, Suboxone, Naloxone, Vivitrol, etc.) Complete and Ongoing.
- Provide comprehensive psychosocial services when using medication-assisted treatment model. Complete.
- Develop entry points where Medication MAT can be delivered, such as but not limited to jail facilities, primary care settings, and public emergency rooms. Complete.
- Increase the availability of permanent, supportive housing to improve treatment and recovery. Complete and Ongoing.
- Improve law enforcement, first responder, and outreach providers' knowledge and awareness on drug court services, treatment resources, Marchman Act, and naloxone administration. Complete and Ongoing.
- Partner with South Florida High Intensity Drug Trafficking Area (HIDTA) and implement a real-time overdose surveillance system on Naloxone dispensing. Complete and Ongoing.
- Strengthen Federal and Statewide laws, by incorporating a broader definition of the controlled substance analogues, to address fentanyl, its derivatives, and other powerful unknown synthetic opioids. Complete.
- Amend legislation for the needle exchange program to expand services and support collaboration. In Progress.
- Create a Miami-Dade County contract that allows community stakeholders to purchase Naloxone. In Progress.
- Develop a public and educational campaign raising awareness and knowledge about opioid abuse, addiction, and overdose. In Progress.
- Promote the availability and distribution of Naloxone in Miami-Dade County. Complete and Ongoing.
- Collaborate with the affected community to address the opioid epidemic impacting the well-being of those residents through town hall meetings and community policing. Complete and Ongoing.

- Partner with the faith-based community to support substance abuse prevention and addiction treatment. Complete and Ongoing.
- Provide a culturally competent and sensitivity substance abuse segment in the Crisis Intervention Team (CIT) training offered to all Miami-Dade County law enforcement. Complete.
- Partner with the Drug Enforcement Administration (DEA) to create a collaborative network to rapidly provide education and technical assistance to Miami-Dade County laboratories for the identification of novel and emerging illicit drugs. Complete.
- Coordinate with Miami-Dade County Public Schools (MDCPS) to provide comprehensive opioid and prescription drug education, recommending modifications as age appropriate. Complete and Ongoing.
- Partner with the South Florida Behavioral Health Network and Drug Enforcement Administration to provide ongoing substance abuse education sessions and capacity building targeting school and community site personnel working with youth. (Youth focus). Complete.

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 2, 2020

AGENDA ITEM NUMBER: 3A6

AGENDA ITEM SUBJECT: ANNUAL CSBG COMMUNITY ACTION PLAN

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY:

AS PART OF THE CSBG ORGANIZATIONAL STANDARDS, A COMMUNITY ACTION PLAN (CAP) IS REQUIRED BY EACH AGENCY ANNUALLY. THE CAHSD CAP CONSISTS OF THE DEPARTMENTS INFORMATION FROM OUR COMMUNITY NEEDS ASSESSMENT; SERVICE DELIVERLY SYSTEM; STRATEGIC PLAN; LINKAGES AND FUNDING COORDINATION AND INFORMATION ON THE CAA TRIPARTITE BOARD. THE CSBG ORGANIZATIONAL STANDARDS PROVIDES A STANDARD FOUNDATION OF ORGANIZATIONAL CAPACITY FOR ALL CSBG ENTITIES ACROSS THE UNITED STATES, FOR THE PAST 4 YEARS, CAHSD HAS MET 100% OF THE FEDERAL CSBG ORGANIZATIONAL STANDARDS.

FUNDING SOURCE: DEPARTMENT OF ECONOMIC OPPORTUNITY (DEO)

FLORIDA DEPARTMENT of ECONOMIC OPPORTUNITY

Community Services Block Grant (CSBG)

Community Action Plan

Submission Date: December 28, 2020 **FFY:** 2021

Agency Contact Person Regarding the Community Action Plan:

Name:	**Annika S. Holder**
Title:	**Interim Director**
Phone:	**(786) 469-4613**
Email:	**Annika.holder@miamidade.gov**

Certification of Community Action Plan and Assurances

The undersigned hereby certify that this agency complies with the Assurances and Requirements of this FFY 2021 Community Action Plan (CAP) and the information in this CAP is correct and has been authorized by the governing body of this organization.

Joyce Ann Price — 12/16/20

Board Chairperson (signature) **Date**

— 12/21/20

Executive Director (signature) **Date**

Certification of ROMA Trainer or Implementer

The undersigned hereby certifies that this organization's Community Action plan and strategic plan document the continuous use of the full Results Oriented Management and Accountability (ROMA) cycle or comparable system (assessment, planning, implementation, achievement of results, and evaluation).

— 12/28/2020

NCRT/NCRI **Date**

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Agency Information

Agency Name:	Miami-Dade Community Action and Human Services Department	
Address:	701 NW 1st Court, Miami, FL. 33136	
Phone:	(786) 469-4600	
Website:	www.miamidade.gov	
ED/CEO:	Annika S. Holder	
Board Chair:	Dr. Joyce Price	
Type of Agency:	**Local Government**	Yes
	Farmworker	
	Nonprofit	

Geographic Service Area

The **Community Action and Human Services Department** operates an anti-poverty program in accordance with the Community Services Block Grant Act through funds allocated by the Executive Director of the Florida Department of Economic Opportunity and the U.S. Department of Health and Human Services.

List all Counties Served through CSBG:

Miami-Dade County

Provide the location for all service centers, including the main office, below OR attach a listing of all service centers at **Attachment A** .

Administrative Office
Miami-Dade Community Action and Human Services Department
701 NW 1 Court, 10 Floor
Miami, FL. 33136

Geographic Service Area map

Attach a map of the Agency's service area at **Attachment B**

Vision Statement

The Vision Statement describes a desired future based on your agency's values. The vision is broader than what any one agency can achieve; the agency collaborates with others in pursuit of the vision.

Date approved by Tripartite Board (most recent): March 2013
(For reference, refer to Organizational Standards Category 4: Organizational Leadership.)

Type your agency's Vision Statement below.

CAHSD will deliver a fully coordinated continuum of services that address the board spectrum of needs of all families and individuals in Miami-Dade County.

Mission Statement

The Mission Statement describes the agency's reason for existence and may state its role in achieving its vision.

Date last reviewed and approved by Tripartite Board (most recent): March 2013
(For reference, refer to Organizational Standard 4.1.)

Type your agency's Mission Statement below.

The mission of Miami-Dade County Community Action and Human Services Department (CAHSD) is to empower families, individuals and communities through the provision of comprehensive social services.

Community Needs Assessment (CNA)

(For reference, refer to Organizational Standards 1.1, 1.2, 2.2, and Category 3: Community Assessment.)

Date of the most recently completed CNA: August 31, 2020

Timeframe: 2020-2023
(Enter the timeframe the CNA covers)

Date approved by Tripartite Board (most recent): The CNA was presented to the CAA Board October 2020 and will be approved by the Board at the next scheduled meeting. Due to age of members (over 65) and some requiring exemptions due to underlying health concerns, November 2020 and December 2020 meetings were canceled due to lack of in-person attendance required for quorum. Communication was sent to DEO Chief of Division of Community Development regarding the challenge.
(For reference, refer to Organizational Standard 3.5)

The narrative description provided for the needs assessment serves as the basis for the agency's goals, problem statements, and program delivery strategies of the CSBG/National Performance Indicators. The needs assessment should describe local poverty-related needs and prioritize eligible activities to be funded by CSBG.

Agency needs assessments shall identify the processes used to collect the most applicable information. In particular, describe how the agency ensures that the needs assessment reflects the current priorities of the low-income population in the service area, beyond the legal requirement for a local public hearing of the community action plan.

Please note which combination of activities to perform needs assessments were used, including when and how these activities occurred in the spaces below. If the activity was not used, please type N/A or Not Used.

Focus Groups	Nine focus groups were conducted to collect primary data on the issues faced by residents. Six of the nine focus groups were conducted in targeted urban areas: Opa-Locka/Miami Gardens, Hialeah, Allapattah, Florida City, Coconut Grove, and Edison/West Little River. Each location-based focus group was held in a Community Resource Center during a regularly scheduled Community Advisory Council (CAC) meeting. A focus group meeting was held with the Head Start Policy Council. Additionally, the CAA Board of Directors participated in a separate focus group. The last focus group was for CAHSD staff members to gain insight into their experience not only as employees of the Department, but as members and advocates for the communities in which they work. There were 75 overall participants over the 9 focus groups, 47 participants were from the six location-based discussions, 16 were from the Head Start Advisory Board Meeting, and the last 12 participants were from CAHSD staff focus group.
Asset Mapping	Within Opportunity Zones, the following resources were tallied by TUAs and zip code: Child, Family and School Social Services Medical and Public Health Social Services Mental Health and Substance Abuse Social Services. High concentration of

	social service resources within TUAs is reflective of the awareness of the need to make services accessible to low-income residents.
Surveys	A Community survey was administered online, over the phone and on paper. The data was collected over a two-month period, starting in the first week of December, and ending in the first week of February 2020. The survey was available in English, Spanish and Haitian-Creole. The online link was disseminated by Miami-Dade County and community partners, with a total of 363 online responses. The phone data collection was administered with a random sample of Miami-Dade County households, with a total of 605 phone responses. There were 2,029 paper-based surveys collected. Paper-based surveys were collected from over 50 sites selected by the Community Action and Human Services Department (CAHSD). These sites included public library branches, community centers, senior centers and Head Start/Early Head Start locations. A staff survey was also conducted to understand CAHSD staff members' perspectives on the Department overall and the services provided. This survey included both open- and close-ended questions administered online and resulted in 166 completed surveys. Lastly, a Partner Surveys distributed to community organizations, including those who have a partnership with the Community Action and Human Services Department or are potential partners.
Community Dialogue	N/A
Interviews	N/A
Public Records	Public data sources used by the Community Needs Assessment include the U.S. Census Bureau data (primarily the American Community Survey), the Florida Department of Health's Community Health Assessment Resource Tool Set (CHARTS), the Florida Department of Children and Families, Florida Department of Economic Opportunity, the U.S. Bureau of Labor Statistics, local nonprofits such as the Early Learning Coalition, United Way, and Farm Share.

Define Your Community Needs Assessment (CNA) Process

1. **Describe your agency's approach or system for collecting, analyzing, and reporting customer satisfaction data to the governing board. (Organizational Standard 1.1)**

   Customer satisfaction data has been historically collected voluntarily via paper surveys collected at physical program locations. As service delivery has changed during the COVID-19 pandemic, modes for collecting customer satisfaction data have also required reassessment. Results from customer satisfaction surveys are collected and reviewed by division administration. Results are then reported via the Department's Continuous Quality Improvement process, and reported bi-annually to senior leadership. The Department continues to provide a standardized method for customer satisfaction data collection, which is also presented to the governing board annually.

2. **Describe how the agency analyzes information collected from low income individuals as part of the community needs assessment process (methodology). (Organizational Standard 1.2)**

   Primary data was collected through a community-wide survey, with responses collected online, via phone and in person (paper-based) to obtain a broad representation of residents and opinions.

The survey was made available in English, Spanish and Haitian-Creole. The paper-based responses were collected at over 50 sites, these sites included public library branches, community centers, senior centers and Head Start/Early Head Start locations. Nine focus groups were also conducted in Miami-Dade County. Six of the nine focus groups were convened in targeted urban areas where CAHSD could gain a better understanding of the particular needs of the community and its members.

3. **For each key sector of the community listed below, summarize the information gathered from each sector and how it was used to assess needs and resources during the needs assessment process (or other planning process throughout the year). (Organizational Standard 2.2)**

Community-Based Organizations	**(Attachment C- pages 101-108)**
Faith-Based Organizations	
Private Sector	
Public Sector	
Educational Institutions	
Other	Community partners, composed of individuals and organizations across all sectors listed above were surveyed through an anonymous Partner Survey. Participants were asked "what the three most important unmet needs of families and individuals were in Miami-Dade County, what the top three main challenges were in solving those issues, how increased collaboration could help solve the issues, what the strengths of their partnership with CAHSD were, and how their partnership could improve."

4. **For each data point listed below, provide the information from the CNA that was collected as part of the process and a brief summary of how it was used. (Organizational Standard 3.2)**

Poverty and Gender	Direct data for poverty by gender was not collected, however, the data points for Children 5 & Under Living in Poverty by Family Type in Opportunity Zones, and Children Under 18 in Poverty by Family Type, both in the County and in Opportunity Zones, determined whether the head of household was female or male. This information was used to determine the need for programs related to child-care, such as Head Start, as well as housing affordability, particularly within Opportunity Zones.
Poverty and Age	Population Below Poverty Level by age group, Children Under 18 in Poverty by Family Type, Grandparents Living Below Poverty, both in the County and in opportunity zones, were used to analyze the perceived needs for at-risk populations, including children and seniors.
Poverty and Race/Ethnicity	Population Below Poverty Level by Race/Ethnicity& (%) Change since 2012, both in the County and in Opportunity Zones, were used to discuss the

	disparity of poverty between races/ethnicities, and its change across a five-year period.

5. **Briefly summarize the type of both qualitative and quantitative data collected and analyzed as part of the needs assessment process. (Organizational Standard 3.3)**

Qualitative	**See Attachment D**
Quantitative	

Describe the findings and results of your Community Needs Assessment

Top Five Needs	Agency Priority (Yes/No)	Description of programs/services /activities	Coordination
1. Economic Development: Broadening Economic Opportunity and Mobility	Yes	Expanding employment and training programs, including computer literacy skills and resume building, as well as soft-skills training, trade skills, and vocational training.	Employment and Training Unit
2. Expansion of Head Start/Early Head Start	Yes	Comprehensive child development programs for children (newborn to five years of age) from low-income families.	Head Start/Early Head Start Division
3. Elderly Services	Yes	Specialized senior centers, meals for the elderly, recreation, health support, transportation, home care and care planning (e.g. Meals for the Elderly, Meals on Wheels, Foster Grandparents and Senior Companions programs).	Elderly and Disability Services Bureau
4.Increased Partnerships	Yes	Increased collaboration with non-profit organizations to increase resources and knowledge pool.	
5. Community Outreach and Engagement	Yes	Increased community outreach and engagement efforts.	Public Information Officer and Community Engagement

Top Five needs: List the top five needs from your most recent Needs Assessment
Agency Priority: Enter a Yes or No in the box, to indicate if the need will be addressed in the current year either directly or indirectly. If the need will not be met please provide explanation in narrative section.
Description of programs/services/activities: Briefly describe the program, service or activity that your entity will directly provide.
Coordination: If your agency will address the need through coordination, describe what organizations and/or coalitions you will work with to meet the need, including the roles of each party.

Service Delivery System

Describe the overall Service Delivery System for services provided with CSBG funds and describe how the CAAs services enhance and/or differ from those offered by other providers, i.e. bundled services– please include specific examples.

1. **Describe the agency's service delivery system for services provided using CSBG funds. Please include when and how clients enter into your program.**

   The Family and Community Services Division (FCSD) is the self-sufficiency arm of the Miami-Dade County Community Action and Human Services Department (CAHSD). FCSD is responsible for ensuring the delivery of services, using CSBG dollars that offer a myriad of core services geared towards providing low-income families an opportunity to achieve economic self-sufficiency. Clients access services through FCSD 12 Community Resource Centers, (CRC) located in targeted communities throughout Miami-Dade County. The CRCs serve as the entry point for families to access support and services to achieve economic self-sufficiency and other supportive services.

   Core Services: Employment Preparation and Training; Job Placement; Tax Preparation; Citizen Involvement/Participation; Family Development/Support; Summer Camp; Afterschool Services; Youth Intervention; Community Partnership; Emergency Housing/Eviction Prevention and Food Pantry Services.

2. Provide a copy of your agency's most current CSBG Workplan at **Attachment** __E__.

3. How do your services/programs differ from those of other providers?

   CAHSD is a nationally accredited agency that provides comprehensive social services to individuals and families at every stage of life, from before birth to the elderly. All services are free and are designed and coordinated to address and relieve hardships associated with poverty. The service delivery model is strongly client-centered and is comprised of multiple direct service components managed by seven (7) divisions to meet the needs of the entire family.

   1. The **Head Start/Early Head Start Division** includes the oversight of seventeen (17) delegate agencies in the provision of high-quality early childhood education. The program focuses on the development of positive social, physical and emotional development of children ages 0 to 5, ensuring that children are school-ready, and provides supportive services for their families. Through the Early Head Start-Child Care Partnerships Grant, branded locally as Partners for Better Outcomes (PBO), CASHD has transformed eleven daycare centers into high-quality Early Learning Centers rooted in Early Head Start principles. Partners receive a range of support services and are monitored for safety, performance and overall development of infants/toddlers in core areas.

   2. The **Family and Community Services Division** provides services for targeted populations, including low-income families, individuals and communities, Veterans, farmworkers, youth and immigrants. Services include emergency assistance, utility and rent assistance, nutritional

support, citizen participation, afterschool programs, summer camps, employability skills training, job placement and referrals. Services are available at CAHSD Community Resource Centers, as well as at specialized service sites located throughout the County.

3. The **Elderly and Disability Services Division** provides comprehensive case management and access to a continuum of support services designed to promote independent living for seniors and persons with disabilities. Services include the provision of nutritious meals, home care, respite care, volunteer opportunities and psychological services. Various social activities are also provided in adult day centers, senior centers and congregate meal sites.

4. The **Violence Prevention and Intervention Division** offers comprehensive supportive and protective services for victims of varying forms of domestic violence, sexual violence and human trafficking. Victims and their dependents can receive legal assistance, immigration assistance, counseling, advocacy, employability skills training and placement in safe emergency or transitional housing, among other coordinated services.

5. The **Rehabilitative Services Division** includes both out-patient and residential treatment services for individuals struggling with substance use disorders and addiction. Residential treatment is provided 24-hours, 7-days per week and includes a variety of supportive services, such as individual, group and family therapy, medication-assisted treatment (MAT) and employability skills training. CAHSD also provides out-patient case management, counseling and care for individuals referred to treatment through the Miami-Dade County Drug Court, Veterans Court and Domestic Violence Court, in addition to self-enrolled clients.

6. The **Energy, Transportation and Facilities Division** provides numerous services designed to improve homes and communities. Services include weatherization, beautification, hurricane shutter installation and home rehabilitation for Miami-Dade County residents. The division also manages all CAHSD facilities and real estate development, as well as coordinates transportation services provided to clients participating in Elderly and Disability Services and Head Start/Early Head Start programs.

7. The **Greater Miami Service Corps** is a program designed to improve the knowledge, skills and abilities of youth and young adults to assist them in achieving their educational and employment goals.

Services funded through CSBG are offered in CAHSD 12 Community Resource Centers and are incorporated in all CAHSD services at more than 100 location across the County. The 12 Community Resource Centers are one-stop centers, and serve as a single-point entry to CAHSD services. These centers are geographically located in high poverty areas.

In addition to providing a plethora of direct services, CAHSD has entered into lease and/or MOU agreements with various local, state and community based organizations to provide complementary services. Some of the onsite partners include: Miami-Dade County Public Library System, Department for Children and Families, Suited for Success, Easter Seals, Farm Share,

CareerSource of South Florida, AARP, Miami-Dade Juvenile Services and Teen Court, Catalyst Miami, Inc. and City of Miami Police Department to name a few.

4. **List your agencies programs/services/activities funded by CSBG, including a brief description, why these were chosen, how they relate to the CNA, and indicate the specific type of costs that CSBG dollars will support (examples: staff salary, program support, case mgmt., T/TA, etc.).**

   CSBG dollars are used for Direct Client Assistance which includes: Staff salaries, college scholarships for youth in the 16 target areas, bi-annual Male Conference with a focus on violence against women and girls, afterschool services, summer camps, field trips for summer youth participants, client enrichment seminars/continuing education courses/training and computer equipment for youth programs (direct client activities have been delayed due to the pandemic). The CSBG dollars are housed in the Family and Community Services Division where the objective is to provide low-income families an opportunity to reach economic self-sufficiency through a variety of core services. These services are employment preparation and training, youth intervention, citizen involvement/Participation, family development/support, emergency food and shelter assistance, and community partnerships.

Strategic Plan (or Comparable Planning Document for Public CAAs)

(For reference, refer to Organizational Standards 4.3 and Category 6.)

Date approved by Tripartite Board (most recent): The CAP Plan and Business Plan was on the CAA Board agenda for the December 2020 CAA Board meeting. December's meeting was canceled due to Governor's executive order for in-person quorum, which impacted attendance due to many members expressing concerns or requesting an exemption due to age and/or underlying health concerns. The CAP Plan will be reviewed at the next CAA Board Meeting. However, it was shared with the full Board via email. The plan includes input from the Board via topics covered in the meetings throughout the year.

(For reference, refer to Organizational Standard 6.1.)

1. **Describe your agency's strategic planning process, including how the agency used ROMA in completing the plan. (Organizational Standard 4.3)**

   The County is committed to a results-oriented and resilience-focused strategic planning process. Through the adoption of the "Governing for Results" Ordinance (05-136), the Board of County Commissioners (BCC) committed the County to revitalizing and strengthening its public services through a series of management processes: strategic planning, business planning, aligned resource allocation, accountability, measurement, monitoring, and review. CAHSD completes a Business Plan in accordance with the Miami-Dade County Strategic Plan on an annual basis. The Business Plan provides an overview of departmental functions, the issues the department faces and/or anticipates in the upcoming year and key initiatives. The department utilizes data from Community Needs Assessments, client and employee satisfaction data and the CSBG Workplan, as well as data from community surveys to inform the development of key initiatives. Executive

leadership, including the department director and Chief Community Services Officer, along with the CAA Board review the Business Plan annually.

2. **Describe how the strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient. (Organizational Standard 6.2)**

   Under the Miami-Dade County Strategic Plan, the department is tasked with a number of goals aimed at reducing poverty and promoting self-sufficiency. The CAHSD Business Plan serves as the roadmap to address the reduction of poverty, revitalization of low-income communities and the empowerment of low-income families and individuals. The plan describes how the department works toward achieving its goals by offering a range of social services designed to meet the needs of the entire family, including: early childhood education and development; services promoting nutrition, socialization and independent living among seniors and adults with disabilities; employability skills training; home crisis intervention and prevention through utility and rent/mortgage assistance; housing and other coordinated services for victims of domestic violence and their dependents; residential and outpatient substance use disorder treatment; home and community revitalization services, such as beautification, weatherization, home rehabilitation and shuttering; psychological services; and child and youth development services.

3. **Describe the family, agency and/or community goals contained in the strategic plan. (Organizational Standard 6.3)**

   CAHSD's mission is to empower families, individuals and communities through the provision of comprehensive social services. As a part of the Health and Society and Economic Development strategic areas of Miami-Dade County's Strategic Plan, CAHSD provides services that are designed and coordinated to address and relieve hardships associated with poverty. The Strategic Plan objectives met by CAHSD are: **Health and Society** which includes - Basic needs of vulnerable Miami-Dade County residents are met, and Self-sufficient and healthy population. **Economic Development** which includes - An environment that promotes a growing, resilient and diversified economy, and revitalized communities.

4. **Describe the customer satisfaction data and customer input contained in the strategic plan along with a brief explanation of how this data was used. (Organizational Standard 6.4)**

   The County employs a variety of methods to gather community input for the Strategic Plan including focus groups, public forums, and comment collection. This input is then used to guide strategic area teams, which are composed of internal subject matter experts, in creating proposed goals, objectives and key performance indicators. The CAHSD Business Plan is guided by the County Strategic Plan, and formed using the information presented in the Community Needs Assessment, which includes customer satisfaction data and customer input, to inform the development of the priority initiatives, ten to fifteen projects the department intends to work on over the two-year period that the plan covers.

Linkages and Funding Coordination

(For reference, refer to Organizational Standard 2.1.)

1. Describe the process utilized by your agency to link services and coordinate funding in your service area.

   a. Indicate how staff was involved, i.e. attended community meetings, I&R, etc.

   During each fiscal year, the department prepares an annual budget, along with a corresponding Business Plan. The Community Advisory Councils (CACs) are structured committees implemented to promote and foster community improvement and revitalization in low-income neighborhoods. The department's Citizen Participation staff (Community Organizers) support each of the 16 target areas and staff the monthly CAC meetings. The department's annual budget and its Business Plan are presented at the meetings. CAC members and citizens in the target areas are issued a hard copy of the documents in order to enhance their knowledge of the CAHSD budget, strategic priorities, key performance indicators, goals and objectives, accomplishments, personnel, strategic initiatives and plans for the future. Information is disseminated to citizens and their recommendations and input are sought. In addition, the Community Action Agency Board administers two (2) sub-committees which are comprised of representatives from the Community Advisory Committees. The Finance committee and the Advocacy Committee address issues pertaining to the department's budget, revenues, program grants, new initiatives and its expenditures. The Advocacy Committee also serves as a source for gathering input, recommendations and ideas regarding the CAHSD budget, programs, new initiatives and program expansion. The department also conducts a Community Needs Assessment every three (3) years, which is available to citizens in the target areas and shared on a regular basis. This planning document serves as a construct for the department in shaping decisions regarding the needs of the community, the planning of new centers and initiatives and the formal implementation of strategies to address issues and concerns encountered by the target population. The use of these three (3) documents supports low-income residents in their roles as advocates for their respective communities.

   b. Describe how services are targeted to low income individuals and families.

   Services for low-income residents are planned in accordance with the mission of the department. The mission of CAHSD is to "Empower families, individuals, and communities through the provision of comprehensive social services." A comprehensive approach towards addressing and improving the conditions in which low-income people live is applied in the implementation of services. Services designed to support individuals to achieve self-sufficiency are available in the target areas of Miami-Dade County with the highest concentrations of poverty. The department utilizes 12 Community Resource Centers, which are strategically located in communities which are easily accessible to provide services ranging from employability skills training and job placement, computer training, family development, emergency rental assistance, utility assistance through the Low Income Home Energy Assistance Program (LIHEAP), community engagement, home ownership training, financial literacy, after school and summer camp services. Multiple methods of communicating are used to inform the public about the various services it offers. This is inclusive of public service announcements, flyers, the County's website, social media, referrals from community-based groups/organizations and elected official's media appearances, the County's 311 information center, presentations to the faith-based community,

participation in community resource fairs and through a network of clients who have received services in the past. As the largest provider of comprehensive social services in Miami-Dade County, CAHSD is connected to a large network of public, community and private partners and works collaboratively to ensure the individual and collective needs of the community are addressed. By leveraging resources and physical assets, CAHSD has postured itself to address the ever-evolving needs of the community under one roof. For example, the Miami Gardens CRC offers the following services:

- LIHEAP/Care to Share- Assistance with utility costs
- Emergency Food and Shelter – HAND and food vouchers
- Farm Share- monthly food distribution of shelf-stable products
- Computer Training Classes
- Family Development
- Veterans Services
- Senior Meal Services
- Head Start
- Tax Preparation (seasonal)

Additionally, families can access health services via the onsite clinic, enroll children in Head Start (early learning) programming and receive alternative sentencing services for youth diverted from the juvenile justice system.

Due to the pandemic and to ensure the safety of our customers and staff, CAHSD expanded its service delivery to accept applications via online, phone, email and utilizing locked drop boxes located in front of all the 12 CAHSD Community Resource Centers.

c. Describe how linkages will be developed to fill identified gaps in services.

The department maintains formal and informal partnership agreements with a plethora of government agencies and community-based groups/organizations. Some of these entities are state, county and federally-funded organizations. Through formalized agreements and Memorandums of Understanding, the department works diligently to ensure that clients who are in need of services not offered by CAHSD, are able to access the necessary programs, interventions and services required to improve their social, educational, economic and physical well-being. The department consistently participates in information sharing and community resource activities with other providers in Miami-Dade County. CAHSD owns many buildings that serve as Community Resource Centers. To extend outreach and provide a comprehensive delivery of care to the community, CAHSD has entered in various cost-neutral/low-cost lease agreements with government agencies and non-profit organizations to provide needed services. There are currently more than forty (40) active lease agreements with various entities including the local school board, health care providers and the Department of Children and Families, to list a few. These strategies expand the department's reach in the community while ensuring that potential gaps in the service delivery system are minimized.

2. Explain if there is a formalized coalition of social service providers in your service area. If so list the coalitions by name, describe the mission of the coalition, who participates, and methods used by the coalition to coordinate services/funding.

CAHSD is a nationally-accredited agency under the auspices of Miami-Dade County government, and is the largest provider of comprehensive human and social services in the County. The department is the County's primary entity for the delivery of human and social services to 2.8 million residents.

CAHSD participates with local groups and entities to share information, facilitate partnerships and to leverage resources as a means of better serving the clients who seek our services. CAHSD is a member of the following advisory boards and coalitions: The Alliance for Aging, Inc. Advisory Council, the United Way of Miami-Dade, the Florida Domestic Violence Coalition, South Florida Behavioral Health Network, Miami-Dade Human Trafficking Coalition, Miami-Dade Addiction Services Board, Miami-Dade Veterans Board and the State of Florida Department of Elderly Affairs Advisory Council, among others. Formalized coalitions of social services providers in Miami-Dade County include the United Way of Miami-Dade, the Children's Trust and the Alliance for Aging.

The United Way of Miami-Dade allocates funding to the department to implement the Emergency Food and Shelter Program (EFSP) rental assistance initiative. Funds are allocated on a competitive basis to CAHSD, in addition to several other entities to assist residents in the community who experience financial challenges with paying their rent and/or mortgage. The mission of the United Way of Miami-Dade is "Building community by helping people care for one another." The United Way of Miami-Dade provides funding to 115 programs and 55 impact agencies. CAHSD also partnered with United Way with their Miami Pandemic Assistance Program which assisted residents that were affected by the COVID-19 pandemic with rent and food assistance.

CAHSD also receives funding from the Alliance for Aging, Inc., to augment the funding that it receives to support its programs serving the elderly population. Funding is awarded to the department and to other organizations through a competitive process every five years. The mission of the Alliance for Aging, Inc., is to "Enable older persons to lead meaningful and dignified lives in their living environment and communities by providing leadership, direction and support for a comprehensive continuum of aging and long term care services."

In 2018, CAHSD was awarded funding from The Children's Trust, a dedicated source of revenue derived from property taxes, established by a voter referendum in 2002. Their mission is to "partner with the community to plan, advocate for and fund strategic investments that improve the lives of all children and families in Miami-Dade County." The Children's Trust currently funds projects and organizations focused on parenting, early childhood development, youth development, health and wellness, and family and neighborhood supports.

Lastly, in response to the COVID-19 Pandemic and the impact it had on the communities we serve in reference to lack food, CAHSD partnered with a local advocacy group, Share Your Heart. CAHSD established weekly "drive-through pick up" locations at our 12 Community Resource Centers for residents to safely and conveniently receive shelve stable food and vegetables.

3. **Provide information on any memorandums of understanding and/or service agreements your agency has with other entities regarding coordination of services/funding.**

   (See Attachment F) – List of MOU's and Service Agreements

Tripartite Board of Directors

(For reference, refer to Organizational Standards Category 5: Board Governance.)

1. What is the total number of Board members as stated by your Bylaws? 45

2. Vacancy Resolution Plan – Does your board currently have any vacancies? (X) Yes ( ) No
   If yes, please complete the table below for each vacant seat.

Position	Date Vacancy Occurred	Estimated Date to be Filled	Reason for Vacancy	Steps taken to fill Vacancy
Elected Public Officials (District 5)	12/2020	3/2021	Newly elected Commissioner to appoint a representative	CAHSD Administration is working with the newly elected Commissioner to appoint a representative in 2021.
Elected Public Officials (Mayor)	11/2020	1/2021	Term ended/newly elected Mayor to appoint a representative	Newly elected Mayor to appoint a representative in early 2021.
Elected Public Officials (District 1)	11/2020	3/2021	Newly elected Commissioner to appoint a representative	CAHSD Administration is working with the newly elected Commissioner to appoint a representative in 2021.
Elected Public Officials (District 2)	5/2020	3/2021	Resigned; Commissioner to appoint a representative	CAHSD Administration is working with the elected official to fill the vacant position in 2021
Elected Public Officials (District 12)	12/2019	3/2021	Resigned; Commissioner has to appoint a representative	CAHSD Administration is working with the elected official to fill the vacant position in 2021
Elected Public Officials (District 13)	02/2019	3/2021	Newly elected Commissioner to appoint a representative	CAHSD Administration is working with the newly elected Commissioner to appoint a representative in 2021.

Elected Public Officials (District 10)	11/2018	3/2021	Resigned; Commissioner to appoint a representative	CAHSD Administration is working with the elected official to fill the vacant position in 2021.
Private Sector (Industry)	6/2020	3/2021	Resigned	CAHSD is currently accepting applications from qualified individuals and is working with the CAA Board to fill the vacancy.
Private Sector (Industry)	5/2020	3/2021	Removed due to lack of attendance	CAHSD is currently accepting applications from qualified individuals and is working with the CAA Board to fill the vacancy.
Private Sector (Industry/Business)	2/2020	3/2021	Resigned	CAHSD is currently accepting applications from qualified individuals and is working with the CAA Board to fill the vacancy.
Private Sector (Elderly)	9/2017	3/2021	Resigned	CAHSD Administration is working with the Board of County Commissioners to change the ordinance as this seat is for the Chair of a committee that no longer exists.
Target Area (Naranja)	5/2020	3/2021	Removed due to lack of attendance	CAHSD is currently accepting applications from qualified individuals and is working with the CAA Board to fill the vacancy.

Add rows as needed

Agency Bylaws

Date Approved by Tripartite Board (Most Recent): June 8, 2020
(For reference, refer to Organizational Standards Category 5.)

Date Reviewed by an Attorney (Most Recent): March 6, 2020
(For reference, refer to Organizational Standard 5.3.)

Date Bylaws Last Distributed to Board Members (Most Recent): September 14, 2020
(For reference, refer to Organizational Standard 5.4.)

Agency-Wide (or Department-Wide) Organizational Chart

Does your agency have an agency-wide organizational chart? (X) Yes ( ) No
If not, what document does your agency and board use to identify positions within your agency?
(For reference, refer to Organizational Standard 7.3.)

Agency-Wide (or Department-Wide) Budget

Does your agency have an agency-wide budget? (X) Yes ( ) No
If not, what document does your agency and board use track annual funding?
(For reference, refer to Organizational Standards 8.7 and 8.9.)

Agency Succession Plan

Does your agency have an agency succession plan? (X) Yes ( ) No
If not, what policies are in place in the event of an unplanned emergency absence by key staff members?
Does the plan cover unplanned short-term absences? (X) Yes ( ) No
Does the plan cover long-term (planned or not) absences? (X) Yes ( ) No

Date Approved by Tripartite Board (Most Recent): **N/A – CAHSD is a public agency that adheres to Miami-Dade Administration Order 07-21**
(For reference, refer to Organizational Standard 4.5.)

Agency-Wide (or Department-Wide) Comprehensive Risk Assessment

Does your agency have a comprehensive risk assessment? (X) Yes ( ) No
If not, what policies are in place to ensure the agency does not put itself at risk?

Date Reported to the Tripartite Board (Most Recent): **N/A – CAHSD is a public agency that adheres to the policies established by Miami-Dade County**
(For reference, refer to Organizational Standard 4.6.)

Annual Analysis of the Agency's Outcomes

Does your agency provide an annual analysis or report to the governing board to include the following:

Report Type	Yes	No	Date Provided to the Board (Most Recent)
Update on the success of the specific strategies include in this Community Action Plan	X		10/5/2020
Update on the progress of meeting the goals of the strategic plan	X		10/5/2020
An analysis of the agency's outcomes and any operational or program adjustment and improvements identified	X		Monthly, due to Governor's executive order for in-person quorum November/ December meetings were canceled; However, full board packets were emailed to members during those months.

(For reference, refer to Organizational Standards 4.4, 6.5, 9.3)

Federal Assurances and Certification

Public Law 105-285, s. 676 (b) establishes federal assurances eligible entities are to comply with. DEO, in its state plan submission, provides a narrative describing how the eligible entities in Florida will comply with the assurances. By completing and submitting this Community Action Plan, your agency certifies that it will comply with all Federal Assurances, the annual DEO Federally Funded Sub-grant Agreement, and any other laws, rules, and statutes in the performance of the activities funded through this grant.

CAP Plan Attachments

Attachment A – List of CAHSD Community Resource Centers

Attachment B –Service Area Map

Attachment C – CNA

Attachment D – Qualitative/Quantitative

Attachment E – CSBG Workplan

Attachment F – List of MOU's and Service Agreements

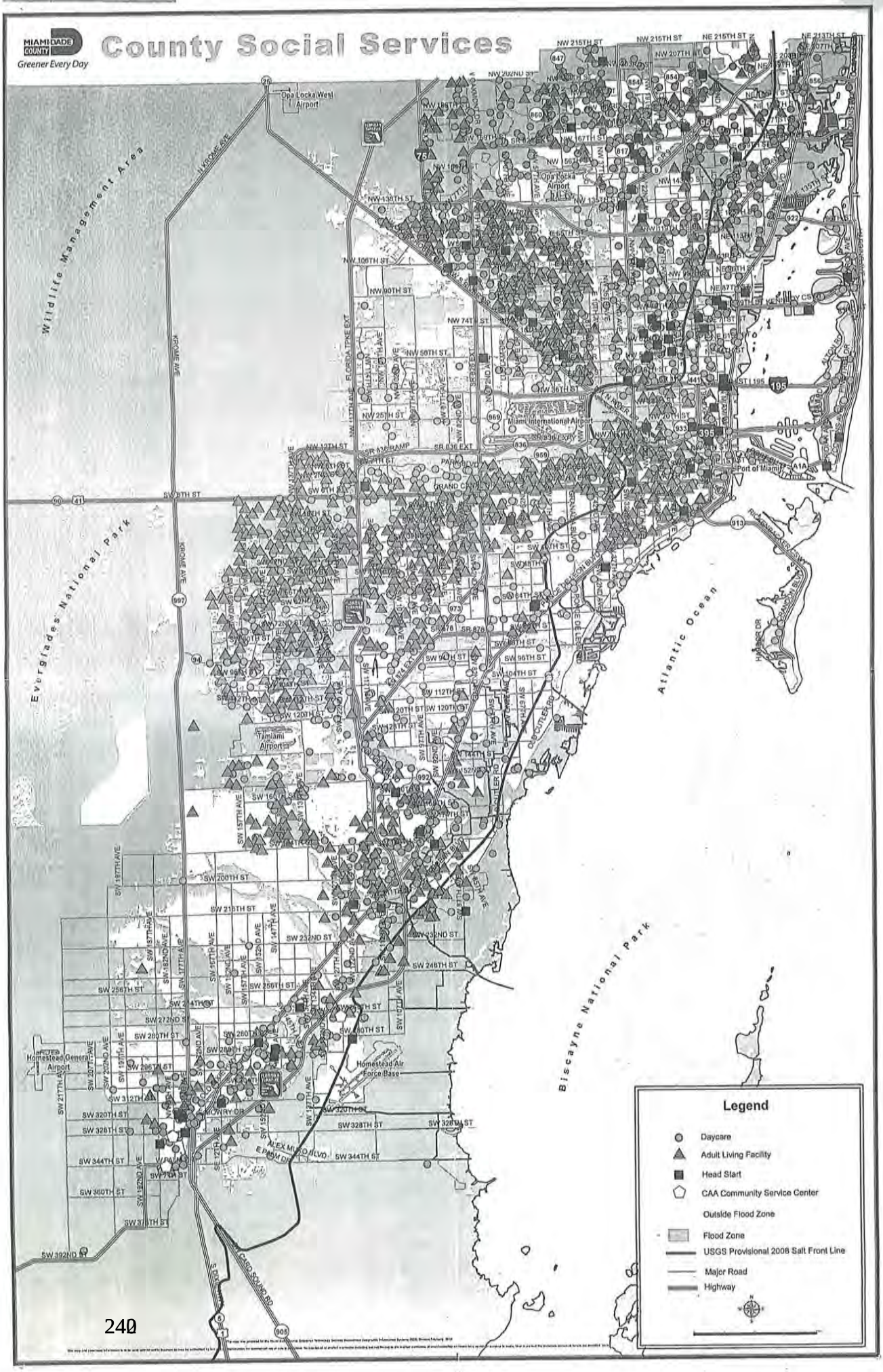
ATTACHMENT A

MIAMI-DADE COUNTY

COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT
FAMILY AND COMMUNITY SERVICES DIVISION
COMMUNITY RESOURCE CENTERS

NORTH SITES			TEAM MANAGERS
District 3 Caleb/Liberty City	5400 NW 22nd Avenue Miami, FL 33142	(305) 756-2830 (786) 266-7087 (cell)	Kyra King keh@miamidade.gov
District 3 Edison	150 NW 79th Street Miami, FL 33150	(305) 758-9662 (305) 979-3421(cell)	Terrance Carey bull@miamidade.gov
District 6 Hialeah	300 E. First Avenue Miami, FL 33010	(305) 884-4801 (305) 815-3460 (cell)	Michelle Rodriguez Mrodri@miamidade.gov
District 1 Miami Gardens/Opa-Locka	16405 NW 25th Avenue Miami Gardens, FL 33054	(305) 623-6500 (786) 503-1663 (cell)	Michelle Oyetunji simone2@miamidade.gov
District 3 Wynwood	2902 NW 2nd Avenue Miami, FL 33127	(305) 547-7661 (305) 297-6106 (cell)	Ulysses Arteaga uarteag@miamidade.gov
CENTRAL SITES			
District 5 Accion	970 SW 1st Street, 4th FL Miami, FL 33130	(305) 545-2224 (786) 395-6485 (cell)	Teresita Figueroa tfiguer@miamidade.gov
District 3 Culmer	1600 NW 3rd Avenue Miami, FL 33136	(305) 438-4161 (786) 376-9642 (cell)	Dr. Tangier Scott CA9@miamidade.gov
District 7 Coconut Grove	3692 Grand Avenue Miami, FL 33133	(305) 446-3311 (305) 987-0327 (cell)	Helen Miguel Hmiguel@miamidade.gov
District 5 South Beach	833 Sixth Street Miami, FL 33139	(305) 672-1705 (305) 607-0639 (cell)	Viola Davis davisv@miamidade.gov
SOUTH SITES			
District 9 Naranja	13955 SW 264th Street Miami, FL 33032	(305) 245-5865 (305) 898-5931(cell)	Ali Medel alim@miamidade.gov
District 9 Perrine	17801 Homestead Avenue Miami, FL 33157	(305) 254-5804 (305) 298-1182 (cell)	Dionne Brown Ward@miamidade.gov
District 9 Florida City	1600 NW 6th Court Florida City, FL 33034	(305) 247-2068 (786) 351-0321 (cell)	Olga Torrens Otorren@miamidade.gov
District 9 Farmworkers Program Naranja	13955 SW 264th Street Miami, FL 33032	(305) 245-5865 (305) 898-5931(cell)	Ali Medel alim@miamidade.gov

ATTACHMENT B



5. Attachment D

Qualitative – Analysis of open-ended survey questions given to residents, Community Partners and CAHSD Staff, responses from focus groups conducted with Community Advisory Councils, Head Start Policy Council and the CAA Board of Directors, and responses from Employee Satisfaction Surveys and Client Satisfaction Surveys.

Quantitative – Internal program data, survey data and publicly available quantitative data from a variety of institutions was collected and analyzed as a part of the needs assessment, including: Florida Department of Economic Opportunity, State Reemployment Assistance Claims Dashboard; United States Census Bureau; Center for Disease Control; Florida Department of Children and Families; Miami-Dade County, Targeted Urban Areas; Miami-Dade Economic Advocacy Trust, Annual Report and Scorecard; Florida Department of Education; Florida Department of Health; U.S. Department of Agriculture; U.S. Department of Health and Human Services; U.S. Department of Housing and Urban Development.

ATTACHMENT E

2020 CSBG BUDGET FORMS
CSBG WORKPLAN

Subrecipient: Miami-Dade County of

Agreement #: 17SB-0D-11-23-01-116

Reporting Period: Oct. 1, 2019 - Sept. 30, 2020

Module 3, Section A: Community Initiative Status Form

1	Initiative Name	Community Advisory Coucil Scholarship Award	
2	Initiative Year	1-7+ years	25
3	Problem Identification	Narrative (Provide a narrative on the scope of the problem)	
	Support/assist young adults with their aspirations to attend colleges and universities.		
4	Goal/Agenda	Narrative (Provide a narrative on the goal/agenda)	
	Through CSBG, 16 young adults from low-income neighborhoods are provided with a $$1,500 scholarship to attend a college or university of their choice.		
5	Issue/CSBG Community Domains	Employment; Education and Cognitive Development; Income, Infrastructure, and Asset Building; Housing; Health and Social/Behavioral Development; or Civic Engagement and Community Involvement	
	Education and Cognitive Development		
6	Ultimate Expected Outcome	Community Level National Performance Indicators (NPIs) (Reference the Community NPIs listed in Section B)	
	CNPI 2e		
7	Identified Community	Neighborhood, City, School District, County, Service Area, State, Region, or Other	
	Miami Dade County - Low-Income Neighborhoods		
8	Expected Duration	Narrative (Provide the range in years, e.g. 1-3 years)	
	25 years		

9	**Partnership Type**	Independent CAA Initiative, CAA is the core organizer of multi-partner Initiative, or CAA is one of multiple active investors and partners
	Local Colleges/Universities and FPL	

10	**Partners**	Narrative (Provide a narrative on the key 1-3 partners)
	Miami Dade College provides a space for the awards ceremony to be held once a year. FPL sponsors the food for the luncheon.	

11	**Strategy(ies)**	Select from the Community Level Strategies listed in Section C below

12	**Progress on Outcomes/Indicators**	No Outcomes to Report, Interim Outcomes, Final Outcomes
	Staff is in-touch with students throughout their schooling to assist with any barriers they may have.	

13	**Impact of Outcomes**	Narrative (Provide additional information on the scope of the impact of these outcomes. e.g. If an initiative created a health clinic, please describe how many individuals and families are expected to be impacted.)
	Scholorship receipients are provided with financial support from the commumities served by the CAC with an opportunity to attain educational.	

14	**Outcomes/Indicators to Report**	Record the data for the CNPIs listed above in #6, in Section B below

15	**Final Status**	Initiative Active, Initiative Ended Early, Initiative Ended as Planned, Completed Still Delivering Value
	Initiative Active	

16	**Lessons Learned**	Narrative
	Through CSBG initiative, the department engages its CAC's in supporting the educational aspirations of target area residents. The scholarship initiative was developed to provide financial support to assist individuals from the community served by the CAC with an opportunity to attain their educational goals.	

Module 3, Section B: **Community National Performance Indicators (CNPIs)**
Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity.

---------- Employment Indicators ----------

CNPI 1	Counts of Change for Employment Indicators	Target (#)
CNPI 1a	Number of jobs **created** to increase opportunities for people with low incomes in the identified community.	0
CNPI 1b	Number of job opportunities **maintained** in the identified community.	0
CNPI 1c	Number of "living wage " jobs **created** in the identified community*.	0
CNPI 1d	Number of "living wage" jobs **maintained** in the identified community*.	0
CNPI 1e	Number of jobs **created** in the identified community with a benefit package.	0

** When reporting on indicators related to living wage, agencies can provide their own definition or select from national or locally-defined models. Please indicate the living wage definition used in the General Comment box.*

CNPI 1z	Other Counts of Change for Employment Indicators - *Please specify below.*	Target (#)
CNPI 1z1		0
CNPI 1z2		0
CNPI 1z3		0

CNPI 1	Rates of Change for Employment Indicators	Target (%)
CNPI 1f	Percent decrease of the **unemployment rate**.	0.00%
CNPI 1g	Percent decrease of the youth **unemployment rate**.	0.00%
CNPI 1h	Percent decrease of the **underemployment rate**.	0.00%

CNPI 1z	Other Rates of Change for Employment Indicators - *Please specify below.*	Target (%)
CNPI 1z4		0.00%
CNPI 1z5		0.00%
CNPI 1z6		0.00%

General Comments:

---------- Education and Cognitive Development Indicators ----------

CNPI 2	Counts of Change for Education and Cognitive Development Indicators	Target (#)
CNPI 2a	Number of accessible and affordable **early childhood or pre-school education** assets or resources added to the identified community.	0
CNPI 2b	Number of accredited or licensed **affordable child care facilities** added in the identified community.	0
CNPI 2c	Number of new **Early Childhood Screenings** offered to children (ages 0-5) of families with low-incomes in the identified community.	0
CNPI 2d	Number of accessible and affordable education assets or resources added for **school age** children in the identified community. (e.g., academic, enrichment activities, before/after school care, summer programs)	0
CNPI 2e	Number of accessible and affordable **post secondary education** assets or resources added for newly graduating youth in the identified community. (e.g. college tuition, scholarships, vocational training, etc.)	16
CNPI 2f	Number of accessible and affordable **basic or secondary education** assets or resources added for adults in the identified community. (e.g. literacy, ESL, ABE/GED, etc.)	0

CNPI 2z	Other Counts of Change for Education and Cognitive Development Indicators (CNPI 2z) - *Please specify below.*	Target (#)
CNPI 2z1		0
CNPI 2z2		0
CNPI 2z3		0

CNPI 2	Rates of Change for Education and Cognitive Development Indicators	Target (%)
CNPI 2g	Percent increase of children in the identified community who are **kindergarten ready**.	0.00%
CNPI 2h	Percent increase of children in the identified community at (or above) the **basic reading level**.	0.00%
CNPI 2i	Percent increase of children in the identified community at (or above) the **basic math level**.	0.00%
CNPI 2j	Percent increase in high school (or high school equivalency) **graduation rate** in the identified community.	0.00%
CNPI 2k	Percent increase of the rate of youth in the identified community who **attend post-secondary education**.	0.00%
CNPI 2l	Percent increase of the rate of youth in the identified community who **graduate from post-secondary education**.	0.00%
CNPI 2m	Percent increase of adults in the identified community who **attend post-secondary education**.	0.00%
CNPI 2n	Percent increase of adults in the identified community who **graduate from post-secondary education**.	0.00%
CNPI 2o	Percent increase in the adult **literacy rate** in the identified community.	0.00%

CNPI 2z	Other Rates of Change for Education and Cognitive Development Indicators - *Please specify below.*	Target (%)

2020 CSBG BUDGET FORMS
CSBG WORKPLAN

Subrecipient: Miami-Dade County of **Agreement #:** 17SB-0D-11-23-01-116

Reporting Period: Oct. 1, 2019 - Sept. 30, 2020

Module 4, Section A: Individual and Family National Performance Indicators (FNPIs)

Goal 1: Individuals and Families with low incomes are stable and achieve economic security.

---------- Employment Indicators ----------

FNPI 1	Employment	Target (#)
FNPI 1a	The number of unemployed youth who obtained employment to gain skills or income.	25
FNPI 1b	The number of unemployed adults who obtained employment **(up to a living wage)**.	1,200
FNPI 1c	The number of unemployed adults who obtained and maintained employment for at least 90 days **(up to a living wage)**.	450
FNPI 1d	The number of unemployed adults who obtained and maintained employment for at least 180 days **(up to a living wage)**.	250
FNPI 1e	The number of unemployed adults who obtained employment **(with a living wage or higher)**.	180
FNPI 1f	The number of unemployed adults who obtained and maintained employment for at least 90 days **(with a living wage or higher)**.	90
FNPI 1g	The number of unemployed adults who obtained and maintained employment for at least 180 days **(with a living wage or higher)**.	80

FNPI 1	Employment	Target (#)
FNPI 1h	The number of employed participants in a career-advancement related program who **entered or transitioned** into a position that provided increased income and/or benefits.	10
FNPI 1h 1	Of the above, the number of employed participants who increased income from employment through **wage or salary amount increase**.	10
FNPI 1h 2	Of the above, the number of employed participants who increased income from employment through **hours worked increase**.	10
FNPI 1h 3	Of the above, the number of employed participants who **increased benefits** related to employment.	10

FNPI 1z	Other **Employment Outcome Indicator**	Target (#)
FNPI 1z 1	The number of individuals or households	0

General Comments:

---------- Education and Cognitive Development Indicators ----------

FNPI 2	Education and Cognitive Development	Target (#)
FNPI 2a	The number of children (0 to 5) who demonstrated improved emergent literacy skills.	0
FNPI 2b	The number of children (0 to 5) who demonstrated skills for school readiness.	0
FNPI 2c	The number of children and youth who demonstrated improved positive approaches toward learning, including improved attention skills. (auto total).	0
FNPI 2c 1	Early Childhood Education (ages 0-5)	0
FNPI 2c 2	1st grade-8th grade	0
FNPI 2c 3	9th grade-12th grade	0
FNPI 2d	The number of children and youth who are achieving at basic grade level (academic, social, and other school success skills). (auto total)	0
FNPI 2d 1	Early Childhood Education (ages 0-5)	0
FNPI 2d 2	1st grade-8th grade	0
FNPI 2d 3	9th grade-12th grade	0

FNPI 2e	The number of parents/caregivers who improved their home environments.	0
FNPI 2f	The number of adults who demonstrated improved basic education.	0
FNPI 2g	The number of individuals who obtained a high school diploma and/or obtained an equivalency certificate or diploma.	20
FNPI 2h	The number of individuals who obtained a recognized credential, certificate, or degree relating to the achievement of educational or vocational skills.	10
FNPI 2i	The number of individuals who obtained an Associate's degree.	5
FNPI 2j	The number of individuals who obtained a Bachelor's degree.	0

FNPI 2z	Other **Education and Cognitive Development Outcome Indicator**	Target (#)
FNPI 2z 1	The number of individuals or households	0

General Comments:

---------- Income and Asset Building Indicators ----------

FNPI 3	**Income and Asset Building Indicators**	Target (#)
FNPI 3a	The number of individuals who achieved and maintained capacity to meet basic needs for **90 days**.	0
FNPI 3b	The number of individuals who achieved and maintained capacity to meet basic needs for **180 days**.	0
FNPI 3c	The number of individuals who opened a **savings account or IDA**.	100
FNPI 3d	The number of individuals who **increased their savings**.	50
FNPI 3e	The number of individuals who used their savings to **purchase an asset**.	25
FNPI 3e 1	Of the above, the number of individuals who **purchased a home**.	2
FNPI 3f	The number of individuals who **improved their credit scores**.	0
FNPI 3g	The number of individuals who **increased their net worth**.	0
FNPI 3h	The number of individuals engaged with the Community Action Agency who report **improved financial well-being**.	100

FNPI 3z	Other **Income and Asset Building Outcome Indicator**	Target (#)
FNPI 3z 1	The number of individuals or households	0

General Comments:

---------- Housing Indicators ----------

FNPI 4	**Housing**	Target (#)
FNPI 4a	The number of household members experiencing homelessness who obtained **safe temporary shelter**.	50
FNPI 4b	The number of household members who obtained **safe and affordable housing**.	250
FNPI 4c	The number of household members who maintained safe and affordable housing for **90 days**.	150
FNPI 4d	The number of household members who maintained safe and affordable housing for **180 days**.	0

FNPI 4e	The number of household members who **avoided eviction**.	0
FNPI 4f	The number of household members who **avoided foreclosure**.	0
FNPI 4g	The number of household members who **experienced improved health and safety** due to improvements within their home (e.g. reduction or elimination of lead, radon, carbon dioxide and/or fire hazards or electrical issues, etc).	0
FNPI 4h	The number of household members with **improved energy efficiency and/or energy burden reduction** in their homes.	0

FNPI 4z	Other **Housing Outcome Indicator**	Target (#)
FNPI 4z 1	The number of individuals or households	0

General Comments:

---------- Health and Social/Behavioral Development Indicators ----------

FNPI 5	**Health and Social/Behavioral Development**	Target (#)
FNPI 5a	The number of individuals who demonstrated **increased nutrition skills** (e.g. cooking, shopping, and growing food).	1,400
FNPI 5b	The number of individuals who demonstrated **improved physical health** and well-being.	0
FNPI 5c	The number of individuals who demonstrated **improved mental and behavioral health and well-being**.	0
FNPI 5d	The number of individuals who **improved skills** related to the adult role of parents/ caregivers.	0
FNPI 5e	The number of parents/caregivers who **demonstrated increased sensitivity and responsiveness** in their interactions with their children.	0
FNPI 5f	The number of **seniors (65+)** who maintained an independent living situation.	2,100
FNPI 5g	The number of **individuals with disabilities** who maintained an independent living situation.	300
FNPI 5h	The number of **individuals with chronic illness** who maintained an independent living situation.	2,400
FNPI 5i	The number of individuals with **no recidivating event** for six months.	0
FNPI 5i 1	Youth (ages 14-17)	0
FNPI 5i 2	Adults (ages 18+)	0

FNPI 5z	Other **Health and Social/Behavioral Development Outcome Indicator**	Target (#)
FNPI 5z 1	The number of individuals or households	0

General Comments:

---------- Civic Engagement and Community Involvement Indicators ----------

FNPI 6	**Civic Engagement and Community Involvement Indicators**	Target (#)
FNPI 6a	The number of Community Action program participants who increased skills, knowledge, and abilities to enable them to work with Community Action to improve conditions in the community.	2,000
FNPI 6a 1	Of the above, the number of Community Action program participants who **improved their leadership skills**.	200
FNPI 6a 2	Of the above, the number of Community Action program participants who **improved their social networks**.	200
FNPI 6a 3	Of the above, the number of Community Action program participants who gained other skills, knowledge and abilities to **enhance their ability to engage**.	200

CAHSD MOU's and Service Agreements

Head Start

Delegate Agencies

Allapattah
Catholic Charities
Centro Mater
Easter Seals
Family Christian Association of America (FCAA)
Haitian Youth
KIDCO
Landow
LeJardin
Miami-Dade Public Schools
O'Farrill Learning Center
Our Little Ones
Paradise
St. Albans
Sunflowers
United Way of Miami-Dade
Young Women's Christian Association (YWCA)

Early Head Start Childcare Community Partners

Bethany Child Development Center
Crystal Learning Center
Decroly Learning Childcare Center
Memorial Temple Early Childhood Education Center
Community Outreach Center
St. Albans
Shining Light Childcare Development Center
Cambridge Academy and Camp Learning Center
Rising Star Academy

Elderly Services and Disabilities

Senior Companion

Ayuda
Banyan
De Hostos
Easter Seals
Miami-Dade Public Housing
Switchboard of Miami
Little Havana Activities and Nutrition Centers (LHANC)
Sweetwater Towers
Los Robles Apartments

Foster Grandparents

Haitian Youth
YWCA
Easter Seals
Family Christian Centro Mater
Public Health Trust

Retired and Senior Volunteer Program

Babba's Bunch
Allapattah Community Service Center
Baptist Hospital
Corporation for National Services
UM Hospital
Hialeah Housing Authority
Vitas Innovative Care
Senior Lift
Miami Jewish Home
Jackson North
West Dade Adult Day Care Center
Residential Plaza at Blue Lagoon

Meals for the Elderly Site Agreements

Claude Pepper Towers - MDC-Public Housing
Urban League
First United Methodist Church
Deedco
Pine Woods Villas
City of Miami
City of South Miami
MDC-Parks & Rec

Meals for the Elderly (CBOs)

Catholic Charities
City of Sweetwater
Little Havana
Southwest Social Services

Public/Private Organizations

City of Homestead (management of Day Care Facility)
Redlands Christian Migrant Association (school readiness program)
Agreements with MDC for use of facilities for special needs

Violence Prevention and Intervention

Administrative Office of the Courts (AOC) Domestic Violence Division
Administrative Office of the Courts (AOC) Family Division
Administrative Office of the Courts (AOC) Juvenile Division
Agape Network
Americans for Immigrant Justice, Inc. (A1 Justice)
Amigos for Kids (AFK)
CABA Pro Bono
CASA
Children of the Night/WOW
Clerk of the Courts (COC)
Connect Familias (CF)
Dade Legal Aid (DLA)
Dade Resource Center
Entre Nosotras (EN)
Florida Department of Children and Families (DCF)
Housing Opportunities Project Excellence (HOPE), Inc.
Institute for Child and Family Health (ICFH)
Jewish Community Services of South Florida
Junior League of Miami
Kristi House (KH)
Miami-Dade County, Juvenile Services Department (JSD)
Miami-Dade County, CAHSD, VPID, Psychological Services
Miami-Dade County, CAHSD, VPID Safespace
Miami-Dade Police Department (MDPD)
Millennials Project
New Smiles Foundation, Inc.
State Attorney's Office (SAO) Child Support Enforcement
State Attorney's Office (SAO) Criminal Division
Switchboard of Miami, Family Counseling Services Division, the Journey Institute (FCS/TJI)
The Lodge/Victim Response, Inc.
Trauma Resolution Center (TRC)
University of Miami (UM), Division of Adolescent Medicine, Counseling and Testing
University of Miami (UM), Dunspaugh-Dalton Community and Educational Well-Being Research Center
University of Miami (UM), School of Nursing and Health Studies (El Centro)
Victory for Youth
VIDA Legal Assistance Inc.

Family and Community Services Division

Kristi House
Victory for Youth
Girl Power
Suited 4 Success
CareerSource
Miami-Dade Juvenile Services Department
Miami-Dade Department Economic Advocacy Trust, Teen Court
Black Family Institute
Farmshare
Feeding South Florida
Miami-Dade Public Library
Office of New Americans
American Association of Retired Persons (AARP)

COMMUNITY ACTION AGENCY BOARD

DATE: JANUARY 30, 2020

AGENDA ITEM NUMBER: 3A7

AGENDA ITEM SUBJECT: CAHSD BUSINESS PLANN FOR FY 2020-2019 AND FY2020-2021

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY:

ATTACHED IS THE BUSINESS PLAN FOR THE COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT FOR THE FISCAL YEAR 2019-2020 AND 2020-2021. THE BUSINESS PLAN CONTAINS INFORMATION REGARDING THE DEPARTMENT'S MISSION, SERVICES PROVIDED AND THE GOALS AND OBJECTIVES OF THE DEPARTMENT AS THEY RELATE TO THE COUNTY'S STRATEGIC PLAN.

FUNDING SOURCE: ALL

Community Action and Human Services Department Business Plan

Fiscal Years: 2020 and 2021

(10/1/2019 through 9/30/2021)

Approved by:

Lucia Davis-Raiford, Department Director

Date

Maurice L. Kemp, Deputy Mayor

5/12/2020

Date

Plan Date: January 30, 2020

Delivering Excellence Every Day

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DEPARTMENT OVERVIEW

Department Mission

The mission of the Miami-Dade County Community Action and Human Services Department (CAHSD) is to empower families, individuals and communities through the provision of comprehensive social services.

Department Description

CAHSD is a nationally accredited agency that provides comprehensive social services to individuals and families at every stage of life, from before birth to the elderly. Services are designed and coordinated to address and relieve hardships associated with poverty. The service delivery model is strongly client-centered and is comprised of multiple direct service components (listed below) to meet the needs of the entire family.

1. The **Head Start/Early Head Start** Division includes the oversight of seventeen (17) delegate agencies and ten childcare partners in the provision of high-quality early childhood education. The program focuses on the development of positive social, physical and emotional development of children ages 0 to 5, ensuring that children are school-ready, and provides supportive services for their families. Through the Early Head Start-Child Care Partnership Grant and the Early Head Expansion Grant, CASHD has transformed ten daycare centers into high-quality Early Learning Centers rooted in Early Head Start principles. Partners receive a range of support services and are monitored for safety, performance and overall development of infants/toddlers in core areas.

2. The **Family and Community Services Division** provides services for targeted populations, including low-income families, individuals and communities, Veterans, farmworkers, youth and immigrants. Services include emergency assistance, utility and rent assistance, nutritional support, citizen participation, afterschool programs, employability skills training, job placement and referrals. Services are available at CAHSD Community Resource Centers, as well as at specialized service sites located throughout the County.

3. The **Elderly and Disability Services Division** provides comprehensive case management and access to a continuum of support services designed to promote independent living for seniors and persons with disabilities. Services include the provision of nutritious meals, home care, respite care, volunteer opportunities and psychological services. Various social activities are also provided in adult day centers, senior centers and congregate meal sites.

4. The **Violence Prevention and Intervention Division** offers comprehensive supportive and protective services for victims of varying forms of domestic violence, sexual violence and human trafficking. Victims and their dependents can receive legal assistance, immigration assistance, counseling, advocacy,

employability skills training and placement in safe emergency or transitional housing, among other coordinated services.

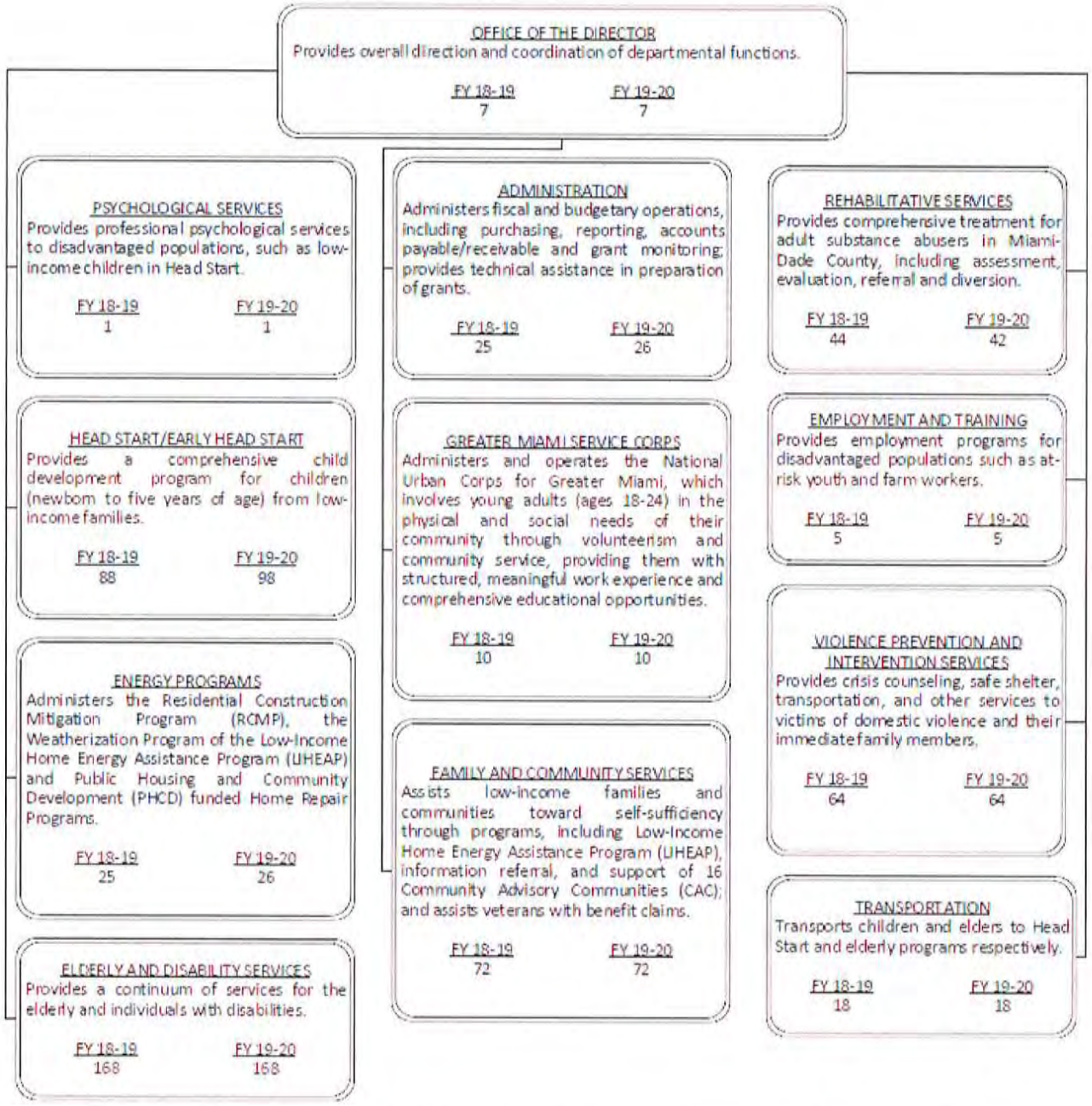
5. The **Rehabilitative Services Division** includes both out-patient and residential treatment services for individuals struggling with substance use disorders and addiction. Residential treatment is provided 24-hours, 7-days per week and includes a variety of supportive services, such as individual, group and family therapy, medication-assisted treatment (MAT) and employability skills training. CAHSD also provides out-patient case management, counseling and care for individuals referred to treatment through the Miami-Dade County Drug Court, in addition to self-enrolled clients.

6. The **Energy, Transportation and Facilities Division** provides numerous services designed to improve homes and communities. Services include weatherization, beautification, hurricane shutter installation and home rehabilitation for Miami-Dade County residents. The division also manages all CAHSD facilities and real estate development, as well as coordinates transportation services provided to clients participating in Elderly and Disability Services and Head Start/Early Head Start programs.

7. The **Greater Miami Service Corps** is a program designed to improve the knowledge, skills and abilities of youth and young adults to assist them in achieving their educational and employment goals.

8. The **Psychology Internship Program** is an American Psychological Association (APA)-accredited program in which doctoral students provide direct mental health services, such as individual, group and family therapy, psychological evaluations and assessments, case management and consultation, to clients participating in select CAHSD programs.

Table of Organization



The FY 2019-20 total number of full-time equivalent positions is 569.

Strategic Alignment Summary

CAHSD services that support and align with the County's goals and objectives are as follows:

HH2-2 Stabilize Home Occupancy

To stabilize home occupancy, CAHSD provides:

- Comprehensive energy conservation and home rehabilitation programs to low-to-moderate income homeowners through the CAHSD Energy, Facilities and Transportation Division. Programs, such as Weatherization, Home Rehabilitation, Beautification and Shuttering, are designed to reduce energy consumption, allowing homeowners greater opportunity to increase their savings and remain in their homes. Programs improve home air quality, resiliency during storms and home appearance, while reducing neighborhood blight.

- Crisis intervention and prevention services through the Family and Community Services Division, such as utility bill payment assistance and rent/mortgage assistance to prevent utility shut-off and eviction.

HH2-3 Minimize Hunger for Miami-Dade County Residents

CAHSD helps minimize hunger by providing meals to clients participating in the following programs:

- Head Start/Early Head Start, which provides two-thirds of each child's daily nutrition by serving a healthy breakfast, lunch and snack to all students.

- Family and Community Services Division, which provides food vouchers to families in need, coordinates food distributions and organizes food pantries at its twelve Community Resource Centers. The division also ensures that children participating in out-of-school programs receive a nutritious snack.

- Elderly and Disability Services Division, which operates congregate meal sites, senior centers, adult day centers and the Meals on Wheels program to aid seniors and persons with disabilities in avoiding malnutrition and other health-related issues. Additional evening and weekend meals are also available for those seniors who have been identified as being "high-risk" for malnutrition.

- New Direction Residential Treatment Program, which provides meals for clients receiving treatment for substance use disorders in a residential facility.

- Summer Food Service Program, which provides free balanced meals to children during the summer.

HH2-4 Reduce the Need for Institutionalization of the Elderly

Through the Elderly and Disability Services Division, CAHSD provides an array of services designed to reduce the need for institutionalization of the elderly, such as:

- Comprehensive home care services to homebound seniors, including assistance with eating, dressing, bathing, housekeeping and chores.

- Socialization opportunities for seniors and adults with disabilities, including Adult Day Centers, Senior Centers, the Disability Services and Independent Living Center, Congregate Meal Sites and volunteer opportunities. Participants in these programs receive assistance with daily living activities, a nutritious breakfast and lunch, transportation and respite for caregivers, and are actively engaged in social activities, self-care training activities, and health interventions and education.

- Case management services to ensure that all seniors and adults with disabilities have access to a continuum of support services

Additional support services for seniors include:

- Respite care to seniors to reduce isolation and support caregiver
- Companionship for frail and homebound seniors
- Mental health counseling
- Round-trip transportation to program sites and associated field trips

HH2-5 Improve Access to Abuse Prevention, Intervention and Support Services

- CAHSD provides access to coordinated services for victims of domestic violence, sexual assault, dating violence and human trafficking, and their dependents, through the Violence Prevention and Intervention Division. The division collaborates with public and private entities co-located at the CAHSD Coordinated Victims Assistance Center (CVAC) to provide access to comprehensive services, including outreach, counseling and advocacy. Emergency and transitional housing with supportive services are also available to survivors fleeing violent situations. Other supportive services include immigration and legal assistance, transportation, employment services, food and clothing.

- Through the CAHSD Rehabilitative Services Division, evidence-based, comprehensive substance abuse treatment is provided to individuals who are struggling with addiction. Residential and out-patient care enables clients to access a wide range of services, including individual, group and family therapy. Medication-assisted treatment (MAT) and an on-site Medical Director help to provide an integrated approach to clinical care.

- Psychological services, including evaluation and counseling for children, seniors and individuals with substance use disorders, are also provided to clients participating in the following CASHD programs: Head Start/Early Head Start, Family and Community Services, Elderly and Disability Services, Violence Prevention and Intervention, Rehabilitative Services and the Greater Miami Service Corps.

HH3-1 Ensure That Individuals 18 Years and Older (including foster care and juvenile youths) Are Work Ready

- Workforce development for low-income individuals is provided through CAHSD Family and Community Services Division. Staff works with both youth and adult clients to reduce social, educational and attitudinal barriers to obtaining or maintaining employment. Services include employability skills training, computer skills training, job search assistance, referrals to advanced/specialized skills training and job placement. Specialized career development and placement services are also available to migrant and farmworker populations through the Farmworker Career Development Program.

- Out-of-school youth and young adults are provided with the skills and resources needed to obtain educational and employment aspirations through the Greater Miami Service Corps (GMSC). GMSC participants are not only engaged in community service projects, but are also provided with a myriad of services to support their professional growth, including GED assistance, career exploration, counseling, character and leadership development, life skills management, industry certifications, and job, internship and post-secondary education placement.

HH3-2 Ensure That Children Are School Ready

CAHSD offers high-quality early childhood education to promote school readiness through Head Start/Early Head Start (HS/EHS) program. Key components of the program include:

- Comprehensive child development and family support services for more than 7,000 children, birth to age five, and their families through a fully delegated agency model and through partnerships with early childcare and education centers.

- Inclusive early education services tailored to meet the needs of children diagnosed with a disability.

- Language-rich, challenging and supportive environment to develop strong early literacy, math, science, social skills and executive function skills that are necessary to succeed in school and life.

- Parent engagement in children's school experiences to improve the social, emotional and educational development of each child.

HH3-4 Increase the Self-Sufficiency of Vulnerable Residents/Special Populations

Throughout all programs within the department, CAHSD supports individuals, families and communities as they move away from poverty and towards economic stability. Targeted populations include low-income individuals and families, unemployed/underemployed adults, out-of-school youth, migrant and farmworkers, seniors, persons with disabilities, victims of domestic violence, sexual violence and human trafficking, children, Veterans, immigrants and adults struggling with substance use disorders. CAHSD assists residents with becoming self-sufficient by providing direct support services, including education, employment, economic, financial literacy and housing assistance across core programs. These services are designed to identify, remove and/or reduce social barriers to economic success and promote economic independence.

CAHSD has multiple service access points, most of which are centrally located in the heart of some of the most impoverished communities in Miami-Dade County. The department forms strategic partnerships to further connect residents to the resources they need and expand the quantity of services provided at CAHSD locations.

Our Customer

The CAHSD service delivery model is client-centered and responsive to the unique needs of the communities, families and individuals served. Customers, customer groups and market segments are identified and determined by local, state and federal mandates. Most of the funding received is restricted to providing services to low-income residents and/or special populations, such as the elderly, persons with disabilities, victims of domestic violence, sexual assault and human trafficking, farmworkers and children. Customers are determined to be low-income by their status in relation to the U.S. Poverty Guidelines.

CAHSD uses the following processes to learn more about customers and their needs:

1. The Individualized Assessment – The CAHSD assessment process takes place at intake for all department services and programs. Clients are actively involved in developing their case plan, in which they define their needs, expectations and requirements for services.

2. Community Needs Assessments – CAHSD annually updates its comprehensive community needs assessments that are required by grants (Head Start and Community Service Block Grant) to capture unmet community needs, identify gaps in services and acquire more in-depth knowledge about the diverse communities it serves.

3. Community Advisory Councils (CACs) – CACs are designed to empower low-income residents to become involved in decision-making process of local government. Reviews of CAC minutes serve as viable mechanisms for identification of community issues and concerns.

KEY ISSUES

- Legislative changes that result in the reallocation and/or reduction of federal, state and local funds remain a challenge for CAHSD. As resources become scarcer, seeking grants from private foundations and independent donations to support current and developing programs is essential to the sustainability of CAHSD. To further address legislative challenges, the development of public-private partnerships is a necessity, as is engaging the business community for financial support and volunteerism.

- Unfunded or insufficiently funded mandates with regulatory consequences remain a challenge for CAHSD, as the demand for services is greater than the resources available. Limited resources and personnel make it difficult to comply with new federal, state and local mandates, especially when no or limited funding is attached.

- Aging infrastructure, including outdated facilities and technology, poses a new challenge for CAHSD. The number of residents accessing facilities continues to increase, which in turn increases costs associated with facility maintenance and utilities. Upgrades to both facility and technology equipment would create a safe and inviting environment for staff and clients, who are often accessing services during times of crisis, as well as attract other government and community-based entities to provide services at CAHSD locations. Outdated technology also has a programmatic impact, as it hinders the ability of CAHSD to provide more advanced computer skills training to clients seeking to improve their employability, and limits accessibility of program and benefit registration to in-person only.

- Of the Department's infrastructure needs, none are more prevalent than the conditions of the structures at the New Direction, CAHSD's residential rehabilitative services facility. According to the MDC Opioid Taskforce, Miami Dade County is severely impacted by serious public health and social problems associated with the opioid epidemic and related co-occurring disorders. In Miami-Dade County, illicit opioid use continues to increase, resulting in a growing number of fatalities. Furthermore, untreated substance use disorders, including intravenous drug use, contributed to Miami-Dade County being identified as the national leader for new HIV diagnosis in 2019. New Direction is the County's only substance abuse treatment provider that accepts clients without the means to pay for service, the uninsured or underinsured individuals. The Department estimates that a $15M commitment is needed to redevelop the space, with a complete tear-down and rebuild project, to not only serve the current population, but create a facility that can also serve youth, veterans and other severely impacted populations, an area of treatment where there is dedicated federal and state grant funding available.

- A growing demand for elderly services, specifically home delivered meals and in-home personal and homemaking care, far outweighs current means/funding. The Department currently has a waitlist of more than 4,000 unique services to support elderly residents in the community. Older residents with fixed incomes are in need of assistance that range from prepared meals that meets their dietary requirements to in-home support with daily living tasks including bathing, feeding and light cleaning.

PRIORITY INITIATIVES

Administrative

- Create a comprehensive economic development and facilities improvement plan, and identify funding resources to support implementation; strengthen department IT infrastructure, including upgrade of computer labs in CAHSD Community Resource Centers; and develop strategies to monetize CAHSD real estate to support organizational sustainability.

- Build on the success of the automation of services and reporting in the Elderly and Disability Services and Rehabilitation Services divisions. Continue to analyze processes utilized in the delivery of services to develop, fund and implement a plan to automate access to services in all CAHSD divisions, where feasible.

- Develop a centralized, comprehensive assessment that will standardize the intake process across the entire department. By improving efficiencies, centralization will also make it easier for clients to apply for and receive services, and for the department to better track client needs, services and outcomes; and decentralize staff responsible for intake in their respective programs to allow for cross-training and improved access to all services at every CAHSD location.

- Develop and implement a quality rating system to ensure high quality services are provided consistently across all Head Start and Early and Head Start funded agencies.

- Implement a County-wide comprehensive marketing strategy with a focus on low-income communities that encompasses all service areas.

- Partner with a local university to conduct a comprehensive community needs assessment that is inclusive of all requirements mandated by CAHSD funding sources, including the Community Services Block Grant and Head Start.

- Prioritize the hiring of full-time staff to improve program efficiency, meet organizational standards and implement cost-effective best practices in the delivery of comprehensive social services.

- Develop a comprehensive Master Plan of CAHSD-owned properties. Manage the full application of $6.3million capital project funding allocated in FY2019-20 and the $2.8million in FY2020-21. Through dedicated funding from the Countywide Infrastructure Investment Program, CAHSD is prioritizing the renovation of its facilities with an emphasis on safety, security, resiliency and improving the customer experience.

- Invest in the development of staff and continuously grow the organizational knowledge base. Leverage the work of the CAHSD Training Committee to continue to build talent from within by identifying and addressing skills deficiencies within the current workforce.

- The Department through the Continuous Quality Improvement Committee (CQI), which is made up of key representatives from each Departmental Division, will continue to conduct internal policy, procedures, and standard practice reviews, to assure that leadership's vision is aligned in operational application and supported in its documents.

- Continue to address the Department's aging fleet to ensure timely and continued replacement of vehicles used to transport children enrolled in Head Start/Early Head Start and seniors enrolled in Adult Day Care and Congregate Meals programs.

Programmatic

- Continue to improve the quality and quantity of community services provided at Community Resource Centers through increased staff training, expanded partnerships and increased services offered.

- Increase collaborations with community-based providers that serve the elderly, within budget and funding allowances, to provide better coordinated services, countywide.

- Enhance employability skills training and services for unemployed and underemployed residents, including Head Start/Early Head Start parents, by expanding services offered at Community Resource Centers to assist clients in developing tangible skills, reduce attitudinal barriers regarding employment and connect clients to open positions in the private and public sectors.

- Expand the CAHSD Youth Development portfolio to include the development of additional afterschool programs with a focus on education, technology and character and leadership development.

- Expand medication-assisted treatment (MAT) to outpatient treatment programs and increase the number of beds available in residential treatment to continue to address the opioid epidemic in Miami-Dade County.

- Seek grant opportunities to expand Head Start and Early Head Start programming and extend services to children and families.

- Address staffing challenges associated with operating with a temporary workforce in the Elderly and Disability Services by establishing County full and part-time positions to facilitate the Congregate Meals program. There are currently 20 sites serving more than 1400 elderly residents with hot, nutritionally balanced meals five days a week.

- Develop partnerships to support youth in achieving their collegiate goals with a focus on financial planning, scholarships, employment, family support and internships.

- Maximize treatment opportunities and impact of the newly funded Multidisciplinary Approach Stabilizing Treatment & Empowering Recovery (MASTER) project. MASTER project aims to increase engagement in care for racial and ethnic minority individuals with substance use disorders and co-occurring mental disorders that are at risk for HIV.

- Continue to increase efforts to raise awareness of the prevalence of violence against women throughout the County and the resources available to support victims of domestic violence, sexual assault and human trafficking. Continue to perform outreach in schools, hospitals, businesses and non-profits to help create an inclusive, coordinated community response to domestic violence.

- Continue to expand opportunities and services to assist Veterans and their families through public-private partnerships, grants and extending services to non-CAHSD/County locations.

FUTURE OUTLOOK

Factors that contribute to or exacerbate poverty such as low educational attainment, unemployment, low income, crime, and behavioral and physical health issues can be seen

in all of the communities that CAHSD serves and in pockets of poverty throughout the County. As such, the need for responsive and innovative social services in Miami-Dade County remains critical. Recent data indicates that 18% of all Miami-Dade County residents are living below the poverty level. Data also reveals that children face the highest rates of poverty.

Continued advocacy for legislation, funding and programs that support economic development and growth, especially for early childhood education and development programs, is essential as the department strives to positively impact and improve the lives of those affected by poverty.

In order to promote the health and success of impoverished neighborhoods, additional resources need to be developed and devoted to social services to help build more sustainable communities.

Social services are often preventative in nature, alleviating the social cost of more reactive services. The department will continue to research and implement evidence-based practices within all program areas. Even in the current environment in which demand greatly outweighs available resources, local community residents fully expect the government to respond to their needs. To this end, developing partnerships with social service providers, governmental and quasi-governmental entities, the faith-based community and funders throughout the County is necessary in order to ensure all resident needs are met. Partnerships, particularly those that bring other agencies to CAHSD sites, can help remedy programmatic budget constraints and increase the capacity of the department to provide services responsive to the needs of diverse communities.

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2019

AGENDA ITEM NUMBER: 3A8

AGENDA ITEM SUBJECT: SINGLE AUDIT REPORT FOR FY SEPTEMBER 30, 2019

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY:

THE COUNTY HAS RELEASED THE SINGLE AUDIT REPORT FOR THE FISCAL YEAR ENDING SEPTEMBER 30, 2019.

FUNDING SOURCE: ALL

Miami-Dade County, Florida

Single Audit Reports in Accordance With the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General* of the State of Florida
Year Ended September 30, 2019

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RSM US LLP

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Independent Auditor's Report

The Honorable Mayor and Chairperson and
Members of the Board of County Commissioners
Miami-Dade County, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Miami-Dade County, Florida (the County), as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the County's basic financial statements, and have issued our report thereon dated March 31, 2020. Our report includes a reference to other auditors who audited the component units and funds listed below. The financial statements of the Jackson Health Foundation, Inc. were not audited in accordance with *Government Auditing Standards* and accordingly this report does not include reporting on internal controls over financial reporting or instances of reportable noncompliance with the Jackson Health Foundation, Inc.

Other auditors audited the financial statements of the following component units and funds, as described in our report on the County's financial statements:

Component Units/Funds	Opinion Unit
• Miami-Dade Housing Agency – State Housing Initiatives Program	governmental activities
• Miami-Dade Housing Agency – Documentary Stamp Surtax Program	governmental activities
• Miami-Dade Housing Agency – Other Housing Programs	governmental activities
• Miami-Dade County Clerk of the Circuit and County Courts – Special Revenue Fund	governmental activities
• Miami-Dade Housing Agency – Section 8 Allocation Properties Fund	business-type activities
• Miami-Dade Housing Agency – Mixed Income Properties Fund	business-type activities
• Miami-Dade Vizcaya Museum and Gardens Trust, Inc	business-type activities
• Miami-Dade Water and Sewer Department	business-type activities – major fund
• Public Health Trust of Miami-Dade County	business-type activities – major fund
• Miami-Dade Transit Department	business-type activities – major fund
• Miami-Dade Aviation Department	business-type activities – major fund
• Miami-Dade Housing Finance Authority	discretely presented component unit
• Jackson Memorial Foundation, Inc.	discretely presented component unit
• Miami-Dade Housing Agency – State Housing Initiatives Program	aggregate remaining fund information
• Miami-Dade Housing Agency – Documentary Stamp Surtax Program	aggregate remaining fund information
• Miami-Dade Housing Agency – Other Housing Programs	aggregate remaining fund information
• Miami-Dade Housing Agency – Section 8 Allocation Properties Fund	aggregate remaining fund information
• Miami-Dade Housing Agency – Mixed Income Properties Fund	aggregate remaining fund information
• Miami-Dade Vizcaya Museum and Gardens Trust, Inc	Aggregate remaining fund information
• Miami-Dade County Clerk of the Circuit and County Courts – Special Revenue Fund	aggregate remaining fund information
• Miami-Dade County Clerk of the Circuit and County Courts – Agency Fund	aggregate remaining fund information
• Public Health Trust of Miami-Dade County – Pension Trust Fund	aggregate remaining fund information

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This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Internal Control Over Financial Reporting
In planning and performing our audit, we considered the County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the County's internal control. Accordingly, we do not express an opinion on the effectiveness of the County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the County's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters
As part of obtaining reasonable assurance about whether the County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report
The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the result of that testing, and not to provide an opinion on the effectiveness of the County's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the County's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Miami, Florida
March 31, 2020

RSM US LLP

Report on Compliance for Each Major Federal Program and State Project; Report on Internal Control Over Compliance; and Report on the Schedule of Expenditures of Federal Awards and State Financial Assistance Required by the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General, State of Florida*

Independent Auditor's Report

The Honorable Mayor and Chairperson and
Members of the Board of County Commissioners
Miami-Dade County, Florida

Report on Compliance for Each Major Federal Program and State Project

We have audited Miami-Dade County, Florida's (the County) compliance with the types of compliance requirements described in the OMB *Compliance Supplement* and the requirements described in the *Florida Department of Financial Services' State Projects Compliance Supplement*, that could have a direct and material effect on each of the County's major federal programs and state projects for the year ended September 30, 2019. The County's major federal programs and state projects are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs.

The County's basic financial statements include the operations of the Miami-Dade Aviation Department; Miami-Dade Transit Department; Public Health Trust of Miami-Dade County; the Miami-Dade Housing Agency; and Miami-Dade Water and Sewer Department, which received approximately $22,132,618, $148,434,745, $5,667,371, $282,261,468, and $16,021,923, respectively, in federal awards and state financial assistance, which are not included in the schedule of expenditures of federal awards and state financial assistance for the year ended September 30, 2019. Our audit, described below, did not include the operations of the Miami-Dade Aviation Department, Miami-Dade Transit Department, Public Health Trust of Miami-Dade County, the Miami-Dade Housing Agency, and Miami-Dade Water and Sewer Department because these departments engaged other auditors to separately perform an audit in accordance with the Uniform Guidance, and Chapter 10.550, *Rules of the Auditor General, State of Florida*.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs and state projects.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the County's major federal programs and state projects based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulation*s Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance)*;* and Chapter 10.550, *Rules of the Auditor General*, *State of Florida*. Those standards and the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General,* require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program or major state project occurred. An audit includes examining, on a test basis, evidence about the County's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program and state project. However, our audit does not provide a legal determination of the County's compliance.

Opinion on Each Major Federal Program and State Project
In our opinion, the County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs and major state projects for the year ended September 30, 2019.

Report on Internal Control Over Compliance
Management of the County is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the County's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program and state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and state project and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the County's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program or state project on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program or state project will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program or state project that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards and State Financial Assistance Required by the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General*
We have audited the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of the County as of and for the year ended September 30, 2019, and the related notes to the financial statements, which collectively comprise the County's basic financial statements. We issued our report thereon dated March 31, 2020, which contained unmodified opinions on those financial statements and a reference to other auditors. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards and state financial assistance is presented for purposes of additional analysis as required by the Uniform Guidance and Chapter 10.550, *Rules of the Auditor General*, and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records

used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditure of federal awards and state financial assistance is fairly stated in all material respects in relation to the basic financial statements as a whole.



Miami, Florida
June 26, 2020, except for our report on the Schedule of Expenditures
of Federal Awards and State Financial Assistance, for which the date is
March 31, 2020

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U. S. DEPARTMENT OF AGRICULTURE					
Passed through Florida Department of Elder Affairs					
Child and Adult Care Food Program	10.558		Y6010		$ 246
			Y6010		124,750
					124,996
Child Nutrition Cluster:					
Passed through Florida Department of Agriculture and Consumer Services					
Summer Food Service Program for Children (SFSPC)	10.559		04-0225		91,792
			04-0225		1,616,857
Total Child Nutrition Cluster					1,708,649
TOTAL U. S. DEPARTMENT OF AGRICULTURE					$ 1,833,645
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION					
Passed through Coastal States Stewardship Foundation (CSSF)					
Office for Coastal Management	11.473		NA16NOS4730007		$ 125,783
TOTAL NATIONAL OCEANIC AND ATMOSPHERIC ASSOCIATION					$ 125,783
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT					
CDBG: Entitlement Grants Cluster					
Passed through Miami-Dade Public Housing and Community Development					
Community Development Block Grants/Entitlement Grants	14.218		5393		$ 17,293
			5481		119,408
			5690		20,580
			5792		5,932
			5786		3,816
			5793		13,214
			5787		5,579
Total CDBG: Entitlement Grants Cluster					185,822

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (Continued)					
Passed through Florida Department of Children and Families					
Emergency Solutions Grant Program	14.231		KPZ41	$ 290,000	$ 290,000
Direct Programs:					
Continuum of Care Program	14.267	FL0165 - FL0658		3,460,964	3,460,964
		FL0166L-FL0532L4		22,357,355	23,710,480
		FL0185-FL0749		1,968,596	2,230,203
				27,786,915	29,401,647
TOTAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT				$ 28,076,915	$ 29,877,469
U. S. DEPARTMENT OF THE INTERIOR					
Passed through Florida Department of Agriculture & Consumer Services					
Cooperative Endangered Species Conservation Fund	15.615		024969		$ 15,135
TOTAL U. S. DEPARTMENT OF THE INTERIOR					$ 15,135
U.S. DEPARTMENT OF JUSTICE					
Direct Programs:					
Office of Violence Against Women Special Projects	16.029	2017-TA-AX-K005			$ 8,823
Services for Trafficking Victims	16.320	2016-VT-BX-K025		$ 156,777	222,636
		2016-DC-BX-0002			124,365
		2016-VV-BX-0007			140,941
		2018-VT-BX-K089			133,896
				156,777	621,838
Passed through Disability Independence Group, Inc. (DIG)					
Education, Training and Enhanced Services to End Violence Against and Abuse of Women with Disabilities	16.529		2015-FW-AX-K001		9,941
Passed through Florida Department of Juvenile Justice					
Juvenile Justice & Delinquency Prevention	16.540		10592		7,064

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF JUSTICE (continued)					
Passed through State of Florida Department of Legal Affairs/Office of Attorney General					
Crime Victim Assistance	16.575		VOCA-2017-00177		$ (2,207)
			VOCA-2017-00404		(2,539)
			VOCA-2018-00065		100,658
			VOCA-2018-00068		669,047
Passed through Florida Coalition Against Domestic Violence					
Crime Victim Assistance	16.575		18-2222-VOCA-IFP-LEGAL		(11,286)
			18-2222-EJ-VOCA		(7,876)
			19-2222-IFP-LEGAL-VOCA		286,285
			19-2222-EJ-VOCA		70,936
					1,103,018
Passed through Florida Coalition Against Domestic Violence					
Violence Against Women Formula Grants	16.588		19-2222-DVS-BN		2,826
			19-2222-LE-ENH		33,921
			20-2222-LE-ENH		9,055
			19-2222-DVS-BN	$ 5,947	5,947
			19-8050-COURTS		71,849
				5,947	123,598
Direct Programs:					
Grants to Encourage Arrest Policies and Enforcement of Protection Orders Programs	16.590	2016-WE-AX-0015		246,999	244,256
		2016-HI-AX-K005		57,959	145,853
				304,958	390,109
State Criminal Alien Assistance Grant	16.606	2019-AP-BX-0723			2,283,505
Public Safety Partnership and Community Policing Grants	16.710	2015-UL-WX-0011			168,096
		2016-UL-WX-0023			1,249,157
		2017-UL-WX-0034			1,029,025
					2,446,278

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF JUSTICE (Continued)					
Direct Programs:					
Edward Byrne Memorial Justice Assistance Grant Program	16.738	2016-DJ-BX-0578			$ 101,478
		2017-DJ-BX-0721			237,252
					338,730
Passed through Florida Department of Law Enforcement					
Edward Byrne Memorial Justice Assistance Grant Program	16.738		2017-MU-BX-0187		157,725
			2017-JAGC-DADE-8-F9-096		22,245
			2019-JAGC-DADE-1-N2-152		147,210
			2019-JAGC-DADE-12-N2-116		12,063
					339,243
Direct Programs:					
DNA Backlog Reduction Program	16.741	2017-DN-BX-0055			250,012
		2018-DN-BX-0111			474,250
					724,262
Passed through Florida Department of Law Enforcement					
Paul Coverdell Forensic Sciences Improvement Grant Program	16.742		2018-CD-BX-0017		32,916
			2017-CD-BX-0010		53,292
					86,208
Direct Programs:					
Criminal and Juvenile Justice and Mental Health Collaboration Program	16.745	2017-MO-BX-0053			29,356
Byrne Criminal Justice Innovation Program	16.817	2014-AJ-BX-0010		$ 149,297	232,051
		2018-BJ-BX-0160			100,191
				149,297	332,242
Opioid Affected Youth Initiative	16.842	2018-YB-FX-K002		25,000	109,805
Equitable Sharing Program	16.922	FL0130000			867,413
TOTAL U.S. DEPARTMENT OF JUSTICE				$ 641,979	$ 9,821,433

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U. S. DEPARTMENT OF LABOR					
Passed through South Florida Workforce Investment Board					
Workforce Investment Act Youth Activities	17.259		WS-YS-OSY-PY'17-11-00		$ 523,319
			WS-YS-OSY-PY'18-11-00		541,936
					1,065,255
Passed through Florida Department of Education					
National Farmworkers Jobs Program	17.264		761-4058B-8CFJ1		12,670
			761-4059B-9CFJ1		399,910
			761-4050B-0CFJ1		32,297
					444,877
TOTAL U.S. DEPARTMENT OF LABOR					$ 1,510,132
U.S. DEPARTMENT OF STATE					
Direct Programs:					
Trans-National Crime	19.705	S-INLEC-18-CA-2022			$ 797
		S-INLEC-18-CA-2027			7,643
		S-INLEC-18-CA-2076			296,028
		S-INLEC-19-CA-0094			738,418
		S-INLEC-19-CA-0191			234,099
		S-INLEC-19-CA-0190			33,694
		S-INLEC-19-CA-0269			168,538
TOTAL U.S. DEPARTMENT OF STATE					$ 1,479,217

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF TRANSPORTATION					
Highway Planning and Construction Cluster					
Passed through the Florida Department of Transportation					
Highway Planning and Construction	20.205		ARB76		$ 4,319
			ARF61		130,580
			ARJ74		1,763,109
			G0686		185,811
			G0685		208,216
			G0H50		124,842
			G0J52		234,967
			G0K04		67,217
			G0K06		58,972
			G0K07		58,840
			G0R74		47,094
			G0R75		24,419
			G0U46		1,943
			G0U47		2,271
			G0W48		19,530
			GOW63		91,405
			G0Y75		3,531,335
			APV78		40,465
					6,595,335
Passed through the University of South Florida					
Highway Planning and Construction	20.205		GOY79		175,000
Total Highway Planning and Construction Cluster					6,770,335
Passed through the Florida Department of Transportation					
Metropolitan Transportation Planning and State and Non-Metropolitan Planning and Research	20.505		ARL85		(35,327)
			G0638		308,338
			G0H71		318,154
			G0Q85		509,252
			G1281		1,658,190
					2,758,607
Highway Safety Cluster:					
Passed through the Florida Department of Transportation					
State and Community Highway Safety	20.600		G1122		40,000
			G1050		100,000
					140,000

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF TRANSPORTATION (Continued)					
Passed through the Florida Department of Transportation					
National Priority Safety Programs	20.616		G1142		$ 99,996
Total Highway Safety Cluster					239,996
TOTAL U.S. DEPARTMENT OF TRANSPORTATION					$ 9,768,938
U.S. DEPARTMENT OF THE TREASURY					
Direct Programs:					
Equitable Sharing	21.016	FL0130000			$ 278,780
TOTAL U.S. DEPARTMENT OF THE TREASURY					$ 278,780
NATIONAL ENDOWNMENT FOR THE HUMANITIES					
Direct Programs:					
Promotion of the Arts Grants to Organizations and Individuals	45.024	1809295-62-18			$ 70,000
Passed through Florida Department of State					
Grants to States	45.310		18-LSTA-B-05		112,045
			18-LSTA-D-18		2,851
			18-LSTA-B-04		210,217
					325,113
TOTAL NATIONAL ENDOWNMENT OF THE ARTS					$ 395,113
U.S. DEPARTMENT OF VETERAN'S AFFAIRS					
Direct Programs:					
VA Assistance to United States Paralympic Integrated Adaptive Sports Program	64.034	2018-ASG-51			$ 20,576
		2019-ASG-50			83,208
TOTAL U.S. DEPARTMENT OF VETERAN'S AFFAIRS					$ 103,784
U.S. ENVIRONMENTAL PROTECTION AGENCY					
Direct Programs:					
Air Pollution Control Program Support	66.001	00402415			$ 426,521
Surveys, Studies, Research, Investigations, Demonstrations and Special Purpose Activities to the Clean Air Act	66.034	96496115			114,479
TOTAL U.S. ENVIRONMENTAL PROTECTION AGENCY					$ 541,000

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF EDUCATION					
Direct Programs:					
Adult Education National Leadership Activities	84.191	V191D150034-17			$ 237,938
TOTAL U.S. DEPARTMENT OF EDUCATION					$ 237,938
U. S. ELECTION ASSISTANCE COMMISSION					
Passed through Florida Department of State and Secretary of State:					
Help America Vote Act Requirements Payments	90.401		2018-2019-0001-DAD		$ 1,212,740
			2018-2019-002-DAD		28,420
			2018-2019-004-DAD		210,977
TOTAL U.S. ELECTION ASSISTANCE COMMISSION					$ 1,452,137
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES					
Aging Cluster					
Passed through Alliance on Aging, Inc.					
Special Programs for the Aging Title III, Part B Grants for Supportive Services and Senior Services	93.044		AE-1818		$ 608,465
			AA-1918		750,536
					1,359,001
Special Programs for the Aging Title III, Part C, Nutrition Services	93.045		AA-1918		1,591,100
Nutrition Services Incentive Program	93.053		AA-1918		206,115
Total Aging Cluster					3,156,216
Passed through Alliance on Aging, Inc.					
National Family Caregiver Support, Title III, Part E	93.052		AA-1918		274,258
Direct Programs:					
Comprehensive Community Mental Health for Children with Serious Emotional Disturbances (SED)	93.104	1H79SM080142-01		$ 247,657	247,657
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79TI026783-01			536,041
		1H79TI081027-01			64,422
		1H79TI080838-01			81,517
					681,980

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)					
Temporary Assistance for Needy Families (TANF) Cluster					
Passed through Florida Coalition Against Domestic Violence					
Temporary Assistance for Needy Families	93.558		19-2222 BN		$ 3,842
			19-2222 DVS		471,996
			20-2222 DVS		82,970
					558,808
Passed through Florida Department of Children and Families					
Temporary Assistance to Needy Families	93.558		KPZ43		35,000
Total Temporary Assistance for Needy Families (TANF) Cluster					593,808
Passed through Florida Department of Revenue					
Child Support Enforcement	93.563		COC313		4,035,228
Passed through Florida Department of Economic Opportunity					
Low-Income Home Energy Assistance	93.568		LEA18		10,090,769
			LEA19		416,473
			17WX-0G-11-23-04-018		342,273
					10,849,515
Passed through Florida Department of Economic Opportunity					
Community Services Block Grant	93.569		17-SB-0D-11-23-01-116	$ 1,998	3,035,489
Direct Programs:					
Head Start	93.600	04CH010192-02-00			(105)
		04CH010192-03-01		2,540,056	2,568,949
		04CH010192-04-01		45,352,957	52,778,638
		04CH010192-05-00		3,355,647	4,510,389
		04HP000158-01-00		1,224,155	1,375,536
		04HP000219-01-00		250,177	418,622
		04HP0023-03-03		487,664	649,690
		04HP0023-04-01		2,106,755	3,434,668
				55,317,411	65,736,387
Passed through Florida Department of Revenue					
Child Support Enforcement Demonstrations and Special Projects	93.601		VOCA-2017-MIAMI-DADE SEPARTM-00404		195,485

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (Continued)					
Passed through Florida Coalition Against Domestic Violence					
Shelter and Supportive Service	93.671		19-2222 DVS		$ 3,233
			19-2222 DVS	$ 37,710	381,723
			19-2222-PPN	3,060	3,060
			20-2222 DVS		74,645
				40,770	462,661
Passed through University of Maryland					
Medical Library Assistance	93.879		5UG4LM012340-03		12,393
Direct Programs:					
HIV Emergency Relief Project Grants	93.914	H89HA00005-25-00			(3,619)
		H89HA00005-28-00		4,342,861	13,488,012
		H89HA00005-29-00		4,530,105	12,730,068
				8,872,966	26,214,461
Passed through South Florida Behavioral Health Network					
Block Grants for Prevention and Treatment of Substance Abuse	93.959		ME225-9-34		272,565
			ME225-10-34		95,594
			ME225-8-28		(539)
			ME225-9-28		1,369,519
			ME225-10-28		650,426
					2,387,565
TOTAL U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES				$ 64,480,802	$ 117,883,103

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					
Direct Programs:					
Retired and Senior Volunteer Program	94.002	16SRSFL009			$ 94,237
		19SRSFL001			9,430
					103,667
Foster Grandparent/Senior Companion Cluster					
Foster Grandparent Program	94.011	16SFSFL006			217,902
		19SFSFL006			42,388
					260,290
Senior Companion Program	94.016	16SCSFL003			228,022
		19SCSFL003			210,962
					438,984
Total Foster Grandparent/Senior Companion Cluster					699,274
TOTAL CORPORATION FOR NATIONAL AND COMMUNITY SERVICE					$ 802,941
EXECUTIVE OFFICE OF THE PRESIDENT					
Direct Programs:					
High Intensity Drug Trafficking Areas Program	95.001	G17MI0004A			$ 1,624
		G18MI0004A			435,008
		G19MI0004A			225,661
TOTAL EXECUTIVE OFFICE OF THE PRESIDENT					$ 662,293
U.S. DEPARTMENT OF HOMELAND SECURITY					
Passed through the United Way of America					
Emergency Food and Shelter National Board Program	97.024		159400-010		$ 184,427
			159400-010		4,853
					189,280
Direct Programs:					
National Urban Search & Rescue (US & R) Response System	97.025	EMW-2013-CA-USR-0011			3,515,857
		EMW-2015-CA-00028-S01			39,578
		EM2-2016-CA-00017-S01			211,487
		EMW-2017-CA-00058-S01			130,489
		EMW-2018-CA-00024-S01			1,010,506
		EMW-2018-CA-USR-0011			166,774
					5,074,691

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF HOMELAND SECURITY (continued)					
Passed through Florida Executive Office of the Governor					
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036		01-RM-L5-11-23-01-036		$ (2,195)
			06-WL-&K-11-23-02-551		(1,141,771)
			06-KF-B&-11-23-02-505		(11,484)
					(1,155,450)
Passed through Florida Department of Emergency Management					
Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036		Z0111		151,040,569
Passed through Florida Executive Office of the Governor					
Emergency Management Performance Grants	97.042		19-FG-AF-11-23-01-063		338,598
			G0056		109,694
					448,292
Direct Programs:					
Assistance to Firefighters Grant	97.044	EMW-2016-FO-06505			(10,820)
		EMW-2016-FP-00741			22,884
					12,064
Cooperating Technical Partners	97.045	EMW-2015-CA-00071-S01			97,550
Port Security Grant Program	97.056	EMW-2018-PU-00446-S01			64,800
		EMW-2017-PU-00558-S01			111,770
		EMW-2017-PU-00217-S01			167,727
					344,297

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

FEDERAL GRANTS	C.F.D.A.	GRANT/CONTRACT NUMBER	PASS-THROUGH IDENTIFYING NUMBER	PASS-THROUGH AMOUNT TO SUBRECIPIENT	FEDERAL EXPENDITURES
U.S. DEPARTMENT OF HOMELAND SECURITY (Continued)					
Passed through Florida Executive Office of the Governor					
Homeland Security Grant Program	97.067		19-DS-01-11-23-01-251		$ 57,000
			17-DS-V4-11-23-01-247		1,765
			18-DS-X1-11-23-02-250		15,924
			18-DS-X1-11-23-02-248		42,392
			18-DS-X1-11-23-01-204		46,983
			17-DS-W1-11-23-01-279		33,156
			18-DS-X1-11-23-01-328		340,473
					537,693
Passed through Florida Department of Emergency Mangement					
Homeland Security Grant Program	97.067		18-DS-X5-11-23-01-282		170,000
			19-DS-01-11-23-01-208		214,612
			19-DS-06-11-23-01-242		949
					385,561
Passed through City of Miami					
Homeland Security Grant Program	97.067		17-DS-VA-11-23-02-346		6,536
			18-DS-X3-11-23-02-376		841,939
					848,475
Direct Programs:					
Homeland Security Biowatch Program	97.091	2006-ST-091-000012			377,544
Passed through City of Miami					
Preparing for Emerging Threats and Hazards	97.133		EMW-2016-GR-00097-S01		78,723
TOTAL U.S. DEPARTMENT OF HOMELAND SECURITY					$ 158,279,289
TOTAL FEDERAL EXPENDITURES				**$ 93,199,696**	**$ 335,068,130**

See Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
EXECUTIVE OFFICE OF THE GOVERNOR				
Emergency Management Programs	31.063	19-BG-21-11-23-01-030		$ 81,635
		A0034		18,627
				100,262
Emergency Management Projects	31.067	18-CP-11-11-23-01-245		8,070
TOTAL EXECUTIVE OFFICE OF THE GOVERNOR				$ 108,332
FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION				
Beach Management Funding Assistance Program	37.003	17DA1		$ 142,015
Statewide Surface Water Restoration and Wastewater Projects	37.039	LP13027		225,000
		LP13208		33,750
		LP13029		(13,072)
		LP13104		(8,900)
				236,778
Delegated Title V Air Pollution Control Activities	37.043	TV003		147,135
Petroleum Cleanup	37.UNK	GC891-03		1,137,950
TOTAL FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION				$ 1,663,878

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
FLORIDA DEPARTMENT OF FINANCIAL SERVICES				
Local Government Fire Service Grants	43.009	FM445		$ 183,165
TOTAL FLORIDA DEPARTMENT OF FINANCIAL SERVICES				$ 183,165
FLORIDA DEPARTMENT OF STATE				
State Aid to Libraries	45.030	19-ST-31		$ 1,363,324
Acquisition Restoration of Historic Properties	45.032	19.H.SM.300.089		38,250
General Program Support (Cultural and Museum Grants)	45.061	19.c.ps.500.564		9,691
		19.c.ps.180.683		9,588
		156170315		92
		166170128		8
		176170100		18
				19,397
TOTAL FLORIDA DEPARTMENT OF STATE				$ 1,420,971

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
FLORIDA DEPARTMENT OF TRANSPORTATION				
Florida Highway Beautification Grant Program	55.003	G1762		$ 39,492
Seaport Grant Programs	55.005	AQH82		337,273
		GOI76		903,342
		GOR66		5,298,843
		G1447		87,096
				6,626,554
County Incentive Grant Program (CIGP)	55.008	APF57		53,473
Economic Development Transportation Fund	55.032	G0N06		2,985,615
		G0K51		3,000,000
				5,985,615
Seaport Investment Program	55.034	AR795		104,697
Florida Shared-Use Nonmotorized (Sun) Trail Network Program	55.038	G0L04		14,064
Local Transportation Projects	55.039	G0W24		5,000,000
Joint Participation Agreement	55.000	ARA38		692,525
TOTAL FLORIDA DEPARTMENT OF TRANSPORTATION				$ 18,516,420

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES				
Community Care for Disabled Adults	60.008	KG071		$ 147,682
		KG071		51,605
				199,287
Homeless Challenge Grant	60.014	KPZ45		110,589
Homeless Special Projects	60.027	KP004		107,142
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program	60.115	LHZ50		285,730
Passed through Florida Coalition Against Domestic Violence:				
Domestic Violence Program	60.134	19-2222-BN	$ 6,233	6,233
Child Abuse Domestic Violence Training	60.139	19-2222-BN		1,004
		19-2222-BN	5,918	5,918
			5,918	6,922
Passed through South Florida Behavioral Health Network:				
Substance Abuse and Mental Health- Crisis Prevention and Stabilization Services	60.155	MME 225-9-42	215,700	215,700
Passed through Florida Coalition Against Domestic Violence:				
Domestic Violence Services	60.000	19-2222 BN		4,096
		19-2222 DVS	57,763	934,744
		19-2222 TRANSP	20,472	20,472
		20-2222 DVS	29,265	149,400
			107,500	1,108,712
TOTAL FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES			$ 335,351	$ 2,040,315

(Continued)

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
FLORIDA DEPARTMENT OF HEALTH				
County Grant Awards	64.005	C6013		$ 14,950
		C7013	$ 40,221	92,928
			40,221	107,878
TOTAL FLORIDA DEPARTMENT OF HEALTH			$ 40,221	$ 107,878
FLORIDA DEPARTMENT OF ELDER AFFAIRS				
Passed through Alliance on Aging				
Respite for Elders Living in Everyday Families (RELIEF)	65.006	KR-1817		$ 105,479
		KR-1917		30,438
				135,917
Passed through Alliance on Aging				
Local Services Program	65.009	KL-1818	$ 222,266	222,266
		KL-1918		147,109
			222,266	369,375
Passed through Alliance on Aging				
Community Care for the Elderly	65.010	2004-13		3,669
TOTAL FLORIDA DEPARTMENT OF ELDER AFFAIRS				$ 508,961
FLORIDA DEPARTMENT OF LAW ENFORCEMENT				
Statewide Criminal Analysis Laboratory System	71.002	2019-SFA-CL-13-8A-002		$ 730,346
Victim or Witness Assistance	71.006	VC006		28,573
Assistance with Investigative Operations	71.010	2019-SFA-EST-13-9M-015		6,174
TOTAL FLORIDA DEPARTMENT OF LAW ENFORCEMENT				$ 765,093

(Continued)

MIAMI-DADE COUNTY, FLORIDA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS AND STATE FINANCIAL ASSISTANCE
FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2019

STATE GRANTS	C.S.F.A.	GRANT/CONTRACT NUMBER	PASS-THRU AMOUNT TO SUBRECIPIENT	TOTAL STATE EXPENDITURES
FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES				
Florida Arts License Plate Project	76.041	N/A	$ 18,697	$ 18,697
TOTAL FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES			$ 18,697	$ 18,697
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION				
Florida Boat Improvement Program	77.006	17206		$ 17,289
Artificial Reef Grants Program	77.007	18107		54,249
Vamos a Pescar	77.000	N/A		10,500
TOTAL FLORIDA DEPARTMENT FISH AND WILDLIFE CONSERVATION				$ 82,038
TOTAL STATE EXPENDITURES			$ 394,269	$ 25,415,748

See Notes to Schedule of Expenditures of Federal Awards and State Financial Assistance.

N/A is "Not Applicable."

Note 1. General

The accompanying schedule of expenditures of federal awards and state financial assistance (the Schedule) presents the activity of all federal award programs and state financial assistance projects of the General Government, Miami-Dade County Seaport Department, and the Waste Management Enterprise Fund of the Department of Solid Waste Management of Miami-Dade County, Florida (the County) for the year ended September 30, 2019. Consequently, the Schedule does not include the federal award programs and state financial assistance of the Miami-Dade Aviation Department, Miami-Dade Transit, the Public Health Trust of Miami-Dade County, Miami-Dade Housing Agency, and Miami-Dade Water and Sewer Department. Federal awards programs and state financial assistance projects received directly, as well as passed through other government agencies, are included on the Schedule. Because the Schedule presents only a selected portion of the operations of the County, it is not intended to and does not present the financial position, changes in net position, or where applicable, cash flows of the County.

Note 2. Basis of Accounting

The Schedule includes the federal and state grant activity of certain funds and departments of the County, as described above, and is presented on the modified accrual basis of accounting for grants which are accounted for in the governmental fund types and on the accrual basis of accounting for grants which are accounted for in the proprietary fund types. Such expenditures are reported following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), and Chapter 10.550, *Rules of the Auditor General*. Therefore, some amounts presented in this Schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Subrecipients

Certain program funds are passed through the County to subrecipient organizations. Subrecipients are noted on the schedule as “pass-through amount to subrecipent.”

Note 4. Indirect Cost Recovery

The County recovered its indirect costs using the 10% de minimis indirect cost rate provided under Section 200.414 of the Uniform Guidance for federal grants received from the U.S. Department of Human and Health Services for CFDA #93.914 and the U.S. Department of Transportation for CFDA #20.205 (Transportation Planning Organization only) and #20.505, but not for other federal grants.

Section I . Summary of Auditors' Results

Financial Statements

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with GAAP:		Unmodified	
Internal control over financial reporting:			
Material weakness(es) identified?	____ Yes	X	No
Significant deficiency(ies) identified?	____ Yes	X	No
Noncompliance material to financial statements noted?	____ Yes	X	No

Federal Awards

Internal control over major federal programs:			
Material weakness(es) identified?	____ Yes	X	No
Significant deficiency(ies) identified?	____ Yes	X	None reported
Type of auditor's report issued on compliance for major federal programs:		Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ Yes	X	No

Identification of major federal programs:

Federal CFDA No.	Name of Federal Program or Cluster
14.267	Continuum of Care Program
20.205/20.219/20.224/23.003	Highway Planning and Construction Cluster
93.044/93.045/93.053	Aging Cluster
97.025	FEMA Urban Search and Rescue
97.036	Disaster Grants - Public Assistance

Dollar threshold used to distinguish between type A and type B programs:		$3,000,000	
Auditee qualified as low-risk auditee?	____ Yes	X	No

(Continued)

State Financial Assistance:

Internal control over major projects:				
Material weakness(es) identified?		Yes	X	No
Significant deficiency(ies) identified?		Yes	X	None reported
Type of auditor's report issued on compliance for major projects:	Unmodified			
Any audit findings disclosed that are required to be reported in accordance with Chapter 10.550, *Rules of the Auditor General*?		Yes	X	No

Identification of major state projects:

State CSFA No.	Name of State Project
55.005	Seaport Grant Programs
55.032	Economic Development Transportation Fund
55.039	Local Transportation Projects

Dollar threshold used to distinguish between type A and type B projects: $762,472

(Continued)

Section II. Financial Statement Findings

A. *Internal Control Over Financial Reporting*

No matters to report.

B. Compliance

No matters to report.

Section III. Federal Awards and State Projects Findings and Questioned Costs

A. Internal Control Over Compliance

Federal Awards

No matters to report.

State Projects

No matters to report.

B. Compliance

Federal Awards

No matters to report.

State Projects

No matters to report.

Finding #	Program	Finding	Status
2018-001	CFDA No. 93.568 – Low Income Home Energy Assistance Grant	Internal Control – Reporting	Corrective action has been taken
2018-002	CFDA No. 93.568 – Low Income Home Energy Assistance Grant	Compliance – Reporting	Corrective action has been taken

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 15, 2020

AGENDA ITEM NUMBER: 3A9

AGENDA ITEM SUBJECT: Policy Council Chairperson's Report

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY: This report is provided to the CAA Board as a verbal report.

The Head Start Policy Council Executive Committee met on October 15, 2020, to review, discuss, and approve the following items:

a. **New Hire**
    i. Jessica Mejia-Program Governance Coordinator
b. **2020-2021 Parent Activity Fund Guidelines**
c. **2020-2021 Policy Council By-Laws**
d. **2020-2021 EHS Expansion-CCP Self-Assessment Report**
e. **2020-2021 EHS Expansion-CCP Program Improvement Plan**
f. **2020-2021 EHS Expansion-CCP Training and Technical Assistance Plan**
g. **Financial Reports for August 31, 2020**
    i. HS/EHS One Time Activities COVID-19 Report
    ii. EHS-CCP One Time Activities COVID-19 Report
    iii. Combination Expansion EHS-CCP One Time Activities COVID-19 Report
    iv. HS/EHS Report ending August 31, 2020 PY 2020-2021
    v. EHS-CCP Report ending August 31, 2020 PY 2020-2021

Director's Report

Dr. Maria Riestra-Quintero, CAHSD Assistant Director, shared that the Office of Head Start released an Information Memorandum ACF-IM-HS-20-05 Fiscal Year (FY): 2021 Monitoring Process for Head Start and Early Head Start. The Information Memorandum informs grantees that the Office of Head Start will conduct federal monitoring for the 2020-2021 school year virtually. The Focus Area One Monitoring will begin in November 2020; the Focus Area Two Monitoring will start in January 2021. The Office of Head Start will not conduct the CLASS Monitoring this year. Miami-Dade County has not received notification of either monitoring.

The program submitted enrollment to the Office of Head Start for September. The program is underenrolled by 1,000 children. Recruitment on social media and radio have been conducted.

FUNDING SOURCE: U.S. Department of Health and Human Services

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 19, 2020

AGENDA ITEM NUMBER: 3A9

AGENDA ITEM SUBJECT: Policy Council Chairperson Report

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY: This report is provided to the CAA Board as a verbal report.

The Head Start Policy Council Executive Committee met on November 19, 2020, to review, discuss, and approve the following items:

a. New Hire
   i. Kimberlee Whipple – Quality Assurance Specialist, AO2
   ii. Stephanie Rooney – Education Specialist, AO2

b. 2021-2022 Recruitment Plan and Selection Criteria

c. Planning and Budget Reports ending October 31, 2020
   i. **EHS Expansion**
   ii. **HS/EHS**
   iii. **EHS-CCP**
   iv. **EHS Expansion One-Time COVID Funding**

Management Report

Dr. Maria Riestra-Quintero, Head Start Director, provided the following updates:

- 10 Billion dollars of Cares Act Funding for Head Start Programs nationwide is on hold. Due to classroom size limits, programs are not able to serve children on-site to their full capacity. The funding would assist with finding additional space and hiring staff to meet the current ratios. The program is having challenges with enrollment due to limited space for in-person learning. However, the attendance for children

enrolled in in-person learning is high. Staff is working to develop strategies for recruiting children.

- The program is conducting risk assessment meetings with every delegate agency to discuss strengths and areas of improvement.

- The Grantee asked critically under-enrolled agencies to submit a plan of action on how they will recruit and how the Grantee can support them with improving their enrollment.

FUNDING SOURCE: U.S. Department of Health and Human Services

COMMUNITY ACTION AGENCY BOARD

DATE: JANUARY 21, 2021

AGENDA ITEM NUMBER: 3A9

AGENDA ITEM SUBJECT: Policy Council Chairperson's Report for December 2020

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY: This report is provided to the CAA Board as a verbal report.

The Head Start Policy Council did not meet in January. The next scheduled meeting will be February 4th, 2021

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 1, 2020

AGENDA ITEM NUMBER: 3A9a

AGENDA ITEM SUBJECT: 2020-2021 Head Start/Early Head Start Self-Assessment Plan

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – Item was approved by the Head Start/Early Head Start Policy Council on October 1, 2020.

BACKGROUND/SUMMARY:

The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and areas of improvement. Programs also review goals and objectives to determine if they were met.

FUNDING SOURCE:

U.S. Department of Health and Human Services

2020-2021 Head Start/Early Head Start Annual Self-Assessment Plan

Purpose:
Self-Assessment is a vital component of the planning cycle. Self-Assessment creates a time for the Program to critically examine the data collected throughout the program year. The Program uses this time to uncover patterns or trends in the data that may not be immediately evident during the regular ongoing monitoring process and to assess our progress on meeting objectives. The results of the Self-Assessment can direct program planning for the future, including goals and objective development, training and technical assistance priorities as well as fiscal allocations.

Ongoing monitoring and Self-Assessment are distinct and separate systems. Ongoing monitoring takes place throughout the program year; it examines whether the Program is meeting regulatory requirements, and looks to answer the question, "Are we doing things, right?" Self-Assessment takes place annually; it examines the effectiveness of program operations, and attempts to answer the question, "Are we doing the right things?"

The Self-Assessment process described within the content will allow the Program to evaluate effectiveness of key management systems, as those systems impact services delivered to children and families. Through the implementation process, we will focus on pertinent issues where we will ask and answer three questions:

1. How can we better serve children and families in our community?
2. Where are we at risk?
3. How can we improve or streamline operations?

Performance Standard and Related Regulations:
1302.102 (b)(2) At least once each program year, with the consultation and participation of the governing and policy groups; program staff; parents of enrolled children; and as appropriate, other community members, Grantee and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

Policy:
The Program will conduct a self-assessment annually using staff, parents, governing body members, and community representatives to evaluate the effectiveness of key management systems and progress in meeting program goals and objectives while implementing Federal and State Performance Standards and regulations.

Participants:
Self-Assessment Coordinator
The Self-Assessment Coordinator is designated by the Head Start/Early Head Start Director. The role of the Self-Assessment Coordinator is to: create the Self-Assessment Plan; assemble the Self-Assessment Leadership Team; recruit members of Policy Council and Governing Board/Community Partners for participation; conduct training for all participants involved in the Self-Assessment process; provide ongoing support and guidance to delegate and grantee Self-Assessment teams during the process; ensure completion of Self-Assessment reports and related Program Improvement Plans by set due dates; present all Self-Assessment related documents (the plan, report, program improvement plan) to the Policy Council and Governing Board for approval.

Self-Assessment Leadership Team

The Self-Assessment Leadership Team is comprised of the grantee Self-Assessment Coordinator, seventeen delegate agency Self-Assessment Coordinators, Grantee Management team, Policy Council Representative and key Community Partner(s). The role of the Self-Assessment Leadership Team is to: ensure the Self-Assessment plan is developed for each of the seventeen delegate agencies and the Grantee; lead the Self-Assessment process at all delegate agencies and the Grantee; provide Self-Assessment teams/focus groups all required training, support, resources necessary to conduct this work; compile final Self-Assessment reports and Program Improvement Plans based on information submitted by teams/focus groups; secure approval from Policy Committees for all Self-Assessment related documents; ensure completion of all steps of the process while adhering to the prescribed time frames required by the grantee Self-Assessment Plan.

Self-Assessment Teams/Focus Groups

Self-Assessment teams/focus groups are developed for each delegate agency and the Grantee. Teams/focus groups must be a combination of staff from all levels of the organization; a cross-section of content area staff; Policy Council/Committee representation; parents; Governing Board and; Community Partners. The number of teams/focus groups will vary between delegate agencies as will the size of those groups. The teams/focus groups will be culturally and linguistically representative of the entire agency/group. Delegate and grantee teams/focus groups must include group members representing all program options and both Head Start and Early Head Start, as applicable.

Process:

The process will take place from November 2020 through February 2021. The Grantee and delegate agencies will begin by closely examining a variety of data sources using the Data Analysis Framework document, to create a comprehensive picture of the agency. The Grantee and delegate agencies will focus on currently established program/agency goals and objectives, including School Readiness goals. These goals and objectives will serve as the focal point of the Self-Assessment process.

The Grantee and delegate agencies will identify all data sources available to evaluate program/agency progress towards the attainment of goals and objectives by referring to their Data Analysis Framework document. During this process, the Self-Assessment Leadership team will support the Self-Assessment teams/focus groups as they access, aggregate, analyze, and evaluate all pertinent data and utilize this data to “tell the story” of agency/program progress.

The Grantee and delegate agencies will focus Self-Assessment activities on the Head Start key management systems and how those systems support and/or deter from the attainment of the agency/program goals. The Self-Assessment Leadership Team will lead the critical analysis of the following management systems: Human Resources, Fiscal, ERSEA, Planning, Record-keeping and Reporting, Ongoing monitoring, Communication, Governance, and Facilities/materials/equipment.

The Grantee and delegate agencies will wrap up official Self-Assessment work with the compilation of the final Self-Assessment Report and the creation of the Program Improvement Plan, sections of the training and technical assistance plan.

2020-2021 Annual Self-Assessment Timeline	
Task	Target Completion Date
Develop Self-Assessment Plan & submit to Head Start/Early Head Start Director.	9/11/20
Submit Self-Assessment Plan to Policy Council Executive Committee for approval.	9/17/20
Submit Self-Assessment Plan to Policy Council for approval.	10/1/20
Submit Self-Assessment Plan to CAA Board for approval.	11/9/20
Initial Planning Meeting & Training	11/16/20
Delegate Agencies submit Approved Self-Assessment Plans to Grantee	12/18/20
Implementation Planning	11/16/20-1/15/21
Delegates Reports and Data Analysis Framework Due **(FINAL)**	1/13/21
Grantee hosted Focus Groups	1/18/20-1/29/20
Delegate Agencies submit Program Improvement Plan	1/31/20
Grantee Self-Assessment Team develops & submits Self-Assessment Report and Program Improvement Plan to Head Start/Early Head Start Director	2/12/21
Submit Self-Assessment Report and Program Improvement Plan to Policy Council Executive Committee for approval.	2/18/21
Submit Self-Assessment Report and Program Improvement Plan to Policy Council for approval.	3/4/21
Submit Self-Assessment Report and Program Improvement Plan to CAA Board for approval.	4/12/21
Implement Program Improvement Plan.	4/13/21

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 1, 2020

AGENDA ITEM NUMBER: 3A9b

AGENDA ITEM SUBJECT: 2020-2021 Early Head Start-Child Care Partnership Self-Assessment Plan

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – Item was approved by the Head Start/Early Head Start Policy Council on October 1, 2020.

BACKGROUND/SUMMARY:

The Self-Assessment is conducted annually by all Head Start programs. This process allows programs to identify strengths and areas of improvement. The asssment also reviews goals and objectives to determine if they were met.

FUNDING SOURCE:

U.S. Department of Health and Human Services

2020-2021 Early Head Start - Child Care Partnership
Annual Self-Assessment Plan

Purpose:
Self-Assessment is a vital component of the planning cycle. Self-Assessment creates time for the Program to critically examine the data collected throughout the program year. The Program uses this time to uncover patterns or trends in the data that may not be immediately evident during the regular ongoing monitoring process and assess our progress and assess our progress on meeting objectives. The results of the Self-Assessment can direct program planning for the future, including goals and objective development, training and technical assistance priorities as well as fiscal allocations.

Ongoing monitoring and Self-Assessment are distinct and separate systems. Ongoing monitoring takes place throughout the program year; it examines whether the Program is meeting regulatory requirements and looks to answer the question, "Are we doing things right?" Self-Assessment takes place annually; it examines the effectiveness of program operations and attempts to answer the question, "Are we doing the right things?"

The Self-Assessment process described within the content will allow the Program to evaluate key management systems' effectiveness, as those systems impact services delivered to children and families. Through the implementation process, we will focus on pertinent issues where we will ask and answer three questions:

1. How can we better serve children and families in our community?
2. Where are we at risk?
3. How can we improve or streamline operations?

Performance Standard and Related Regulations:
1302.102 (b)(2) At least once each program year, with the consultation and participation of the governing and policy groups; program staff; parents of enrolled children; and as appropriate, other community members, Grantee, and delegate agencies must conduct a self-assessment of their effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

Policy:
The Program will conduct a self-assessment annually using staff, parents, governing body members, and community representatives to evaluate the effectiveness of key management systems and progress in meeting program goals and objectives while implementing Federal and State Performance Standards and regulations.

Participants:
Self-Assessment Coordinator
The Head Start/Early Head Start Director designates the Self-Assessment Coordinator. The role of the Self-Assessment Coordinator is to: create the Self-Assessment Plan; assemble the Self-Assessment Leadership Team; recruit members of Policy Council and Governing Board/Community Partners for participation; conduct training for all participants involved in the Self-Assessment process; provide ongoing support and guidance to childcare partners during the process; ensure completion of Self-Assessment report and related Program Improvement Plan by the set due date; present all Self-Assessment related documents (the plan, report, program improvement plan) to the Policy Council and Governing Board for approval.

Self-Assessment Leadership Team

The grantee Self-Assessment Coordinator and the grantee management staff comprise the Self-Assessment Leadership Team. The role of the Self-Assessment Leadership Team is to: lead the Self-Assessment process for Grantee and childcare partners; facilitate Self-Assessment focus groups, provide the required training, support, and resources necessary to conduct this work; compile final Self-Assessment report and Program Improvement Plan based on information submitted by focus groups; secure approval from Policy Council for all Self-Assessment related documents; ensure completion of all steps of the process while adhering to the prescribed time frames required by the Self-Assessment Plan.

Self-Assessment Focus Groups

Self-Assessment focus groups include staff members from the Early Head Start -Child-Care Partners, grantee staff, governing boards, parents, and community partners. Focus groups will be a combination of staff from all organization levels, a cross-section of content area staff, Policy Council parents, Governing Board, and Community Partners. The focus groups will be culturally and linguistically representative of the entire Program. Focus groups must include group members representing Early Head Start-Child-Care Partnerships.

Process:

The process will take place from September through February 2021. The Grantee and Early Head Start-Child Care Partners will begin by closely examining various data sources to create a comprehensive picture of the Program. The Grantee and childcare partners will focus on currently established program/agency goals and objectives, including School Readiness goals. These goals and objectives will serve as the focal point of the Self-Assessment process.

The Grantee and childcare partners will identify all data sources available to evaluate the Program's progress towards attaining goals and objectives. During this process, the Self-Assessment Leadership team will support the Self-Assessment focus groups as they access, aggregate, analyze, and evaluate all pertinent data and utilize it to "tell the story" of the Program's progress.

The Grantee and childcare partners will focus Self-Assessment activities on the Head Start key management systems and how those systems support or deter from the attainment of the program goals. The Self-Assessment Leadership Team will lead the critical analysis of the following management systems: Human Resources, Fiscal, ERSEA, Planning, Record-keeping and Reporting, Ongoing monitoring, Communication, Governance, and Facilities/materials/equipment.

The Grantee and childcare partners will wrap up official Self-Assessment work with the compilation of the final Self-Assessment Report and the creation of the Program Improvement Plan and the Training and Technical Assistance Plan.

2020-2021 Early Head Start - Child Care Partnership Annual Self-Assessment Time Line	
Task	Target Completion Date
Develop Self-Assessment Plan & submit to Head Start/Early Head Start Director.	9/11/20
Submit Self-Assessment Plan to Policy Council Executive Committee for approval.	9/17/20
Submit Self-Assessment Plan to Policy Council for approval.	10/1/20
Submit Self-Assessment Plan to CAA Board for approval.	11/9/20
Initial Planning Meeting & Training	11/13/20
Implementation Planning	11/16/20-1/15/20
Focus Groups	1/18/20 – 1/29/20
Develop & submits Self-Assessment Report and Program Improvement Plan to Head Start/Early Head Start Director	2/12/21
Submit Self-Assessment Report and Program Improvement Plan to Policy Council Executive Committee for approval.	2/18/21
Submit Self-Assessment Report and Program Improvement Plan to Policy Council for approval.	3/4/21
Submit Self-Assessment Report and Program Improvement Plan to CAA Board for approval.	4/12/21
Implement Program Improvement Plan.	4/13/21

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 15, 2020

AGENDA ITEM NUMBER: 3A9c

AGENDA ITEM SUBJECT: 2020-2021 Early Head Start Expansion-Child Care Partnership Self-Assessment Report

AGENDA ITEM TYPE: APPROVAL

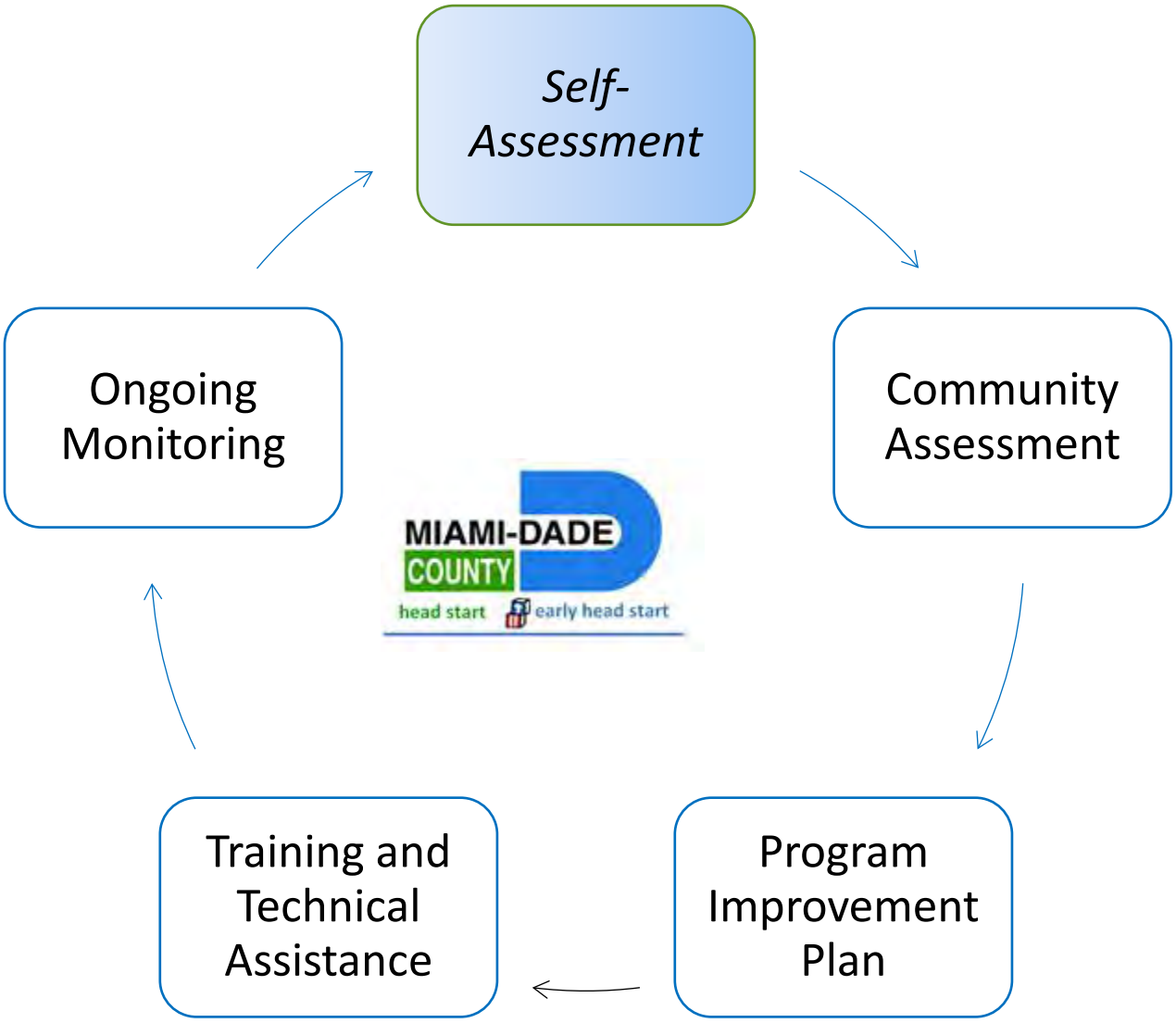
RECOMMENDATIONS: APPROVAL – Item was approved by the Head Start/Early Head Start Policy Council Executive Committee on October 15, 2020 and at the CAA Executive Committee Special Call Meeting on October 29, 2020. This item is recommended for approval by the CAA Board.

BACKGROUND/SUMMARY:

The 2020-2021 Early Head Start Expansion-Child Care Partnership Self-Assessment Report examines data collected throughout the program year. It focuses on how to serve the children and families better, where we are at risk, and how we can improve operations.

FUNDING SOURCE:

U.S. Department of Health and Human Services


Self-Assessment
Community Assessment
Program Improvement Plan
Training and Technical Assistance
Ongoing Monitoring
MIAMI-DADE COUNTY
head start
early head start

SECTION I. INTRODUCTION

Program Description

Miami-Dade County Community Action and Human Services Department (CAHSD), Early Head Start Expansion-Child Care Partnership administers a comprehensive child development program for low-income families and their children ages birth to three. During the 2020-2021 program year, ten delegate agencies and four local partners improved services to children through the Early Head Start Expansion and Child Care Partnership grant. The Early Head Start Expansion and Child Care Partnership Program services approximately 552 infants, toddlers, and pregnant women. Our mission is: to develop socially competent young children, promote school readiness, and serve as a catalyst to empower families for growth and change. Miami- Dade County has provided Head Start services for over 50 years.

Context for Self-Assessment

Self-Assessment is a vital component of the planning cycle and creates a time for the Program to critically examine data collected throughout the program year. The Program seeks to uncover patterns and trends in data that may not be immediately evident during the regular ongoing monitoring process. This process also provides insight into assessing the Program's goals and objectives.

The results of the Self-Assessment inform specific program planning, inclusive of the development of an action plan and budget for the upcoming year. As the Program moves forward, the ongoing monitoring system will provide periodic evaluations throughout the year and provide insight into reaching several benchmarks.

Ongoing monitoring and follow-up takes place throughout the program year, examines whether the Program meets regulatory requirements, and looks to answer the question, "How can we do things better?"

The Self-Assessment process allows the Program to evaluate management systems' effectiveness that impacts services delivered to children and families. Through the implementation process, we will focus on pertinent issues, where we will ask and answer three questions:

1. How can we better serve children and families in our community?
2. Where are we at risk?
3. How can we improve or streamline operations?

Performance Standard and Related Regulations:

1302.102(b)(2)(i-iii) (Ongoing assessment of program goals)

SECTION II. METHODOLOGY

Self-Assessment Design

Cassandra Alexander was the 2020-2021 Self-Assessment Coordinator. The role of the Self-Assessment Coordinator was to:

- Assemble a Self-Assessment Leadership Team;
- Recruit members of the Policy Council/Committee and Board Members/Community Partners for participation;
- Conduct training for all participants involved in the Self-Assessment process;
- Provide ongoing support and guidance to Self-Assessment teams;
- Ensure completion of Self-Assessment report and related Program Improvement Plan; and
- Present all Self-Assessment related documents to the Policy Council and Governing Board for approval.

Self-Assessment Leadership Team

The Self-Assessment Leadership Team was comprised of:

- Grantee Self-Assessment Coordinator;

- Grantee Service Area Coordinators
- Delegate agency and EHS-CCP leaders;
- Head Start parents; and
- Community Partners

Self-Assessment Teams

Self-Assessment teams and focus groups were developed with the Grantee, delegate agency, and each childcare partner, including staff, policy council members, parents, board members, and community partners. The focus groups varied culturally and linguistically. The process took place from September 2020 through November 2020.

Preparation for Self-Assessment

The 2020-2021 Self-Assessment Plan was reviewed and approved by the Policy Council on September 3, 2020, and the Community Action Agency Board on October 5, 2020. The Self-Assessment Coordinator provided training to the Delegate Agencies and Child Care Partners on September 11, 2020. The training detailed the purpose of the self-assessment, how to identify data sources, and how to collect and analyze data for measuring progress.

Data Collection Tools	
Ages and Stages Questionnaire (ASQ-3)	Ages and Stages Questionnaire Social and Emotional (ASQ-SE)
Results of Record Reviews	Ongoing Monitoring Reports
ChildPlus Data Reports for Child and Family Outcomes	Professional Development and Training
Galileo Reports	CLASS Reports
ITERS Assessments	

SECTION III. KEY INSIGHTS

PROGRAM STRENGTHS

- Developed a partnership with Florida International University's Building Bridges Program to provide parent workshops for children transitioning from Early Head Start to Head Start
- Thirteen percent (13%) of enrolled children had a diagnosed disability; surpassing the 10% mandate
- Established a partnership agreement with the University of Florida's EFNEP program to provide basic nutrition education to enrolled families.
- One hundred percent (100%) of Early Head Start Expansion and Child Care Partner teachers and social services staff received access to the electronic Devereux Adults Resilience Survey Wellness Plan
- Children were able to continue receiving health services from their providers during the COVID-19 pandemic through Tele-health
- The Program developed and implemented new Health and Safety Policies and Procedures in response to COVID-19 to ensure continuity of care for infants and toddlers.

- Of the 687 cumulatively enrolled children in the Program, 675 children had access to health insurance and medical home (98%).
- Partnered with Reach out and Read to support children and families with access to literature to increase child school readiness as well as assist with access to comprehensive medical providers and care
- Provided an online program to ensure teaching staff are able to acquire or renew CDA credentials
- The Program provided an innovative approach to infant and toddler care through a partnership with Barry University to implement the Montessori approach to fidelity that included ongoing training, coaching, and support to teachers of Montessori classrooms
- Of the 623 families enrolled in the Program, 514 families received at least one or more family services, including parenting education, health education, asset building services, emergency/crisis intervention such as food, clothing or shelter, adult education programming, etc.

SYSTEMIC BARRIERS

DISABILITIES

Area of Concern: Timely documentation of collaboration with parents of children with disabilities

Root Cause: MDT and Follow-up Intervention Plan meetings were scheduled for more than 90 days following enrollment, for some children, to discuss the identified concerns and identified disabilities with the families.

Recommendations:

- Assign staff to follow-up with social service and education staff for children identified with concerns or disability within 90 days of enrollment to ensure timely follow-up
- Monthly follow-up and review of Health Requirement ChildPlus report 3015 for children with identified concerns in the screening

HEALTH

Area of Concern: 79% of children obtained oral health/dental screenings and evaluations

Root Cause: Lack of accessibility to local dental providers during the COVID-19 pandemic; lack of providers who accept family insurance plan.

Recommendations:

- Increase partnerships with local dental offices

Area of Concern: 65% of children enrolled were up to date with immunizations

Root Cause: Lack of accessibility to local providers providing immunizations during the COVID-19 pandemic

Recommendations:

- Coordinate with a local medical home and other medical providers for immunizations alternatives during closures

NUTRITION

Area of Concern: There was food insecurity among enrolled families

Root Cause: Food shortages due to the COVID-19 pandemic

Recommendations:

- Use food service vendors to bring in food packaged as grab and go meals for families

Area of Concern: Nutrition consultants were unable to complete their nutrition assessment

Root Cause: The dietitians were unable to visit the newly enrolled children due to the COVID-19 pandemic shutdown

Recommendations:

- Until auxiliary staff are allowed into the classrooms, nutrition consultants were directed to utilize staff, parents & Physicians.

MENTAL HEALTH

Area of Concern: For 60% of EHS Expansion agencies, the licensed mental health professionals facilitated clinical assessments and plans for individualized services more than 45 days following enrollment, in consultation with teachers, for children with ongoing concerns from the previous year. It is recommended that licensed mental health professionals conduct follow up consultation and planning for all returning children with concerns, beginning the week of August 31st and completed within 45 days of return to the Program. While areas of improvement have been noted, this is a systemic concern.

Root Cause: due to developmental trajectory, it can be challenging to assess atypical development versus typical development for children birth to three. As infants and toddlers age, delays are more observable and detectable.

Recommendations:

- Develop and implement program policies and procedures which ensure that delegate agencies mental health professionals have adequate hours to deliver services effectively.
- Ensure that planning and consultation involve education, disabilities, family services, and other content areas to better support teachers and parents.

Program Goals	Measurable Objectives	Progress/ Outcomes	Challenges
Goal 1 Miami-Dade County's Early Head Start Expansion-Child Care Partnership will foster a culture of lifelong learning for infants, toddlers, families, and Early Head Start staff so that children and families are self-sufficient	Infants and toddlers will show an average growth of 75 developmental level points (using Galileo) in social/emotional, cognition, language and communication, and approaches to learning domains	This objective was met for Infants 0-8 months and toddlers 2-3 years old. Infants ages 0 -8 months earned an average growth of 75 developmental level points using Galileo in all the identified domains except Language. Toddlers ages 2 – 3 years old earned an average growth of 75 developmental points using Galileo in the identified domains. However, Infants and toddlers ages 8 - 24 months did not achieve the 75 developmental points using Galileo in the specified domains.	Due to COVID-19, the ongoing assessment was interrupted. Teaching staff were not able to observe children in the classrooms to determine if developmental gains were achieved. Observations were conducted at home; however, these observations were limited in scope.
	Seventy percent (70%) of EHS teachers will score five (5) or above on the CLASS Emotional Behavioral Support, and a three (3) or above on the CLASS Engaged Support for Learning Domain.	The objective met and exceeded. 95% of EHS teachers scored 5 or above on Emotional Behavior Support and 89% scored a 3 or above on the Engaged Support for Learning	None
	Thirty-three percent (33%) of parents will learn and access the parent portal of the child assessment system (Galileo) to become more actively engage in their child's education.	Seventeen percent (17%) of families accessed the Galileo parent portal. All parents were provided letters with login information and instructions. Teachers were encouraged to assist parents in logging in during the first parent/teacher conference	Due to the COVID-19 pandemic, the Program implemented alternative online portals for parents, including Ready Rosie, ABC Mouse, and ClassDojo. Parents accessed those portals to receive ongoing

Program Goals	Measurable Objectives	Progress/ Outcomes	Challenges
			educational support for children to learn at home. Due to this, parents did not access Galileo for ongoing engagement.
	75% of families will read to their children at least three (3) times per week.	The Program met this objective. Seventy-eight percent (78%) of families indicated that their child was read to by them or another family member.	None
	Thirty-three percent (33%) of families will participate in family literacy training	Thirty-two (32%) percent of families participated in family literacy workshops.	Literacy programs and workshops were interrupted due to COVID-19.
	Thirty-three percent (33%) of families will participate in financial literacy training.	The Program met this objective. Thirty-five percent (35%) of families participated in financial literacy workshops.	None
	Implement a job training and employability skills program to reduce the unemployment rate of parents by one percent (1%).	This objective is in progress. The Program also established a partnership with the Beacon Council to assist families with employment at centers with a high unemployment and underemployment rate	Families lost jobs due to COVID-19.
	Parents will show an increase in their positive parent-child relationship outcome measure on the Family Assessment.	The Program met this objective. Seventy-three percent (73%) of families increased their final family assessment scores	None

Program Goals	Measurable Objectives	Progress/ Outcomes	Challenges
		for positive parent-child outcomes.	
Goal 2 Build capacity for practitioners in implementing Montessori practices in their work with infants and toddlers	75% of practitioners will improve their understanding of the Montessori philosophy as specified by an increase in their knowledge of the curriculum, the methods and materials	The Program met this objective. 100% of classroom practitioners participated in Montessori philosophy professional development as in-service training. 26% of classroom practitioners participated in a Montessori curriculum professional development series.	None
	75% of practitioners will consistently develop lesson plans using data attained from student assessments and aligned with the Montessori philosophy	The Program met this objective. 100% of the Program's classrooms implementing the Montessori curriculum planned and developed lesson plans utilizing student assessment aligned with the Montessori philosophy.	None
	Through observations during Coaching/Mentoring sessions, 75% of practitioners will design and maintain classroom environments consistent with the Montessori philosophy	The Program met this objective. 100% of classrooms implementing the Montessori curriculum designed and maintained classroom environments consistent with the Montessori philosophy.	None
Goal 3 The Program will create healthy and safe environments,	75% of classrooms will score a 5 or above on the space/routines and personal care routines on the ITERS-R	46% of classrooms scored a five or above in space/routine and personal care routines on the ITERS.	COVID -19 interrupted services, and therefore, post ITERS were not conducted, limiting the Program's ability to assess the improvements in

Program Goals	Measurable Objectives	Progress/ Outcomes	Challenges
which are child-focused, family-friendly, and environmentally sustainable thereby improving school readiness outcomes			space/routine and personal care routine made throughout the year.
	100% of sites will develop a family-friendly space	The Program met this objective. All centers developed a family-friendly space	None
	At least 50% of infants and toddler teachers receive training on Pyramid model practices	The Program met this objective. All teachers received training on Pyramid model practices	None
	The Program will enhance the healthy habits embedded in the Performance Standards by having 50% of sites using "green" cleaning materials and classroom supplies	The Program met this objective. Over 90% of classrooms use recycled paper, natural materials, and soap.	None
	Children, parents, and staff, with the help of community gardens and local farmers, will design and plant gardens at 15% of sites	The Program met this objective. 75% of sites have edible gardens.	None
Goal 4 The Program will improve the technological innovation and efficiency among	The Grantee will develop a web-based learning and interactive professional development resource for teachers, parents, and staff	The Program met this objective. The Program established a partnership with FrogStreet to provide online CDA coursework (including renewals) for parents and staff. The Program also partnered with Miami-Dade	None

Program Goals	Measurable Objectives	Progress/ Outcomes	Challenges
early childhood programs in Miami-Dade County		College to give web-based learning to staff and parents.	
	100% of the sites will use technology to measure family outcomes and child assessment outcomes	The Program met this objective. One hundred percent (100%) of families are assessed utilizing a database system.	None
	By the end of the grant cycle, the Grantee will become 90% paperless for enrollment, attendance, professional development, monitoring, and school/home connection activities	This objective is in progress. The Program Implemented online applications, parent consent forms, and family partnership agreements. The Program also invested in a web-based program to complete daily COVID-19 health checks and provide daily reports to Early Head Start families.	None

PROGRAM IMPROVEMENT PLAN (a separate document)

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 15, 2020

AGENDA ITEM NUMBER: 3A9d

AGENDA ITEM SUBJECT: 2020-2021 Early Head Start Expansion-Child Care Partnership Program Improvement Plan

AGENDA ITEM TYPE: APPROVAL

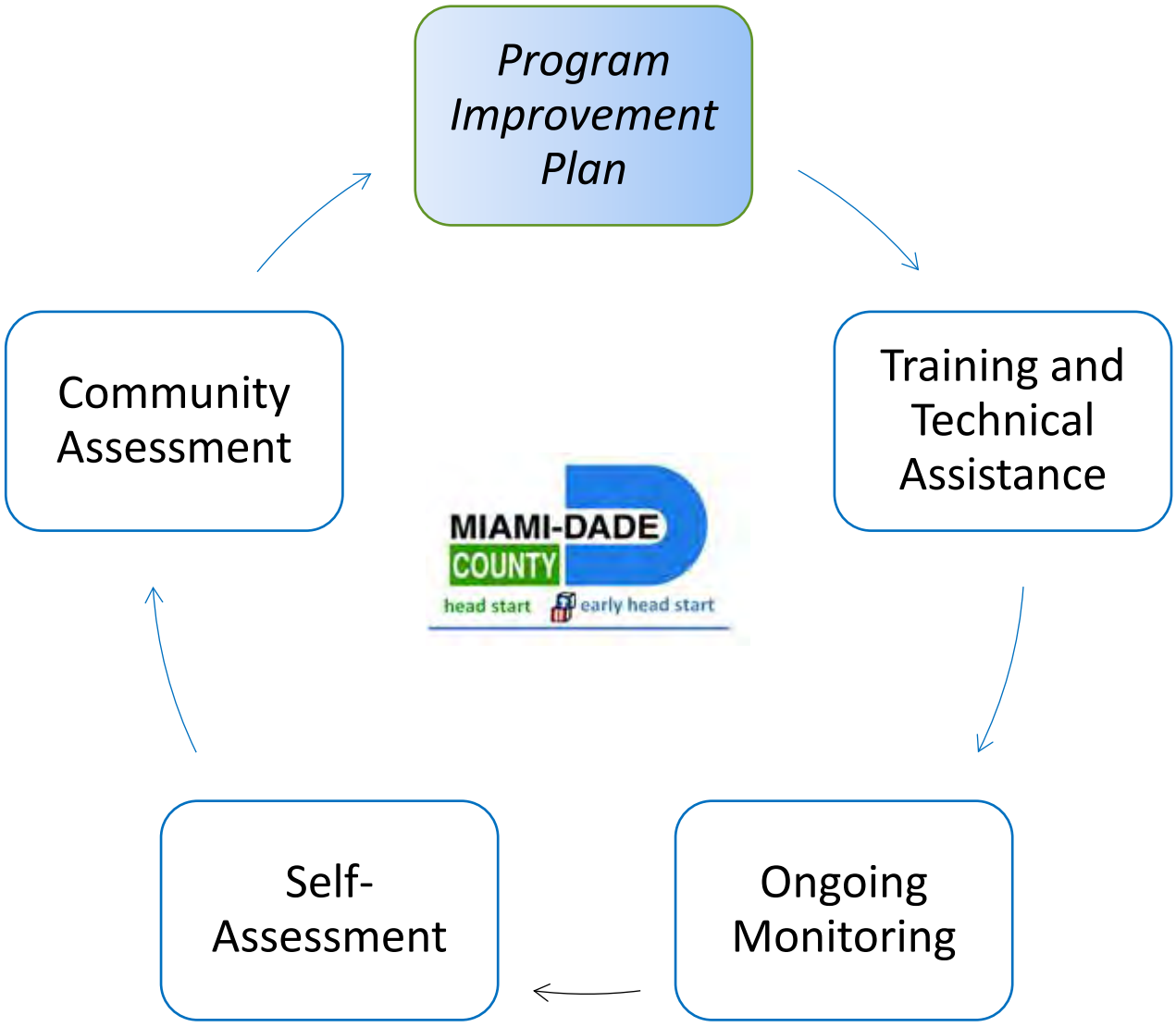
RECOMMENDATIONS: APPROVAL – Item was approved by the Head Start/Early Head Start Policy Council Executive Committee on October 15, 2020 and at the CAA Executive Committee Special Call Meeting on October 29, 2020. This item is recommended for approval by the CAA Board.

BACKGROUND/SUMMARY:

The 2020-2021 Early Head Start Expansion-Child Care Partnership Program Improvement Plan identifies areas of improvement and outlines action steps, responsibilities, and timelines.

FUNDING SOURCE:

U.S. Department of Health and Human Services


Program Improvement Plan
Training and Technical Assistance
Ongoing Monitoring
Self-Assessment
Community Assessment
MIAMI-DADE COUNTY
head start
early head start

Area of Concern/ Systemic Barriers	System(s)	Action Steps	Staff Responsible	Target Completion Date
DISABILITIES				
PERFORMANCE STANDARD: 1302.62(a) Parents of all children with disabilities. (1) A program must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development; MDT and Follow-up Intervention Plan meetings were scheduled more than 90 days following enrollment, for some children, to discuss the identified concerns and identified disabilities with the families.	Recordkeeping & Reporting	Generate ChildPlus report 3501 after screening to review concerns Follow-up with social service staff to get information about children identified with a disability concern and IFSP during the application/enrollment process or online application.	Head Start Director Disabilities Coordinator	11/3/2020 and monthly 11/3/2020 and monthly

Area of Concern/ Systemic Barriers	System(s)	Action Steps	Staff Responsible	Target Completion Date
MENTAL HEALTH				
PERFORMANCE STANDARDS: 1302.45(b) Mental health consultants. A program must ensure mental health consultants assist: (4) Staff to address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors; **For 60% of EHS Expansion agencies, the licensed mental health professionals facilitated clinical assessments and plans for individualized services more than 45 days following enrollment, in consultation with teachers, for children with ongoing concerns from the previous year.**	Program Planning and Service System Design	Provide training and technical assistance to ensure that children with identified eDECA or ASQ areas of need/concern receive direct clinical assessment (FBA-DECA C) and planning (PBS-DECA Enhanced Plan) services in consultation with the licensed mental health professional early in program year. Ensure classroom plans are developed when unable to obtain parental consent. Provide technical assistance, conduct follow-up, receive feedback, and monitor requirements early in the year and throughout the year	Mental Health Coordinator Education Managers; Mental Health Coordinator Mental Health Coordinator	11/3/2020 and ongoing 11/3/2020 11/3/2020

Area of Concern/ Systemic Barriers	System(s)	Action Steps	Staff Responsible	Target Completion Date
HEALTH				
PERFORMANCE STANDARDS: *1302.42* *b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the Program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:* *(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;* **79% of children obtained oral health/dental screenings and evaluations**	Ongoing Monitoring & Continuous Improvement	Increase partnerships with local dental offices Monthly contact with nearby dental providers to inquire about services and create a provider network Conduct bi-annual dental fairs with local dentists Submit status of monthly monitoring results of oral health screenings and evaluations to directors	Health Coordinator Health Coordinator Health Coordinator Health Coordinator	7/1/2021 12/1/2020 and ongoing July 2021 12/1/2020 and ongoing

Area of Concern/ Systemic Barriers	System(s)	Action Steps	Staff Responsible	Target Completion Date
HEALTH				
PERFORMANCE STANDARDS: 1302.42 *b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the Program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:* *(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;* 65% of children enrolled were up to date with immunizations	Ongoing Monitoring & Continuous Improvement	Coordinate with medical providers for alternatives during closure Assist families with education and training on how to utilize telehealth options and local health clinics Submit status of monthly monitoring results of completed immunizations to directors	Health Coordinator Delegate Health Staff Health Coordinator	12/1/2020 12/1/2020 and ongoing 12/1/2020 and ongoing

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 15, 2020

AGENDA ITEM NUMBER: 3A9e

AGENDA ITEM SUBJECT: 2021-2022 Early Head Start Expansion-Child Care Partnership Training and Technical Assistance Plan

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – Item was approved by the Head Start/Early Head Start Policy Council Executive Committee on October 15, 2020 and at the CAA Executive Committee Special Call Meeting on October 29, 2020. This item is recommended for approval by the CAA Board.

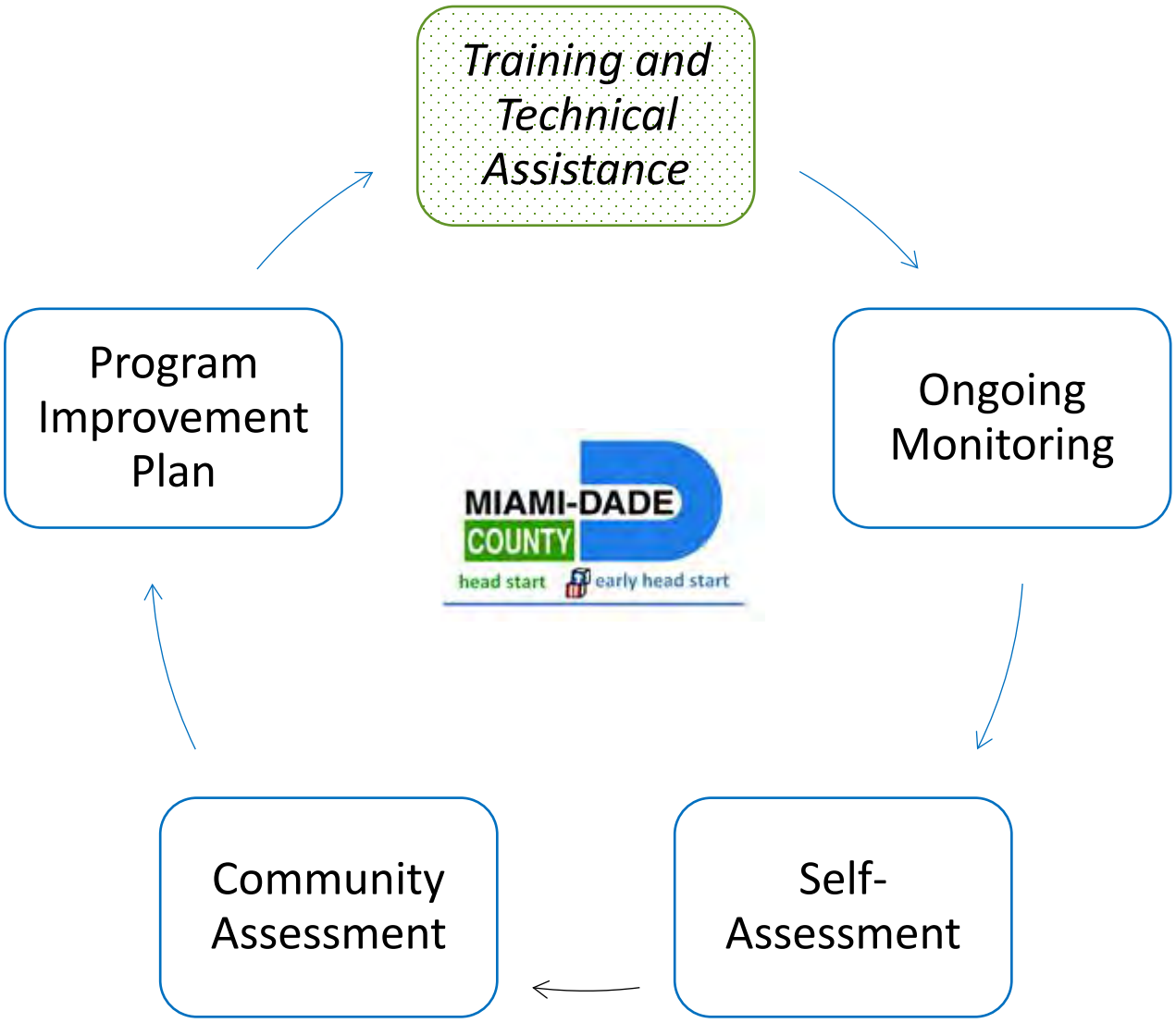
BACKGROUND/SUMMARY:

The 2021-2022 Early Head Start Expansion-Child Care Partnership Training and Technical Assistance Plan use a systematic and comprehensive approach to identify training needs. Each year, program staff analyze program data and mandates to guide the process of identifying systemic or program-wide weaknesses and areas for potential growth.

FUNDING SOURCE:

U.S. Department of Health and Human Services

Miami-Dade Community Action and Human Services
Early Head Start Expansion Child Care Partnership
2020-2021 Training/Technical Assistance Plan



COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT MISSION

The Community Action and Human Services Department (CAHSD) empowers disadvantaged families and communities through advocacy, education, resource mobilization, and service delivery, and provides comprehensive social services to assist children, adults, and families to attain self-sufficiency, function independently, and lead productive lives.

PROGRAM PHILOSOPHY

Put children and families first, strive for excellence, project a professional image and attitude, and treat everyone with respect.

4-YEAR PROGRAM GOALS

- Foster a culture of lifelong learning for infants, toddlers, families, and Early Head Start staff so that children and families are self-sufficient;
- Build capacity for practitioners in implementing Montessori practices in their work with infants and toddlers
- Create healthy and safe environments, which are child-focused, family-friendly, and environmentally sustainable, thereby improving school readiness outcomes and;
- Improve the technological innovation and efficiency among early childhood programs in Miami-Dade County

TRAINING/TECHNICAL ASSISTANCE GOAL

To implement an on-going, high-quality training and technical assistance plan responsive to staff, parents, and program needs building on sound principles of professional development and effective in evoking change.

2021-2022 TRAINING PRIORITIES

1. To provide mandatory training for staff, parents, volunteers, governing body members, and Policy Council members
2. To address training needs identified from on-going monitoring and the annual self-assessment

TRAINING NEEDS ANALYSIS

The program uses a systematic and comprehensive approach to identify training needs. Each year, program staff analyzes program data and mandates to guide the process of identifying systemic and program-wide weaknesses and areas for potential growth. This process informs the training needs identification and begins the formulation of the annual Training and Technical Assistance Plan. Information is extracted from the following documents/sources in this process:

1. Community Assessment

2. Self-Assessment and Program Improvement Plan
3. Program Information Report
4. Federal Monitoring Review Report and Corrective Action Plan (when applicable)
5. Internal Monitoring Reports
6. Service Area Monthly Reports
7. Child Outcomes Reports
8. ASQs/CLASS/ITERS Scores
9. Program Assessment Scale Scores
10. Head Start Program Performance Standards and the Head Start Act (including Information Memorandums and Policy Clarifications)
11. Training/Technical Assistance Requests
12. Professional Development Plans
13. Program Managers Assessments and Evaluations

TIERED-APPROACH TO TRAINING

The program uses a three-tiered approach to provide training and technical assistance activities. In addition to the program-wide annual conference, training is conducted in large groups, small groups, and one-on-one technical assistance. Additional opportunities for professional development are also provided through mentor/coaching activities.

PROGRAM MANAGEMENT, PLANNING, & OVERSIGHT SYSTEMS TRAINING OBJECTIVES

The program developed the Training/Technical Assistance (T/TA) Plan based on the Head Start Program Performance Standards; Head Start Act; Office of Head Start (OHS) priorities; Program Goals; 2020 Community Assessment; 2020-2021 Self-Assessment; and Federal, State, and local mandates including licensing requirements, and other County, Department, and Program required (or requested) training for staff, parents, and volunteers.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUIRED TRAININGS

Pre-Service Training Conference

The program hosts its Annual Pre-Service Training Conference one week before the new program year for Early Head Start staff. Approximately 135 teaching staff and partners receive six hours of in-service training. The training content is intended to serve as a “Basic Training” to leave the conference with the skills needed to start the program year.

Volunteer Orientation

The Head Start Program Performance Standards require that all volunteers be provided training regarding the program’s policies, procedures, and services. To coordinate this training and ensure all volunteers receive consistent information, the Grantee developed a standardized Volunteer Training Module. Topics covered during the training include History and Philosophy of Head Start; Service Area Overview; Volunteer Job Description; Standards of

Conduct; Cell Phone Policy; Dress Code; Child Abuse Reporting; Confidentiality Policy; Universal Precautions; and Adult/Child Interactions.

New Employee Orientation

New Early Head Start Expansion and Child-Care Partner Employee Orientation is vital to our program's success. The orientation process is implemented slightly differently in the Grantee and the four partner centers. However, there are two consistent components for each orientation. Center specific orientation, including personnel issues and partner center policies and procedures, is conducted upon hire with each new employee.

New Early Head Start Expansion and Child Care Partner employees are provided with an introduction to the Early Head Start program and its comprehensive services. Through this training program, new employees have the opportunity to delve into the intricacies of the program.

Child Abuse Training

All employees must receive annual training on Child Abuse Identification, Standards of Conduct, and Child Abuse Reporting Procedures. EHS Expansion and CCP staff receive this training during the Annual Pre-Service Training Conference. Additional sessions are planned throughout the year, as needed.

College Courses

Miami-Dade County allows instructional staff to obtain college credit for professional development and mandated teaching credentials. The program pays all tuition in exchange for an agreement from the staff to remain with the program a minimum of three years after course completion.

FLORIDA: DEPARTMENT OF CHILDREN AND FAMILIES: REQUIRED TRAININGS

Department of Children and Families (DCF) 45-Hour Child Care Training Courses

The State of Florida Child Care Licensing Regulations requires all staff working in child care to participate in a minimum of 45 hours of introductory child care training. These trainings, and subsequent competency tests, must be completed within 120 days of beginning work in childcare. As the need presents throughout the program year, staff are referred to community partners who offer these training and are assisted with registering and testing..

State of Florida Director's Credential

Every licensed childcare facility in the State of Florida is required to employ one staff person with the State of Florida Director's Credential. The center director, curriculum specialist, or lead teacher at each center holds this Credential. Although there is no cost to apply for the Credential, formal college coursework is an application requirement. The program is committed to paying the coursework cost at Miami-Dade College for center leaders to obtain the Credential.

First Aid/CPR Training

All classroom staff is required to obtain and maintain a current Pediatric First Aid/CPR certification. The Grantee maintains an agreement with Miami-Dade College to provide training.

TRAINING AND TECHNICAL ASSISTANCE TRACKING SYSTEM

The program uses ChildPlus as the data tracking system. ChildPlus has a module for Professional Development. All large group training, small group training, one-on-one training, technical assistance activities, mentor/coaching sessions, and conference breakout sessions are entered into ChildPlus. Also, all conferences attended by staff are documented in ChildPlus. Reports are generated monthly to review training and technical assistance. Reports are also available to track training and technical assistance received by individual staff persons.

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TRAINING BUDGET SUMMARY
Training Budget Summary

T/TA Activity	Amount	Description
Goal 1: Foster a culture of lifelong learning among infants, toddlers, preschoolers, families, and Early Head Start-Child Care Partnership Staff	$7,785	Includes: • Pre-Service Workshops Curriculum Trainings • CLASS Training • Mentor/Coaching
Goals 2: Build capacity for practitioners in implementing Montessori practices in their work with infants and toddlers	$53,923	Includes: • Montessori trainings
Goal 3: Create a health and safe environments, which are child-focused, family-friendly, and environmentally sustainable	$8,145	Includes: • Pre-Service Workshops • Trainings on health, nutrition, and safety
Goal 4: Be a leader in technological innovation and efficiency among Head Start programs	$2,100	Includes: • Pre-Service Workshops • ChildPlus • Galileo
Mandated Training- Not Listed Elsewhere	$95,522	Includes: • Pre-Service Workshops • New Staff Orientation • Program Governance training for policy groups and governing board
Travel Expenses	$26,743	Includes: • National, Regional and State level trainings • Specialized Trainings
TOTAL BUDGET	**Early Head Start-Child Care Partnership** **$194,218**	

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
1.	**Understanding Mental Health Issues And The Use Of Interventions** Provide resources regarding children and adults to parents and staff	Child Mental Health	Internal Staff	Mental Health Services; Disabilities; Education; Social Services; Management Staff	Mental Health; Human Resources	March 2021- as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.46(b)(iv) ; 1302.93(b
2.	**Promoting Positive Relationships** Give teachers tips & everyday ideas to promote Social and Emotional Skills (Classroom Visuals & Supports)	Child Mental health	Internal/ Consultants and National Training for Effective Practices Conference	Mental Health Services, Disabilities, Education Staff	Mental Health	March 2021- as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.46(b)(iv) ; 1302.93(b)
3.	**Positive Social and Emotional Development** Integrate into the curriculum, daily lesson Plan and daily routine Universal Strategies which promote positive Social And Emotional Development of children; E-Pyramid Training/Coaching Certification	Child Mental Health	Internal/ Consultants and National Training for Effective Practices Conference	Mental Health Services, Disabilities, Education Staff	Mental Health	August 2021 Pre-Service Conference ; Train the Trainer Cert. Series 10-2020 through 12-2021	$25,000	7% EHS Expansion-CCP; 93% other funding	$1750	HSPS 45 CFR 1302.45(a)(1)

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
4.	**Parent Wellness** Provide information on how parent wellness is essential to children wellness	Child Mental Health	Internal	Caregivers; Directors; Education Support Staff; Monitors	Mental Health	March 2021- as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.32
5.	**Data Driven Planning** Collect, analyze and utilize child outcomes data to Plan	Data and Evaluation	Internal	Instructional Staff; Directors	Education Coordinator	Mar. 2021 and on-going	$0	EHS Expansion-CCP	$0	HSPS 45 CFR 1302.33(b)(1)(2); 1302.31(b)(1)(iii)
6.	**IEP/IFSP and Child Assessment System** Training staff on strategies to IEP/IFSP To The Child Assessment System	Education and Child Development	Internal	Disabilities Coordinators; Social Services Staff	Disabilities	August 2021-July 2022	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.60

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
7.	**Creative Curriculum Training** Train education staff on how to implement the Creative Curriculum Training	Education and Child Development	Consultant	Instructional Staff	Education	August 2021 & March 2022	$11,000	45% EHS Expansion-CCP; 55% other funding	$4950	HSPS 45 CFR 1302.32
	Improve CLASS Score By at least one-half point		10% of teachers with improved CLASS Scores				Class Scores Twice per Year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
8.	**CLASS Training** Train education staff on CLASS; Reliability Renewals & Training	Education and Child Development	Internal	Instructional Staff; Directors; Education Support Staff; Monitors	Education	April-2021	$8,000	7% EHS Expansion-CCP; 93% other funding	$560	HSPS 45 CFR 1302.32
9.	**Special Needs Inclusive Environment** Train disability and social work staff on inclusive environments for children with special needs	Education and Child Development	Internal	Disabilities Coordinators; Social Services Staff	Disabilities	March 2021-February 2022	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.31

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
	Families are actively engaged in their child's education		33% of parents will learn and access the parent portal of the child assessment system (Galileo) during the program year				Galileo Parent Activity Report/Monthly			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS-CCP Amount**	
10.	**Galileo Training** Train education staff and parents on Galileo	Education and Child Development	Internal	EHS-CCP Staff	Education	Aug 2021-As Needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.101
11.	**Child Development and Curriculum** Provide parents child development and curriculum Overview Training	Education and Child Development	Internal	Parents	Education	October 2021	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.30
12.	**Parent Engagement** Provide parents social, emotional, and behavioral intervention training	Education and Child Development	Internal	Mental Health Services; Disabilities; Education; Social Services Staff	Mental Health	August 2021 and as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.45(b(5)

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
13.	**Coping Strategies** Provide mental health coping strategies	Child Mental Health	Internal	Parents	Mental Health	August-2021	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS CFR 45 1302.46 (a)
	Families are actively engaged in their child's education		33% of parents will learn and access the parent portal of the child assessment system (Galileo) during the program year				Galileo Parent Activity Report/Monthly			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS-CCP Amount**	
14.	**Family Engagement Strategies** Implement Family Engagement Strategies Training	Family and Community Engagement	Contract/Internal	Social Services staff	Family & Community Engagement	March 2021 and on-going	$2,500	7% EHS Expansion-CCP; 93% other funding	$175	HSPS 45 CFR 1302.50
15.	**Family Menu Planning** Develop with parents nutritious and economic meal planning	Nutrition	Consultant	Nutrition Managers; Social Services Staff	Nutrition Services	March 2021 and on going	$5,000	7% EHS Expansion-CCP; 93% other funding	$350	HSPS 45 CFR 1302.46(b)(ii)

	Program Goal 1: Foster a culture of lifelong learning for infants, toddlers, families and Early Head Start Expansion-Child Care Partnership Staff.									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Infants and toddlers will show growth in social/emotional, general cognition, language and communication, and approaches to learning domains		Average growth of 75 Developmental Level (DL) points				Galileo Outcomes Analysis Report/Three times a year			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion -CCP Amount**	
16.	**Financial Literacy** Train parents on budgeting, opening a savings account and other fiscal responsibilities	Family and Community Engagement	Internal/Partner	EHS-CCP Parents	Family & Community Engagement Staff	November-2021	$0	7% EHS Expansion-CCP; 93% other funding	$0	Head Start Act Sec 648(d)(1)(H)

	Program Goal 2: To build capacity for practitioners in implementing Montessori practices in their work with infants and toddlers									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Increased practitioner knowledge in 11 different workshop topics aligned with Montessori principles		Completion of Montessori Binder with 11 sections aligned with workshop topics				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
17.	Montessori Training and Certification	Training and Professional Development	Contract	Early Head Start Montessori teachers	Education Manager	March 2021 and on-going	$74,250	100% EHS Expansion-CCP	$53,923	HSPS 45 CFR 1302.31

	Program Goal 3: To create healthy and safe environments, which are child focused, family-friendly, and environmentally sustainable									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Classrooms are healthy and safe		75% of classrooms scoring 5 or above on the ITERS				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
18.	**Physical Environments** Provide training on facilities maintained policies and procedures	Facilities and Learning	Internal	EHS-CCP Staff	Facilities	March 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.47(b)(1)
19.	**Equipment And Furnishings** Provide training on equipment maintenance policies and procedures	Facilities and Learning	Internal	EHS-CCP Staff	Facilities	March 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.47(b)(2)

	Program Goal 3: To create healthy and safe environments, which are child focused, family-friendly, and environmentally sustainable									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Classrooms are healthy and safe		75% of classrooms scoring 5 or above on the ITERS				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
20.	**Score Card Development** Creating a balanced score card	On-Going Monitoring and Continuous Improvement	Consultant	EHS-CCP Staff	Quality Assurance	Sept-2021	$1,000	7% EHS Expansion-CCP; 93% other funding	$50	HSPS 45 CFR 1302.102(b)
21.	**Hygiene, Food Safety And Sanitation** Provide hygiene, food safety and sanitation training	Health Safety Practices	Contract	EHS-CCP Staff	Health	March 2021 and on-going	$2,500	7% EHS Expansion-CCP; 93% other funding	$175	HSPS 45 CFR 1302.47(b)(6)
22.	**Medication administration and storage** Provide Policies and procedures, and process training	Health Safety Practices	Internal	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.47(b)(4)(i)(C)
	10% fewer monitoring findings on the health and safety protocol.		Reduced health and safety findings				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
23.	**Child Abuse Prevention Training** Provide Child Abuse reporting, prevention, and standards of conduct training	Health Service Safety Practices	Internal	Community Partner	EHS-CCP Staff	March 2021- as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.47(4)(i)(b)(F)(K)(5)(i)

	Program Goal 3: To create healthy and safe environments, which are child focused, family-friendly, and environmentally sustainable									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Classrooms are healthy and safe		75% of classrooms scoring 5 or above on the ITERS				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
24.	**Universal/Standards Precautions** Provide Polices and procedure, and prevention training	Health Service Safety Practices	Community Partner	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$5,000	7% EHS Expansion-CCP; 93% other funding	$350	HSPS 45 CFR 1302.47(b)(6)(i-iii)
25.	**Prevention and Control of Infectious Diseases** Provide Polices and procedure, and prevention training	Health Service Safety Practices	Community Partner	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$1,000	7% EHS Expansion-CCP; 93% other funding	$70	HSPS 45 CFR 1302.47(b)(4)(i)(A)
26.	**Redundant Active Supervision** Provide Polices and procedure training	Health Service Safety Practices	Internal	Instructional Staff; Directors	Education	March 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.47(5)(iii)
	Children will have increased knowledge of their environments; children will demonstrate growth in the Social Studies and Science domains		50% of children will demonstrate growth 65 points in the Social and emotional domains				Galileo/ Three times a year			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
27.	**STEAM (Science, Technology, Engineering, Arts and Math)** Provide Science, Technology, Engineering, Arts and Math hands-on training	Education and Child Development	Internal/ Consultant	Education Management; Specialists; Instructional staff	Education	March-2021	$25,000	7% EHS Expansion-CCP; 93% other funding	$1750	HSPS 45 CFR 1302.31

	Program Goal 3: To create healthy and safe environments, which are child focused, family-friendly, and environmentally sustainable									
	Expected outcome (Short-Term & or/Long-Term)		**Indicators**				**Documentation/Frequency of Measurements**			
	Classrooms are healthy and safe		75% of classrooms scoring 5 or above on the ITERS				Monitoring Reports/Once a year with follow-up if necessary			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
28.	**Full STEAM Ahead"** Provide Home to School Connection" (Infant/Toddler Focus) Training	Education and Child Development	Internal	Education Management; Specialists; Instructional staff	Education	Ongoing	$12,500	45% EHS-CCP; 55% Other Funding	$5400	HSPS 45 CFR 1302.31
	Children, parents, and EHS-CCP staff will design and plant gardens at 50%% of sites		• 50% of the EHS-CCP centers will have gardens				Site visit report/ bi-annually			
	Topic	**Management System**	**WHO**			**WHEN**	**COST**			**RATIONAL DOCUMENT** (Why we do this)
			T/TA Resource	**Participants** (Target Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
29.	**Center Garden** Develop consumer Nutrition Education W/ Emphasis On Creating Nutrition Gardens	Nutrition	Consultant	Nutrition Manager, Family Service Workers, and Social Workers	Nutrition Services	March-2021	$5,000	7% EHS Expansion-CCP; 93% other funding	$350	HSPS 45 CFR 1302.47(b)(1)
30.	**Nutrition Education** Provide consumer education, menu planning strategies, and edible gardens planting	Community and Family Engagement	Internal	Parents	Nutrition Services	March-2021	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.46(b)(ii)

	Program Goal 4: The program will improve technological innovation and efficiency among early childhood programs in Miami-Dade County									
	Create a system that reduces duplication of work and decreases the amount of paper used by 90%		Number of staff trained in web-based programs				Monitoring Reports, agendas/quarterly			
	Strategy (Event/Activity)	**Management System**	**Who**			**When**	**Cost**			**T/TA Need Rational Document** (Why we do this)
			T/TA Resource	**Participants** (Targeted Audience)	**Responsible Manager**	**Timeline**	**Estimated**	**Allocation**	**EHS Expansion-CCP Amount**	
31.	**Program Evaluation** Train staff in program evaluation	Education and Child Development	Internal	EHS-CCP Staff	Head Start Director	March 2021 - February 2022; As Needed	$0	7% EHS Expansion-CCP; 93% other funding	$0	HSPS 45 CFR 1302.102(c)
32.	**Galileo Training** Provide training on how to administer, engage parent, and implement strategies	Education and Child Development	Contract	EHS-CCP Staff	IT	March 2021-As Needed	$15,000	7% EHS Expansion-CCP; 93% other funding	$1050	HSPS 45 CFR 1301.101
33.	**ChildPlus** Technology and Information Management Systems	Technology and Information System	Contract	EHS-CCP Staff	IT	March 2021-As Needed	$15,000	7% EHS Expansion-CCP; 93% other funding	$1050	HSPS 45 CFR 1301.101

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
1.	Ages and Stages Questionnaire (ASQ-3) and ASQ:SE-2 training	Valid and reliable administration of research-based developmental standardized screening tool	Internal	EHS-CCP Staff	Education	March 2021-As Needed	$0	45%EHS Expansion-CCP; 55% other funding	$0
2.	Interviewing and Probing Techniques training	ERSEA to conduct effective in-person or over the telephone interviews	Consultant	Social Services Staff	ERSEA	August 2021	$0	7% EHS Expansion-CCP; 93% other funding	$0
3.	Documenting eligibility and attendance follow-up training	ERSEA to accurately verify information and eligibility criteria for families	Consultant	Social Services Staff	ERSEA	August 2021	$5,000	7% EHS Expansion-CCP; 93% other funding	$350
4.	Reading fiscal statements and making informed decisions	Policy Council and governing board understand information received in order to make informed decisions	Internal	Policy Council and governing board members	Fiscal	November 2021	$0	7% EHS Expansion-CCP; 93% other funding	$0
5.	Internal monitoring systems, cycles and procedures	A system implemented to ensure effective on-going oversight and correction	Consultant	EHS-CCP Staff	Quality Assurance	March 2021	$1,000	7% EHS Expansion-CCP; 93% other funding	$70
6.	Documenting objective monitoring results	Effective implementation of the program performance standards	Consultant	EHS-CCP Staff	Quality Assurance	September 2021	$1,000	7% EHS Expansion-CCP; 93%	$70

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
								other funding	
7.	School Readiness Plan		Internal	Early Head Start-Child Care Partnership Staff	Head Start Director	March 2021	$0	5% EHS-CCP; 95% other funding	$0
8.	College Coursework for EHS Staff: Infant/Toddler Specification	Teachers will receive CDA coursework	Local College	EHS Caregivers	Human Resources	On-going	$20,000	45%EHS-CCP; 55% other funding	$9000
9.	Immunization Requirements and Documentation	Children are up to date on a schedule as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program	Internal	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$0	5% EHS-CCP; 95% other funding	$0
10.	Child medical and oral health requirements	Children are up to date on a schedule as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program	Internal	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$0	5% EHS-CCP; 95% other funding	$0
11.	Emergency Procedures	Staff are knowledgeable in emergency preparedness and response planning for emergencies to keep children safe	Community Partner	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$0	7% EHS Expansion-CCP; 93% other funding	$0

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
12.	Aggregating and Analyzing Program Data	Staff will understand how to use data to identify program strengths and needs	Consultant/Internal	EHS-CCP Staff	Head Start Director	March 2021 – February 2022; As Needed	$4,000	7% EHS Expansion-CCP; 93% other funding	$280
13.	Parent Health Literacy	Parents understand support services for their child's medical, oral, nutrition and mental health	Internal	Parents	Health	April 2021-Ongoing	$0	7% EHS Expansion-CCP; 93% other funding	$0
14.	Health and development consequences of tobacco product use and exposure to lead	Parents understand the consequences of tobacco product use and exposure to lead	Internal	Parents	Health	April 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0
15.	Emergency First Aid	Parents are knowledgeable in emergency first aid	Internal	Parents	Health	April 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0
16.	Health and Safety practices at home	Parents learn how to implement health and safety practices at home	Internal	Parents	Health	April 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0
17.	Recruitment strategies focusing on 10% disability enrollment mandate	10% enrollment includes children with disabilities	Consultant	Social Services Staff	ERSEA	August 2021, October 2021 January 2022	$5,000	7% EHS Expansion-CCP; 93% other funding	$350

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
18.	Determining eligibility and attendance	Staff, governing body and policy groups understand eligibility and attendance requirements	Internal	Social Services Staff; governing board and policy groups	ERSEA	August 2021, October 2021, December 2021 January 2022	$0	7% EHS Expansion-CCP; 93% other funding	$0
19.	Procurement, Inventory and the Davis-Bacon Act	Staff are able to implement procedures based on procurement, inventory and the Davis-Bacon	Consultant	Fiscal Staff	Fiscal	August 2021	$4,400	7% EHS Expansion-CCP; 93% other funding	$308
20.	OMB Uniform Guidance for Federal Awards	Staff are able to implement procedures based on the OMB Uniform Guidance for Federal Awards	Consultant	Fiscal Staff	Fiscal	August 2021	$5,000	7% EHS Expansion-CCP; 93% other funding	$350
21.	First Aid/Cardiopulmonary Resuscitation (CPR)	Staff will be certified in CPR	Community Partner	Grantee and Delegate Staff	Health	March 2021-Ongoing	$8,500	7% EHS Expansion-CCP; 93% other funding	$595
22.	Prevention and Control of Infectious Diseases	Staff keep children staff by being knowledgeable in the prevention and control of infectious diseases	Community Partner	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$1,000	7% EHS Expansion-CCP; 93% other funding	$70
23.	Universal/Standards Precautions	Staff will follow appropriate practices to keep children safe during all activities	Community Partner	Early Head Start-Child Care Partnership Staff	Health	March 2021-Ongoing	$5,000	7% EHS Expansion-CCP; 93% other funding	$350

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
24.	Family Services Credentials Train the Trainer	Grantee staff are certified to provide family services credentialing training	Consultant	Grantee Family Engagement Staff	Family & Community Engagement Coordinator	March 2021-Ongoing	$5,000	7% EHS Expansion-CCP; 93% other funding	$350
25.	Oral Health Care	Parents are knowledgeable in oral health care for their child	Internal	Parents	Health	March 2021 and on-going	$0	7% EHS Expansion-CCP; 93% other funding	$0
26.	Staff Orientation	Staff is knowledgeable of the goals and underlying philosophy of the program and on the ways they are implemented	Internal	New Staff	Human Resources	March 2021-as needed	$0	7% EHS Expansion-CCP; 93% other funding	$0
27.	Pre-Service Training Conference	Staff receive knowledge and skills needed to provide high-quality, comprehensive services	Contract/Internal	EHS-CCP Staff	Head Start Director	August 2021	$146,544	7% EHS Expansion-CCP; 93% other funding	$10,258
28.	Early Head Start In-Service Training	Staff receive knowledge and skills needed to provide high-quality, comprehensive services	Contract/Internal	Early Head Start Staff	Head Start Director	July 2021	$45,171	45%EHS-CCP; 55% other funding	$20,327
29.	Program Governance Training	Governing bodies and policy groups understand information received and effectively oversee and participate in the program	Consultant/Internal	Governing bodies, policy groups and staff	Family & Community Engagement	November 2021and on-going	$10,000	7% EHS Expansion-CCP; 93% other funding	$700
30.	Budget Decisions and Fiscal Planning	Governing bodies and policy groups understand how to make budget decisions and fiscal planning	Internal	Governing bodies, policy groups and staff	Fiscal	November 2021	$0	7% EHS Expansion-CCP; 93% other funding	$0

	REQUIRED HEAD START AND EARLY HEAD START TRAINING								
	T/TA Strategies	Expected Outcomes	WHO			WHEN	COST		
	EVENT/ACTIVITY		T/TA Resource	Target Audience	Responsible Manager	Timeline	Estimated	Allocation	EHS Expansion-CCP
31.	Developmentally appropriate feeding practices for EHS children	Staff are able to feed infants and toddlers according to their individual developmental readiness and feeding skills	Consultant	Nutrition Managers; Food Service Workers; Caregivers	Nutrition Services	March 2021 and on going	$5,000	45%EHS Expansion-CCP; 55% other funding	$2250
32.	Reach out and Read		Consultant	Physicians, Health staff, social workers, parents	Grantee Health Coordinator	March 2021 and ongoing	$7,500	7% EHS Expansion-CCP; 93% other funding	$525
33.	Mindfulness		Consultant	Caregivers, social services staff, parents	Education Manager; Infant and Toddler Coordinator	March 2021 and ongoing	$46,519	100% EHS Expansion-CCP funding	$46,519
34.	Social Work Summer Institute	Social Services staff will learn social work principles	Consultant	Social workers	Family Engagement Coordinator	June –July 2021	$40,000	7% EHS Expansion-CCP; 93% other funding	$2,800

EHS-CCP TRAVEL PLANS				
Specific Area	**Title**	**Persons**	**Total per person**	**TOTAL**
All Areas & Parents	NHSA Fall Leadership Conference	2	$1,500	$3,000
MH-Disabilities	DEC's Annual Conference on Children w/ Special Needs	2	$1,500	$3,000
PFCE & Parents	NHSA Parent Conference	1	$1,500	$1,500
All Areas and Parents	NHSA Winter Leadership Institute	1	$2,000	$2,000
Education	Teachstone CLASS Regional Training: CLASS Instructional Support	1	$1,500	$1,500
All Areas and Parents	RIVHSA Leadership Conference	2	$1,000	$2,000
All Areas and Parents	NHSA Annual Conference and Expo	1	$2,000	$2,000
All Areas and Parents	FHSA Summer Conference	1	$1,500	$1,500
Mental Health	National Training of Effective Practices	2	$1,500	$3,000
Administration	Aligning Community Assessment to Your 5 Year Grant Application	2	$1,500	$3,000
All Areas	NAEYC Annual Conference	1	$1,243	$1,243
All Areas and parents	Zero to Three's Annual Conference	2	$1,500	$3,000
TOTAL		18	$18,243	$26,743

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 20, 2020

AGENDA ITEM NUMBER: 3A9f

AGENDA ITEM SUBJECT: COMBINATION-EARLY HEAD START EXPANSION AND EARLY HEAD START-CHILD CARE PARTNERSHIP GRANT

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

The Combination Early Head Start Expansion and Early Head Start Child Care Partnership Program's Proposed Budget for Fiscal Year 2021-2022 are to be reviewed and approved by the Head Start Policy Council and is being recommended for review and approval by the CAA Finance Executive Committee and to the Community Actions Agency Board for acceptance and approval of the Budget as presented below.

BACKGROUND/SUMMARY:

Additionally, the Community Action and Human Services Department Combination Expansion Early Head Start-Child Care Partnership Program grant will be entering the third year of a five-year Project Period beginning on 03/01/2021 through 02/28/2022.

The Combination Early Head Start Expansion and Early Head Start Child Care Partnership Program's grant totals $8,320,363 and will serve 552 Early Head Start children and families for the program year 2021-2022.

FUNDING SOURCE: FEDERAL

COMBINATION: EARLY HEAD START EXPANSION AND EARLY HEAD START CHILD CARE
Budget Period: March 1, 2021 through February 28, 2022

Grant Application Summary Report
PY2021-22
GRANT NO: 04HP000158

Item #	*Description*		*EHS-EXPANSION*
1	Personnel		548,023
2	Fringe Benefits		268,724
3	Travel		0
4	Equipment		0
5	Supplies		25,600
6	Training Technical Assistance		194,218
7	Contractual		112,403
8	Construction		0
9	Other		73,555
	Total Direct Charges		**1,222,523**
10	Indirect Charges		0
			1,222,523
Contractuals:			***EHS-EXPANSION***
DELEGATE AGENCIES			
002	Catholic Charities of the Archdiocese of Miami, Inc.	120	1,649,216
004	The Family Christian Association of America Inc.	32	439,791
005	KIDCO Child Care, Inc.	32	439,791
007	Friends of Lubavitch of Florida Inc.	16	219,896
009	Centro Mater Child Care Services Inc.	72	989,530
010	Paradise Christian School & Development Center Inc.	32	439,791
011	Sunflowers Academy Inc.	24	329,843
*012	Haitian Youth and Community Center of Florida, Inc.	80	1,099,478
017	YWCA of Greater Miami-Dade Inc.	40	549,739
CHILD CARE PROVIDERS			0
P02	Decroly Learning Child Care Center, Inc.	24	217,100
P08	Cambridge Academy	24	217,100
P10	BRICKS Academy	24	217,100
P11	Early Learning Center	32	289,466
			7,097,840
	Grant Total	**552**	**8,320,363**
	EARLY HEAD START EXPANSION TOTAL FUNDING:		**8,320,363**
Estimated Budget Categories Updated 10/20/2020			

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 15, 2020

AGENDA ITEM NUMBER: 3A9g

AGENDA ITEM SUBJECT: 2020-2021 Parent Activity Fund Guidelines

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS:

Approved by the Head Start/Early Head Start Policy Council Executive Committee on October 15, 2020.

BACKGROUND/SUMMARY:

The 2020-2021 Parent Activity Fund Guidelines outline the purpose, procedures, eligible activities and application to apply for the Parent Activity Fund. Centers are allotted $7.00 per child for parents to plan an educational activity for parents only.

FUNDING SOURCE:

U.S. Department of Health and Human Services

MIAMI-DADE CAHSD

HEAD START/EARLY HEAD START

PROGRAM



2020 - 2021

PARENT ACTIVITY FUND

GUIDELINES

Policy Council Approval:

PARENT ACTIVITY FUND PURPOSE:

The Parent Activity Fund is money set aside to provide parents with opportunities and experiences in planning, developing, and implementing activities initiated by them and for them. These funds are disbursed to each Head Start and Early Head Start center to be utilized anytime during the program year for parent educational activities.

PROCEDURES FOR DISBURSEMENT OF FUNDS:

The Policy Council assisted in developing guidelines for the proper disbursement of $7.00 per child enrolled in Head Start and Early Head Start centers. The Policy Council shall annually review and approve the method by which to disperse funds to each center. According to policies, the Policy Council shall dispense funds to each Parent Committee utilizing a pro-rate shared method, or shall be allowed to decide upon an alternate plan.

APPLICABLE ACTIVITIES:

Funds shall be used for the purposes defined by the guidelines to defray the cost for parent activities.

ELIGIBLE ACTIVITIES:

Parent Activity Fund activities must be educational. Activities solely for entertainment purposes are prohibited. The cost of amusement, diversion, social activities, ceremonial and incidental expenses relating to meals, lodging, rentals, transportation, and gratuities are defined as entertainment expenditures. However, parents can use the Parent Activity Fund for expenses where entertainment may play an incidental part in the activity. Therefore, programs should always couple entertainment expenses with project-related activities. The Program shall ensure that the funds are used for education-related activities.

EXAMPLES OF ELIGIBLE ACTIVITIES INCLUDE:

- Identifying a speaker to present at a Parent Committee meeting and paying his or her fee
- Including parents on a field trip to the zoo and paying their entrance fee
- Paying the registration fee and expenses for a Parent of the Year to attend a state Head Start Association conference
- Purchasing ingredients for a cooking class for parents on low-budget nutritious meals
- Including a family photo evening when the school photographer comes to take children's photos and using the parent activity dollars to pay some or a portion of the additional cost for the family portraits

Educational field trips must be planned for regular working hours and are limited to Dade County. (See eligible activities/training list enclosed)

EXAMPLE OF NON-ELIGIBLE ACTIVITIES:

Parent Social Event (Dance)
Activities or Field Trips for Children
Activities at social venues (bowling alley, amusement centers, restaurants)

PARENT COMMITTEE RESPONSIBILITIES:

Provide the opportunity for parents to share in the decision-making process to utilize the Parent Activity Funds. Each Parent Committee shall discuss guidelines and appropriate activities, complete application, and implement the parent activity anytime during the program year. This funding will not roll over to the next program year. The application must include signatures of the chairperson, secretary, and center administrator, activity description, date of activity, and cost. The parent activity must be approved by the Parent Committee and documented in the parent meeting minutes. The social services staff must submit the Parent Activity Fund application to the Grantee Program Governance Coordinator, along with the parent meeting minutes and attendance sheets for Parent Committee approval verification. The Grantee Program Governance Coordinator must receive the application at least four weeks before the parent activity. Parent Committees are bound by the same restrictions as the Policy Council/Committee for approval.

FINANCIAL REPORTING:

Monthly reporting shall be provided regarding the disbursement of Parent Activity Funds at the Parent Committee and Policy Council/Committee meetings on an as-needed basis. This reporting shall be provided in writing.

ACCOUNTABILITY:

Both parents and staff have the responsibility for accurate record-keeping of the Parent Activity Fund. Parent Committees may elect a Treasurer to maintain records of the Parent Activity Fund expenditures. Information regarding the utilization of this parent only funding must be provided to parents.

MODIFICATION TO PLAN:

Modifications to the established Parent Activity Fund Guidelines must be submitted in writing and must receive the Policy Council's approval. Any parent may petition the Policy Council for modification.

ANNUAL REVIEW:

There shall be an Annual Review of the Parent Activity Fund Guidelines. The Policy Council will work closely with key management to review and make recommendations to the Parent Activity Fund Guidelines. The Policy Council shall determine the format of this review.

PARENT ACTIVITY FUND RECOMMENDED
TRAININGS, WORKSHOPS, SEMINARS, and FIELD TRIPS

Seminars, Trainings, and Workshops:

First Aid/CPR Training
Water Safety
Nutrition (Planning menus and how to read food labels)
Drug / Alcohol Abuse / Domestic Violence Workshops
Stages of Development / Parent Skill Building
Managing Self Esteem / Fitness
Family Literacy: Reading, Writing and Word Usage
Accessing Community Resources / Visit Library for Library Card
Money Management / Budgeting / Field Trip to Grocery Store
Transitioning In / Out
Bridging Cultural Diversity
Make and Take
Civil Rights Restoration
FPL (Energy conservation and learn to read your meter)
Resume Writing Seminar
Couponing

Field Trips:

Miami Seaquarium
Jungle Island
Vizcaya Gardens
Pelican Harbor Seabird Station
Frost Museum of Science
Miami Children's Museum
Little Farm
Fairchild Tropical Botanical Gardens
Actor's Playhouse
HistoryMiami
Gold Coast Railroad Museum
Gator Park
Miccosukee Indian Village
Perez Art Museum
Zoo Miami

MIAMI-DADE COUNTY COMMUNITY ACTION & HUMAN SERVICES
HEAD START / EARLY HEAD START
PARENT ACTIVITY FUND APPLICATION
2020 - 2021

CENTER NAME: _____

Address: _____

PARENT COMMITTEE OFFICERS:

Chairperson: _____ **Secretary:** _____

Vice-Chairperson: _____ **Assistant Secretary (Optional):** _____

Treasurer (Optional): _____

PLAN ACTIVITY: _____

DATE / TIME OF ACTIVITY: _____ / _____ **COST OF ACTIVITY:** _____

(Date) (Time)

SITE OF ACTIVITY (Include address if it is difference from the center): _____

_____ _____

NUMBER OF PARTICIPANTS: _____ **FUNDING ALLOCATION:** _____

PROGRAM GOVERNANCE COORDINATOR MUST RECEIVE REQUEST FOUR (4) WEEKS IN ADVANCE

_____ _____

(Parent Committee Chairperson) (Date)

_____ _____

(Parent Committee Secretary) (Date)

_____ _____

(Center Administrator) (Date)

FOR OFFICE USE ONLY

Grantee Program Governance Coordinator: _____ **FINANCE:** _____

APPROVED: _____ **DISAPPROVED:** _____

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9h

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START BASE GRANT

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

The Head Start/Early Head Start Program's Proposed Carryover Balance of $640,590 for Program Year 2019-2020 have been reviewed and approved by the Head Start Policy Council on December 17, 2020 and is being recommended for review and approval by the Community Actions Agency (CAA) Joint Finance and Executive Committee and to the CAA Board for acceptance and approval.

BACKGROUND/SUMMARY:

Additionally, the Community Action and Human Services Department Head Start/ Early Head Start Program Proposed Carryover Balance of $640,590 for Program Year 2019-2020 is being submitted to the Regional Office for approval to Carryover the funds to Program Year 2020-2021 so that the funds may be fully utilized for COVID-19 related activities.

FUNDING SOURCE: FEDERAL

THE HEAD START /EARLY HEAD START PROGRAM BUDGET NARRATIVE

CARRYOVER FUNDING REQUEST

Program Year 2020-2021

The Miami-Dade County Community Action and Human Services Department (CAHSD) Head Start/Early Head Start Program is submitting for your approval a request to carry over $640.590.00 from the Program Year 5, 2019 – 2020 Head Start/Early Head Start Program grant to Program Year 6, 2020 – 2021 Head Start/Early Head Start Program grant.

The funds were made available due to a surplus in program operations, delayed project permits, COVID-19 Pandemic business closures which resulted in the costs for uncompleted projects this year due to work permit delays in the various municipalities. Additionally, the completion of the proposed training and technical assistance services was impacted by the untimely COVID-19 virus and the mandated work stoppage, business closures national emergency and the ongoing global pandemic which resulted inn virtual trainings and less travel costs.

The chart below assigns the carry-over amounts according to the respective CAN number and by the unobligated balances:

UNOBLIGATED BALANCES BY CAN NO. REQUESTED TO CARRY OVER

DESCRIPTION/CAN NO	PROGRAM
1. Cost of Program Operations (9-G044122)	$380,222
2. Cost of Program Operations-training and Technical Assistance (9-G044120)	$38,896
3. Cost of Program Operations (9-G044125)	$108,387
4. Cost of Program Operations-training and Technical Assistance (9-G044121)	$28,283
5. Cost of Program Operations – Carryover funds (9-G044122)	$84,802
TOTAL UNOBLIGATED BALANCE	**$640,590.00**

Approval of this request will permit the Community Action and Human Services Department (CAHSD) to complete the projects that were delayed providing much needed services to children and families. Miami Dade County HS/EHS has identified the following Health and Safety priorities. This request is consistent with the HHS – Grants Policy Statement; Section II – 58 (Requesting OPDIV Prior Approval) and the Uniform Guidance, 45 CFR Part 75.309 (a) (Period of performance and availability of funds).

THE HEAD START /EARLY HEAD START PROGRAM BUDGET NARRATIVE

CARRY OVER BUDGET AND BUDGET JUSTIFCATION

CARRYOVER BUDGET VARIOUS CAN NOS

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Other Contracts	$84,802	Playground Shades, Playground Surfacing: The grantee is requesting carry-over funding to complete the installation of playground shades and playground surfacing at several Delegates
Other Contracts Head Start	$380,222	Incidental Alterations/ Renovations – The grantee is requesting carry-over funding to complete the Minor Building Renovations and repairs and playground installation at Delegate sites Efforts have been made to start these projects, but delays have been experienced due to permitting process and the mandatory work stoppage and building closures due to COVID-19 over the last six months:
Other Contracts Early Head Start	$108,387	Incidental Alterations/ Renovations – The grantee is requesting carry-over funding to complete the Minor Building Renovations and repairs at Delegate sites. Efforts have been made to start these projects, but delays have been experienced due to permitting process and the mandatory work stoppage and building closures due to COVID-19 over the last six months:
TOTAL CONTRACTUAL	$573,411	
Training and Technical Assistance	$38,896	Training and Technical Assistance funds not used due to the on-set COVID-19 Head Start
Training and Technical Assistance	$28,283	Training and Technical Assistance funds not used due to the on-set COVID-19 Early Head Start
	$67,179	
	$ 640,590	
TOTAL BUDGET	$ 640,590	

CARRY OVER BUDGET AND BUDGET JUSTIFCATION
CARRYOVER BUDGET NARRATIVE
NON-FEDERAL SHARE
FUNDING: $0.00

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Other Contracts	$0.00	The guidance from ACF-HS-IM-19-01 General Disaster Recovery Flexibilities applies to programs impacted by COVID-19. While we often think of disasters as natural events such as hurricanes and earthquakes, health emergencies such as the COVID-19 outbreak can also form the basis of a disaster declaration. In addition, the following waivers are available as provided in the Head Start Act: 1.Programs may request a waiver of all or part of their 20% non-federal share based on emergency or disaster because other organizations may not be able to provide the usual contributions to Head Start grantees during this time. The Non-Federal Share balance is determined as follows: Federal Share Carry over balance of $640,590 divided by 4 = $160,547.50 rounded to $160,547. The Grantee is requesting that the Carry over balance funds receive the full 20% waiver or $160,547 non-Federal share balance be waived. With the current COVID-19 pandemic and the fact that extra volunteers are being discouraged from being at the Agency's sites this proposes a major burden to the Delegates and the Grantee to provide the non-Federal share. Additionally, with the virus, closures, uncertainty with school opening, childcare stay at home arrangements and business closures it provides minimal opportunity for non-Federal share collection. Thank you for consideration of this non-Federal share waiver request.
Proposed Non-Federal Share	$0.00	
TOTAL BUDGET	$640,589.00	

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9i

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START GRANT-COVID-19 FUNDS

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

The Head Start/Early Head Start Program's COVID-19 Proposed Carryover Balance of $5,937,224 for Program Year 2019-2020 have been reviewed and approved by the Head Start Policy Council on December 17, 2020 and is being recommended for review and approval by the Community Actions Agency (CAA) Joint Finance and Executive Committee and to the CAA Board for acceptance and approval.

BACKGROUND/SUMMARY:

Additionally, the Community Action and Human Services Department Head Start/ Early Head Start Program COVID-19 Proposed Carryover Balance of $5,937,224 for Program Year 2019-2020 is being submitted to the Regional Office for approval of the Carryover of funds to Program Year 2020-2021 so that the funds may be fully utilized for COVID-19 related activities.

FUNDING SOURCE: FEDERAL

HEAD START/EARLY HEAD START COVID-19
PROGRAM NARRATIVE
CARRYOVER FUNDING REQUEST
Program Year 2019-2020

The Miami Dade County HS/EHS Program is submitting for your approval a request to carry over $5,937,224.00 from the Program Year 5, 2019-2020 Head Start/Early Head Start COVID-19 grant to the Program Year 6, 2020 – 2021 Head Start/Early Head Start COVID-19 grant.

The funds were made available due to uncompleted purchases of equipment, supplies and other COVID-19 associated items at the end of Program Year 5 totaling $5,937,224.00 and represents funds remaining to be used to complete the uncompleted purchases of equipment, supplies and other COVID -19 associated items prior to the end of the grant.

The chart below assigns the carry-over amounts according to the respective CAN number and by the unobligated balances:

UNOBLIGATED BALANCES BY CAN NO. REQUESTED TO CARRY OVER

DESCRIPTION/CAN NO	PROGRAM
1. Cost of Program Operations (0-G040900)	$5,937,224.00
TOTAL UNOBLIGATED BALANCE	$5,937,224.00

Approval of this request will permit the Community Action and Human Services Department (CAHSD) to complete the purchase of some technological supplies, Zono sanitizing machines, iPad, and Laptops for purchases not completed due to COVID-19. Additionally, there has been business closures, and COVID-19 uncertainties, as well as equipment/supplies that are on back order due to the Global Pandemic and the number of businesses and at home residents purchasing the same items. These funds are being requested to be carried over to provide much needed services to children and families. Miami Dade County HS/EHS has identified the following priorities for the use of the COVID-19 funds included in the carry

over request.

This request is consistent with the HHS – Grants Policy Statement; Section II – 58 (Requesting OPDIV Prior Approval) and the Uniform Guidance, 45 CFR Part 75.309 (a) (Period of performance and availability of funds).

CARRYOVER BUDGET AND BUDGET JUSTIFCATION HEAD START COVID-19 NARRATIVE
COST OF PROGRAM OPERATIONS
FUNDING: $5,545,276.00
CARRYOVER FROM CAN NOS (0-G040900)

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Delegates	$4,227,700.00	Purchase, installation of COVID-19 equipment, and supplies items to respond and protect against COVID-19. This category represents Contractual and the funds provided to the 17 Delegates operating Head Start Programs and 10 Delegates operating Early Head Start Programs as follows: O'Farrill $162,140, Landow $53,600, Allapattah $51,590, Our Little Ones $79,060, Paradise Christian $120,600, Catholic Charities $854,250, St. Albans Day Care $113,900, KIDCO Day Care $167,500, FCAA Christian Community $289,440, Lejardin Head Start $321,600, Centro Mater Child Development $352,420, Sunflowers Academy $26,800, Haitian Youth & Co $117,250, United Way $20,100, Miami Dade Public Schools $1,028,450, YWCA $147,400 and Easter Seals $321,600. These funds will be used for education and supplies for technology, reopening centers, personnel fringe benefits, personnel protective equipment and minor renovations, training, and remote delivery of Program services.
Grantees	$1,317,576.00	The grantee is requesting to carry-over funding of $1,317,576 to assist with product availability and global pandemic supplies for technology, reopening centers, personnel fringe benefits, personnel protective equipment and minor renovations, training, and remote delivery of program services to prevent and respond to COVID-19.

TOTAL HEAD START BUDGET	$5,545,276.00	

CARRY OVER BUDGET AND BUDGET JUSTIFCATION
CARRYOVER BUDGET HEAD START COVID-19 NARRATIVE
NON-FEDERAL SHARE
FUNDING: $0.00

BUDGET CATEGORIES	**BUDGET**	**DESCRIPTION**
CONTRACTUAL		
Other Contracts	$0.00	Waiver of Non-federal share requirements.
		Award #04CH010192-05-02 grant action approved a Waiver of Non-federal share requirements for COVID- 19 funds. Award dated 06/26/2020.
TOTAL BUDGET	$0.00	

CARRY OVER BUDGET AND BUDGET JUSTIFCATION

CARRYOVER BUDGET EARLY HEAD START COVID-19 NARRATIVE
COST OF PROGRAM OPERATIONS
FUNDING: $391,948.00
CARRYOVER FROM CAN NOS (0-G040900)

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Delegates	$280,980.00	Purchase, installation of COVID-19 equipment, and supplies items to respond and protect against COVID-19. This category represents Contractual and the funds provided to the 10 Delegates operating Head Start Programs and 10 Delegates operating Early Head Start Programs as follows: O'Farrill $5,040, Landow $10,080, KIDCO Day Care $20,160, FCAA Christian Community $15,120, Centro Mater Child Dev. $44,100, Haitian Youth & Co $20,160, United Way $20,160, Miami Dade Public Schools $120,960, YWCA $20,160 and Easter Seals $5,040. These funds will be used for education and supplies for technology, reopening centers, personnel fringe benefits, personnel protective equipment and minor renovations, training, and remote delivery of Program services to prevent and respond to COVID-19.
Grantees	$110,968.00	The grantee is requesting to carry-over funding of $110,968.00 to assist with product availability and the global pandemic.
TOTAL HEAD EARLY START BUDGET	$391,948.00	

CARRY OVER BUDGET AND BUDGET JUSTIFCATION
CARRYOVER BUDGET EARLY HEAD START COVID-19 NARRATIVE
NON-FEDERAL SHARE
FUNDING: $0.00

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Other Contracts	$0.00	Award #04CH010192-05-02 grant action approved a Waiver of Non-federal share requirements for COVID 19 funds. Award dated 06/26/2020.
TOTAL BUDGET	$0.00	

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9j

AGENDA ITEM SUBJECT: EARLY HEAD START-CHILD CARE PARTNERSHIP GRANT-COVID-19 FUNDS

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

The Early Head Start Child Care Partnership Program's COVID-19 Proposed Carryover Balance of $210,914 for Program Year 2019-2020 have been reviewed and approved by the Head Start Policy Council on December 17, 2020 and is being recommended for review and approval by the CAA Joint Finance and Executive Committee and to the Community Actions Agency Board for acceptance and approval.

BACKGROUND/SUMMARY:

Additionally, the Community Action and Human Services Department Early Head Start-Child Care Partnership Program COVID-19 Proposed Carryover Balance of $210,914 for Program Year 2019-2020 is being submitted to the Regional Office for approval of the Carryover to Program Year 2020-2021, so that the funds may be fully utilized for COVID-19 related activities.

FUNDING SOURCE: FEDERAL

EARLY HEAD START CHILD CARE PARTNERSHIP COVID-19
PROGRAM NARRATIVE
CARRYOVER FUNDING REQUEST
Program Year 2019-2020

The Miami Dade County HS/EHS Program is submitting for your approval a request to carry over $210,914 from the Program Year 1, 2019-2020 Early Head Start Child Care Partnership COVID-19 grant to the Program Year 2, 2020 – 2021 Early Head Start Child Care Partnership COVID-19 grant.

The funds were made available due to uncompleted purchases of equipment, supplies and other COVID-19 associated items at the end of Program Year 1 totaling $210,914.00 and represent funds remaining to be used to complete the uncompleted purchases of equipment, supplies and other COVID -19 associated items prior to the end of the grant.

The chart below assigns the carry-over amounts according to the respective CAN number and by the unobligated balances:

UNOBLIGATED BALANCES BY CAN NO. REQUESTED TO CARRY OVER

DESCRIPTION/CAN NO	PROGRAM
1. Cost of Program Operations (0-G040900)	$210,914.00
TOTAL UNOBLIGATED BALANCE	$210,914.00

Approval of this request will permit the Community Action and Human Services Department (CAHSD) to complete the purchase of some technological supplies, iPad, Laptops for purchases not completed due to COVID-19. Additionally, there has been business closures, and COVID-19 uncertainties, as well as equipment/supplies are on back order due to the Global Pandemic and the number of businesses and at home residents purchasing the same items. These funds are being requested to be carried over to provide much needed services to children and families. Miami Dade County Child Care Partnership has identified the following priorities for the use of the COVID-19 funds included in the carry over request.

This request is consistent with the HHS – Grants Policy Statement; Section II – 58 (Requesting OPDIV Prior Approval) and the Uniform Guidance, 45 CFR Part 75.309 (a) (Period of performance and availability of funds).

CARRYOVER BUDGET AND BUDGET JUSTIFCATION EARLY HEAD START CHILD CARE PARTNERSHIP COVID-19
NARRATIVE
COST OF PROGRAM OPERATIONS
FUNDING: $210,914.00
CARRYOVER FROM CAN NOS (0-G040900)

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Providers	$147,840.00	Purchase, installation of COVID-19 equipment, and supplies to respond and protect against COVID-19. This category represents Contractual and the funds provided will be used for education and supplies for technology, reopening centers, personnel fringe benefits, personnel protective equipment and minor renovations, training, and remote delivery of Program services.
Grantees	$63,074.00	The grantee is requesting to carry-over funding of $63,074 to assist with product availability and global pandemic supplies for technology, reopening centers, personnel fringe benefits, personnel protective equipment and minor renovations, training, and remote delivery of Program services to prevent and respond to COVID-19.
TOTAL BUDGET	$210,914.00	

CARRY OVER BUDGET AND BUDGET JUSTIFCATION
CARRYOVER BUDGET EARLY HEAD START CHILD CARE PARTNERSHIP
NARRATIVE
NON-FEDERAL SHARE
FUNDING: $0.00

BUDGET CATEGORIES	BUDGET	DESCRIPTION
CONTRACTUAL		
Other Contracts	$0.00	Waiver of Non-federal share requirements.
		Award #04HP000219-01-01 grant action approved a Waiver of Non-federal share requirements for COVID- 19 funds. Award dated 06/28/2020.
TOTAL BUDGET	$0.00	

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9k

AGENDA ITEM SUBJECT: 2020-2021 Policy Council By-Laws

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start/Early Head Start Policy Council on December 17, 2020 and is pending approval by the CAA Executive Committee and the CAA Board.

BACKGROUND/SUMMARY:

The 2020-2021 Policy Council Bylaws details how parents and the community participate in a process of making decisions about the nature and operation of the Miami-Dade Head Start program.

FUNDING SOURCE:

U.S. Department of Health and Human Services

2020-2021 Policy Council Bylaws Recommended changes:

Location	Old	New	Justification
Article III Section 2 (2)	Head Start shall have thirty-four (34) voting parent members. Parents shall be elected by their delegate agency and EHS-CCP process.	Thirty (30) voting parent members. Parents shall be elected by their delegate agency and EHS-CCP election process.	Funded enrollment for LeJardin and FCAA reduced below 500 for the 2020-2021 program year, eliminating additional voters.
Article VIII Section 2	Added	In the event a public emergency or natural disaster makes the holding of an in-person meeting of the organization unlawful or impossible, the Policy Council may conduct its meetings by electronic or other remote access means as reasonably necessary for the duration of the emergency or disaster; provided that the Policy Council shall use its best efforts to implement any such virtual meetings with full regard for the need to maintain as much as possible accessibility for all members, including those with disabilities and those who lack access to technology tools. Any action that can be taken at an in-person meeting, including by-laws amendments, may also be taken at a virtual meeting held pursuant to this clause. Any action taken at any such virtual meeting shall be subject to ratification at the first regular meeting of the Policy Council held after such virtual meetings. During a virtual meeting, all reasonable technology must be used to authenticate each individual who attends.	Provision to conduct meetings in the event of a public emergency or natural disaster

Various		Grammatical changes/formatting	Corrections

MIAMI-DADE COUNTY

COMMUNITY ACTION and HUMAN SERVICES



HEAD START/EARLY HEAD START

POLICY COUNCIL BY-LAWS

Policy Council Review and Approval:

ARTICLE I

NAME OF ORGANIZATION

The name of the organization shall be the Miami-Dade County Head Start/Early Head Start Policy Council.

ARTICLE II

THE OBJECTIVES AND PURPOSES OF THE POLICY COUNCIL

The purpose and objective of the Policy Council is to provide a platform for parents and the community to participate in the process of making decisions about the nature and operation of the Miami-Dade County Community Action and Human Services Department (CAHSD) Head Start/Early Head Start (EHS) program as outlined in 1301.3 of the Head Start Performance Standards. They include the following:

Section 1 Serve as a link to Parent Committees, CAA Advisory Board, Public and Private community organizations, and staff.

Section 2 Ensure that children and families have an opportunity to benefit from a comprehensive, inter-disciplinary broad range of services.

Section 3 Assist Parent Committees in communicating with all enrolled parents to ensure they understand their rights, responsibilities, and opportunities in Head Start/Early Head Start and encourage their participation in the Program.

Section 4 Assist Parent Committees in planning, coordinating, and organizing program activities for parents, with staff assistance; and ensuring funds are set aside from program budgets and used to support parent activities.

Section 5 Assist in recruiting volunteer services from parents, community residents, and community organizations. Assist in the mobilization of community resources to meet identified needs.

Section 6 Ensure 10% of the total enrollment includes children with special needs.

ARTICLE III

STRUCTURE AND COMPOSITION OF MEMBERSHIP

Section 1 The structure of the CAHSD Head Start/Early Head Start Policy Council shall be responsible for the direction of the Head Start program, including program design and operation, and long and short term planning goals and objectives.

Section 2 The Head Start Policy Council shall include:

1) At least 51% are parents of children currently enrolled in either Head Start or Early Head Start programs.

2) Thirty (30) voting parent members. Parents shall be elected by their delegate agency and EHS-CCP election process.

3) Two (2) Community Representatives selected by the Policy Council; two (2) representatives selected by the Board of County Commissioners; and one (1) representative selected by the Community Action Agency Board. These individuals shall represent community agencies and organizations supporting the Head Start/Early Head Start program. The Policy Council may elect parents of children formerly enrolled in the Program as community representatives. Other organizations, groups, and individuals may petition the Policy Council for membership. The Policy Council must elect all Community Representatives.

Section 3 The structure shall further allow for parent representation from each center to serve as two-way communication:

1) Each delegate agency shall elect a Policy Council Representative. Each center representative will meet to determine the agency representative.

2) Delegate agencies shall be entitled to one (1) voting representative, except those centers serving 500 or more children.

3) Centers exceeding 500 children shall be entitled to one additional voting representative per 500 additional children.

4) Delegate agencies with only one (1) voting representative shall be allowed to elect one (1) alternate member.

5) Each EHS-CCP community hub will nominate and elect one (1) parent to serve as the voting Policy Council Representative, and elect one (1) parent to serve as an alternate member.

6) The alternates shall be non-voting representatives and shall vote only in the absence of the voting representative. Voting representatives and alternates are responsible for attending all meetings to represent two-way communication between the Policy Council and Parent Committees.

Section 4 All members must be residents of Miami Dade County at the time of the election and during their tenure on the Policy Council.

Section 5 No staff members or members of their immediate families of the Miami-Dade CAHSD, EHS-CCP, or Delegate Agencies shall serve on the Policy Council. Immediate family is defined as wife, husband, son, daughter, mother, father, sister, brother, grandparents, or relatives by marriage or comparable degree. All Policy Council members must sign an affidavit attesting that they have no family members employed with the CAHSD, EHS-CCP, or any Delegate agency.

Section 6 Parent members elected to the Policy Council shall serve a one (1) year term beginning in October and ending when the new Policy Council is elected. Members may be re-elected, but cannot exceed five (5) years. Any part of a year served is considered a full term even if the term is less than six (6) months.

Section 7 The Community Representatives are elected by the parents to serve on the Policy Council. They shall serve one (1) year term beginning in November and end when the new Policy Council is elected. The representative's term will not exceed five (5) years. Any part of a year served is considered a full term, even if the term is less than six (6) months.

Section 8 It is the expectation of Head Start/Early Head Start Parent Committees, CAA Advisory Board, and Community Representatives to bring information and recommendations to the Policy Council from their respective groups for dissemination. Relating center concerns and relevant issues within the Policy Council's scope, purpose, function, and responsibility must follow protocol at the center level before presenting to the Policy Council.

ARTICLE IV

ELECTIONS, TERM OF OFFICE, AND DUTIES OF OFFICERS

Section 1 Election of officers shall be held yearly at the Policy Council meeting in October. Officers shall consist of a Chair, Vice-Chair, Secretary, Assistant Secretary, Treasurer, and Parliamentarian. Only the elected voting representatives are eligible to serve as Policy Council Officers. The Policy Council shall make every effort during the election process to ensure the representation of the different ethnic groups in the Program is represented on the Policy Council.

Voting representatives interested in serving as an officer will campaign before the actual election takes place.

Section 2 Officers shall serve a one (1) year term of office subject to the re-election of four (4) additional terms. Any part of a year served is considered a full term.

Section 3 The officers' duties shall be those who usually apply to the positions identified in "Roberts Rules of Order" and those of the Executive Committee of the Policy Council.

Section 4 By virtue of their position, all Policy Council officers serve as the Executive Committee members. The officers and parent members are expected to attend monthly Policy Council and Executive Committee meetings and serve on the Standing Committees.

OFFICERS:

DUTIES OF CHAIRPERSON: The Chair shall preside at all Policy Council meetings. He/she shall represent the Policy Council on the Community Action Agency Advisory Board and attend its Board and Executive Committee meetings to ensure two-way communication. He/she shall, by virtue of their position, serve as an ex-officio member on all Standing/Sub-committees. He/she shall assist in the recommendation or election of Sub-committee Chairs, temporary or permanent, except for the Executive Committee. He/she shall appoint members of the Policy Council to serve on other committees and boards as needed. The Chair shall not be a voting member when conducting a meeting and shall vote only in the event to break a tie vote.

DUTIES OF VICE-CHAIRPERSON: The Vice-Chair shall preside at Policy Council meetings in the absence of or the inability of the Chair to exercise duties of his/her position. The Vice-Chair shall succeed to the position of the Chair if a vacancy occurs; becoming the Chair of the Policy Council with all rights, privileges, and powers, except to change or modify rules made by the Chair. The Vice-Chair shall preside at the Policy Council Executive Committee meetings and shall be an ex-officio member of all committees. He/she shall perform other duties as instructed by the Chair.

DUTIES OF SECRETARY: The Secretary shall complete roll call for the official membership, record and call for minutes and perform such duties as are incidental of the position or as instructed by the Chair.

DUTIES OF ASSISTANT SECRETARY: The Assistant Secretary shall assist the Secretary with completing roll call, the call for minutes, and performing such duties that are incidental of the position or as instructed by the Secretary.

DUTIES OF TREASURER: The Treasurer shall give the Program's fiscal and financial reports at the Policy Council meetings. He/she shall serve as the Chair for the Planning and Budget Committee. He/she shall perform other duties as are incidental of the position or as instructed by the Chair.

DUTIES OF PARLIAMENTARIAN:

The Parliamentarian shall assist the Chair and other officers in ensuring the proper parliamentary procedures are followed based on "Robert's Rules of Order" in conducting business meetings (i.e., motions, voting, obeying the rules of debate). He/she shall perform other duties as are incidental to the position or instructed by the Chair.

DUTIES OF MEMBERS: All members of the Policy Council are encouraged to attend meetings regularly, arrive on time, actively participate in discussions by reading the agenda and minutes before the meeting, consider all information discussed before voting, report back to the parents he/she represents, and accept and support any final decisions of the Policy Council majority.

ARTICLE V

QUORUM

Section 1 There must always be a quorum present to conduct official business. A quorum shall consist of one-half of the total number of members of the Policy Council plus one for any official action to occur, with the exceptions noted in Article V, sections 2 and 3. To determine if a quorum is met, only filled seats shall be counted

Section 2 During the months of June, July, August, and September, one-third the total number of members plus one shall constitute a quorum when regular or special meetings are required.

Section 3 For all Special Call meetings convened during the months of October through May, one-third the total number of members plus one shall constitute a quorum.

Section 4 Three (3) members shall constitute a quorum for the Executive Committee and all Standing, Ad-hoc, and Sub-Committees of the Policy Council.

ARTICLE VI

VOTING PROCEDURES

Section 1 The Policy Council officers shall be elected by a majority vote of no less than a quorum of members of the Head Start Policy Council.

Section 2 Each member of the Policy Council shall have one (1) vote. There shall be no proxy. A record of all Policy Council members entitled to vote shall be maintained by program staff and made available at any meeting upon request by the members. All Head Start/Early Head Start agencies shall submit representatives and alternates to the Policy Council before the October

meeting. Alternates will vote only in the absence of their elected voting representative as prescribed in Article III, Section 3.

The names of voting or alternate representatives not submitted in writing will not participate in the voting process.

Section 3 Election of Officers shall be held early in a new program year following the parent committees' organization in September. The outgoing officers will officially vacate their office before the election of new officers. The outgoing officers will be encouraged to assist in the orientation of the incoming members.

Section 4 Nominations for officers will be made from the floor at the Head Start/Early Head Start Policy Council's first organization meeting.

1. A person can nominate himself or herself
2. A member can be nominated for more than one office
3. A member cannot nominate more than one person for an office until everyone has had the opportunity to make nominations.

Section 5 Only the Voting Representatives shall participate in the election process. All officers shall be elected by "open or blind ballot." The candidate receiving fifty-one 51% percent of the votes cast shall be declared the winner.

1. If a member is elected to two offices, they can choose which office they want. A vote is then taken for the other office.

Section 6 In the rare event of a tie for a particular office, the Policy Council will conduct the following procedures:

1. Re-ballot the relevant member for the particular office that resulted in a tie. The re-balloting will include only voting members who are eligible for the initial election process. In the event of another tie for that particular office, the Policy Council will continue with Step 2;
2. Each candidate will make a short presentation on how he/she will best represent the membership on the Executive Board of the Policy Council. All eligible voting members will re-vote by secret ballot to select the new Officer.

Section 7 Where there is a conflict of interest, a voting member shall state their conflict and abstain from voting.

ARTICLE VII

VACANCIES AND REMOVAL OF MEMBERS

Section 1 Vacancies of the Policy Council shall be replaced by representatives from a delegate agency or EHS-CCP, or category wherein the vacancy occurs. Any representative filling a vacancy does so only for the balance of the Policy Council member being replaced.

Section 2 A representative to the Policy Council shall not serve in a temporary capacity for a period of more than two (2) months to continue holding his/her seat on the Policy Council.

Section 3 Vacancies shall be filled within thirty 30 calendar days of the date that the Policy Council officially declares a seat "vacant."

Section 4 All Policy Council members shall be expected to attend meetings of the Policy Council regularly. Policy Council members missing two (2) regularly scheduled meetings during the program year shall be brought before the Policy Council unless the Chairperson and/or Secretary excuse the absences upon prior notification from the member to the Secretary or Key Management support staff. The member or organization shall be notified by the Secretary or Key Management staff of this action in writing within fifteen 15 days. Excused absences due to illness, absence from the County, or personal hardship shall not constitute a lack of attendance with proper documentation.

However, staff and the Policy Council will determine continued membership on the Policy Council based on the circumstances and approval or disapproval by a majority vote of the Policy Council for specific acts of unbecoming behavior and misconduct of Policy Council membership, such as child abuse, domestic violence, and arrest.

Section 5 The member shall have the right to appeal (in writing) the Policy Council's decision within ten 10 days following notification of dismissal. A majority vote of members present is required at the next Policy Council meeting for reinstatement, provided the membership present constitutes a quorum.

Section 6 Any member of this Policy Council may resign at any time by providing the Policy Council with a written notice indicating the member's intention to resign and the effective date thereof.

ARTICLE VIII

MEETINGS

Section 1 Regular meetings of the Policy Council shall be held on the first Thursday of each month. All meetings shall be held at the Overtown Transit Village North Administration Building. If the

date falls on a holiday or recess, the meeting shall be held on the following Thursday or as designated by a majority vote of the members from the previously regularly scheduled meeting or by key management. Meetings are scheduled to begin at 6:30 PM.

Section 2 In the event a public emergency or natural disaster makes the holding of an in-person meeting of the organization unlawful or impossible, the Policy Council may conduct its meetings by electronic or other remote access means as reasonably necessary for the duration of the emergency or disaster; provided that the Policy Council shall use its best efforts to implement any such virtual meetings with full regard for the need to maintain as much as possible accessibility for all members, including those with disabilities and those who lack access to technology tools. Any action that can be taken at an in-person meeting, including by-laws amendments, may also be taken at a virtual meeting held pursuant to this clause. Any action taken at any such virtual meeting shall be subject to ratification at the first regular meeting of the Policy Council held after such virtual meetings. During a virtual meeting, all reasonable technology must be used to authenticate each individual who attends.

Section 3 The members shall be notified by mail at least five (5) calendar days before the regular meeting.

Section 4 The Chairperson, Executive Committee, or Key management staff may call a special meeting upon written request or notification.

Section 5 All members shall be notified of any special meetings at least forty-eight (48) hours in advance. This notice shall state the purpose of the meeting and person(s) calling the meeting.

Section 6 The Policy Council meetings shall be conducted in general conformity with "Roberts Rules of Order" except as may otherwise be provided by these by-laws, or as the Policy Council may prescribe.

Section 7 The Policy Council will recess July and August and meet on an "as needed" basis. If the Policy Council cannot reconvene in September, the Executive Committee will transact business to be ratified at the next regular or special called Policy Council meeting.

Section 8 The Policy Council meetings shall be open to the public. The public may attend Policy Council meetings as an observer or placed on the agenda by petitioning the Policy Council (in writing).

ARTICLE IX

MEETING AND TRAVEL REIMBURSEMENT

Section 1 Reimbursements: Per HSPPS 1301.3(e), reimbursement is made to cover the cost of certain expenses that are incurred as a result of attending meetings, training, and activities in the

performance of other official duties and responsibilities in connection with CAHSD, and shall be made to eligible Head Start/Early Head Start parents who are members of the Policy Council in the following manner:

1) A meeting is considered when the proper notification is made, notifying the participants to attend even if there is no quorum expected.

2) Policy Council Representatives, Executive, and Sub-Committee members with income that fall within the HHS poverty guidelines, will be eligible to request reimbursement for reasonable expenses incurred for their participation in Policy Council meetings and activities.

The members shall not be a federal employee, an employee of CAHSD, or a Delegate Agency. Reasonable expenses incurred shall be considered for paid babysitting, paid transportation, and purchasing gasoline. The meeting reimbursement is limited to $25.00 per meeting, but shall not exceed fifty dollars $50.00 in any given month. Reimbursements are limited to two (2) meetings per month, regardless of whether meetings are for the same or different policy-making bodies. Reimbursement is limited to only the voting and non-voting representatives (alternates) serving on the Policy Council and Sub-Committees of the Policy Council. To ensure parents are eligible to receive reimbursement, the Program will verify the family status and income eligibility for all Policy Council representatives requesting reimbursement.

Per Miami-Dade County policies and procedures, parents requesting reimbursement shall complete the W-9 Request for Tax Identification Number and Certification from the Department of the Treasury Internal Revenue Services. Upon review, this form shall be submitted to CAHSD Fiscal and filed with the County. Transportation shall remain available only for those members not req*uesting reimbursement for expenses incurred for participating in meetings* and activities. Childcare is not available at meetings.

3) Parents attending out-of-town meetings, conferences, and training can request reimbursement for childcare expenses in an amount not to exceed $25.00 per day. Reimbursement requests must be presented by the traveler in writing and accompanied by a receipt. The Program will follow the County reimbursement policy.

Other expenses, such as calls made on a private telephone, will not be allowed as a reimbursement expense. The Head Start/Early Head Start Program will make available to parents who are members of the Policy Council the use of telephones in the office as needed to transact official Head Start duties.

ARTICLE X

COMMITTEES

Section 1 The following Standing Committees shall exist:

Executive Committee: Policy Council officers and Chairpersons of all Standing Committees shall comprise the Executive Committee. The Executive Committee will be authorized to transact the Policy Council business between the full Policy Council meetings. In emergencies, items approved will be subject to ratification at the next regularly scheduled Policy Council meeting.

Subsection 1: The Executive Committee must represent a proportion of the Policy Council's composition and may recommend additional Committee members as needed to ensure representation (Reference Article IV, Section 1). The Executive Committee shall provide input into the Policy Council agenda items.

Subsection 2: In the event the Policy Council cannot convene, the Executive Committee shall transact the Policy Council's business to be ratified at the next regular or special Policy Council meeting.

Subsection 3: The Executive Committee shall assist the Policy Council in planning and make recommendations to the Policy Council. The Executive Committee shall assist the Policy Council Chairperson in making recommendations for the Sub-Committee Chair's election. The Standing or Sub-Committees shall meet monthly or as frequently as deemed necessary by the Chairperson, its members, and key management. The Head Start Management team and other key staff assist the Executive Committee.

Planning and Budget Sub-Committee: Policy Council representatives and alternates shall comprise sub-committee membership. Responsibilities include reviewing, approving, or disapproving financial reports, budgets, program recommendations, and work with staff on the Grant Application Process. The Planning and Budget Committee will help determine services at the centers, new delegate agencies, and areas where the Program will operate. The Planning and Budget Committee will help determine program priorities. The HS/EHS Fiscal Unit will assist the Planning and Budget Committee.

Screening Committee: Policy Council representatives and alternates shall comprise sub-committee membership. Responsibilities include reviewing applications and interviewing recommended applicants who apply for any position within the Head Start/Early Head Start Program. The Screening Committee will be responsible for making recommendations regarding personnel decisions, including screening and approving or disapproving new hires, promotions, and disciplinary actions, including staff termination. Terminations will consist of a list of employee(s) to be terminated and a statement regarding reason(s) for employment termination.

The elected Screening Committee Chairperson must be a voting representative on the Policy Council. The Head Start Human Resources Unit will assist the Screening Committee. The following screening format will be utilized:

A. Interviews

1. The interviewing process for Head Start positions will include a multi-cultural screening panel comprised of male and female staff from Head Start/Early Head Start and other CAHSD Divisions. Parent volunteers will be encouraged to participate in the screening process. Ideally, the parent will be a voting member or alternate voter on the Policy Council. Parent volunteers from the centers may serve if Policy Council members are not available.

B. Selection

1. The Head Start/Early Head Start Director will review the interviewing process results and the panel's recommendations. The Head Start Director may interview those being recommended and approve or disapprove of recommendations to fill positions.

2. After the approval/disapproval of the Head Start/Early Head Start Director, it may go to the CAHSD Director for approval.

a) If approved, a job offer is made by the Program.

b) If not approved, the Head Start/Early Head Start Director will decide the resolution.

3. The Screening Committee will review the results of recommendation(s) from the Head Start/Early Head Start Director.

a) If approved, the Screening Committee will forward the recommendation(s) to the Executive Committee for approval.

b) If not approved by the Screening Committee, the recommendation(s) would go back to the Head Start/Early Head Start Director for the resolution.

4. The Executive Committee of the Policy Council will receive the recommendation in writing.

b) If approved, the Executive Committee will take the recommendation before the Policy Council for approval.

c) If not approved by the Executive Committee, the recommendation will go back to the Head Start/Early Head Start Director for resolution.

5. After approval by the Executive Committee, the recommendation will be presented to the Policy Council at its next regularly scheduled meeting for final approval.

a) If a quorum is not present, the Executive Committee will refer the recommendation to the next regular meeting or a special meeting will be called for final approval.

b) If not approved, it goes back to the Head Start/Early Head Start Director for resolution.

C. Resolution Alternatives

1) Begin the process again and select alternate candidates from Interviews.

2) Interview additional candidates and begin the process again.

3) Request to re-advertise.

Parent School Readiness Taskforce: Policy Council representatives and alternates shall comprise sub-committee membership. Responsibilities include providing advice and guidance on child screenings, assessments, curriculum, and teacher practices. The elected Parent School Readiness Chairperson must be a voting representative of the Policy Council. The Education Unit will assist the Parent School Readiness Committee.

Section 2 Ad Hoc Committees:

The Policy Council Chairperson shall create such Ad Hoc Committees as deemed necessary to promote the Policy Council's objectives. Ad Hoc Committees such as Evaluation Committee or Community Complaint Committee may be established to set up communication lines between parents and the community and assist in the self-assessment of the agency's Head Start/Early Head Start Program. Such Committees shall be terminated upon completion of their assigned tasks. The Policy Council Chairperson shall be an ex-officio member of all Committees except for the Nominating Committee, if such a Committee is established, at any point in time.

Section 3 Advisory Committees:

With the assistance of the Executive Committee and Key Management, the Policy Council Chairperson shall appoint members to represent the Policy Council on the program Health Services and School Readiness Advisory Committees. These Advisory Committees will address program issues and help to promote linkages to existing community resources.

These committees include a broad range of professionals, experts, parent volunteers, and staff. The member(s) appointed will serve as two-way communication between the Policy Council and Advisory Committees.

Section 4 Each alternate or non-voting representative shall be allowed to serve on at least one Policy Council Sub-Committee (Planning and Budget, Screening, and School Readiness Committees).

ARTICLE XI

POLICY COUNCIL REPRESENTATION AND TRAINING

Section 1 The Policy Council Chairperson sits on the CAA Board and Executive Committee representing the Policy Council.

Section 2 The Policy Council will attempt to develop through training, a core group of parents with skills, particularly leadership. The purpose of such actions is to provide opportunities for skill development and participation in community-related activities.

ARTICLE XII

TRAVEL

To be considered for travel, a voting representative must be actively participating in the Policy Council. Selection of travel will be according to the following system:

Representatives:

1. Chairperson

2. Vice-Chairperson/Executive Committee Chairperson

3. Secretary

4. Treasurer/Planning & Budget Committee Chairperson

5. Screening Committee Chairperson

6. Parliamentarian

7. Assistant Secretary

If any of the above cannot travel, alternates shall be selected at the discretion of the Head Start/Early Head Start Director. Additionally, parents for all in-state and other travel is at the discretion of the Head Start/Early Head Start Director. Policy Council members traveling must submit, within three (3) days of their return, receipts for overnight lodging, travel, registration, and a written report shared at the next regularly scheduled Policy Council meeting.

ARTICLE XIII

AWARDS

Awards on behalf of the Policy Council to the community, parents, and members will be made in consultation with agency staff.

ARTICLE XIV

AMENDMENTS

Section 1 The Policy Council shall be guided by these by-laws for its business and carry out the Policy Council's purpose.

Section 2 These by-laws may be adopted, amended, or repealed at any meeting of the Policy Council by a two-thirds ⅔ vote of the members present, provided a quorum exists.

Section 3 Notice of all proposed amendments shall be mailed to each member at least five (5) days before the meeting, where such modifications are considered for adoption.

ARTICLE XV

INTERNAL DISPUTE RESOLUTION

The Policy Council will adhere to the Program's Internal Dispute and Impasse Procedures between the governing body and Policy Council. Impasse Procedures shall be in effect until the Secretary of Health and Human Services (HHS) issues a uniformed procedure to all Head Start Programs for resolving internal disputes.

ARTICLE XVI

PARENT AND COMMUNITY COMPLAINT PROCEDURES

The Policy Council will adhere to the Parent and Community Complaint Procedures. Parents and Non-Parents receiving services by Head Start/Early Head Start shall be provided with the opportunity to file a complaint or appeal relative decisions and actions that affects them or certain situations.

ARTICLE XVII

RULES OF ORDER

The rules contained in "Robert's Rules of Order" shall govern the Policy Council in all cases to which they apply and in which they are not inconsistent by the By-laws of the Policy Council.

ARTICLE XVIII

APPLICABILITY

Nothing in these By-Laws may be constructed or applied in a manner to contravene applicable local, state, or federal funding source policies or laws.

ARTICLE XIX

APPROVAL OR DISAPPROVAL RESPONSIBILITIES

The Policy Council must approve and submit to the governing body decisions about each of the following activities according to section 642(c)(2)(D) of the Head Start Act:

a. Activities to support the active involvement of parents in supporting program operations

b. Program recruitment, selection criteria, and enrollment priorities.

c. Applications for funding and amendments to applications for funding for the program

d. Budget planning for program expenditures, including policies for reimbursement and participation in Policy Council activities

e. By-Laws for the operation of the Policy Council

f. Program personnel policies and decisions regarding the employment of program staff, including standards of conduct for program staff, contractors and volunteers, and criteria for the employment and dismissal of program staff.

g. Develop procedures for how members of the Policy Council will be elected.

h. Recommendations on the selection of delegate agencies and the service areas for such agencies.

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A91

AGENDA ITEM SUBJECT: Adjusted 2020-2021 Selection Criteria

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start/Early Head Start Policy Council on December 17, 2020 and is pending approval by the CAA Executive Committee and the CAA Board.

BACKGROUND/SUMMARY:

The selection criteria for 2020-2021 will factor documented unemployment due to COVID-19.

FUNDING SOURCE:

U.S. Department of Health and Human Services

Education Policies and Procedure Additions, Edits,

Education Policies and Procedure Additions, Edits, and Updates

Adjustment due to COVID-19

Miami-Dade County
Community Action and Human Services Department
Head Start/Early Head Start Program

2020-2021 SELECTION CRITERIA



SECTION	POINTS
A. INCOME	
Low Income 0-50% of the Poverty Guidelines	**100**
Low Income 51-75% of the Poverty Guidelines	**90**
Low Income 76-100% of the Poverty Guidelines	**80**
Over-Income between 101-130% Over Poverty Guidelines	**10**
Over-Income 131% or greater Over Poverty Guidelines	**0**
B. AGE	
Five (5) years old	**100**
Four (4) years old	**100**
Three (3) years old	**80**
Early Head Start (0 to 36 months)	
0 to 11 months	**100**
12 months to 2 years old	**90**
2 years and 1 month to 3 years old	**80**
Pregnant Woman (at 28 weeks gestation or less)	**80**
Pregnant woman (at 29 weeks gestation or more)	**50**
C. DISABILITY	
Diagnosed Disability with IEP or IFSP	**200**
Documented Disability Condition by a Professional	**50**
No Disability	**0**
D. OTHER FACTORS	
Documented Homeless/Displaced child	**200**
Documented ELC-Childcare Subsidy (EHS-CCP only)	**200**
*Documented Foster Child	**100**
Documented Unemployment due to COVID-19	**100**
Documented SSI/TANF Recipients	**90**
Documented Substance Abuse/Domestic Violence	**90**
Children Transitioning from EHS to HS	**85**
Documented Teen Parent < 17 years old	**75**
Documented Sibling of a Returning Child	**75**
Documented Working Parent/Student	**70**
Documented Parent Education 8th grade or below	**65**
Documented Public Housing resident	**60**
No Apparent Social Service or Special Needs	**0**
E. PARENTAL STATUS	
One Parent Family	**100**
Two Parent Family	**75**
*Foster Parent/Legal Guardian	**65**

***Department of Children and Families Supervised or Court-Ordered Foster Care

Policy Council approved:

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9m

AGENDA ITEM SUBJECT: 2021-2022 Recruitment Plan and Selection Criteria

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start/Early Head Start Policy Council on December 17, 2020 and is pending approval by the CAA Executive Committee and the CAA Board.

BACKGROUND/SUMMARY:

The 2021-2022 Recruitment and Selection Plan outlines the process and strategies the program will implement to recruit children for the 2021-2022 program year. The selection criteria consist of points based on family income, child's age, disability, other factors (homelessness, foster care), and parental status (family size and foster/legal guardian).

FUNDING SOURCE:

U.S. Department of Health and Human Services

COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT

HEAD START/EARLY HEAD START PROGRAM



ELIGIBILITY, RECRUITMENT, SELECTION, ENROLLMENT, AND ATTENDANCE PLAN

(ERSEA)

2021-2022



Chairperson Signature

Policy Council Approval Date

Miami-Dade County
Community Action and Human Services Department
Head Start/Early Head Start Program

2021-2022
ELIGIBILTY, RECRUITMENT, SELECTION, ENROLLMENT & ATTENDANCE PLAN

The Open Recruitment Campaign for recruiting and enrolling children and families, for the *2021-2022* Program Year, begins January 19, 2021 and ends May 14, 2021. Enrollment opportunities are available for pregnant women and children two (2) months to 4 (four) years of age by September 1, 2021, who reside in Miami-Dade County. The 2021-2022 funded enrollment program options are: Head Start funds 6310 pre-school children, Early Head Start funds 446 center-based and home-based infants, toddlers and pregnant women and the EHS-CCP grant funds 240 more infants & toddlers. In March 2019, Miami-Dade County was awarded an additional 552 infants, toddlers & pregnant women through an expansion EHS-CCP grant that includes additional 56 home-based slots and 2 new EHS-CCP Partners. Each site's total funded enrollment is subject to change based on program needs. Head Start Program Performance Standards 1302 Program Operations-Part A guides this plan.

Delegate Agencies' Individualized ERSEA Plan

The Plan should include but is not limited to the all of the agency's activities for recruitment and enrollment. Such activities should begin during the official **Open Recruitment Campaign Kickoff** scheduled for the week of January 11-15, 2021. Open House will be held in March or April to give potential parents an opportunity to visit their prospective Head Start/Early Head Start center. Recruitment Fairs held at the centers on the weekends and after hours are an excellent means of attracting full-time students and working parents. The ERSEA Advocates will track the program recruitment efforts and provide guidance if needed.

Delegate agencies are responsible for developing an ERSEA individualized Plan by December 16, 2020. The plan will consist of detailed outreach efforts to recruit at the CareerSource, Department of Children and Families, Miami-Dade Public Housing Units, agencies that serve children with disabilities, pregnant women, infants and toddlers. Each delegate agency will submit a copy of the agency-specific ERSEA Recruitment and Enrollment Plan to the grantee.

ELIGIBILITY

Miami-Dade County Head Start/Early Head Start Program considers age, income and disability as the standard eligibility requirements. In addition, other factors are considered to determine eligibility as determined by our Community Assessment data. We provide language translation to families and make multiple means of communication available. The Federal Poverty Guidelines (Attachment) from Health and Human Services (HHS) and a copy of the Selection Criteria (Attachment) indicating the points for each social factor must be prominently displayed or provided to parents and families. Applications are provided throughout the program year. No parent will be denied access to an application at any time.

All families interested in enrolling their child, must have an interview in-person or by telephone (during pandemic and/or shut-down of county) will provide the necessary information to complete the Preliminary Application Request Log. Parents are directed to call or visit the Head Start/Early Head Start site that interest them to begin the application process. Parents receive an application, registration requirements, and a list of Head Start/Early Head Start center's addresses and phone numbers. Applications, a list of Head Start Centers and access to our Head Start/EHS Online Application may also be found on the Miami-Dade County's Portal at: **www.miamidade.gov/headstart**

All efforts will focus on enrolling children who meet the established Federal Poverty income guidelines. Since Head Start/Early Head Start recognizes that other factors impact the "neediest of the needy", some over-income applications will be considered. Approved applications of children whose families' income

exceed the Federal Poverty Guideline will not be enrolled until children who meet the income guideline have been enrolled. All over income applications must be approved by the Head Start/Early Head Start Director and the CAHSD Director, including children who have a diagnosed disability and children who are transitioning from Early Head Start to Head Start Program.

Head Start Age Requirement

a) For Head Start, a child must be at least three years old and not five years on September 1st of the new school year and;
b) Be no older than the age required to attend school. (First Grade)
c) If a child turns 3 years old on or before 12/31 of the current school year the child will be eligible for the Head Start program on his/her actual 3rd birthday;
d) The enrollment for the children whose birthday is after 12/31 of the current school year will be determined on a case by case basis. This determination will account for child's developmental level, health & disability status, family circumstances and the availability and appropriateness of Head Start for the particular child.

Early Head Start Age Requirement

For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or toddler who is younger than three years old. There is no age requirement for a pregnant woman.

After the pregnant woman delivers her baby, the infant will be ready for transitioning into an Early Head Start when the following milestones occurs:

- the newborn is at least two (2) months old and;
- the infant completes his/her first well-baby check, including initial vaccines and;
- The EHS application was submitted and the family was determined to be eligible for continued services in an EHS Center-based or Home-based program.

Eligibility Determination

1. **The family's income is equal to or under the Poverty Guidelines:**

   Federal poverty guidelines from the Health and Human Services are the mandated income guidelines. They are updated annually and available through the Federal Register (typically at the end of January each year). The social service staff will receive a copy of the updated income guidelines as it becomes available.

   Income verification & determination requires the examination of any and all of the following documents: Individual Income tax form 1040, W-2 forms, pay stubs, pay envelopes, written statements from parent's employer on company letterhead, child support letters, notarized statements and documentation showing current status as recipients of public assistance (such as, TANF, SSI, Social Security), railroad retirement payments from unemployment compensation, veteran benefits, alimony, court-ordered child support, military allotments, private pensions, college or university scholarships, grants or fellowships, net gambling and lottery winnings.

   Income does not include *undocumented* support by someone else, food stamps benefits, capital gains, gifts, loans, tax refunds, lump sum inheritances, one time insurance payments, compensation of injury, or non-cash benefits.

2. **If a family is receiving TANF and/or SSI,** they are income eligible because they meet the definition of a low-income family.

3. **If the family is homeless, defined by the McKinney-Vento Act,** they are considered categorically eligible for Head Start/EHS.

4. **If the child is in foster care** they are considered categorically eligible for Head Start/EHS.

During the eligibility process, program staff must conduct an in-person interview with each family to verify age, income and residency requirements as well as create an eligibility determination record. [As per HSPPS Final Rule 1302.12 (a) (iii)].

Due to the COVID-19 Pandemic we were forced to change/adjust how we connect with parents and had to figure out how to retrieve the eligibility documents from them, when we were working from home:

- ✓ *Telephone interview*
- ✓ *Use of Virtual platforms: Whatsapp, Facetime, google duo, Zoom*
- ✓ *Emailing documents and using digital signatures*
- ✓

This in-person/telephone interview must be documented in ChildPlus eligibility notes in the enrollment module. Health Information letter will be given to parents at this time.

Eligibility Verification

Family Definition (1305.2 Definitions & Terms)

For the purpose of Head Start/EHS eligibility, family is defined as follows:

1. All persons living in the same household who are supported by the income of the parent(s) or legal guardian(s) of the child enrolling or participating in the program; and
2. Related to the parent(s) or guardian(s) by blood, marriage or adoption; or
3. The child's authorized caregiver or responsible party.

All families will have eligibility verified by the HS/EHS social service staff, the following procedures must be used to determine, verify & document eligibility:

1. **If the family has income, ask for the most recent 1040 or W-2 statements. If these are not available, request other sources of income documentation, such as pay stubs or an employer statement letter for the previous 12 months or last calendar year.**
   - **a.** Determine the correct pay period – weekly, bi-weekly, semi-monthly, or monthly.
   - **b.** Calculate the income to determine monthly salary as follows:
     - 2 times a month pay – pay x 24
     - Bi-weekly pay – pay x 26
     - Weekly pay – pay x 52
2. **If a family is receiving TANF and/or SSI, they are income eligible because they meet the definition of a low-income family. Ask the family for their TANF or SSI printout that verifies the family's receipt of services.**
3. **If the family is homeless, request a shelter/community agency documentation or if family is reporting homelessness by self-declaration request a letter from parent.**
4. **If the child is in foster care, ask for court-order or foster care agency documents.**
5. **The key is to have a conversation with the family. You want to be able to accurately determine their income status**.
6. **The Third Party Consent form is a resource you can use for further documentation for verifying income. When a family states that they do not have income (zero Income) the social service staff must ask some of the following questions:**
   - How do you pay for your expenses?
   - Does someone else give you money regularly?
   - Do you receive court-mandated child support?
   - Can you get a statement from _____ verifying your income status?
   - Can you get a statement from the unemployment office?

- Can you complete a HS/EHS Zero Income Certification form?

The relevant period of time to be considered for eligibility is either the twelve months immediately preceding the month in which the application for enrollment of a child is made, or the last calendar year immediately preceding the calendar year in which the application is made; whichever more accurately reflects the family's current needs.

Staff Signature

The child's age and family income must be verified by the social services and administrative staff before the child is deemed eligible to participate in the program. The eligibility verification form (page 4) is complete when all items are filled-in, checked and signed by the appropriate staff persons. All completed applications must be entered in ChildPlus.

Application Process

Parents will complete and submit one (1) HS/EHS application with all supporting documents to the center of their choice or access the Online Application process through the Miami-Dade County HS/EHS portal at: **www.miamidade.gov/headstart**

The following must be discussed during in-person or telephone eligibility interview:

- Parents will be advised that the selection process is based on families who have the greatest needs by points, generated systematically from the Selection Criteria integrated in our client information data system (ChildPlus).
- Parents should be informed that it is important for them to maintain their current contact information with the center staff to address any questions as they occur. The families will be informed of the status of their acceptance in the program beginning in May/June 2021 through an initial phone call and then a formal letter from center staff.
- Parents will be asked to read and sign on the designated line verifying that the information and documentation provided with the application is true and that all the parent/and or legal guardian(s) income was reported. Reiterate to parents/guardians that deliberate misrepresentation of any information submitted may be subject to the termination of the child from the program and could have legal consequences for the parent/guardian.

New Application

Once a new application is returned the staff will:

- Carefully review the application to ensure age, income eligibility, residency and disability verification was included.
- Ensure information such as custody, guardianship, homelessness or foster child documentation is included, if appropriate.
- Ensure information on family benefits such as TANF, SSI, SNAP, childcare subsidy (ELC), medical/dental home and insurance is included, if appropriate.
- Obtain any other needed information from the parent to ensure there is a complete application. (Health, Nutrition, Disability and Mental Health documents)
- Complete page 4 – Eligibility Determination Form with dated signatures of social services and administrative staff.
- Enter application into ChildPlus system.

Please note:

- Children transitioning from Early Head Start to Head Start are required to submit a new application and complete a new eligibility determination process before being accepted/selected.
- Before entering their third year in Head Start the **family's income** must be re-verified. If family is determined to be over the poverty guidelines the over-income process must be followed. (page 10)

Updating Returning Children Application

We continue to serve children who have been enrolled the previous year except in rare cases where there is a compelling reason to not serve the family.

- Social service staff will review and update the information on the application and review any other information on the child or family. (eg: DCF-Influenza and DCF Enrollment application forms must be completed annually in August.)
- Obtain updated immunization information and medical information as appropriate. Returning families will receive a Returning Letter, by February 22, 2021 to confirm their continued interest in remaining in their present center or transferring to another facility.
- All Transfer/Transition Request Forms must be forwarded to the receiving center by April 24, 2021.
- During the interview with the returning parents, staff will discuss the benefits of their child remaining in the program for the upcoming school year. Special emphasis will be placed on retaining families who have children with a diagnosed disability. Staff will also stress the importance of the Voluntary Prekindergarten Education Program (VPK) services which are available in the Head Start program.

Voluntary Prekindergarten (VPK) Certificates

Parents of four year olds (must be 4 years old by September 1st, 2021) will be encouraged to register for the VPK Certificates from the Early Learning Coalition for the upcoming school year. Documentation required to apply for the VPK Program includes proof of the child's age and Miami-Dade County residency. Efforts will be made by staff to assist the parents in securing the certificate, including arranging registration at their center.

Remember *that VPK Registration is voluntary and parents' choice, as to when they use it.*

RECRUITMENT

The recruitment area for Miami-Dade County Head Start/Early Head Start program is defined as Miami-Dade County. Recruitment is the systematic approach the program engages in to identify families whose children are eligible for our services, and to inform them about our program and services. The number of children to be recruited will be greater than funded enrollment.

- The number to be recruited is determined by examining how many children dropped during the year, how many children are returning, and how many children transitioned to another program. The program decides how many applications are needed based on the data that is examined.
- Delegate agencies are required to conduct onsite outreach efforts at Public Housing facilities, Florida Department of Children and Families, CareerSource and agencies that serve special needs children. In addition, recruitment will occur at private schools, clinics, hospitals, churches, local businesses, to inform their representatives about enrollment opportunities.
- The Grantee ERSEA Coordinator, Disability Specialists and Delegate agency staff will coordinate with agencies that serve children with disabilities to recruit children with a Miami-Dade County Public Schools Individualized Education Plan (IEP) or from the Early Steps Programs for infants and toddlers with an Individualized Family Support Plan (IFSP). The Grantee staff will provide referrals from the Early Steps Programs and Miami-Dade County Public Schools to the center(s) of the parent's choice or in close proximity to the child's home.

Recruitment Strategies for Success

The following recruitment strategies will be used but are not limited to:

- Make certain your agency and services are known in your community
- Create eye-catching and informative flyers, brochures and posters for your agency
- Ask parents to spread the word to other parents, and interested parties

- Set up displays or presentation at community events, health fairs, etc.
- Attend the birth to 2 transition meetings
- Distribute and Post flyers, posters at community locations
- Set up brochures at medical offices
- Partner with other delegate agencies to conduct joint recruitment efforts
- Door to door campaign
- Social Media (Facebook, Twitter, Instagram, Snapchat, etc.)
- Families are able to access the Head Start application & registration requirements via the Miami-Dade County Portal 24 hours daily. **www.miamidade.gov/headstart**
- See full list of recruitment strategies – page ()

Recruitment Verification Form

The Recruitment Verification form will be used by all program staff during outreach activities to track outreach efforts. Community representatives that informally meet with program staff will be encouraged to sign the recruitment verification form. These forms will be maintained on site in a folder for each center. As part of these community outreach efforts, Agency Recruitment Flyer (Attachment F) will be distributed and posted throughout the neighborhoods surrounding the centers on a continuum basis. Former and current Head Start/Early Head Start parents will be encouraged to assist in the recruitment efforts. Parents can assist in distributing flyers in the community and by sharing their positive experiences with other parents that may be interested.

Recruitment Goals of Disability Services

Miami-Dade County Community Action and Human Services Department Head Start/Early Head Start Program is committed to providing quality early childhood education for all children including children with disabilities. It is our goal to serve children with disabilities in the most inclusive environments possible. To meet this goal, all Head Start preschool and Early Head Start Infant toddler rooms are fully inclusive environments. The Selection Criteria that regulate the prioritization of the selection of children, includes weighted points for children receiving special education services (IEP or IFSP).

Funded Enrollment and mandated 10% of children with Disabilities Requirements

During the 2021-2022 program year, the seventeen delegate agencies and eleven (11) childcare providers will serve at least 6310 preschool children, 446 infants and toddlers, 240 EHS-Child Care Partnership and 552 EHS-CCP Expansion slots. **(**Total through three grants: **7548)**

The total number of children with disabilities to be enrolled in HS/EHS Base Grant is as follows:

Delegate Agency	HS Funded Enrollment	HS 10% Disability Enrollment	EHS Funded Enrollment	EHS 10% Disability Enrollment
Allapattah	77	8	**--**	**--**
Catholic Charities	1275	128	120	12
Centro Mater	526	53	112	11
Easter Seals	480	48	8	1
FCAA	432	43	64	3
Haitian Youth	175	9	112	11
KIDCO	250	29	64	7
Landow	80	8	32	4
LeJardin	480	48	--	--
MDCPS	1535	151	192	19
O'Farrill	242	24	8	1
Our Little Ones	118	12	**--**	**--**
Paradise Christian	180	19	32	4
St. Albans	170	17	48	5
Sunflower	40	4	24	3
United Way	30	3	32	4
YWCA	220	22	32	4
Total Numbers	**6310**	**633**	**894**	

EHS-Child Care Partnership Program (CCP)	Funded Enrollment	Disability 10% Enrollment	ELC Child Care Subsidy 25% Enrollment
Total Numbers	**240**	**24**	**60**

EHS-Child Care Partnership Expansion	Funded Enrollment	Disability 10% Enrollment	ELC Child Care Subsidy 25% Enrollment
Total Numbers	**552**	**56**	**138**

Through a partnership with the Early Steps programs (Part C agencies), as well as Miami-Dade County Public Schools (M-DCPS) Pre-K ESE (LEA) and Florida Diagnostic Learning Resource System-South (FDLRS) Child Find, children with disabilities are referred to Head Start/Early Head Start for placement. Children referred have a range of disabilities including more severe disabilities. In past years we have served children with spina bifida, cerebral palsy, Down syndrome, cancer, muscular dystrophy, autism and mental retardation.

Recruitment of children with Disabilities

- In addition to the referrals from Early Steps and M-DCPS, active recruitment efforts, will also include parent transition information meetings at several agencies serving infants and toddlers with disabilities. These include ARC, UCP, Easter Seals, the Debbie School and the Linda Ray Intervention Center.
- All outreach information and flyers contain statements regarding Head Start/Early Head Start's willingness to serve children with disabilities.
- Our contracted therapy/evaluation providers are also sources of referrals and actively promote the inclusiveness of the Head Start/Early Head Start program.
- Head Start staff persons serve on interagency committees addressing the needs of children with disabilities. These networking partnerships are additional sources of referrals and will be conducted by disabilities coordinators in collaboration with social services staff.

The chart below outlines the recruitment efforts to address the 10% mandate of enrolling children with and IEP or IFSP.

Dates	Recruitment and Enrollment Efforts
October 2020 – July 2021	Continue to contact B-2 agencies for referrals and distribute to staff.
October 2020	Grantee Disability and Education Specialists Meeting to review results of screening logs and provide feedback to Delegate Agencies if required
October 2020	Update CAHSD website to include recruitment and service delivery to children with disabilities
October 27 & 29, 2020	FCE/ERSEA Quarterly Training/Meeting
November 2020 - June 2021	Review ChildPlus 2125 of newly enrolled children to ensure entry dates are accurate, and 3015 to assess the completion of developmental screenings.
November 2020 - March 2021	Individualized meetings will be conducted with Delegates who have not met the 10% disabilities numbers. Focus on screening results and ChildPlus Reports.
November 2020	Recruitment and planning meeting with emphasis on disability mandate for 2018-2019 program term
January 2021	Assess the total number of children with disabilities Mid-Point to evaluate the 10% disability mandate
January 21 – May 10, 2021	Open Recruitment Period
February - March 2021	Contact B-2 agencies for upcoming parent orientation meeting dates.
February 2021 - July 2021	Distribution and processing of Head Start enrollment application from B-2 agencies to the Delegate agencies.
March - April 2021	Communicate with and conduct on-site visits to B-2 agencies for additional referrals.

Dates	Recruitment and Enrollment Efforts
March 2021	Collaborate with Federally Qualified Health Centers in reference to Head Start referrals for children identified with developmental delays or behavioral concerns, suspected or diagnosed with a disability
March 2021	Collaborate with Switchboard of Miami - Help Me Grow Florida (HMG) for referrals for children that they have identified as being at risk of developmental or behavioral disabilities
March 2021	Attend B-2 Parent Orientation Meetings- ARC-Kendall, ARC- Florida City, Debbie School, Linda Ray Intervention Center, and UCP
March 2021	Contact Parent to Parent in Miami for referrals of children with disabilities
March 2021	Site visits to Pre-K ESE classrooms to elicit enrollment of existing children in the ½ day programs to the Head Start program
March 2021	Telephone calls and e-mails to Speech & Language Pathologists to elicit enrollment of children receiving therapy to the Head Start program
April 2021 - July 2021	Distribution and processing of Head Start enrollment application from B-2 agencies to the Delegate agencies, including follow-up
May 14, 2021	Open Enrollment ends. Prioritize and Assign Children to classroom
June 2021 - July 2021	Conduct preliminary folder audit at delegate agencies to identify children with suspected and diagnosed disability
July 2021	Conduct individualized trainings with delegate agencies who did not meet the 10% mandate with emphasis on identifying children with disabilities
August 2021	Provide trainings to service area staff on the completion of the FDLRS and Early Steps referral packets, Roles and Responsibilities of the Disability Coordinators; and Surviving the first 45 days with a special emphasis on Disability Recruitment.
August 2021	Conduct Site visits to Pre-K ESE classrooms to elicit enrollment of existing children in the ½ day programs to Head Start after school starts
August 2021	Conduct telephone calls and e-mails to MDCPS Pre-K SPED Speech & Language Pathologists to elicit enrollment of children receiving therapy to the Head Start program.
August 2021 – July 2022	Provide B-2 programs, FDLRS, Help Me Grow, and other agencies that serve children with special needs a list of the vacant slots bi-monthly or as needed.

Placement options:

Children with disabilities are placed in inclusive classrooms within the Head Start/EHS program. All program classrooms are inclusive. Children with disabilities have spectrum of service options based on their IEP/IFSP.

- Full time HS/EHS services with a "consultative" model in which the MDCPS ESE teacher will provide 2 hours/month of strategies to the Head Start teacher to meet the individual needs addressed by the IEP.
- Full time HS/EHS services with 60 minutes/week of walk-in services from MDCPS. This is usually speech/language therapy provided at an MDCPS school site. Head Start provides a bus and a staff to accompany the child to therapy usually one hour per week as authorized on the MDCPS IEP.
- Part day HS/EHS services with daily 2½ hours/day services from MDCPS. This will be either a ½-day speech/language program, ½-day LEAP (autism) or a ½-day reverse mainstream classroom provided by MDCPS. MDCPS provides bus transportation to and from the Head Start site. Head Start provides an inclusive educational environment to support the child's IEP. Center staff will escort the child to the bus and meet the bus upon return. Head Start classroom objectives focus on the individualized needs addressed by the IEP/IFSP.
- Part day Head Start/EHS services for a child with significant medical issues regarding stamina and endurance. Examples of Health Impairments which may need part day or part time placement could include leukemia, some metabolic disorders, etc. Need for part time/part day services will be determined by the child's physician and reviewed by the Disability and Heath Coordinators. A Health Care Plan will be written and included as part of the IEP. Adaptations to the learning environment will be made as needed to ensure the child's maximum benefit from the learning environment. Individualized home learning activities are developed for the family when extended absence from school is needed due to medical condition.

SELECTION

Selection is the systematic process used to review all applications for the Head Start/Early Head Start services and to identify those children and families that are to be accepted for enrollment in the program. Parents will submit their application with the required supporting documentation to the social service staff who records the submission date on the Preliminary Application Request Log. Staff will carefully review the application again to make sure age, income, residency and disability verification is attached to the application.

SELECTION CRITERIA

The selection criterion defines the type of children and families who will be given priority for participation in the program. The criteria are fair and unbiased and are aimed at selecting the neediest children and families. All children and families will be screened and selected using the approved selection criteria.

Our program enters all applications into the ChildPlus data management system. ChildPlus will rank and select the children based on the selection criteria that is developed by the program and approved by the Policy Council. Staff generates the 2025 Enrollment Priority Listing for all applications with verified proof of age, residency and type of eligibility by May 21, 2020 or deemed appropriate.

ChildPlus 2025 - Enrollment Priority Report

The ChildPlus 2025 Enrollment Priority Listing Report will rank the applications based on the highest to lowest points received by each family starting May 16, 2019. If two or more families receive the same number of points, the family with the lowest percentage of income based on the poverty guidelines will be given priority. Children who have been court-ordered into the program will receive priority for placement to comply with legal requirements.

In order to meet the mandated 10% enrollment of children with disabilities, all centers must reserve the necessary slots for children with a current IEP for Head Start or IFSP for Early Head Start until July 31, 2021. The ERSEA Coordinator will authorize filling all vacancies after reviewing the referrals from the Early Steps and FDLRS program to ensure that every possible effort have been made to enroll children with disabilities. Delegate

Agencies are responsible for making every effort to retain all returning children with disabilities and conducting outreach to agencies that serve children with disabilities.

Selection/Orientation Letter

Once the child is found to be eligible for the program the family will be notified of their initial selection status for enrollment by mail or in-person with a Selection Letter (Attachment I) starting May 18, 2020. The social worker will send a Selection/Orientation letter to the family congratulating them on their child's selection/acceptance to the program. The letter will contain at least the following:

- The date of the first day of class for the child
- The center name, location, hours and phone number
- The date(s) for the Parent Orientation
- The name of the Center Director, Social Service Staff

During the school year when vacancies must be filled social services staff will use a selection letter without the Orientation Meeting information to notify them that their child has been selected and accepted into the program. Orientation for these families will be held on an individual basis.

The social services staff will review enrollment process to include: health requirements, HIPPA, DCF Child Care Application for Enrollment (emergency contact), consents and agreement forms. The selected children must have a current physical and up-to-date immunization prior to starting school. However, it is important to note, that children cannot be denied access to Head Start/Early Head Start services if these requirements are not met. The social service staff will assist families without a medical home, to apply for Medicaid, Florida Kid Care, and/or Affordable Health Care Act if they qualify or to locate the nearest public or private clinics. Families that do not qualify for any state public insurance and cannot afford to pay for the required health exams must be referred to the Miami-Dade County CAHSD Head Start/EHS Health Coordinator. A copy of the referral to the health clinic and the child's outcome must be filed in the folder.

Non-Selection Letter

A Non-Selection letter (Attachment L) will be sent to parents by June 23, 2019 when there are no available openings remaining. Information will also be provided regarding how the selection process occurs. These families will be placed on the waiting list. Prior to sending this letter staff must determine if there are vacancies at any surrounding centers and offer the options to parents. Social service staff will review ChildPlus reports of families on the wait list and make contact with families of available openings.

Over-Income Applicant Process

All over income applications must be approved by the Head Start/Early Head Start Director and the CAHSD Director, including children who have a diagnosed disability and children who are transitioning from Early Head Start to Head Start**.**

- The Social Worker will prepare the Over-Income Justification Request Form (Attachment) and written justification on families whose income exceeds the Federal Poverty Guidelines.
- The Over-Income Justification Form must be signed by the Center Director, social service staff and parent/guardian at the center level.
- Staff must either hand-deliver or email the Over-Income Justification Request Form with a letter written from social services staff advocating for this family, and a justification letter from family detailing the family circumstances and supporting documentation (hospital bills, utilities bills, mortgage/rental notice, bankruptcy, foreclosure or other outstanding bills).
- A copy of the request should be kept in the child's folder, until approval process is completed.
- The ERSEA Coordinator will review and approve the Over-Income Justification Form and forward the documentation to the Head Start/Early Head Start Director for final approval or disapproval.
- The signed approval form will be scanned & attached in the ChildPlus enrollment module.
- The original signed Over-Income Justification Form approval must be maintained in the child's folder. The ERSEA Specialist will monitor the Over-income Reports in ChildPlus to ensure compliance.

ENROLLMENT

Enrollment is the official acceptance of a family by Miami-Dade County Head Start/Early Head Start Program and the completion of all procedures necessary for a child and family to begin receiving services.

We continue to serve children who have been enrolled the previous year except in rare cases where there is a compelling reason not to serve the family. Social service staff will review and update the information on the application and review any other information on the child or family.

A transfer request continues to receive priority for placement during the open recruitment period and throughout the program year.

Maintain Full Enrollment

Miami-Dade County Head Start/Early Head Start Program will strive to maintain full enrollment at all times. Vacancies are declared according to the procedure outlined in the Attendance section regarding drop/termination. The delegate agencies will fill all vacancies within 30 calendar days with a child from the ranked ready waiting list.

Eligibility Duration

For Head Start, if a child is determined eligible and is participating in the program, he or she will remain eligible through the end of the succeeding program year. For children enrolling in the Head Start program for the third year, family's income and proof of Miami-Dade County residency must be verified at the end of the second year enrollment period.

For Early Head Start, if a child or pregnant woman is determined eligible and is participating in the program, he or she will remain eligible throughout the time the child/pregnant woman is enrolled in the program.

Wait List

Delegate agencies staff will send letters to all families with age eligible children listed in ChildPlus Wait List Report and Preliminary Application Request log Form to confirm their continued interests in the program by December 20, 2019. The waiting list is utilized throughout the year and reflects all parents who have submitted the required documentation. All children with waiting list applications must be entered into ChildPlus and scored according to the established Selection Criteria. Each center will make every effort to maintain on a tangible waitlist. Recruitment efforts will be conducted throughout the program year. However, these activities will take place in conjunction with other tasks that must be completed to ensure compliance with the Performance Standards. Placement from the waiting list should include placement of children with disabilities.

Wait List Letter

Each family on the waiting list will be contacted by telephone or mail on a regular basis concerning their continued interest in the Head Start/Early Head Start program. Parents of children on the waiting list will be asked to bring updated medical documentation as needed. All information included with the application will be maintained in a confidential manner.

Families placed on the waiting lists will be contacted for placement from centers with immediate openings. If a family is no longer interested, their child's name should be changed to "new" status in ChildPlus. All contact efforts must be documented in the Enrollment Comment Section 2 in ChildPlus. If there is no response, a case note of all efforts to contact the family will be documented in ChildPlus and a Quarterly Wait List letter (Attachment M) will be mailed. The ERSEA Advocates will review ChildPlus reports to ensure timely placement and offer options of available placement if needed.

Preliminary Application Request (Inquiry) Log

Throughout the year, should the waiting list becomes depleted, parents will be contacted from the Preliminary Application Request Log (Attachment D) to come in and finalize the Head Start application process. Parents will also be asked to select centers that they are interested in enrolling their child based on space availabilities. As

is customary, parents will also be given information to contact the Early Learning Coalition at (305) 646-7220, or call 211 and 311 for other possible childcare options. Parents will also be requested to check on the status of their application periodically and provide current contact information. The ERSEA Advocates will monitor the Preliminary Application logs during site visits.

Transfer Request(s)

Parents will be eligible to make a transfer request to the Social Service Staff after the child has started school. No transfer requests will be granted during the first week of entering the program. Children enrolled in the Home-based program will be eligible for a transfer at the end of the program year or when deemed necessary. Transfers will receive priority attention during the recruitment period and throughout the program year. Placements will be based on the date indicated on the transfer request form date and information entered in ChildPlus.

The Transfer/Transition Request form (Attachment H) will be completed by the parent and social service staff and forwarded to the centers requested by the parent. The parents will make a selection of up to three centers; this will increase their chances of a transfer closer to their home or community. The completed transfer/transition request form can be scanned in the individual child's ChildPlus enrollment module.

Transfer folders will be reviewed by the center administrator prior to being transferred. The agency in which the child is transferring from will ensure all 45-day mandated screening documents are included in the child's folder if the child has been enrolled for 21 calendar days. Both the initiating and receiving centers must contact the Information Technology Unit by e-mail and/or telephone prior to the child's folders being transferred to the new location. The receiving center will contact the family to advise them of the status of their placement and/or transfer date.

Returning Children Transfer

The Returning letter (Attachment G) for returning children requesting a transfer will include the new location and Parent Orientation information. The returning children records will be transferred to the new center by June 14, 2020 for Head Start and August 2, 2020 for Early Head Start. Transfers will receive priority attention during the recruitment period and throughout the program year. Placements will be based on the date indicated on the transfer request form. The letter for returning children requesting a transfer for the new school year will include a letter inviting them to the Parent Orientation or related activities.

Transfer requests will be honored as long as the folder contains their current medical, educational, developmental, attendance and current Family Partnership Agreement. Parents that have evidence that they participated in a Head Start/Early Head Start Program in another county or state will receive assistance for placement. The ERSEA Advocates will review ChildPlus reports to ensure timely placement and offer option of available placement if needed.

Entering Transfer Requests in ChildPlus

- Enter the transfer request information in the Family Application module in ChildPlus under the area labeled Transfer.
- Add a note in Enrollment Notes to describe the initial transfer request information and document the reason for the request along with the centers being requested
- Document that the transfer request has been initiated and forwarded to the appropriate centers.
- Scan the transfer request into ChildPlus.
- Ensure the integrity of the child's folder with up-to-date information including medical/dental records, current IFSP and Family Assessment, current case notes, and current educational assessments and home visits.
- Receiving center must notify the ChildPlus administrators via email to transfer the child's new center in the specified classroom name.

Early Head Start Transitions Home/Center-Based & Child Care Partners

EHS transition meetings will be held six months prior to the child's 3rd birthday. A Head Start application must be completed for EHS children transitioning into Head Start and income re-verified. During the Transition Meetings or prior to the children entering the Head Start Program the family income eligibility must be determined by the Head Start Social Worker. An EHS Transition Request form (Attachment H) will be completed and forwarded to the staff of the HS center requested by the parents. At that time the parent will select three centers of their choice for placement, if there is no HS on site. A transition request must be sent to the centers requested by the parent and scanned in the enrollment module

Children transitioning from Early Head Start will be sent a selection letter based on eligibility and available openings. The Head Start Social Service staff must ensure that these families meet the income requirements before sending an eligibility letter to the transitioning families by May 12, 2021. All Over-income applications must be reviewed and approved by the ERSEA Coordinator and approved by the HS/EHS Director, prior to accepting the child in Head Start. The selection letter for children transitioning from Early Head Start into Head Start for the new school year will include a letter inviting them to the Parent Orientation or related activities.

ATTENDANCE

In order for children to benefit from our services it is imperative that they attend the Head Start/Early Head Start classes in a consistent manner. Within the first 60 days of program operation and on-going thereafter the social services staff will complete an analysis that will include a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur consecutively or in a sporadic manner. We will maintain a monthly average daily attendance rate of at least 85%. If the center falls below 85% the appropriate staff will submit a report with the analysis and identify any systemic issues that contribute to the center's absentee rate. The social service staff will:

- Check the attendance roster of the families assigned to her/him for absenteeism **daily**.
- If there has been no contact from the parents and the child is unexpectedly absent, the social services or other identified staff must attempt to contact the parent within an hour of program start time or family's usual arrival time to ensure the child's well-being.
- Assist the family if the absences are due to family crisis, transportation or other family issues, and document the provided services in the ChildPlus database.
- Make a home visit if the parent cannot be reached by phone, document the visit and enter the outcome in ChildPlus.
- Communicate with other staff members as appropriate.
- The Delegate Agency social service or appropriate staff will send the completed AEA 85% below form (Attachment N) to their assigned ERSEA staff by the 3rd of each.

Chronic Absenteeism

When the absenteeism has been deemed chronic the social service staff will do the following:

- Document all attempts at contacting the family if applicable in ChildPlus.
- Contact with the family should focus on determining the reasons for the absenteeism and assisting the family.
- Document all conversations about attendance with family if applicable in ChildPlus.
- Recommend declaring a vacancy to the Administrator/Manager.
- Upon notification of terminating the child's slot, send a letter to the family either through regular or certified mail.
- Discuss an attendance plan with parent if and when the child returns to the center.

No Shows

It is essential that staff documents all attempts made to contact the families of children who have not shown for 1 to 3 days of school starting. All efforts made to contact the families by means of the telephone, e-mail, home visits or U.S. Mail must be documented in ChildPlus. Children will be considered a no show and will receive a No-show letter (Attachment O), if they have five consecutive unexcused absences from the beginning of the school year and have not communicated with the center.

The social service staff and administrative staff must review the enrollment status of each child entering and withdrawing from the program to ensure the accuracy of the data. If staff is experiencing difficulty with the ChildPlus system, they will contact their ChildPlus Administrator for technical assistance. The ERSEA Advocates will monitor ChildPlus reports to ensure timely replacement of children who have not reported to school within 5 days of school starting. No shows should not have any attendance data and when dropped in ChildPlus staff must indicate that child was a no show/dot not count on PIR.

No Fees for Head Start /Early Head Start Services

Miami-Dade County Head Start/Early Head Start Programs must not charge any fees for participation in the programs. Under no circumstances shall a Head Start program solicit, encourage, or in any other way a child's enrollment or participation in the program based upon the payment of a fee.

Communication with Parents (transportation) 1303.75

Staff will be clear to all prospective families in their program's recruitment announcements and written materials that transportation will be provided only to children with an Individualized Education Plan from Miami-Dade County Public Schools receiving a prescribed treatment or therapy as addressed in their IEP or to a specialist arranged by the Program

Screening Process

Developmental, sensory, and behavior screening

Delegate Agencies must perform or obtain vision, hearing, speech/language, behavioral, and developmental screenings within the first 45 days of enrollment for all children. Screening is done for all children annually. Delegates will conduct or obtain the following screenings:

Screenings	Responsible	Alternate Responsible Staff
Vision	By child's medical provider	By the teacher or Health specialist if not done by child's medical provider
Hearing	By child's medical provider	By the teacher or Health specialist if not done by child's medical provider
Speech Development *(PLS-5 for HS)*	Head Start teaching team	By the teacher or trained grantee or delegate staff.
Developmental Assessment *(ACUSCREEN for HS)*	Head Start teaching team	N/A
Behavioral & Social/Emotional *(e-DECA for HS)* *(ASQ-SE2 for EHS)*	Head Start or Early Head Start teaching team	N/A
Developmental skills *(ASQ-3 for EHS)*	Early Head Start teaching team	N/A

Sensory screens (vision and hearing), for preschooler are usually conducted by the child's medical provider as part of the physical exam. Trained Head Start staff will conduct vision and hearing screening for children when the child's medical provider has not done one. Re-screening is provided for children who demonstrate concerns.

A developmental screening using an age appropriate instrument is conducted to access motor, language, social, cognitive perspective and emotional skills. The instrument, ACUSCREEN, was chosen because it is linguistically and culturally appropriate. ACUSCREEN is an observation based screening tool directly linked to the Galileo Developmental Assessment. Teachers plan prescribed activities to ensure that opportunity is provided to observe all of the skill items on the ACUCREEN. Screening data is entered into the Galileo Assessment system and reports are generated for each child. The Galileo assessment system calculates the child's developmental scores based on age and performance. The ACUSCREEN assigns ratings of No Developmental Concern, Mild Developmental Concern, Moderate Developmental Concern and Severe Developmental Concern.

Infants and toddlers (age 0-36 months) are screened using the ASQ-3 instrument, which is an age-appropriate, developmental, sensory and language-screening instrument. The ASQ-3 is completed through interviews with the parent/primary caregiver and observations of the children.

Head Start classroom staff screen Preschoolers (ages 3-5) by using the Devereux Early Childhood Assessment (DECA) Behavior Screening Tool. The DECA is administered in both English and Spanish. Results of the DECA are analyzed by mental health professionals in consultation with staff and information is shared with disability services. The e-DECA is completed on-line, with reports generated for each child as well as classroom reports. Data can be analyzed immediately.

Infant and toddler (EHS) mental health is addressed through the ASQ-SE2, which addresses the child's social emotional development. Classroom observation by the mental health professional, in consultation with education services staff, supplements the ASQ-SE2 data. The ASQ-SE2 is completed on-line, with reports generated for each child as well as classroom reports. Data can be analyzed immediately.

Screening follow-up

- Results of the screening (infant/toddlers and preschool): vision, hearing, ASQ-3 (developmental) and ASQ-SE (social-emotional) are recorded in ChildPlus database Health Module by the delegate or grantee staff. To ensure that 45 day screening for the delegate/CCP sites are completed within the 45 day mandated screening period; Curriculum Support staff will print ChildPlus Health Requirement Report #3015 no later than five school days after completion of the screen period. For newly enrolled children, Curriculum Support staff will review ChildPlus Health Requirement Report #3015 for completion. Disability and Mental Health Services staff will analyze and follow-up. Delegate/CCP disability staff will analyze their sites' data and provide follow-up as needed.

- Results of the ASQ-3 screen -- Early Head Start are recorded on the EHS Screening Log Form. Scoring is "Strength" (skills above age level), "No concern" (skills at age level), and "Concern" (skills below age level). Scores are recorded for the following developmental areas: Personal/ Social, Fine Motor/Adaptive, Language, Gross Motor, Behavior, Sensory (Hearing & Vision). The EHS Screening Log Form is forwarded to Education Unit and the Disability Services Coordinator who will jointly analyze the data and develop follow-up strategies as needed.

- Disabilities coordinators, in collaboration with education, health and mental health coordinators, as appropriate, will consult on the findings with classroom staff and parents. An Internal Referral Form is completed by classroom or social services staff, if needed.

Children will be considered to have a concern if:

Preschool

- They fail the PLS-5 and the ACUSCREEN; or
- They fail the PLS-5 and the parent has expressed a concern.

Early Head Start

Concern noted (below age level) in any of the six (6) developmental areas of the ASQ-3: Personal/Social, Fine Motor/Adaptive, Language, Behavior, Gross Motor, and Sensory-Hearing & Vision.

Re-screening

- Re-screening is conducted for those children who demonstrated a concern on any screening assessment. Re-screenings are also conducted when the original results are questionable or teacher observations do not support the screening data.

- A second developmental screening is administered to children scoring 10% or lower on the ACUSCREEN but who also pass the Speech screen. This second screening is done by FDLRS-South or Head Start contracted providers using additional developmental instruments and including conferences with the teaching staff.

Developmental Assessment

The Galileo Developmental Assessment is used for all children participating in the Head Start/EHS program. This assessment system has developmentally appropriate learning scales for all of the eleven Head Start domains, children for birth through six years old. The infant toddler scales were specifically developed to address the Florida Infant Toddler readiness measures. The preschool scales address development with a focus on the fives essential domains outlined in the Head Start Child Learning Outcomes Framework. The Galileo system is a comprehensive, research-based assessment tool, which is appropriate for both typically developing children as well as children with identified disabilities. This assessment system is a web-based, technologically sophisticated tool, providing individual assessment information, classroom- level, site level, agency level, and program level of assessment analysis.

Initial assessments are completed following screening. Results of the assessment are discussed with the parent and if concerns are noted, referral for additional evaluation is made. If a child has an identified disability with an IEP/IFSP, the goals and objectives identified in these plans are documented in Galileo along with ongoing progress in all domains.

Referral Process

Developmental Concerns or Suspected Disability

When a developmental concern or problem is identified or suspected, either through screenings, classroom observations, teacher or parent concerns, noted on the physical exam, identified on an application, or available from a prior evaluation report. The following procedures will be implemented:

- When program staff becomes aware of information regarding the child's development and/or staff persons with concerns regarding development will consult directly with disabilities coordinator and complete an Internal Referral Form. A copy of the form and any supporting documentation is placed in the child's record. The original Internal Referral Form and copies of any supporting documentation, if applicable, is sent to Disabilities Coordinator for follow-up.
- Disability Services staff will follow-up by conducting a conference with the teacher and parent. Parents will be informed of all screening results and provided with additional information, including how to individualize a plan at home with their child. Input will be provided by all persons with information regarding the child (e.g. center director, social services, curriculum specialist, health staff, etc.)

- A Follow-up Intervention Plan will be initiated for all children with concerns.

- Based on the results of the conference and follow-up plan, the following steps will be taken:

  (a) Parents will be asked to sign and complete the Consent for Evaluation package

(b) Parents will receive a referral and be asked to take it to their child's doctor for further evaluation.
(c) If a professional evaluation has already been done, the parent will be asked to sign a Mutual Exchange of Information form.
(d) Disability Services staff will send Mutual Exchange of Information form to obtain copy of evaluation reports prior to professional evaluations.
(e) An observation of the child in the classroom setting will be done to assess the child's development and behavior needs.
(f) Adaptive strategies for the classroom and home will be discussed with teacher and parent.
(g) Referral to mental health for remedial intervention at the center (e.g. behavioral management, social skills or self-esteem groups, etc.).
(h) Refer the child for professional evaluation of speech/language, developmental and psycho-educational as needed: to Florida Diagnostic Learning Resource System-South (FDLRS) for children 34.5 months and older for professional evaluation **or** to Part C/ Early Steps Program for children under 34.5 months of age.
(i) Disability Services staff will make referrals for evaluation to appropriate providers and other service areas.
(j) The goals/strategies identified on the Follow-up Intervention Plan will be assessed after 30 days to determine recommendations for next steps in consultation with parents.

Referral to LEA of preschool children

Prior to a referral to FDLRS/South Child Find for Head Start preschool children (children over 34.5 months) a consultation meeting will be scheduled with team member and parents to share screening results and discuss the rationale for next steps. As appropriate, the following documentation will be completed with the parent:

- Current FDLRS/South Child/Family Questionnaire
- Consent Form for Mutual Exchange of Information
- A copy of all documentation will be maintained in the child's record.
- After receiving the completed documentation, the Disabilities Coordinator will refer the child to FDLRS/South Child Find for an appointment.
- FDLRS/South Child Find will review the documentation, enter the case into the CHRIS system and refer the child to the M-DCPS Regional Pre-K Diagnostic Team based on the child's home address. FDLRS/South Child Find will inform Head Start
- Disability Services of the M-DCPS Regional assignment and the date FDLRS made the referral. Head Start Disability Services staff will contact the Pre-K Diagnostic Team leader to schedule an appointment.
- Disabilities Coordinators, in collaboration with social services staff will follow-up on the status of referrals and outcome with parents.

Referral to Part C – Early Steps Program for Early Head Start

- Prior to referral to Early Steps (infants and toddlers under 34.5 months), Disability Services staff and the Social Services will meet with the parent or guardian to discuss the child's needs and staff concerns, rationale for the referral and obtain parent consent for referral to Early Steps. The parent will also complete a Mutual Exchange of Information form. Staff will complete the Early Steps referral form.
- Disability Services staff will contact Early Steps (Part C) to refer the child for evaluation.
- Early Steps will schedule an evaluation within 45 days of referral. Early Steps Program will inform Disability Services staff of the appointment date, time and location.
- Disability Services staff and Social Services will work closely with the family to assist the parent as needed in keeping the scheduled appointment.
- The parent must accompany the child to all evaluations at Early Steps. No child can be evaluated at Early Steps without the parent's written consent for evaluation. Head Start/Early Head Start will provide transportation for parent and child as needed.
- Some children may enter Early Head Start with evaluations done by independent providers. These evaluations will be shared with Early Steps, with the parent's permission, as part of the evaluation process.

- When Early Steps has completed the evaluation, a staffing meeting will be scheduled within 45 days. At the staffing meeting, eligibility for Part C of the Individuals with Disabilities Education Act (IDEA) services will be determined. An Individual Family Services Plan (IFSP) will be developed with input from the family and Head Start staff. The Early Head Start teacher will attend these staffing whenever possible to provide input on the child's progress.

Evaluation Process

Formal evaluation

- Parents will accompany the child to all Pre-K Diagnostic Team evaluations. Head Start/Early Head Start will accompany parents upon request and provide transportation to the parent and child as needed.
- **If M-DCPS Pre-K Diagnostic Team cannot provide an evaluation date within 30 days** of the contact by Head Start Disability staff, the Head Start/Early Head Start program will refer the child to a contracted provider for evaluation. Emergency cases may also be referred to M-DCPS Pre-K ESE program.
- When the Pre-K Diagnostic Team has completed all evaluations, they will send a written report to Pre-K ESE office to schedule an eligibility determination meeting.
- M-DCPS and Early Steps utilize a multidisciplinary approach in developing plans for children with possible disabilities. The multidisciplinary team (M-Team) is referred to as a staffing team. Their function is to review the evaluation information and recommend services. This team develops an IEP for preschoolers or IFSP for infants and toddlers.

Children with Suspected Health, Hearing, Vision or Physical Impairment

- When a health related impairment is suspected during enrollment, the Social Services staff, in consultation with the Health and Disabilities coordinators, will have the parent complete a *Mutual Exchange of Information* form.
- The Mutual Exchange of Information form will be sent to the diagnostic provider along with a *Diagnostic Referral Package* by the social service staff. This includes a letter to the parent (in the event the parent will deliver the forms to the health provider), a letter to the health provider, the *Diagnostic Referral and Reporting Form*.
- Information from the Diagnostic Referral and Reporting form will be shared with the delegate health staff to identify services and training needs. The child will be referred to Nutrition Services and/or Mental Health Services if the condition is related to or may impact these services.
- A Follow-up Intervention Plan will be scheduled to review the case, with the recommendation for possible referral to FDLRS/Child and/or develop a *Health Care Plan* to address the specific needs of the child and family. If the child's needs are solely health related and do not impact learning or development, only a Health Care Plan will be developed.
- The appropriate service area staff will provide training for classroom staff as well as other center staff who may provide care or treatment for the child. Head Start/Early Head Start classroom staff will conduct procedures that do not require a professional license. The appropriate licensed provider will provide any procedure requiring professional certification or licensing. Head Start/Early Head Start classroom staff will implement the educational goals identified for the child on the IEP or IFSP.
- The Curriculum Specialist or Education Manager will work with the teaching team to implement educational activities and interventions to address the child's IEP or IFSP. Disability Services staff will monitor the child's progress and recommend adaptations to the learning environment as needed.
- IEP's and Health Care Plans will be reviewed and updated monthly. If child is returning, such plans must be updated for the new program year.

Individualized Education Plan (IEP) development

Each preschool child with an identified disability will have an *Individual Education Plan* (IEP). The IEP is developed with the parent and members of a multi-disciplinary team (staffing team). Each child's staffing Team will include the parent, the child's teacher and appropriate individuals who will provide input. The staffing team

may include: disability staff, center director, curriculum specialist, social services staff, as well as persons involved in the evaluation of the child (psychologists, speech language pathologists, developmental specialists, medical professionals). IEP development is initiated only by the local educational agency (LEA), M-DCPS. The parent is an active participant. The Staffing Team will develop an IEP for the child to include:

- Child's strengths and needs;
- Specific long range goals, short term objectives, and measurable outcomes to address the child's needs;
- Specific services, equipment and adaptations to meet the child's identified needs;
- Method of service delivery and the persons responsible for providing the service;
- Consent for Special Services form signed by the parent; and
- Copy of Parents' Rights

If the parent does not want the special services offered, a Refusal of Services form will be signed, and a referral will be made to Social Services for follow-up.

Provision of program services and related services

Following the development of an IEP or IFSP, the goals and objectives are reviewed with the teaching staff. Initial documentation of the IEP/IFSP objectives is recorded in Galileo. Classroom staff is responsible for entering data regarding the specific objectives from the IEP/IFSP along with the learning activities and progress towards goals. This documentation is completed weekly and reviewed by disabilities & education coordinators on as needed basis. The classroom staff also document when intervention services take place (i.e., "Henry had therapy today with Ms. Jones"). If the therapist has provided specific data regarding mastery of skills, the teacher will include this in the Galileo documentation. The therapy providers keep progress notes documenting intervention services and progress. These progress notes are given to the teacher at the beginning of each new month for inclusion in the child's record. Teachers share each child's progress information with the parent during parent conferences and home visits.

Program accessibility

Most Delegate Agency centers meet Americans with Disabilities Act (ADA) requirements for accessibility. If the Center does not meet ADA requirements, placement of a child needing ADA accommodations will be made at the nearest Center meeting those needs and the program will assist the family with transportation if needed. Miami-Dade County has an ADA compliance plan and Centers not meeting ADA requirements are targeted for upgrading.

For children and families of the deaf and hard of hearing needing sign language interpretation, Miami-Dade County ADA provides these services.

Record-Keeping and Reporting

Data regarding all children suspected and identified with disabilities are maintained in the ChildPlus database. When a referral is received by the Disability Service unit, the child's data is entered and recorded in ChildPlus and maintained in child's folder. As additional information is received, including documents such as consent packages, evaluation reports etc., and the new data will be updated.

Copies of IEPs and IFSPs, as well as, evaluation reports are included in the child's record maintained at the Center and downloaded in ChildPlus disability module. Documentation of IEP progress is twofold: 1) teacher/classroom objectives from the IEP/IFSP are recorded in Galileo-NOTES; dates of therapy are also recorded, 2) non-M-DCPS therapy provider documents actual progress using *Progress Note for Intervention Services* which is given to the Center at the beginning of each new month. A copy of the progress notes is also submitted with the contractor's billing as verification of services delivered. This copy is maintained in the child's disability folder in the disability office.

Confidentiality

All child information is confidential and records are reviewed and updated on a regular basis or as needed.

Written consent for evaluation is secured as well as *Mutual Exchange of Information* forms to facilitate communication with evaluators, M-DCPS/FDLRS and child's medical provider if needed.

Special Safety Needs

When a child with a potential disability has specific safety needs (safety equipment, additional monitoring, medication, additional staff person), the program will assess those needs as soon as the need is known. If equipment is needed, community resources will be sought to assist the family in securing the needed equipment. If additional monitoring is required, training will be provided by the Disability staff, Curriculum Specialist and/or health staff to ensure that the classroom staff understands and able to implement the monitoring required. When there is a possibility of need for additional staff, the case is referred to the Center Operations Administrator.

Medications

This process applies to all children in the Head Start /Early Head Start program:

- Parent will provide written prescription information from health provider. This may be in the form of a written prescription or the prescribed medication in the original container with the pharmacy label with name, date, dosage, and prescribing physician.
- Parent will sign medication administration form.
- Teaching staff will be trained by Health staff with parent assistance on side effects of medication, conditions and restrictions. Health staff will document training activities.
- Health staff will give instruction based on information from doctor, how and when to use appropriate aerosol equipment and/or appropriate procedure for medication administration.
- Teachers will demonstrate how to use aerosol equipment/medication before services will be provided without assistance. Health staff will monitor on a regular basis.
- Teaching staff will complete the medication log for each medication administered.
- All medication is kept in a locked cabinet at the center. Medication requiring refrigeration is kept in a locked box in the refrigerator.

Transportation

Children with diagnosed disabilities receive transportation from the center for walk-in therapy services to M-DCPS sites. A staff person or the parent accompanies the child to therapy. Schedules for therapy transportation are submitted to Community Action & Human Services Department transportation unit weekly (Thursdays).

Parent involvement

Parents are very important in the process of providing disability services. Parents are engaged from the beginning in the evaluation process by giving written consent for all evaluations and are encouraged to participate in the evaluation. When evaluations are completed an "eligibility determination meeting" is held to discuss the results with the parent and develop an IFSP or IEP to meet their child's needs. Parents have the right to refuse services.

Transitioning children in and out to the next program

Outreach efforts to encourage communication between Head Start/Early Head Start staff and their counterparts in the schools, Early Steps (Part C) and other service providers will include principals, teachers, social workers, and health staff to facilitate continuity of programming. Outreach between Early Head Start and Early Steps (Part C) takes place at least monthly. Disability staff responsible for Early Head Start will meet with the Early Steps (Part C) coordinators on a monthly basis as part of the Young Children with Special Needs and Disabilities Council (YCSNDC). At the meetings, each program will share information regarding the number of children served the scope of services available in the program, and the number of enrollment slots available. Early Steps (Part C) refers children to the Early Head Start program on a regular basis.

Outreach between Head Start and the Birth through Two Programs (B-2) begins in January with coordination of the "Birth through Two" parent information meetings. Head Start/Early Head Start staff (ERSEA, Disabilities and Social Services) participates in the transition meetings at each agency where children are exiting the Birth

through Two Program (B-2). During the transitional meetings, prospective families will be provided a general overview about the program, opportunities for parents and services provided by Head Start/Early Head Start. An orientation package that provides more information about the local Head Start/Early Head Start program will be given to the parents. Also, the families will be encouraged to visit the nearest center, so they can become knowledgeable and comfortable with the program.

Coordination of Cooperative Agreements

Miami-Dade County Community Action & Human Services Department Head Start /Early Head Start must have ongoing cooperative agreements with M-DCPS ESE, UM Early Steps and -Early Steps. This agreement outlines the process for referral to M-DCPS for evaluation. It also addresses IEP development for children in Head Start/Early Head Start. Through this agreement, evaluations secured by Head Start are honored by M-DCPS as if they were evaluated by the school system. Head Start Disability Services staff, teachers and social services staff are invited to eligibility determination (staffing) meetings conducted by M-DCPS for children in the Head Start/Early Head Start program. Information from ongoing classroom assessment is included in the development of the IEP.

Through these cooperative agreements, some children receive joint placement in half day special programs and spend the remainder of their day at Head Start. Children also receive walk-in therapy and/or consultative services from M-DCPS.

Miami-Dade County Community Action and Human Services Department Head Start/Early Head Start Program is committed to providing quality early childhood education for all children including children with disabilities. It is our goal to serve children with disabilities in the most inclusive environments possible. To meet this goal, all Head Start preschool and Early Head Start Infant toddler rooms are fully inclusive environments.

The Head Start/Early Head Start program does not allow for discrimination on any basis.

Multi-disciplinary Team Meeting

Administrators/Center Managers, disabilities coordinators and social service staff assigned to families selected for the programs will convene the multidisciplinary team meetings to discuss the children's special needs (diets, health and mental health services) during the application process and as needed during the program year. This staffing team will consist of the social services, teaching, administrative and Service Area Staff as deemed necessary to support the child and/or family members. The outcomes of these meetings must be documented in ChildPlus by all staff involved.

Miami-Dade County
Community Action and Human Services Department
Head Start/Early Head Start Division

2020-2021
Recruitment and Outreach Joint Efforts
RECOMMENDED

Recruitment and Outreach Strategies

The ERSEA Advocates will coordinate the Recruitment and Outreach Joint Efforts for the Head Start/Early Head Start Programs.

1. **We "ARE" Head Start/Early Head Start:**
   Recruitment efforts will be coordinated by the ERSEA Advocates with a minimum of 20 outreach efforts conducted from January – August.

   - Caleb Center/South Dade Government Center/Frank Shannon Center
   - Health Clinics
   - WIC Clinics and Stores
   - North and South Flea Markets
   - Dade County Youth Fair and other community events
   - Miami-Dade County Public Housing Units/Section 8 Apartments

   Suggested Team assignments (subject to change):

   - KIDCO/CCS-Centro Hispano, MDCPS Dunbar, ES Culmer, YWCA Gerry Sweet, YWCA Cain Tower, CCS-Notre Dame
   - MDCPS Bethune, Allapattah
   - MDCPS Westview, MDCPS NB Young, MDCPS Miami Park, FCAA New Hope
   - FCAA New Mt Zion, MDCPS South Hialeah, KIDCO II, CM Walker Park
   - MDCPS Lillie C. Evans, MDCPS MLK, MDCPS Thena Crowder
   - YWCA Colonel Zubkoff, ES North County
   - Paradise Christian, CM West I, MDCPS Dupuis
   - CM East I & II, CCS Sagrada Familia, United Way
   - ES Liberty Square, CCS Holy Redeemer, MDCPS Orchard Villa, MDCPS Poinciana Park, MDCPS Lillie C. Evans
   - MDCPS Arcola Lakes, Our Little Ones, HY Lillie M. Williams, MDCPS Phyllis Miller
   - MDCPS IAW, CCS Good Shepherd, MDCPS Ethel Beckford
   - MDCPS Leisure City, LeJardin, CCS South Dade
   - ES OEBL, Landow, YWCA Colonel Zubkoff
   - OLC South Miami, St. Albans, OLC Perrine, MDCPS Whigham
   - MDCPS Tropical, MDCPS Carlos Finlay, MDCPS Zora Neale
   - MDCPS Oak Grove, MDCPS Sabal Palms, FCAA Children's Place, HY Early Steps
   - MDCPS Treasure Island, MDCPS Biscayne, MDCPS So. Pointe, MDCPS Feinberg-Fischer

Recruitment and Outreach Joint Efforts (Cont'd)

2. **Let's Spread the Word** – Miami-Dade County Public Housing Developments Canvassing the neighborhoods and surrounding housing units (a minimum of 10 outreach efforts conducted January – July.

   - Annie Coleman Public Housing
   - Liberty Square Public Housing
   - Culmer Place/Rainbow Village Public Housing
   - 17th Ave. 75th street Public Housing
   - Miami Gardens Public Housing
   - 135th Street Apartments/Triangle- Section 8
   - Arthur Mays Public Housing
   - South Miami Plaza
   - Biscayne Plaza/Heritage Village/Moody Village/Pine Island
   - Rebecca Towers/Estella Amaris

3. **Agencies that provide services to children with a Disability:**

   (These recruitment efforts will be coordinated with the Disability Unit):

   - Association for Retarded Citizens (ARC) – Florida City/Goulds/Kendall
   - Debbie Schools – University of Miami
   - Easter Seals of South Florida Inc.
   - United Cerebral Palsy (UCP) – North Shore
   - Linda Ray Intervention Center
   - Switchboard of Miami - Help Me Grow Florida (HMG)
   - Early Intervention Program (IFSP)
     - Early Steps/Southernmost Coast - Nicklaus Children's Hospital
     - Early Steps/Early Intervention Program – University of Miami
   - FDLRS-South (IEP)
   - MDCPS-Dept. of Exceptional Student Education (ESE)
   - DCF Foster Care Provider Agencies

QUICK RECRUITING TIPS



1. Put up notices about your program on Bulletin Boards at grocery stores, hardware stores, office supplies stores, restaurants and schools.
2. Send out press releases (print) or public service announcements (broadcast) regularly to the media telling them about things you are doing. You can announce:
    - New outreach programs in your community
    - Festivals, Fairs, Holiday Events sponsored by your program
    - Moves to a new location
    - Awards received by staff or parents
    - Special educational projects
    - Gifts or donations made by local businesses or organizations
    - Fundraisers, Celebrity or well-known attendees
    - Anything that would interest the readers in your community
3. Open your mouth. Talk to all the people you see: gasoline and grocery store cashiers, hairdresser, sales clerks make sure they know about your program.
4. Speak at your church and at other area churches. Speak at seminars, conferences. Promote your speaking engagement with flyers, or a press release to community newspapers or radio stations.
5. Appear on local community cable shows that have programs geared to the community.
6. Contribute articles to your neighborhood newspapers so they are familiar with your program's activities.
7. Attend community meetings, speak up and let everyone know who you are and what your program is doing!
8. Send out postcards with simple announcements about events at your Head Start program. Postcards get read!
9. Send out greeting cards each holiday with a flyer about your program. Why not have the children make the holiday cards.
10. Go to school with your children. Talk to the classes and teachers about the Head Start program. Visit other schools and talk with the principals. Leave behind your materials in the teacher's lounge.
11. Attend conferences, festivals, fairs. Network and pass out your program's flyers and cards.
12. Desktop-publish a program newsletter and distribute it widely.
13. Write letters to the editor about issues that affect your program. Letters that get printed in magazines and newspapers carry a lot of weight. Call in to radio talk shows. Make your comments and identify yourself and what you do. You never know who may be listening.
14. Be a copycat. If you see good promotional ideas copy it.
15. Phone-a-thon. Call everyone you know and tell them you are recruiting.
16. Do a poster or flyer for your program. Put it where the foot traffic is.
17. Do surveys find out what children services your community wants?
18. Make sure your program is listed in all the area phone directories and specialized community directories.
19. Connect your program with other community campaigns. Help out with the events and share the publicity.
20. Hold an Open House. Invite the community to your program. Give tours when it is convenient.
21. Sponsor an artist. Have a talented artist do a mural on a wall or help the children do a mural. Publicize the event and invite the community to the opening.
22. Create a sticker with the phone number of your program. Stick it everywhere permissible.
23. Frame articles about your program. Keep a notebook of positive press.
24. Wear a symbol of your program everywhere, for example, a Head Start button.
25. Offer an inexpensive gift to parents who refer other parents and children to your program.
26. Create a list of the organizations and businesses that have helped or worked with you in the past. Send each one a note to thank them and to telling them you are recruiting.
27. Try all these ideas. The more ideas you use the better! The key to promotion is repetition. BE PERSISTENT.

Miami-Dade County
Community Action & Human Services Department
Head Start/Early Head Start Division

2021-2022 ERSEA AT-A-GLANCE

Dates	Recruitment and Enrollment Activities
October 27 & 29, 2020	ERSEA/FCE Quarterly Training
November 6, 2020	Annual ERSEA Planning Meeting
November 19, 2020	Grantee ERSEA Plan presented to Policy Council Executive Committee for approval
December 5, 2020	Grantee ERSEA Plan is presented to Policy Council for Approval
December 5, 2020	Determining and Documenting Eligibility Training for Policy Council
December 16, 2020	Delegate Agency ERSEA Plans Due to ERSEA Coordinator
December 16-20, 2020	Review inquiry and waitlist - mail-out letters to families
January 11-15, 2021	Kickoff 2020-2021 Open Recruitment Campaign
January 21 - May 15, 2021	Official Open Recruitment Campaign Period
January 28 & 30, 2021	ERSEA/FCE Quarterly Training
January - December 2021	Face-to-Face interview with all families to determine eligibility – document interview in Eligibility notes section
January - July 2021	ChildPlus Desktop Review and Onsite Visits
February - March 2021	Returning Families Letter Distribution
April 22, 2021	Priority Deadline EHS to HS Transition Requests - Eligibility Requirements
April 2021	ERSEA/FCE Quarterly Training
May 1, 2021	Priority Deadline for Transfer Requests
May 10, 2021	End – Recruitment and Enrollment Campaign
May 14, 2021	Initial 2025 Enrollment Priority Listing is generated for each center by delegate/CCP staff.
May 14, 2021	Initial 2025 Enrollment Priority Listing is generated by Grantee.
May 17 - August 2021	Selection Letters Mailed (include Transfer/Transition families)
May 24 - August 2021	Part 2 of Application (include Health Information Letter)
May - August 2021	Parent Orientation Meetings – Invite all New/Transfer/EHS Transition/Returning Children and Families
May - August 2021	ChildPlus Prioritization and Selection of Children – Copy for Audit
June - July 2021	Preliminary Audit Review of New Families Applications - Onsite Visits
June 2021	Non-Selection (Wait List) Letters Deadline – Refer families to another center in close proximity–Document All Efforts in ChildPlus
July - August 2021	Enroll and Assign Children to Classrooms
July 2021	2019-2020 Surviving the First 45 Days in ERSEA and FCE
July 31, 2021	Full Enrollment
August 2021 TBA	*2021-2022 First Day of School*
August 2021	No-Shows – initiate contacts with the families and emergency persons within the first day of school and document all contacts in ChildPlus. If attempted contacts are to no avail within 3 days, home visit should be attempted.
August – December 2021	Daily/Weekly/Monthly Desktop Review of Enrollment and Attendance

Miami-Dade County
Community Action and Human Services Department
Head Start/Early Head Start Program
2021-2022 SELECTION CRITERIA

SECTION	POINTS
A. INCOME	
Low Income 0-50% of the Poverty Guidelines	**100**
Low Income 51-75% of the Poverty Guidelines	**90**
Low Income 76-100% of the Poverty Guidelines	**80**
Over-Income between 101-130% Over Poverty Guidelines	**10**
Over-Income 131% or greater Over Poverty Guidelines	**0**
B. AGE	
Five (5) years old	**100**
Four (4) years old	**100**
Three (3) years old	**80**
Early Head Start (0 to 36 months)	
0 to 11 months	**100**
12 months to 24 months	**90**
2 years and 1 month to 3 years old	**80**
Pregnant Woman (at 28 weeks gestation or less)	**80**
Pregnant woman (at 29 weeks gestation or more)	**50**
C. DISABILITY	
Diagnosed Disability with IEP or IFSP	**200**
Documented Disability Condition by a Professional	**50**
No Disability	**0**
D. OTHER FACTORS	
Documented Homeless/Displaced child	**200**
Documented ELC-Childcare Subsidy ***(EHS-CCP only)***	**200**
*Documented Foster Child	**100**
Documented SSI/TANF Recipients	**90**
Documented Substance Abuse/Domestic Violence	**90**
Documented Unemployment due to COVID-19	***90***
Children Transitioning from EHS to HS	**85**
Documented Teen Parent < 17 years old	**75**
Documented Sibling of a Returning Child	**75**
Documented Working Parent/Student	**70**
Documented Parent Education 8th grade or below	**65**
Documented Public Housing resident	**60**
No Apparent Social Service or Special Needs	**0**
E. PARENTAL STATUS	
One Parent Family	**100**
Two Parent Family	**75**
*Foster Parent/Legal Guardian	**65**

***Department of Children and Families Supervised or Court-Ordered Foster Care

Need Policy Council approval

Adjustment due to COVID-19

Miami-Dade County
munity Action and Human Services Department
Head Start/Early Head Start Program

2020-2021 SELECTION CRITERIA

SECTION		POINTS
A. INCOME		
	Low Income 0-50% of the Poverty Guidelines	**100**
	Low Income 51-75% of the Poverty Guidelines	**90**
	Low Income 76-100% of the Poverty Guidelines	**80**
	Over-Income between 101-130% Over Poverty Guidelines	**10**
	Over-Income 131% or greater Over Poverty Guidelines	**0**
B. AGE		
	Five (5) years old	**100**
	Four (4) years old	**100**
	Three (3) years old	**80**
	Early Head Start (0 to 36 months)	
	0 to 11 months	**100**
	12 months to 2 years old	**90**
	2 years and 1 month to 3 years old	**80**
	Pregnant Woman (at 28 weeks gestation or less)	**80**
	Pregnant woman (at 29 weeks gestation or more)	**50**
C. DISABILITY		
	Diagnosed Disability with IEP or IFSP	**200**
	Documented Disability Condition by a Professional	**50**
	No Disability	**0**
D. OTHER FACTORS		
	Documented Homeless/Displaced child	**200**
	Documented ELC-Childcare Subsidy (EHS-CCP only)	**200**
	*Documented Foster Child	**100**
	Documented Unemployment due to COVID-19	**100**
	Documented SSI/TANF Recipients	**90**
	Documented Substance Abuse/Domestic Violence	**90**
	Children Transitioning from EHS to HS	**85**
	Documented Teen Parent < 17 years old	**75**
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	Documented Working Parent/Student	**70**
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	Documented Public Housing resident	**60**
	No Apparent Social Service or Special Needs	**0**
E. PARENTAL STATUS		
	One Parent Family	**100**
	Two Parent Family	**75**
	*Foster Parent/Legal Guardian	**65**

***Department of Children and Families Supervised or Court-Ordered Foster Care

Policy Council approved:

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9n

AGENDA ITEM SUBJECT: Disabilities Policies and Procedure Additions, Edits and Updates

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start/Early Head Start Policy Council on December 17, 2020 and is pending approval by the CAA Executive Committee and the CAA Board.

BACKGROUND/SUMMARY: The Disabilities Policies and Procedures revisions include procedures for Multi-Disciplinary Team meetings, referrals to Part C and Part B of IDEA, and Follow-up Intervention Plan process.

FUNDING SOURCE:

U.S. Department of Health and Human Services

Cover Sheet

Additional Services for Children with Disabilities DIS-002 HSPPS 1302.61(a), (b), (c)

1. Procedures for Multi-Disciplinary Team meeting:
   - Prior to and during enrollment
   - During the first 45 day of enrollment- After initial screening and/or when concern has been identified. MDT with service area staff to review concerns, then MDT with staff and family

2. Procedures for referral to Part C and B of IDEA
   Early Steps for Infants and Toddlers (0-3 years old)

   FDLRS Child-Find for preschoolers (3-5 years old)

Children ineligible for ESE services under IDEA DIS-003 HSPPS 1302.62 (a), (b)

3. If child did not qualify for services- Disability services team conduct a MDT with Mental Health and Early Childhood professional and parent to discuss the evaluation report and possible additional referral to private providers or discuss next steps based on the child's need.
   - If no additional support required or needed, the follow-up intervention plan is closed and teachers continue with the child's regular classroom support for school readiness outcomes.

4. In the event of an emergency, such as a natural disaster or pandemic, services will be provided via various platforms including virtually to the extent possible. Assistance will also be available via telephone, desktop reviews as appropriate.

5. Due to emergencies or circumstances where parents or other team members are unable to participate in person, FUIP meetings can be conducted virtually and signatures acquired electronically. The person conducting the FUIP meeting must sign acknowledging that the meeting was conducted with the parent/guardian via telephone, or virtual/video conference call).

Procedures for Multi-Disciplinary Team Meeting prior to children receiving services on-site (at the center). DIS-004 HSPPS 1302.61(a), (b), (c)

6. Meeting required to discuss service plan and care plan with all service providers prior to start of service and every 6 weeks thereafter to discuss progress, support and outcomes.

7. Follow-up Intervention Plan process:

- Conducted with families within 2- 4 weeks after the screening or 90 days from child's enrollment in the program.
- Follow-up to Follow-up Intervention Plan every 6 weeks thereafter until the child attended eligibility determination meeting (HS), evaluation with Early Steps (EHS) and determined eligible for services.

SUBJECT: Full participation in program services and activities	**NUMBER:** DIS-001
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE: July 22, 2020	**ATTACHMENT(S):** MDT/FUIP meeting **/**CAHSD staffing notes/eligibility determination form

AUTHORITY: Office of Head Start (OHS), Administration of Children and Families (ACF)

45CFR, Part 84, Nondiscrimination on the Basis of Handicap, 42 U.S.C. 12101, 29 U.S.C. 794

REGULATION REFERENCE:

Head Start Performance Standards – Full Participation in Program Services and Activities 45 CFR Subpart F 1302.60

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, delegate agencies and early child care partners, as applicable, to ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 *et seq.*), and their implementing regulations. Miami Dade County Community Action Agency Head Start and Early Head Start ensures that the individualized needs of children with disabilities including but not limited to those who are not eligible for services under IDEA and their families receive all program services in the least restrictive environment and that they fully participate in all program activities.

PROCEDURES:

1. The delegate agency and/or child care partner disability service area personnel in collaboration with the center administrative staff will ensure that new staff receive Americans with Disabilities Act training as part of their new staff orientation and/or within 90 days from the date of hires. All other staff are required to participate in ADA training annually.

2. Delegate agency and/or Child Care Partner organization service area personnel within Head Start-Early Head Start are involved in the integration of children with disabilities and their families, as well as building a culture of inclusion for children enrolled in the program.
3. Provision is made for children with disabilities and/or qualifying IDEA LEA part B individualized Education Plan (IEP) or IDEA LEA Part C Individualized Family Service Plan (IFSP) source documentation to be included in the full range of activities and services normally provided to all program and provisions for any modifications necessary to meet the special needs of children with disabilities.

SUBJECT: Full participation in program services and activities	**NUMBER:** DIS-001
EFFECTIVE DATE: August 10, 2017	**PAGE:** 2 of 2
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** MDT/FUIP meeting /CAHSD staffing notes/eligibility determination form

4. Modifications and accommodations are made in the learning environment, throughout the daily routine activities, for children identified with developmental concerns and/or diagnosed with a disability under IDEA.

SUBJECT: Additional Services for Children with Disabilities - **Referrals, 45 day Screenings, Multidisciplinary and Follow-Up Intervention Plan Meetings**	**NUMBER:** DIS-002
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 3
REVISION DATE: December 17, 2020	**ATTACHMENT(S):**

5. The program will ensure that placement of children will not be denied on the basis of a disability or it severity when the parents wish to enroll the child, The child meets the Head Start/Early Head Start age and income eligibility requirement, and Head Start is deemed the least restrictive environment according to the IEP/IFSP and evaluation results.
6. Delegate agency and/or Child Care Partner organization service area personnel in collaboration with Grantee disability specialists will participate in eligibility determination meetings to ensure the appropriate placement (in the least restrictive environment) of children who meet the eligibility criteria under IDEA.
7. Delegate agency and/or Child Care Partner service area personnel will follow-up with the families to provide supportive services as recommended on the IEP/IFSP and for children who may not have qualified or were found ineligible for services under IDEA.
8. Delegate agency and/or Child Care Partner organization service area personnel will document efforts and support provided to children, families and staff in ChildPlus using the appropriate documentation forms. When needed, the Grantee Disabilities Coordinator and Grantee Disabilities Specialists will ensure appropriate program support is provided to all delegate and partner agency personnel via ongoing of training, technical assistance and related activities to ensure full participation children eligible for services under IDEA.
9. In the event of an emergency, such as a natural disaster or pandemic, services will be provided via various platforms including virtually to the extent possible. Assistance will also be available via telephone, desktop reviews as appropriate.

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF), Department of Health and Human Services (HHS)

REGULATION REFERENCE:

Subpart F– Additional Services for Children with Disabilities 45 CFR 1302.61(a), (b), (c)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, delegate and early child care child care partners to ensure that parents, teachers and other service area multidisciplinary team (MDT) members to include Disability Coordinators, Mental Health Consultants, Health and Nutrition, Family and Community Engagement and other personnel collaborate and develop individual goals, objectives and strategies for each child based on results of screenings, parent and teacher observations, child assessments and IDEA source documentation which will support each child's pattern of development.

PROCEDURES:

When a developmental concern is identified or suspected through screening, classroom observation, teacher or parent concern, developmental information included on the physical exam or application and or evaluation reports (obtained prior to enrollment), the follow-up procedures below will be utilized and documented in ChildPlus:

(1) **Prior to enrollment-** If a concern is identified during the application process, social service personnel will initiate an internal referral. Upon receipt of the internal referral from the social service area personnel, the delegate agency and/or

child care partner organization disability service area personnel will collaborate with the social service area personnel to schedule and conduct a Multi-Disciplinary Team (MDT) meeting with the family to discuss concerns identified during the application process.

a Concerns will be reviewed with the family. The meeting will focus on supports based on the child's strengths, needs, available services, referral to community agencies, and follow-up support needed to assist the child with transitioning into the HS/EHS Program as well as identify adaptation and accommodations that may be needed in the learning environment..

b Screenings and assessments may be conducted during this time to ensure early intervention services are rendered to children with concerns. (Although the child is not enrolled – we may provide this service to children in the community)

c Referrals to Part B (Local Education Agency) or Part C (Local Early Steps) may also be initiated during this time.

d

During the First 45 Days of enrollment/program year- The delegate agency and/or child care partner organization disability service area personnel will monitor the screening and assessments conducted by the teaching team (in collaboration with parents) review ChildPlus Health Requirement report #3015 to identify children who demonstrated concerns on developmental screenings (ASQ-3, ASQ-SE, Acuscreen, PLS-5, Vision and Hearing). A report will be generated no later than the 46thday of enrollment in the program.

e A MDT with services area staff (also known as ChildPlus 3015 MDT) will be scheduled and conducted within 2 weeks of the completion of screenings (or after the 46th day) to discuss any concerns identified in the CP 3015 Report. In collaboration with all team members the delegate agency and/or child care partner organization disability services area personnel will also discuss the recommendations, and next steps to support the child and family for children identified with concerns. The delegate agency and/or child care partner disability service area personnel will collaborate with the team to develop a Follow-up Intervention Plan based on the knowledge acquired about the child's strength and needs.

f The Follow-up Intervention Plan meeting will be scheduled and conducted with the family within 2-4 weeks following the 3015 MDT or within 90 days of the child's enrollment in the program. Other services area staff may also be invited when available.

g The FUIP meeting will be scheduled with the parent/guardian to discuss screening results, concerns from the education team, parent concerns, and recommendations form the MDT and other pertinent information. The delegate agency and/or child care partner disability service area personnel will discuss early intervention service options available and in collaboration with the parent identity the best early interventions service options for their child including referral to the Part B or Part C agency responsible for services under IDEA or private/community early intervention agencies.

i Parents must have opportunities to provide input in the planning process,

ii And when required, parents/guardians must have opportunities to sign consents for referral to conduct further screening, evaluation, eligibility for Part C/B agency responsible for services under IDEA

iii *Due to emergencies or circumstances where parents or other team members are unable to participate in person, FUIP meetings can be conducted virtually and signatures acquired electronically. The person conducting the FUIP meeting must sign acknowledging that the meeting was conducted with the parent/guardian via telephone, or virtual/video conference call).*

SUBJECT: Additional Services for Children with Disabilities- **Referrals, 45 day Screenings, Multidisciplinary and Follow-Up Intervention Plan Meetings**	**NUMBER:** DIS-002
EFFECTIVE DATE: August 10, 2017	**PAGE:** 3 of 3
REVISION DATE: July 22, 2020	**ATTACHMENT(S):**

(2) **Follow-up and Implementation of the FUIP:** The FUIP will be utilized to identify strategies used for children with identified concerns on developmental screenings and/or assessments and may be waiting eligibility determination.

a The delegate agency and/or child care partner disability service area personnel in collaboration with the education team will continue follow-up on the child's progress in the learning environment by ensuring teachers have support with providing high quality early education and child development services that promote cognitive and social emotional development.

b Teachers will foster an environment that promotes responsive and effective teacher-child interactions throughout the daily routine, including socialization within the home-based options. The program must promote a secure parent-child relationship and help parents provide high quality early learning experiences virtually or in person.

c The delegate agency and/or childcare partner disability service area personnel will continue follow-up with the child identified with developmental concerns until the condition has been resolved through intervention and/or the child demonstrated mastery in all areas of concern and no longer needs the additional supportive services.

SUBJECT: Additional Services for Children with Disabilities- **Referral to Part B/C Agency Responsible for Under IDEA**	**NUMBER:** DIS-003
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 6
REVISION DATE: December 17, 2020	**ATTACHMENT(S):**

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF), Department of Health and Human Services (HHS)

REGULATION REFERENCE:

Subpart F– Additional Services for Children with Disabilities 45 CFR 1302.62 (a), (b)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, delegate and early child care partners to ensure that parents/guardians are dully educated on the steps involved in the

referral to part C and or B agencies that are responsible for services under IDEA, they are supported in selecting the most optimal option for early intervention services for their child, and they also have support with becoming advocates for services that meet their children's needs and understanding their child's disability.

PRODCEDURE:

1. Delegate and Child Care Partnership agency disability staff in collaboration with social services and education staff will ensure parents receive support with understanding the benefits of early intervention services. These supports will be provided throughout the eligibility determination process

a. Parents will receive ongoing support from the delegate agency and/or child care partner disability service area personnel in collaboration with the education staff, social service team with:

a. Understanding the benefits of early intervention services, especially services accessed between 0 – 5 years of age.
b. Understanding the process of determining eligibility and how early intervention services can assist their child with later school success.
c. Understand that the HS/EHS staff (that knows the child best) will identify sensitive and caring ways to communicate with the child at his/her level of development.
d. Understanding, identifying and receiving services in the least restrictive environment.

2. **Parents refusing services**: The delegate agency and/or childcare partner disability service area personnel will continue the follow-up intervention process.

1. Collaborate with the education staff and provide support to the teaching team as intervention continues in the learning environment.

SUBJECT: Additional Services for Children with Disabilities- **Referral to Part B/C Agency Responsible for Under IDEA**	**NUMBER:** DIS-003
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2. Follow-up with the parents on referral to outside providers for additional support until the concern has been resolved and/or it is no longer a concern.

(3) **Children ineligible for ESE services under IDEA**: After an eligibility staffing meeting, the delegate agency and/or child care partner organization disability service area personnel will schedule and conduct a MDT meeting for children found ineligible for ESE services under IDEA (Did Not Qualify-DNQ) from the Part C/B agency (Local Early Steps/ LEA-MDCPS) to determine additional supportive services the child and family can benefit from and provide a referral to outside service providers as necessary.

(4) A MDT will be scheduled and conducted to include the service team members and parents/guardians. During this meeting a FUIP will be developed with the parent focusing on the area of concern. Parents will receive a copy of the follow up intervention plan with recommendations documented on the Follow-Up Intervention plan form. The meeting will be documented in ChildPlus including an attachment of the completed and signed documents.

(5) The delegate agency and/or childcare partner organization disability service area personnel will continue follow-up with the child identified with developmental concerns until the condition has been resolved through intervention and/or the child demonstrated mastery in all areas of concern and no longer needs the additional supportive services.

(6) Teachers will foster an environment that promotes responsive and effective teacher-child interactions throughout the daily routine, including socialization within the home-based options. . The program must promote a secure parent-child relationship and help parents provide high quality early learning experiences virtually or in person.

(7) All programs must implement a research-based curriculum, and screening and assessment procedures that support individualization and growth in the areas of development described in the Head Start Early Head Start Child Outcomes Framework.

Additional services for children with disabilities. Programs must ensure the individualized needs of children with disabilities, including but not limited to those eligible for services under IDEA, are being met and all children have access to and can fully participate in the full range of activities and services. Programs must provide any necessary modifications to the environment, multiple and varied formats for instruction, and individualized accommodations and supports as necessary to support the full participation of children with disabilities. Programs must ensure all individuals with disabilities are protected from discrimination under and provided with all services and program modifications required by section 504 of the Rehabilitation Act (29 U.S.C. 794), the Americans with Disabilities Act (42 U.S.C. 12101 *et seq*.), and their implementing regulations.

(a) *Services during IDEA eligibility determination*. While the local agency responsible for implementing IDEA determines a child's eligibility, a program must provide individualized services and supports, to the maximum extent possible, to meet the child's needs. Such additional supports may be

available through a child's health insurance or it may be appropriate or required to provide the needed services and supports under section 504 of the Rehabilitation Act if the child satisfies the definition of disability in section 705(9)(b) of the Rehabilitation Act. When such supports are not available through alternate means, pending the evaluation results and eligibility determination, a program must individualize program services based on available information such as parent input and child observation and assessment data and may use program funds for these purposes.

(b) *Additional services for children with an IFSP or IEP*. To ensure the individual needs of children eligible for services under IDEA are met, a program must:

(1) Work closely with the local agency responsible for implementing IDEA, the family, and other service partners, as appropriate, to ensure:

(i) Services for a child with disabilities will be planned and delivered as required by their IFSP or IEP, as appropriate;

a The delegate agency and/or child care partner organization disability service area personnel will follow-up with the family on the recommended ESE program to arrange for service delivery.

b Encourage the parent as their child's first teacher and advocate to register the child in the recommended ESE program and/or consultative ESE services; Coordinate Speech/Language therapy with Speech/Language therapists when the child is enrolled in the program.

c Arrange for CASHD transportation for children eligible for 30-60 minutes walk-in services.

d Encourage parents to become advocates for their child by:

i reviewing and understanding screenings, assessments and evaluation results,
ii providing feedback/input in their child's learning,
iii giving consent for services,
iv Attending parent meetings or meetings to discuss child well-being and or services,
v visiting classrooms, volunteering at the school, and participating in events that support their child,
vi consulting with Infant Toddler Developmental Specialist (ITDS or other early interventionist about services and child progress

e *Document all supportive services in ChildPlus disability module, and attached documents as available.*

(ii) Children are working towards the goals in their IFSP or IEP;

(iii) Elements of the IFSP or IEP that the program cannot implement are implemented by other appropriate agencies, related service providers and specialists;

(iv) IFSPs and IEPs are being reviewed and revised, as required by IDEA ; and,

(v) Services are provided in a child's regular Early Head Start or Head Start classroom or family child care home to the greatest extent possible.

(2) Plan and implement the transition services described in performance standards 1302 Section G, including at a minimum:

(i) For children with an IFSP who are transitioning out of Early Head Start, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure appropriate steps are undertaken in a timely and appropriate manner to determine the child's eligibility for services under Part B of IDEA; and,

(ii) For children with an IEP who are transitioning out of Head Start to kindergarten, collaborate with the parents, and the local agency responsible for implementing IDEA, to ensure steps are undertaken in a timely and appropriate manner to support the child and family as they transition to a new setting.

a The delegate agency and/or child care partner organization disability service area personnel in collaboration with the social service team, education will schedule a transition plan meeting with the family to discuss transition to Head Start for EHS children, and to Kindergarten for HS children at least six months prior to the child's entering such program. During the meeting, parent will be provided information about their child's progress, needs, outcomes, and also reminded to follow-up with the Local Agency for their exit BDI evaluation, eligibility transition meeting from Part C to Part B of IDEA, other supportive services, referrals, and selection of program for the following school year.

b At least, monthly thereafter prior to the transition, the disability coordinator with follow-up with the parent to document progress with the local agency

c The delegate agency and/or child care partner organization disability service area personnel will assist the parent with follow-up with the local agency as needed, attend the meeting with the parent, and document supportive efforts and services in ChildPlus.

Learning Outcomes Framework: Ages Birth to Five and support family engagement in children's learning and development.

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(3) A program must deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts. To deliver such high-quality early education and child development services, a center-based or family child care program must implement, at a minimum, the elements contained in HSPPS 1302.31 through 1302.34, and a home-based program must implement, at a minimum, the elements in HSPPS 1302.33 and 1302.35.

(4) A center-based and family child care program must ensure teachers and other relevant staff provide responsive care, effective teaching, and an organized learning environment that promotes healthy development and children's skill growth aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five, including for children with disabilities.

(5) Center-based and family child care programs must implement developmentally appropriate research-based early childhood curricula, including additional curricular enhancements, as appropriate that:

(a) Are based on scientifically valid research and have standardized training procedures and curriculum materials to support implementation;

(b) Are aligned with the Head Start Early Learning Outcomes Framework: Ages Birth to Five and, as appropriate, state early learning and development standards; and are sufficiently content-rich to promote measurable progress toward development and learning outlined in the Framework; and,

(c) Have an organized developmental scope and sequence that include plans and materials for learning experiences based on developmental progressions and how children learn.

(6) A program that chooses to make significant adaptations to a curriculum or a curriculum enhancement described in HSPPS 1302.32 paragraph (a)(1) to better meet the needs of one or more specific populations must use an external early childhood education curriculum or content area expert to develop such significant adaptations. A program must assess whether the adaptation adequately facilitates progress toward meeting school readiness goals, consistent with the process described in HSPPS 1302.102(b) and (c). Programs are encouraged to partner with outside evaluators in assessing such adaptations.

Procedural Aspects to inform and guide Individualization and Follow up Intervention Planning

1. The delegate and/or partner agency teacher, in coordination with the assistant teacher and the Disabilities Coordinators, Mental Health Consultants and other MDT members will be responsible for accessing and reviewing each file completely.

2. The teachers, Disabilities Coordinators, Mental Health Consultants, and other MDT members in collaboration with parents will discuss the screening and assessment process and the goals, objectives, and strategies to support the child's development during their Head Start/Early Head Start experience.

3. Goals, objectives and strategies are to be developed by discussing observations from teachers and parents, Disabilities Coordinators, Mental Health Consultants, MDT, screening results (including medical, dental, developmental, sensory, and behavioral, the Head Start Preschool Key Developmental Indicators (KDIs), and Creative Curriculum goals. Goals, objectives, and strategies on the Follow-up Intervention plan should be comprehensive and respond to each child's individual characteristics, strengths and needs.
(Source document: Follow-up intervention plan-DISABILITIES/MH Forms)

4. Teachers, Disabilities Coordinators, Mental Health Consultants, and the MDT will use the Galileo Individual Development Profile to determine Follow-up Intervention plan goals, objectives, and strategies in conjunction with the parent. These goals will then be the base for individualized activities until an Individualized Education Plan (IEP) or an Individualized Family Services Plan (IFSP) is written by the local IDEA Part B /Part C provider. The child's progress will be shared with the parent. The parent, teacher, Disabilities Coordinator, Metal Health Consultant, and MDT are to review and sign the Follow-up Intervention Plan in the designated area of concern during each formal parent contact.

5. Delegate and partner agency teachers will use the Anecdotal note log to document all activities implemented towards completion of individual goals, objectives, strategies and IEP/IFSP goals, if applicable.

6. Documentation of individual goals and activities to support those goals is to be documented on the Anecdotal Note Log and Galileo Notes (online). (Copy referenced in Child's record)

7. Documentation and Follow-Up Intervention Planning will be reviewed by the delegate and/or partner agency Education Services Managers, teachers, Disabilities Coordinators, Mental Health Consultants, MDT, and parents at least every six weeks until child meets IDEA LEA eligibility criteria for ESE services, ITDS services and/or related services, child no longer has a concern due to success documented with intervention or condition has been resolved through additional supportive services.

8. CAHSD's Disabilities Coordinator and Grantee Disabilities Specialists will inform, support, and ensure appropriate program assistance and continuous program compliance oversight is provided to all delegate and partner agency personnel via ongoing provision of training, technical assistance and related activities consistent with the HSPPS, program goals/objectives and school readiness best practices for all children/families.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Additional Services for Children with Disabilities – **Multidisciplinary Team Meetings with Outside Agencies Providing Services**	**NUMBER:** DIS-004
EFFECTIVE DATE: August 10, 2017	**PAGE: 1 of 2**
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** None

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF), Department of Health and Human Services (HHS)

REGULATION REFERENCE:

Subpart F– Additional Services for Children with Disabilities 45 CFR 1302.61(a), (b), (c)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, to conduct multidisciplinary team meetings with all outside agency staff providing services within the center setting for Head Start and Early Head Start children prior to and throughout the duration of service provision. The multidisciplinary team will include, parents, teachers, pertinent service area coordinators, curriculum specialists, center directors and outside agency therapists or service provider staff.

PROCEDURE

1. Once staff is informed that outside services will be provided to children in the center setting, a multidisciplinary team meeting will be scheduled by the center director, disability coordinator or assigned staff prior to the first therapy session.
    a. Meeting participants will include but are limited to:
        i. Parents/Caregivers
        ii. Teachers
        iii. Therapist (Outside Agency)
        iv. Therapist supervisor or assigned staff (Outside Agency)
        v. Center Director
        vi. Disability Coordinator
        vii. Mental Health Consultant and or Coordinator
        viii. Curriculum Specialist and Education Manager
        ix. Health Coordinator
        x. Family Engagement/ Social Service Staff
        xi. Nutrition Coordinator
    b. **Initial meeting** objectives (to be held prior to first therapy session) will include:
        i. Reviewing needs, goals, and objectives for the child from both agencies
            1. Follow-up Intervention Plan
            2. Galileo Class Observation Record or other pertinent assessment reports
            3. Goals, objectives from Referral Agency
        ii. Identifying areas of overlap between both plans/goals
        iii. Identifying how goals and objectives will be met by both agencies collaboratively
        iv. Review of Head Start/Early Head Start expectations (i.e. intrinsic motivational strategies vs external rewards to motivate positive behavior).
        v. Duration of time the therapists/support staff person will be in the classroom.

SUBJECT: Additional Services for Parents-Grantee - **Multidisciplinary Team Meetings with Outside Agencies Providing Services**	**NUMBER:** DIS-004
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vi. Plan to support the child's full participation in group/class activities.
vii. Schedule ongoing communication with teacher and center directors (at a minimum weekly). Share schedule with all MDT members.
1. Teachers and Center Directors will inform Curriculum Specialist, Mental Health Consultants/Coordinators, Disabilities Coordinators, Social Service Staff and or Administrative staff immediately if challenges occur prior to the Follow-Up Intervention Plan Meeting.
2. An MDT meeting will be scheduled by the Disabilities Coordinator, Curriculum Specialist/Education Manager or Mental Health Consultant/Coordinator to address and resolve challenges.

c. **Follow Up MDT/Follow-up Intervention Plan Meetings** (every 4-6 weeks)
i. Send invite/communication informing/reminding outside therapists/support staff of MDT-FUIP Meeting.
ii. Review child progress using assessment data and observations documented on plans
iii. Revise plans as determined necessary by team members (including outside therapist/support staff).
iv. Identify successes and concerns.
v. Make a plan to address concerns.
vi. Confirm date and time of next MDT-FUIP Meeting.

SUBJECT: Additional Services for Parents-Grantee- **Services for ALL Children including those eligible under IDEA**	**NUMBER:** DIS-005
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Part 1302 Subpart F, Additional Services for Children with Disabilities

45 CFR 1302.62 (a)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program to ensure that additional services are available for parents of all children with disabilities. Services will also be available for parents of children eligible for services under IDEA.

PROCEDURES:

1. It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program that the Disabilities Services Coordinator and/or corresponding delegate or partner agency Disabilities Services

Coordinator, will work with parents, staff, and other agencies to ensure appropriate services are provided for children with disabilities and/or identified children with special developmental needs and update agency policies and procedures and/or related service plans, as necessary.

2. The delegate and early child care child care partners will collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including providing support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development.

3. The delegate and early child care child care partners will assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.

SUBJECT: Additional Services for Parents-Grantee-**Services for ALL Children including those eligible under IDEA**	**NUMBER:** DIS-005
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Parents of children eligible for services under IDEA

For parents of children eligible for services under IDEA, a program will also help parents:

(a) Understand the referral, evaluation, and service timelines required under IDEA;

(b) Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;

(c) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,

(d) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

4. CAHSD's Disabilities Coordinator and Grantee Disabilities Specialists will inform, support, and ensure appropriate program assistance and continuous program compliance oversight is provided to all delegate and partner agency personnel via ongoing provision of training, technical assistance and related activities consistent with the HSPPS, program goals/objectives and school readiness best practices for all children/families.

These procedures will be documented in ChildPlus as well as the completed forms attached in the ChildPlus disability module as needed, and will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Additional Services for Parents-Delegates and Partners	**NUMBER:** DIS-006
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Subpart F, Additional Services for Children with Disabilities

45 CFR 1302.62 (b)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, delegate agencies and early child care partners to support policies and procedures established to ensure that the disabilities coordinator and/or designated disabilities service area personnel are collaboratively involved with other content area staff and families throughout the full process of developmental assessment and parent engagement for all program children.

PROCEDURES:

(a) *Parents of all children with disabilities*.

(1) The delegate and early child care child care partners must collaborate with parents of children with disabilities, including but not limited to children eligible for services under IDEA, to ensure the needs of their children are being met, including support to help parents become advocates for services that meet their children's needs and information and skills to help parents understand their child's disability and how to best support the child's development;

(2) The delegate and early child care child care partners must assist parents to access services and resources for their family, including securing adaptive equipment and devices and supports available through a child's health insurance or other entities, creating linkages to family support programs, and helping parents establish eligibility for additional support programs, as needed and practicable.

(b) For parents of children eligible for services under IDEA, CAHSD will also help parents:

(1) Understand the referral, evaluation, and service timelines required under IDEA;

SUBJECT: Additional Services for Parents-Delegates and Partners	**NUMBER:** DIS-006
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Actively participate in the eligibility process and IFSP or IEP development process with the local agency responsible for implementing IDEA, including by informing parents of their right to invite the program to participate in all meetings;

(2) Understand the purposes and results of evaluations and services provided under an IFSP or IEP; and,

(3) Ensure their children's needs are accurately identified in, and addressed through, the IFSP or IEP.

These procedures will be documented in ChildPlus as well as the completed forms attached in the ChildPlus disability module, and be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Coordination and Collaboration with the Local Agency Responsible for Implementing IDEA	**NUMBER:** DIS-007
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 4
REVISION DATE:	**ATTACHMENT(S):** Current Collaborative Agreement(s)

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Subpart F – Additional Services for Children with Disabilities

45 CFR 1302.53, 1302.63

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program grantee, delegate and early child care child care partners to coordinate and collaborate with the locally identified IDEA Child-Find-Florida Diagnostic and Learning Resources System (FDLRS) and LEA Miami-Dade County Public Schools (MDCPS) Pre-Kindergarten Diagnostic Team office and Pre-Kindergarten Exceptional Student Education Staffing office Part B providers for preschoolers and the local IDEA Early Steps Part C provider(s) for infants and toddlers through the University of Miami and Nicklaus Children's Hospital Early Steps Programs via working to develop interagency agreements and/or related collaborative interagency procedures to improve service delivery to children eligible or referred for services under IDEA.

PROCEDURES:

1. Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program grantee, delegate and early child care child care partners will establish ongoing collaborative relationships and early child care partnerships with community organizations such as establishing joint agreements, procedures, or contracts and arranging for onsite delivery of services as appropriate, to facilitate access to community services that are responsive to children's and families' needs and family early child care partnership goals, and community needs and resources, as determined by the community assessment.

SUBJECT: Coordination and Collaboration with the Local Agency Responsible for Implementing IDEA	**NUMBER:** DIS-007

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2. The delegate and early child care child care partners will establish necessary collaborative relationships and early child care partnerships, with community organizations that may include: (a) Health care providers, including child and adult Mental Health Consultants, Medicaid managed care networks, dentists, other health professionals, nutritional service providers, providers of prenatal and postnatal support, and substance abuse treatment providers; (b) Individuals and agencies that provide services to children with disabilities and their families, elementary schools, state preschool providers, and providers of child care services;

3. The delegate and early child care child care partners will coordinate with the local agency responsible for implementing IDEA to identify children enrolled or who intend to enroll in a program that may be eligible for services under IDEA, including through the process described in §1302.33(a)(3) and through participation in the local agency Child Find efforts.

4. The delegate and early child care child care partners will work to develop interagency agreements with the local agency responsible for implementing IDEA to improve service delivery to children eligible for services under IDEA, including:

(a) The referral and evaluation process
(b) Service coordination
(c) Promotion of service provision in the least restrictive appropriate community-based setting and reduction in dual enrollment which causes reduced time in a less restrictive setting
(d) Transition services as children move from services provided under Part C of IDEA to services provided under Part B of IDEA and from pre- school to kindergarten.

5. The delegate and early child care child care partners will participate in the development of the IFSP or IEP if requested by the child's parents, and the implementation of the IFSP or IEP. At a minimum, the program will offer:

(a) To provide relevant information from its screenings, assessments, and observations to the team developing a child's IFSP or IEP; and,

(b) To participate in meetings with the local agency responsible for implementing IDEA to develop or review an IEP or IFSP for a child being considered for Head Start enrollment, a currently enrolled child, or a child transitioning from a program.

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6. The delegate and early child care child care partners will retain a copy of the IEP or IFSP for any child enrolled in Head Start for the time the child is in the program, consistent with the IDEA requirements in 34 CFR parts 300 and 303.

7. CAHSD will be the lead entity in working towards supporting the ongoing collaborative agreement and/or collaborative procedures process with identified local IDEA Part B (FDLRS-Child-Find-MDCPS) and Part C (Early Steps) providers.

Training and resource sharing for program staff, parents, and early child care partners

8. The Child-Find/FDLRS, MDCPS (IDEA Part B provider), University of Miami and Nicklaus Children's Hospital Early Steps (IDEA LEA Part C provider) agencies are invited to attend and participate in the annual in-service training conferences for program personnel. The program also makes available service personnel to provide ongoing training to staff to each of these agencies.

9. The program will forward agendas and/or related reference materials of trainings to IDEA Part B LEA-MDCPS and/or Early Steps Part C staff and other community professionals to invite them to participate in available training resources regarding Head Start program services.

10. The Grantee, delegate and partner agency Disabilities Coordinator and Health/Nutrition Services Coordinator collaborate with local school districts, medical professionals, and community agencies to obtain reciprocal collaboration for training and resource sharing.

11. Parents are notified via delegate and child care partners of appropriate training opportunities through newsletters, e-mails, center notices, and other means.

Collaborative Process Aspects

12. CAHSD's Disabilities Services Coordinator, in collaboration with CAHSD's Head Start Special Project Administrator, Director or designee, will assume primary coordination/collaboration duties to develop and establish collaborative interagency agreements and/or related interagency procedures with identified IDEA Part B / Part C provider organizations as follows:

(a) A joint meeting will be scheduled to discuss and update agreements on an annual and on an as needed basis by both parties.

SUBJECT: Coordination and Collaboration with the Local Agency Responsible for Implementing IDEA	**NUMBER:** DIS-007
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(b) CAHSD's disabilities coordinator, Special Project Administrator or designee will contact the IDEA LEA Part B and IDEA Part C providers each spring and/or as necessary, to coordinate efforts to update the contents of the agreements mutually and collaboratively or agreed upon procedures.

(c) Informal meetings and phone calls during the remainder of the year will supplement annual agreements or related procedures until the agreements are completed to the satisfaction of the parties.

13. CAHSD's Disabilities Coordinator and Grantee Disabilities Specialists will inform, support, and ensure appropriate program assistance and continuous program compliance oversight is provided to all delegate and partner agency personnel via ongoing provision of training, technical assistance and related activities consistent with the HSPPS, program goals/objectives and school readiness best practices for all children/families.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Disabilities Services – Qualified Personnel, Service Area Goals/Objectives, Utilization of Measurable Data, and Quality Assurance service area support	**NUMBER:** DIS-008
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 1
REVISION DATE: July 22, 2020	**ATTACHMENT(S):** Monthly Site Visit Checklist, MDT/FUIP meeting

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Subpart F – Additional Services for Children with Disabilities,

Subpart I – Human Resources Management, Subpart J – Program Management and Quality Improvement

45 CFR 1302.60, 1302.90, 1302.91, 1302.92, 1302.93, 1302.94, 1302.101, 1302.102 and 1303.21 **POLICY:**

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program, delegate agencies and early child care partners to ensure that qualified personnel meet established staff qualifications and competency requirements in order to effectively support the needs, goals, and objectives of program eligible and/or referred children and their families through utilization of measurable data.

PROCEDURES:

1. CAHSD will ensure that staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.

2. All service area personnel will support identified program goals and objectives, via utilization of existing data sets and ongoing collaboration with the Quality Assurance team members, across all service areas, as appropriate, in order to guide and inform the ongoing and continuous delivery and coordination of high quality school readiness services.

3. CAHSD's Disabilities Coordinator and Grantee Disabilities Specialists will inform, support, and ensure appropriate program assistance and continuous program compliance oversight is provided to all delegate and partner agency personnel via ongoing provision of training, technical assistance and related activities consistent with the HSPPS, program goals/objectives and school readiness best practices for all children/families.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Ongoing Compliance, Oversight, and Correction for Delegate Agencies	**NUMBER:** DIS-009
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 3
REVISION DATE:	**ATTACHMENT(S):** Monthly Site Visit Checklist, MDT meeting, FUIP

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- 45 CFR Part(s): 1302.102 (b) (1)

Ongoing Compliance, Oversight, and Correction

POLICY:

It is the policy of the Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program to establish and implement a system of ongoing oversight that ensures effective implementation of the program performance standards, including ensuring child safety, and other applicable federal regulations. The following activities will be implemented, in collaboration with the program's Quality Assurance unit, for the disabilities service area.

PROCEDURES:

CAHSD's disabilities service coordinator and disabilities specialists will ensure that program data relative to the service area is collected and data utilized to inform ongoing compliance, oversight, and correction. Delegate agency disabilities service personnel, and other designated staff, will receive training and ongoing technical assistance regarding this program aspect and related service area requirements on a monthly, quarterly, and as needed basis. The following activities will be conducted to inform ongoing compliance:

1. The delegate and/or partner agency disabilities coordinator or designee will review data entered in electronically across Galileo, ASQ, DECA and ChildPlus databases and consult with delegate agency service area multi-disciplinary team personnel, to include Mental Health Consultants, curriculum specialists and center director to facilitate the integrity of the data early in the program year and throughout the year as new children are enrolled in the program. Ongoing monitoring system activities for grantee and delegate agency data and services will be conducted in collaboration with the program's monitoring unit. This will include the following:

a. Ensure that the ChildPlus data regarding follow up for children with developmental needs or related concerns is entered in a timely manner following on site visits.

b. Ensure that documentation regarding required staff and trainings which have been conducted is up to date to include the training agenda, training materials, sign in sheets and evaluation forms.

a. Review the related Program Information Report in ChildPlus monthly to ensure that service area requirements are being met and that data entered is accurate based on follow up information entered. The PIR Disabilities Services Report 9710 and 3501 Disabilities Management Report will also be submitted by the 5th of each month. Supplemental ChildPlus Disabilities reports 3524, 3540, 3570, and 3521 will also be reviewed by grantee and delegate or partner agency disabilities staff to ensure accuracy of data entered and services provided.

2. Review ChildPlus Disabilities reports 9710, 3501, 3524, attachments 2132, notes 2130, and other reports, as needed, to include all services delivered in partnership with families and external agencies, including IDEA provider entities and MDT collaboration across all service areas to further support child's developmental needs. The following aspects also apply to provision of support to delegate and child care partners via grantee disabilities service area personnel:

a. Children with identified concerns. Grantee Disabilities Specialists will follow up with delegate agency staff (i.e. monthly, bi-monthly, or as needed) to ensure that services are delivered and supported in the manner as agreed upon by parents and staff.

b. Review the Multidisciplinary Team Planning forms, follow up Intervention Plans, IDEA provider referrals, screening data, ChildPlus information and other source documentation, as needed to ensure appropriate service provision to all identified children and families.

c. Review corresponding site visit checklist documentation, related site visit agenda and service area at a glance documentation, as appropriate, for each agency. Documentation regarding parent and staff education training as outlined in the procedures will also be reviewed during site visits.

d. Review EHS Home Based reports and related source documentation, as appropriate.

e. Review of electronic reports will be monitored monthly for each agency. Additional reports which will be reviewed will include the PIR and other Disabilities ChildPlus reports, all services delivered in partnership with families and the MDT, including ChildPlus source documentation to include progress/concerns notes, classroom observations, IEP/IFSP follow up activities, ChildPlus attachments, required training and transportation documentation and all other source documents, as appropriate.

f. Grantee Disabilities personnel will also review all delegate and partner agency Disability binders and (electronic resource files) and all documentation contained within said binders during each site visit. (ex: copy of transportation log, training sign-in sheets, resources, referrals, etc.)

3. Make recommendations in collaboration with the program's Quality Assurance unit and Head Start Director regarding actions which will be required to correct quality and compliance issues.

4. CAHSD's Disabilities Coordinator and Grantee Disabilities Specialists will inform, support, and ensure appropriate program assistance and continuous program compliance oversight is provided to all delegate and partner agency personnel via ongoing provision of training, technical assistance and related activities consistent with the HSPPS, program goals/objectives and school readiness best practices for all children/families.

In the event of an emergency, such as a disaster or a pandemic similar to the occurrence with COVID-19, services will be provided via various virtual platform to the extent possible. Assistance will also be available via telephone, desktop reviews as appropriate

These procedures will be documented in ChildPlus as well as the completed forms attached in the ChildPlus disability module as needed, and will be evaluated as part of the Grantee and Delegate Self-Assessment.

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 17, 2020

AGENDA ITEM NUMBER: 3A9o

AGENDA ITEM SUBJECT: Education Policies and Procedure Additions, Edits, and Updates

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start/Early Head Start Policy Council on December 17, 2020 and is pending approval by the CAA Executive Committee and the CAA Board.

BACKGROUND/SUMMARY: The Education Policies and Procedures revisions include additions to supervision during virtual sessions, daily routines during distance learning, transition activities, and child screenings and assessments.

FUNDING SOURCE:

U.S. Department of Health and Human Services

Miami-Dade County
Community Action & Human Services Department
Head Start/ Early Head Start

EDUCATION AND CHILD DEVELOPMENT (ECD) PROGRAM SERVICES

Cover Sheet

1. SUBJECT**:** Teaching and the Learning Environment - **Supervision Procedure** ECD – 001
   HSPPS1302.31 (a) & 1302.21 (a) (b) (1)(i) (ii)
   - Added supervision of children during virtual sessions.

2. SUBJECT: Teaching and the Learning Environment - **Responsive Care, Effective Teaching and Organized Learning Environment** ECD - 002
   HSPPS 1302.31(a - e), (c) (1 -2) 1302.32
   - Added the transitions between activities and the SEEDS of Early Learning as the Literacy enhancement curriculum for Head Start.

3. SUBJECT: Teaching and the Learning Environment –**Planning** ECD – 003
   HSPPS 1302. 31 (b) (1) (ii – iv)
   - Added Early Head Start daily routine and planning process.
   - Added transition activities utilizing Big 5 Transition strategies
   - Added daily routine during distance learning

4. SUBJECT: Teaching and Learning Environment – **Interactions, Critical Thinking/Problem Solving (Cognition), Communication & Language Development** ECD-004
   HSPPS 1302. 31(a) (b) (1) (iv)
   - Added Waterford and Imagine Learning educational technology instructional software

5. SUBJECT: Teaching and the Learning Environment – **Materials and Spacing** ECD- 007
   HSPPS 1302. 21 (d) (2) & (3)
   - Added Policy for virtual environment

6. SUBJECT: Teaching and the Learning Environment **– Child Screenings and Assessments** ECD – 009 **HSPPS 1302.33(a) (1 - 2), 1302.33(c) (1) (2) (i- iii), 1302.33 (3) (i – ii)**
   - Yearly screening of Head Start children utilizing PLS – 5 Speech and Language Screener added
   - ASQ – 3 or ASQ: SE-2 in the monitoring zone individualization added
   - Distance learning added
   - EHS baseline policy added

SUBJECT: Teaching and the Learning Environment Supervision Procedure	**NUMBER:** ECD - 001
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 3
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.31 (a) & 1302.21 (a) (b) (1)(i) (ii)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Head Start/Early Head Start Program to ensure that teachers and relevant staff provide responsive care in learning environments with a redundant system of supervision.

PROCEDURES:

1. CAHSD's Education Coordinator will ensure that an adequate teaching and learning environment is maintained through proper classroom ratio, group ages and active supervision in delegate agency Head Start, Early Head Start and EHS child care partner sites.
2. The group ratio and classroom size will be maintained in center – based sites as follows:

Group Ratio

1 – 4: Infant and Toddlers Classroom maximum size 8 children with two teachers.

2 – 10: Preschool Age Classroom maximum size 20 children.

Group Ages

Early Head Start: 0 -3 years

Head Start: 3 – 5 years

3. Teaching staff will ensure children are supervised at all times including, but not limited to the following:

During **On-site daily classroom routine**

- Small Group Activity
- Large Group Activity
- Transition Activities
- Personal care activities
- Outdoor activities
- Rest time (children sleeping)
- All field trips. When trips take place on the bus, a log will be used for children entering and exiting the vehicle. A scan will be conducted before all adults completely exit the bus.
- Emergency evacuation and emergency evacuation drills

During **Virtual daily classroom routine**

- Small Group Activity
- Large Group Activity
- One – on – One Virtual Sessions
- Transition Activities

4. The classroom staff will ensure that the child is signed in.

5. A classroom staff member will count the number of children signed in and the number of children present in the classroom to ensure they are equal.

6. The classroom teaching team will count the number of children present during meals, when transitioning from one activity to another and when entering or existing the classroom.

7. The classroom teaching team will count children prior to rest time and again when children awake from nap.

8. Classroom zone/areas scans are conducted during the transition of each activity and three times during the free play or "plan – do – review" segment of the daily routine; at the start of the free play/ work time, in the middle and during the recall by classroom teaching staff.

9. Classroom teaching staff will stand near the restroom facilities to supervise children when the restroom is in use by children.

ZONES/AREAS

1. Everyday classroom teaching team members will identify an area/zone to interact and supervise children based on the areas children freely choose to work in. The zone is comprised of multiple areas in the classroom environment.

2. Prior to children's rest time, classroom teaching staff must identify which zone they will actively supervise while children are sleeping.

3. Classroom teaching staff will document in their lesson plan book the zone/areas they are covering each day.

Head Start/Early Head Start Areas & Zones

In Early Head Start, Zone/Area (1) will include the creative arts, manipulation, and protective infant areas. Zone/Area (2) will include dramatic play, constructive play, and protective infant areas.

In Head Start, Zone one (1) will include the areas of block, house, and computer. Zone two (2) will include the areas of toy, art, and cozy.

Outdoor Supervision

1. Prior to outdoor time, classroom teaching staff will identify the area of the playground they will cover to scan and count. The classroom teaching staff will scan and count children every eight 8 minutes outdoors.

2. Classroom teaching staff will interact (play) with children during outdoor time.

3. Chairs are prohibited on the playground.

4. Classroom teaching staff will ensure adequate ratio is maintained on the playground at all times.

Cellular Telephone Usage

1. Classroom teaching staff will use cellular phones during an emergency involving one or more children or one of the staff only during the site hours of operation.

2. Classroom teaching staff will not use cellular phones for personal use when supervising children during hours of operation.

SUBJECT: Teaching and the Learning Environment – Responsive Care, Effective Teaching and Organized Learning Environment	**NUMBER:** ECD - 002
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.31(a - e), (c) (1 -2) 1302.32

POLICY:

It is the policy of Miami – Dade County Community Action and Human Service Department (CAHSD) Head Start/ Early Head Start program to ensure teachers and other relevant staff provides responsive care, effective teaching, and an organized learning environment.

PROCEDURES:

1. CAHSD Head Start will implement the HighScope Curriculum in classrooms serving preschool children and the Creative Curriculum for Infants, Toddlers and Twos for classrooms serving children birth to three.

2. Each curriculum utilized will provide an organized scope and sequence based on the developmental progression and how children learn.

3. The implemented curricula will provide a daily routine model in which CAHSD mandates delegate agencies implement with regulated teacher directed enhancements. All daily routine models require child initiated activities for at least one third of the operating day. The routine will include:
    a. Two (2) small group teacher directed times in Head Start.
    b. Engaging transitions that appropriately develop learning.
    c. A balance of large muscle and small muscle activity.
    d. 30 minutes daily for each meal and 15 minutes for a snack.
    e. Self-help, toileting, and social development experiences for children's individualized need.
    f. Smooth planned and unregimented transitions between activities.
        i **SEEDS of Learning Big 5 Transition (Head Start Only)**

4. The regulated literacy enhancement utilized is the SEEDS of Learning, a research-based enhancement curriculum previously approved by the grantee.

5. A rest/quiet period must be scheduled for classes in session more than five (5) hours per day. Infants and toddlers sleep on demand. Preschool or toddler children who do not sleep during quiet time will be given individual quiet activities to enhance development of School Readiness skills.

6. Scheduled child guided outdoor play will take place daily for a minimum of 30 minutes, weather permitting.

7. Classroom teaching staff plan routine activities according to collective and individual needs or interests identified in child outcome data. Routines must be flexible to cope with changes in weather or other situations that affect routines without unduly alarming the children.

8. Classroom teaching staff will post and allow children to utilize a pictorial daily routine schedule in Head Start classrooms. Teachers will also post the classroom daily routine to inform parent of children's daily schedule of activities in both Head Start and Early Head Start.

9. A copy of the daily routine will be submitted to the delegate Education Curriculum Support staff by classroom teaching staff. The delegate Education Curriculum Support staff will share the site's daily routines with their Education Specialist during a Mentor/Coaching session to ensure children experience an organized learning environment that promotes healthy development and children's skill growth.

These procedures will be evaluated as part of Annual Grantee and Delegate Self-Assessment.

SUBJECT: Teaching and the Learning Environment - Planning	**NUMBER:** ECD -003
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 7
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services

45 CFR Part(s): 1302. 31 (b) (1) (ii – iv)

POLICY:

It is the policy of Miami – Dade County CAHSD Head Start/ Early Head Start to ensure that age appropriate, high quality, organized activities, and early learning experiences are planned for children collectively and or individually based on children's assessment data to promote developmental growth necessary to achieve the agency's School Readiness goals.

PROCEDURES:

1. CAHSD's Education Coordinator will provide or approve a lesson plan template.
2. CAHSD's Education Coordinator will provide School Readiness goals for the entire agency for planning.
3. Head Start and Early Head Start classroom staff will complete a lesson plan that meets the individual needs of enrolled children.
4. Education-Curriculum support staff will monitor the quality and completion of lesson plans monthly.
5. CAHSD's Education staff will review the delegate agency and EHS child care partner Education- Curriculum support staff's ongoing monitoring of lesson plans for compliance oversight.

The **Head Start** lesson plan will be completed for each day by delegate Head Start classroom personnel. The plan will include:

1. Weekly School Readiness goal(s) with a minimum of two (2) objectives (skills from the Galileo Assessment). The domain and capability number must be identified. The objective from Galileo will be correlated to the VPK Benchmark and added to the lesson plan. *Objectives may be repeated the entire week.*
2. Development of an engaging activity/experience for each segment of the HighScope daily routine and Language & Literacy enhancement daily. *(See routine below)*

Segments of the HighScope Daily Routine

Greeting / Sign–in / Message Board
Create/plan, and document opportunities for children to actively participate in sign – in, message board and free choice activities that support acquiring the daily objective and weekly School Readiness Goal(s).

Small Group Time (AM & PM)
Create/plan and document an active, participatory, teacher-initiated activity that supports acquiring the daily objective and weekly School Readiness Goal (s) for children in the two established small groups.

Language & Literacy/Repeated Read Aloud & Phonological Awareness (Enrichment)
Create/plan and document an active, participatory, teacher-initiated activity that supports acquiring the daily objective and weekly School Readiness Goal (s) for children that focuses on the following literacy skills.

- Book knowledge and print awareness
- Letter names and sounds
- Beginning and ending sounds of words
- Identifying rhyme
- Alliteration
- Vocabulary
- Punctuation Knowledge
- Logic and Reasoning

Once per day complete the Repeated Read Aloud steps as outlined by the SEEDS of Early Learning curricular enhancement.

Plan – Do – Review
Create/plan and document an activity for children to:

- **plan** what they will do in the centers
- provide opportunity for a child exploration, child-initiated activity and material selection
- **recall** what they did in the centers.

The activity will support acquiring the daily group objective or individualized objective/focus for children.

PROCEDURES: (cont'd)

Outside Time
List the materials for used for outside/ free play activities.

Story Time
Select a book to read to each small group for enjoyment that supports children acquiring the daily objective. Document the book title, author, and illustrator in the Lesson Plan.

Large Group I & II
Create/plan and document an active participatory learning activity that supports acquiring the daily objective skills and concentrated School Readiness Goal(s).

Transition Activities
List a minimum of three (3) transition strategies to implement each week including SEEDS Big 5 transitions.

List the materials needed to execute each planned experience/activity for the day.

Rest Time
Children must be provided appropriate rest or nap accommodations everyday of a minimum of 30 minutes per day.

Children who do not desire to sleep must be provided an alternate quiet learning activity during rest/nap time.

3. The teaching team will document any notes that will assist in future planning of activities, changes to the daily routine or environment that will be implemented.
   i List a change to the environment to include material rotation or any additional Change, at a minimum monthly.

4. Weekly documentation of a family involvement activity (curricular engagement idea). The Head Start teaching staff will incorporate the idea in the next week's lesson plan, as appropriate.

The **Early Head Start** Experience (Lesson) Plan will be completed weekly by the delegate Early Head Start Primary Caregiver.

Primary caregivers will complete the **Individual Child Planning Form** for the four (4) children in their primary caregiving group.

1. Write the name of child you are planning for

2. Select the age of the child you are planning for by putting a check ✓ or X in the box that represents the age range of the child.

3. Identify the Domain Focus for the week. See **Domain Focus Schedule** below.

Domain Focus Schedule

Week 1 Language and Social & Emotional

Week 2 Cognition, Approaches to Learning and Physical Health & Development

Week 3 Language and Social & Emotional

Week 4 Cognition, Approaches to Learning and Physical Health & Development

4. Review the Class Observation Record (COR) taken from Galileo to determine the capability (skill) the child is ready to work towards accomplishing. This will be denoted by the RN (Ready Now) or RS (Ready Soon) on the COR.

5. Record the capability (skill) the child is ready to learn in the **Objective/Class Observation Record** Section of the Individual Child Planning Form.

6. Plan and record an activity to assist the child in achieving/practicing the skill identified on the COR. Write the activity in the **Plan** section for the child.

7. Write the materials needed for the activity in the **Materials** section,

8. Write the segment (large group, outside time, etc.) of day you may implement the activity with the child in the **possible segment of the day for implementation** section. Another opportunity may arise however this helps intentional planning.

9. Repeat steps 3-7 for all children in your group.

Primary caregivers will complete the **Group Experience Planning Form** to reflect the needs of the four (4) children in their primary caregiving group. Each week, primary caregivers will:

1. Identify the **domain focus** for the week you are on. List 2 – 4 **objectives** to reflect the capability (skill) the children are ready to work towards accomplishing. This will be denoted by the RN (Ready Now) or RS (Ready Soon) on the COR reflecting the by needs of 2 or more children.

2. Make and document any **changes to the environment** based on observations of children. These changes should include any addition or rotation of materials. This may also include changes in room arrangement such as movement of furnishing or center areas.

3. Make and document any changes to the **daily routine** that has will take place during the week.

4. The **indoor experience (individual)** boxes have been filled in with child 1, 2, 3 or 4. This is to remind you to implement the activity you planned on the Individual Child Planning Form. Example: Child's activity will be implemented on Monday. Use Friday to plan for children that were absent or to spiral back to an activity you think a child/ren need to revisit.

5. The **indoor experience (group)** boxes will be used to plan and record an activity to assist the children in achieving/practicing the skill identified for a group of children on the COR. These skills (objectives) have been written at the top of the form in the objectives section. Write the activities to match the objectives for 5 days.

6. Write the titles of **books and other materials** you will use during the week. **Suggest:** one or two books a week. Re-read the books during the week. Select 3 – 4 books a week to read. Put them in a basket and allow children to select the book they want you to read each day. Change the books every two weeks.

7. Write the **outdoor experiences** children will have and materials you may use during this segment of the day.

8. Plan1-2 **transition activities** you will implement to help children transition from one activity to another.

9. Ask parents what type of activities they would like you to do with their child. Write the suggestion in the **Parent Input** section. Ask the parent to sign the experience plan. Use the idea on your experience plan for the following week.

10. Reflect on your day – what worked or did not work or ideas for implementation etc. Write your reflection in the **Teacher Reflection** section.

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Segments of the Creative Curriculum Daily Routine

Planning/Arrival/Greeting
Hellos and goodbyes as children transition from home to school, greet each child and family and help them say good bye to each other.

Music and Movement
Children will engage in activities to that promote listening and moving to music to develop gross motor skills (which involves movement and coordination of the arms, legs, and other **large** body parts and movements)

Morning Activity/ Rhyme Time
Guide children in selecting what they want to play with and how. Observe and interact with children to extend play and learning. Find time to read and rhyme with children individually or in a small group.

Outdoor Play
Supervise and interact with children as they explore the playground or outdoor play space and equipment.

Small Group Experiences
Support children's development and learning by providing activities to support language and

literacy, nature and science, music and movement, art, the world, family, and themselves.

Free Choice Centers
Children choose to play in the various centers, such as the dramatic play area, the toy area or

the art area.

Story Time
Select a book to read for enjoyment during story time that supports children acquiring daily objective skills or based on the children's current interest.

Rest Time
Children must be provided appropriate rest or nap accommodations as needed daily.
Children who do not desire to sleep must be provided an alternate quiet learning activity during rest/nap time.

Early Head Start Distance Learning

Children 0 – 3 years:

- Parents will receive weekly videos to support at home learning and child development via Ready Rosie
- Teachers will utilize Creative Curriculum Cloud to plan and implement individual activities delivered via zoom conferences with children 2 times per week for 15 minutes.

- The 15 minute activities should consist of 10 minutes of engaging activities and 5 minutes of observation.

Children 2 years and older:

- Teachers will utilize Creative Curriculum Cloud to plan and implement group activities delivered via Zoom Conference for children 2 years and older - 3 days per week for 15 mins.
- Parents will receive weekly videos to support at home learning and child development via Ready Rosie
- Teachers will utilize Creative Curriculum Cloud to plan and implement individual activities delivered via zoom conferences with children 2 times per week for 15 minutes.
- The 15 minute activities should consist of 10 minutes of engaging activities and 5 minutes of observation.

Head Start Online/Virtual Services

Morning Instruction Schedule - 180 instructional minutes

- **60 minutes** Circle Time via ZOOM Conference.
  - 30 minute - whole group instruction; includes games, activities with children; explicit and systematic instruction in phonics, phonological awareness, language and vocabulary development, and listening comprehension.
  - 30 minute - whole group instruction; includes games, activities with children; explicit and systematic instruction in math, science and music and movement activities.

- **80-minute Small Group Session** via ZOOM Conference. Two – 40 minute sessions.
  - 40 minutes (2x's) – small group session with students. Student's participation, including guided, independent student work: small group sessions totaling, including time for student observations to document and record student progress, that is then used to individualize and differentiate instruction.

- **40 minutes** - Waterford Early Learning
  Two- 20 minute sessions of students utilizing instructional software focus on early reading, math and science with integrated assessments to provide individualized instruction.
  - 20 minutes (2x's) – individual learning session using Waterford Early Learning. Students experience individualized instruction utilizing the technology based instructional software.

Head Start In Person Service *during Hybrid Model of Service Delivery*

- Educators will complete the online/virtual Morning Instruction Schedule for 180 instructional minutes.
- Educators will complete the HighScope center based schedule during mid-morning and the afternoon for students participating in person.

SUBJECT: Teaching and the Learning Environment – Interactions, Critical Thinking/Problem Solving (Cognition), Communication & Language Development	**NUMBER:** ECD -004
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302. 31(a) (b) (1) (iv)

POLICY:

It is the policy of Miami – Dade County Head Start/Early Head Start to ensure classroom staff implements active learning and engaging interactions to develop each child's language, literacy, math, science, social studies, creative arts, physical development, and social and emotional skills; utilizing various individualized strategies, technology, family engagement and curriculum specific techniques to promote children's development.

PROCEDURES:

1. Classroom staff of delegate Head Start/ Early Head Start and child care partner sites will develop a professional and trusting relationship with children and their families.

2. Classroom staff of delegate Head Start/ Early Head Start and Child care partner sites will individualize their interactions based on children's abilities and interest, in addition to, using words to describe and explain actions, feelings or thinking in order to scaffold children and intentionally build their vocabulary or develop a school readiness skill.

3. Classroom staff of delegate Head Start/ Early Head Start and Child care partner sites implement the planned group daily routines activities, routine care experiences creating opportunities for children to develop receptive and expressive language for academic success.

   Examples of strategies which will be implemented by delegate Head Start/ Early Head Start and Childcare partner classroom staff to increase language and cognition development include:

   - Engaging extended back and forth exchanges during different learning experiences and when children are at play asking open – ended questions. *This back and forth exchange takes place in our classrooms throughout all segments of the Daily Routine.*
   - Encourage conversation between peers.
   - Shared Interactive Reading and Phonological Awareness activities daily.

- Daily Story Time Activities.
- Validating children's emotions by describing children's emotions when they are unable to verbally communicate.
- Mapping actions through language and description.
- Usage of advanced language with students.
- Label classroom environment and place books around the classroom environments.
- Wait patiently for children to form thoughts and to express their ideas in words.
- Prompt children to make predictions, describe reasoning; asking questions to develop critical thinking.
- Repeating and extending children's responses.
- Taking dictation from children.

4. Classroom staff of delegate Head Start programs will use children's individualized data to plan and assign engaging virtual lessons through the instructional software including but not limited to Waterford Smart Start and Imagine Learning (Imagine Language & Literacy and Imagine Math).

- Waterford Smart Start is an instructional software curriculum enhancement that personalizes children's learning experiences in Language, Literacy and Cognition. Waterford allows in school, home and mobile access for children and their families.
- Imagine Learning (Imagine Language & Literacy and Imagine Math) is an interactive instructional technology software with flexible access that develops bilingualism, language & literacy, early math and various other school readiness skills.

SUBJECT: Teaching and the Learning Environment – Trusting, Nurturing, and Responsive Environments	**NUMBER:** ECD- **005**
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302. 31(a) (b) (1) (iv) (2016 – HPS)

POLICY:

It is the policy of Miami – Dade County Head Start/Early Head Start to ensure classroom staff implements curriculum techniques and practices to foster trusting, emotionally secure, nurturing, and responsive learning environments.

PROCEDURES:

1. Classroom teaching staff and home visitors will implement curriculum techniques to develop authentic relationships with children and families. Examples of techniques listed below:
    a. Be dependable
    b. Have realistic expectations
    c. Share your own interest with children
    d. Respond attentive to children's interaction.
    e. Give each child specific feedback.
    f. Ask and respond to questions honestly. Ask open – ended questions
    g. Participate in children's play frequently.
    h. Encourage children to problem solve and
    i. Implement Teaching Pyramid model practices as outlined in Child Mental Health section.
    j. Share information with parents
    k. Look, Listen and respond
    l. Handle children's bodies with care and respect (inform children of actions to their bodies)
    m. Map your actions with words
    n. Allow children to make decisions, whenever possible

SUBJECT: Teaching and the Learning Environment – Dual Language	**NUMBER:** ECD-006
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302. 31(2) (i - iii); 1302.33(c) (1) ;(2) (i- iii); 1302.33(c) (2) (i – iii)

POLICY:

It is the policy of Miami – Dade County Community Action and Human Services Department Head Start/ Early Head Start to recognize bilingualism and bi-literacy as strength and implement research – based teaching practices to support the development of the home language in preschool and infant / toddler aged children as they develop cognition and literacy skills.

PROCEDURE:

1. CAHSD's Early Childhood curricula implemented in both Head Start and Early Head Start possesses a dual language component allowing for the curricula implementation in a child's home language.

2. The delegate Head Start/ Early Head Start and Early Child Care Partner curriculum resources are secured whenever possible in both the staff and children's home language.

3. Classroom teaching staff, home visitors and family members will screen and assess children in their home language, as well as in English. Parent assistance is requested for translation assistance whenever necessary.

4. Classroom staff will implement a variety of strategies to support communication with children whose primary language is not English. Examples of the classroom strategies are listed below:
    a. Greet each child and their family in their home language.
    b. Provide written correspondence in the family's home language.
    c. Post classroom material labels, rules, helper chart and any other signs needed in the languages spoken of children enrolled. Prepare classroom emergent literacy to identify languages by color.

a. In classroom environments pictures, posters, toys, and books will portray children's culture.
b. Invite families to read and tell stories in their home language.
c. Delegate Head Start/ Early Head Start and Child care partner classroom staff will use individualized information from family observations such as the family's culture and home language to ensure individualized instruction to develop specific language characteristics and school readiness skills.
d. Baseline instruction in a child/children's home language while introducing English to accomplish additive bilingualism, where the children will learn English while their first language and culture are maintained and reinforced. A suggested percentage is listed.
    - 1st quarter 100% to 80% home language to 0 to 20% English of time present.
    - 2nd quarter 80% to 60% home language to 20% - 30% English of time present.
    - 3rd quarter 75% to 50% home language to 25% to 50% English of time present.

5. Classroom staff will assess children in the English Language Acquisition domain in Galileo and use the domain indicators as scope of sequence.

These procedures will be evaluated as part of Annual Grantee and Delegate Self-Assessment.

SUBJECT: Teaching and the Learning Environment – Materials and Spacing	**NUMBER:** ECD-007
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302. 21 (d) (2) & (3)

POLICY:

It is the policy of Miami – Dade County Community Action and Human Service Department to promote the development of School Readiness skills by ensuring the appropriate equipment, materials, supplies and physical space for indoor and outdoor learning environments is available.

PROCEDURES:

The Education Coordinator will ensure that delegate Head Start/Early Head Start and Child care child care partner classrooms meet the space requirements below:

1. The onsite indoor environment is 35 square feet per child per HS standards.

2. The onsite outdoor environment is 75 square feet per child per HS standards.

3. The virtual environment is a warm supportive learning environment with mutual respect between staff, family members and students. This environment fosters self – assurance, positive verbal communication, and knowledge developed by delegate educators.

4. The space is inviting to children, culturally sensitive and reflects the culture/families of the children enrolled.

5. CAHSD's Education Coordinator/Manager purchases materials, equipment and supplies for delegate classrooms when necessary.

6. The onsite space accommodates activities and storage needs.

7. The onsite space is open and accessible.

8. Tables and chairs onsite allow for children to rest their feet flat on the floor and elbows on the table. ***(see EHS specifics*** below)

    a. 5.5 inches high for children six to fifteen months of age.
    b. 6.5 inches high for children twelve to twenty-four months of age.
    c. 8 inches high for children eighteen to thirty-six months of age.

9. Materials are age appropriate, varied, and plentiful (open - ended materials supplied for each interest area).
    a. Materials to promote language and literacy in each interest area.

    b. Materials are stored in the interest area for the type of play they promote.
    c. Open – ended outdoor materials provided for children's use and a proper storage place for materials.
10. Play space is organized; divided into different interest areas. ***(see EHS&HS specifics* below)**

Early Head Start Interest Areas

Dramatic Play, Constructive Play, Creative Arts Play, Manipulative and Sensory Play Areas

Head Start Interest Areas & Curriculum Learning Environment Guide

House, Art, Block, Toy and Cozy Area

Block Area – Large space for building, and movement
House Area – Large space, homelike setting, table to fit space
Art Area - Near a sink, table to allow multiple children to work
Toy Area – Varied materials, may include a table for multiple children
Cozy area – space for 1 – 2 children, soft materials for relaxing, a safe community.
All interest areas will have adequate materials for multiple children to use
Books, writing and science material should be in ALL areas

10. Classroom teaching staff will label interest areas as specified by the curriculum.

11. Classroom teaching staff will complete a Health and Safety Checklist four times per year.

12. The delegate Education Support staff monitors the completion of the Health and Safety checklist.

13. Environmental Ratings will be completed twice per year in each classroom.

    a In **Head Start** the **Program Quality Assessment (PQA)** is completed.
    b In **Early Head Start** the **Infant, Toddler Environment Rating Scale (ITERS)** is completed.

14. CAHSD's Education staff observes the delegate and Early Child Care Partner Education Support staff's completion of the environmental rating scale as an ongoing monitoring of classrooms for compliance oversight during their mentor/coaching monthly sessions.

These procedures will be evaluated as part of the agency Quality Assurance Monitoring.

SUBJECT: Teaching and the Learning Environment – Curricula	**NUMBER:** ECD – 008
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 3
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.32 (2); 1302.92(5) (c) (1 – 4); 1302.32 (2)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Department Head Start/Early Start (CAHSD) to ensure the implementation of a research – based coordinated coaching model for ongoing professional development.

PROCEDURES:

1. CAHSD's Education Coordinator will ensure that grantee and delegate Head Start/Early Head Start Education Support staff will implement Coaching model.

2. CAHSD's Education Specialist, delegate Education Support staff and Early Child Care Partner Curriculum Specialist will complete four mentor/coaching sessions weekly to ensure consistent interaction and communication between mentors and mentees. Mentor/Coaching training sessions should include individual and peer pairing elements to meet the educational needs of both teaching team members.

3. CAHSD's Education staff will provide training, technical assistance and compliance oversight as follows:
    - CAHSD's Education Specialist and the Early Child Care Partner Curriculum Specialist provide ongoing mentor/coaching to delegate and child care partners Education Support staff, as well as, teaching staff to support and ensure delegate agency Education staff provide high quality Early Child Care to children and families while performing federal, state, and local standards to attain the program's goals.

    - Teaching staff are identified in collaboration with the delegate and early child care partner agency staff. Head Start teachers who Classroom Assessment Scoring System (CLASS) scores fall in the National Re - competition zone is selected based on the grantees criteria.

- The Education Specialist also provides Mentor/Coaching to Home Visitor Administrators and Home Visitor staff.

- Grantee Education Specialist conduct one mentor/coach session a month providing technical assistance or training via telephone, site visit, email and or through the use of the Teachstone electronic professional development app (in selected classes) with each assigned agency Education staff.

    a. Yearly a mentor/coaching agreement is established and signed by the education staff.
    b. An initial mentor/coaching introduction meeting is held for the delegate agency and or child care partner staff to share their agency's strengths and to establish their agency areas of improvement.
    c. Monthly topics are addressed during mentor/coaching session determined through collaboration with the delegate or child care partner staff. Also, pre – determined topics such as the completion status of the PQA, CLASS, ITERS, and Child Outcome entries are addressed through modeling, training and sharing of resources to ensure compliance oversight.
    d. Yearly ongoing observation and monitoring is conducted on each classroom by delegate agency Education support staff.
    e. SMART goals and improvement plans are developed as the result of monitoring observations in collaboration of the teacher and Education Support staff.
    f. Follow – up mentor/coaching sessions providing modeling, training and resources will be conducted on SMART goals or improvement plans and recorded in ChildPlus. Follow – ups are labeled in ChildPlus as "Follow – up date of original observation."

- Grantee Education Specialist will conduct CLASS observation on 20% of delegate classrooms twice per year.

- Grantee Education Specialist will conduct the Infant Toddler CLASS on 20% of EHS classrooms twice a year. The Early Child Care Partner Curriculum Specialist staff will conduct Infant Toddler CLASS on each class twice per year.

- The Early Child Care Partner Curriculum Specialist staff will conduct the Infant, Toddler Environmental Rating Scale on each class twice per year.

- All Mentor/Coaching events are documented in ChildPlus.

- Grantee Education Specialist resources for site visit support to teaching staff is pooled and reassigned based on delegate agency data including Monitoring Reports, Child

TRAININGS

Outcomes and CLASS scores throughout the year, therefore assignments may vary as the year progresses.

1. In–service trainings are offered by CAHSD's Education Staff throughout the school year on instructional differentiation and varied topics as determined by compiled data and delegate agency request.

2. All trainings conducted by grantee or delegate Education staff will be entered into ChildPlus professional development module and the original sign- in sheet and training design is stored in their individual Education binder.

3. Delegate Education Support staff and Early Child Care Partner Curriculum Specialist will provide ongoing training by completing a series of scheduled trainings to teachers.

4. Delegate Education Support staff and Early Child Care Partner Curriculum Specialist will provide training on findings from CAHSD's monitoring unit within three weeks after receiving the finding.

5. CAHSD's Education Specialist will assist with trainings to delegate agency and Early Child Care partner staff to ensure compliance oversight.

SUBJECT: Teaching and the Learning Environment – Child Screenings and Assessments	**NUMBER:** ECD - 009
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 4
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.33(a) (1 - 2), 1302.33(c) (1) (2) (i- iii), 1302.33 (3) (i – ii)

POLICY:

It is the policy of Miami-Dade County Community Action and Human Services Department Head Start/Early Head Start to ensure all children upon entering the program are administered developmental, behavioral and articulation screening within 45 calendar days of entry into the program.

PROCEDURES:

1. Parents are given a screening consent letter to endorse prior to children receiving screening as part of the initial application process**.**
2. Screenings are administered by delegate Head Start/ Early Head Start and Child Care partner teaching staff.
3. All newly enrolled Early Head Start children (0 – 3) are administered the Ages and Stages Questionnaire (ASQ-3) and the Ages and Stages Social and Emotional Screener (ASQ: SE-2) within forty-five (45) days of entry into the program.
4. All newly enrolled Head Start children (3 – 5) are administered ACUSCREEN as the developmental screening, Devereux Early Childhood Assessment (DECA) as the social emotional screening within forty-five (45) days of entry into the program.
5. Children with IEP's & IFSP's are screened.
6. Children are screened in their home language and in English when English is not their first language.
7. Enrolled Head Start children are administered Speech and Language Screening within forty-five (45) days of entry into the program and annually.

8. Returning children with a concern identified through a previous screening or expressed by a parent will be re-screened *within forty-five (45) days of entry into a new program year*.

9. After ten school days, and before twenty calendar days, the delegate and early childcare teacher/caregiver will determine the child's chronological age and the appropriate ASQ-3 & ASQ: SE - 2 screening to administer.

10. Teaching staff of the delegate agency and child care partner will provide a copy of the screening tool to the parents during the first week of entry into the program. The parent copy of the screening instrument will not include the summary sheet for the ASQ-3 & ASQ: SE - 2.

11. In Head Start teaching staff will provide a copy of the ACUSCREEN and DECA to parents/families within ten–twenty days of the child's entry into the program.

12. The Social Service staff person(s) of the delegate agency and child care partner will provide assistance and/or support to the parent in completing the screening tool(s) as needed.

13. Parents will *be given the opportunity to complete* the screening tool according to their child's age and are requested to return the screening tool to the teachers within seven (7) calendar days. This is Miami – Dade County's system to collaborate with parents to complete children's screenings. *(NOTE: Parents are NOT MANDATED to complete screenings.)*

14. Delegate Head Start/ Early Head Start and Child care partner teachers and caregivers will utilize the parent screening information to complete their own screening of the children.

15. The parents' screening instrument will be filed in the children's folder.

16. Parents' screening results will not be entered into the ASQ, Galileo, DECA or ChildPlus database unless the child is found to have a concern.

17. Delegate Head Start/ Early Head Start and Child care partner teachers/caregivers will complete observations and anecdotal notes for the first three weeks of a child's entry into the program in order to complete the screenings.

18. Anecdotal notes are taken as jotting notes and entered into Galileo Electronic Assessment database.

19. Delegate Head Start/ Early Head Start and Early Childcare teacher/caregiver staff will enter the child's screening into the appropriate electronic database within 45 days.

20. The delegate Head Start/ Early Head Start and Early Childcare teaching staff will complete the community developed articulation screening.

21. Delegate Head Start/ Early Head Start and Child care partner teaching staff will generate a screening report and place the results in the child's folder.

22. The delegate Head Start/ Early Head Start and Child care partner teaching staff will give their Education Support staff or Curriculum Support Specialist the screening results to input into ChildPlus.

23. The Child care partner Curriculum Specialist will generate the ASQ: SE-2 Screening Scores, as well as, the ASQ-3 Screening Scores and enter the results into ChildPlus.

24. The delegate Education Support staff will monitor the accuracy of results entered into all databases focusing on Child PLUS entries when they are not the designated data entry staff.

25. Children with scores below the cutoff on the ASQ-3 will be considered to display a concern.

26. Children with scores above the cutoff on the ASQ: SE-2 will be considered to display a concern.

27. For children with scores on the ASQ – 3 or ASQ: SE-2 in the **monitoring zone**, individualized strategies from Education, Disabilities or Mental Health support staff will be provided to ensure individualized learning opportunities and experiences occur to develop emerging skills.

28. Children with scores on the ASQ – 3 or ASQ: SE2 in the **monitoring zone** will be rescreened during the mid or post screening/assessment periods as necessary.

29. Delegate Head Start/ Early Head Start and Child care partner teachers/caregivers, education support staff and or curriculum specialist will complete and forward an internal referral; or, consult with the Mental Health/Disabilities Unit, for any child whose screening results indicate a concern or through teacher observation, demonstrates a concern.

30. Delegate Head Start/ Early Head Start education support staff, Curriculum Specialist, Mental Health and or Disabilities staff will follow – up with teachers/caregivers on the implementation of strategies for child/ren who are in the monitoring and cutoff zones on screenings during coaching sessions.

31. Children who are determined to display a concern on either screening will have a multidisciplinary meeting to include the parent.

32. As part of the meeting the parent(s) will consent to a referral to the local IDEA agency and the development of an individualized plan to include techniques and activities which address concerns.

33. Delegate Head Start/ Early Head Start and Child care partner teacher/caregivers will implement strategies from the individual plan for two weeks.

34. During those two weeks, delegate agency and child care partner teacher/caregivers will monitor and document the progress the child makes through anecdotal notes that are entered into the Galileo notes section.

35. The delegate Education Support staff and the Child care partner Curriculum Specialist will observe the teacher/caregiver's implementation of strategies and document the observations in Galileo & Child PLUS as part of their ongoing mentor/coaching sessions. In Galileo, the observation is labeled as (Child Initials & observation date) in the note section of child's Galileo.

36. The delegate Education Support staff and the Child care partner Curriculum Specialist will review the teacher/caregiver's anecdotal notes and provide feedback.

37. A follow-up multi-disciplinary meeting, to include the parent, will occur during the third/fourth week of the implementation of the strategies.

38. If there is little or no improvement in the child's development, upon consultation with multi-disciplinary team, options including but not limited to a LEA referral and additional strategies, guidance, and support from the Licensed Mental Health Counselor, will be provided to the family and teacher as part of the individualized plan.

39. Follow-up multi-disciplinary team meetings, additional strategies, guidance, and support will be repeated until proper services are secured for the child and family.

Training:

1. CAHSD will support, oversee, and ensure training on administering the screening tools during the annual pre-service and on site as needed is conducted. *(e.g. Education Unit – Education Staff; FCP Unit – FCP Staff; etc.)*

2. Delegate Education Support staff and the Child care partner Curriculum Specialists will provide further, individualized training to teacher/caregivers and will monitor the screening of all newly enrolled children within forty-five (45) days of their entry to the program.

3. Delegate Education Support staff and the Child care partner Curriculum Specialists will also provide training to teaching staff on inputting the ASQ3 and ASQ-SE into the ASQ database.

SUBJECT: Teaching and the Learning Environment – Child Screenings and Assessments Referrals	**NUMBER:** ECD - 010
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 1
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.33(4)(B);1302.33(5) (i); 1302.33(5) (ii) (A – B)

POLICY:

It is the policy of Miami – Dade County Head Start/ Early Head Start that children found to have a concern on the administered screenings are referred to the LEA after the screening is reviewed by a mental or child development professional.

PROCEDURES:

1. CAHSD's Mental Health and Disability unit will support families ensure appropriate and necessary services are secured.

2. Screenings will be reviewed by a mental health or child development professional starting the forty- six day of the program.

3. For follow – up services refer to Disabilities Services (DIS) and Mental Health Services (MHS)

These procedures will be evaluated as part of the Grantee monitoring.

SUBJECT: Teaching and the Learning Environment – Observation and Ongoing Assessment	**NUMBER:** ECD - 011
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 5
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.33(b) (1 - 3)

POLICY:

It is the policy of Miami-Dade County CAHSD Head Start/Early Head Start to ensure child outcomes are documented, measured, and analyzed.

PROCEDURES:

1. Education staff individualizes ongoing assessment for children. Individualization of the Galileo Pre – K Online scales is determined based on a child's individual screening results, parent and teacher observation and Education professional recommendation. The assessment age scales are adjusted to reflect the children's developmental ability and need.
2. Individualized analysis of a child's ongoing data is utilized by teaching staff and parents to identify if a child requires additional support from an outside referral agent.
3. All classroom teaching/caregiving staff will observe each child one (1) time a week in all assigned domains.
4. All classroom teaching/caregiving staff will record observations of children's abilities, strengths, areas of growth and interest displayed during virtual and in – person planned and self-guided discovery experiences on sticky notes or loose paper and attach it to the Anecdotal Note log.
5. All classroom teaching/caregiving staff enters the notes into the Galileo Pre -K Assessment database as evidence of children's gain in abilities.
6. All teaching staff selects Readiness levels for children as "Learned, Ready Now, Ready Soon, or Ready Later" in domains assigned based on the child's age.
7. Delegate Education Support Staff or the Early Child Care Partner Curriculum Specialist monitors the completion and entry of Child Outcomes data monthly.
8. CAHSD's Education Specialist for compliance oversight will observe the completion of child outcomes baseline, entry status and the delegate education support staff's ongoing monitoring of child outcomes data.

9. The Education Coordinator for compliance oversight will observe the completion of child outcomes baseline, entry status and the Early Child Care Partner Curriculum Specialist ongoing monitoring of child outcomes data.

10. The Education Coordinator will analyze child outcomes data three times a year and report progress to governing bodies.

Teaching/caregiving staff will plan intentional teacher/child interaction experiences to support the child's progression toward agency School Readiness Goals.

Anecdotal Note System (Early Head Start)

1. Delegate and EHS Early Child Care partner teaching/caregiving staff will observe children one time a week starting from the child's entry to departure documenting observations of the child's progress and ability in the domains listed below.
    a. Approaches to Learning
    b. Cognitive Development & General Knowledge
    c. Language, Communication, Reading & Writing
    d. Physical Development & Health
    e. Social & Emotional

2. Delegate and Child care partner teaching/caregiving staff will type all recorded observations into Galileo and complete assessment checklist; selecting readiness level "Learned, Ready Now, Read Soon or Ready Later" based on observation.

Anecdotal Note System (Head Start)

1. Delegate teaching staff in Head Start will identify a child's individual focus capability focus from their Galileo Assessment data; list the number of the capability on the Head Start Anecdotal Note log and record intentional observation jotting notes.
    - *Identify at least two (2) capabilities as a target focus in each domain per child per month.*
    - *Identify focus capabilities for dual language learners in the English Language Acquisition domain and record an anecdotal note weekly in the area of English Language Acquisition.*

2. Delegate teaching staff in Head Start will type all jotting notes into Galileo as descriptive anecdotal notes.
    - *A minimum of two (2) focused observations are entered into Galileo in each domain per child per month.*

SUBJECT: Observation and Ongoing Assessment	**NUMBER:** ECD - 011
EFFECTIVE DATE: August 10, 2017	**PAGE:** 3 of 5
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

Teachers will follow the outline below of domains to enter observations in:

Week 1 - Approaches to Learning, Social and Emotional Development, Creative Arts and Physical and Health Development; (intentionally observe and record one note per capability.)

Week 2 - Language, Literacy, Early Math, Social Studies and Nature and Science; (intentionally observe and record one note per capability.)

Week 3 - Intentionally observe and record observations of previously identified capabilities for week 1. Identify new focus capabilities for week 1 required domains.

Week 4 - Intentionally observe and record observations of previously identified capabilities for week 2. Identify new focus capabilities for week 2 required domains.

Entering Anecdotal Notes into Galileo

1. Delegate Head Start/Early Head start and Early Childcare teaching staff will enter all anecdotal notes related to an individual capability skill. The staff will write the number of the focus capability in parenthesis, in front of the anecdotal note pertaining to that capability in the Galileo note section. An example is below:
2. Delegate Head Start/ Early Head Start and Child care partner classroom staff will select the capability as LEARNED immediately after observing the skill performed twice by the child.
3. Delegate Head Start/ Early Head Start and Child care partner classroom staff will record all individual plans and IEP/IFSP progress in the Galileo Note section.

Baseline

The delegate Head Start/ Early Head Start and Child Care Partner classroom staff will complete the baseline for each enrolled child after the child has entered the program. The baseline is completed in each of the assigned domains listed below.

Early Head Start
Approaches to Learning
Cognitive Development & General Knowledge
Language, Communication, Reading & Writing
Physical Development & Health
Development
Social & Emotional
Social Studies

Head Start
Approaches to Learning
Early Math
Language
Physical & Health
Social & Emotional
Literacy
Nature & Science
Creative Arts

The delegate Head Start classroom staff will complete the ACUSCREEN for children yearly as a baseline assessment within the first 45 days of the program year.

Training

Galileo introductory training is conducted by delegate agency Education Support Specialist, Child care partner Curriculum Specialist, grantee Education Specialist and Education Coordinator prior to staff's access to the database. Individual training is provided as needed utilizing webinars and an instructional format.

Portfolios

Delegate Head Start/ Early Head Start and Child care partner classroom staff will create a Child Portfolio which includes children's work samples and photos throughout the program year and share the work samples and photos during Parent/Teacher conferences and Home Visits.

Galileo Set – up & Entry

CAHSD has an administrator for the database.

1. Delegate Education Support Staff and the Child Care Partner Curriculum Specialist during the first two weeks of school will verify the classroom rosters and submit verification to the Database Administrator.

2. The Database Administrator submits export file to Galileo for configuration of database.

Home – Based

1. In home – based programs the child assessment is completed three times a year in collaboration with the home visitor and family.

2. Home Visitors conduct the child assessment according to the time line listed below.

Assessment Point	Due Date
Baseline	September
Mid – Point	December
Post	April

3. Delegate agency Home Visitors will document the assessment scores and forward them to the grantee. Scores are also recorded in ChildPlus by the Home Visitor.

4. Child Outcome results are utilized to plan home visits experiences by the Home Visitor and family.

5. Child Outcome results are analyzed three times a year by CAHSD's Education Coordinator.

6. The results of the analysis determine the mentor/coaching and training support session topics from the grantee.

Distance Learning:

- Teachers conduct on-going observations for skill mastery on a weekly basis based on the implementation of the curricula via Zoom Conference or parent interview and document in the Galileo Assessment System.
- Teachers will use codes ZCI (zoom conference individual) or ZCG (zoom conference group) to indicate where/when the observation took place.
- Ongoing student observations will be conducted
    - Individualized instruction will be planned using the Class Observation Report (COR Galileo)
    - Domain observation schedule (HS)
        Week 1 AL, SE, CA, PD, LANG, IEP, FUIP/DECA
        Week 2 LIT, EM, SS, NS, IEP, FUIP
        Week 3 AL, SE, CA, PD, LANG, IEP, FUIP/DECA
        Week 4 LIT, EM, SS, NS, IEP, FUIP
    - Domain observation schedule (EHS)
        Week 1 Lang, SE
        Week 2 Cog, AL and PHD
        Week 3 Lang, SE
        Week 4 Cog, AL and PHD
- Individualized instruction will be planned using the Class Observation Report (COR Galileo)

These procedures will be evaluated as a part of the Grantee and Delegate Self-Assessment.

SUBJECT: Teaching and the Learning Environment Parent and Family Engagement in Education and Child	**NUMBER:** ECD - 012
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 4
REVISION DATE: December 17, 2020	**ATTACHMENT(S):** N/A

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Education and Child Development Program Services 45 CFR Part(s): 1302.34(a & b) (1 – 7)

POLICY:

It is the policy of Miami – Dade County CAHSD Head Start/ Early Head Start to ensure settings are open to parents during all program hours; that different communication methods are used to ensure parents are well informed about their child and to solicit parents' feedback on the curricula and instructional materials.

PROCEDURES:

1. CAHSD's Education Unit will provide forms to document ongoing parent communication.
    1. A Parent Communication Log for (Head Start)
    2. Daily Activity Report for (EHS)
    3. Home Visit and Parent Teacher Conference forms for HS and EHS.
2. CAHSD's Education Unit will provide current program due dates and standards for delegate agencies to comply with the completion of Head Start/Early Head Start Home Visits and Parent Teacher Conferences.

3. The dates of both the Home Visit and Parent/Teacher conference is recorded in ChildPlus by the delegate agency designated staff.

4. The delegate Education Support staff and Child care partner Curriculum Specialist will monitor the completion of home visits and document their monitoring on a monthly monitoring checklist.

5. The Education Specialist for compliance oversight observes the monitoring of the Head Start/ Early Head Start Home Visit and Parent /Teacher conference and their entries into ChildPlus onsite as a component of their mentor/coach session.

6. In emergency service situations communication will take place virtually and documents will be shared digitally.

Parent Communication Log:

1. Educators document communication with parents and or family members monthly.
2. Educators plan intentional discussions with parents and or family members sharing information to keep them well – informed of their child's routine, learning experiences, interest and gains. They collaborate with families during the discussions to identify children's interest and plan shared activities the family can participate in.
3. Document on the form
   - Child's name
   - Parent or family member's name (*Person should be over 18 years of age)*
   - One of the child's caregivers
   - List the date you communicated with the parent/ guardian or other caregiver

4. Identify the type of contact by checking the appropriate box
   - *Email/video chat,*
   - *phone (call or text) or in person*
   - *(face –to –face) visit)*
5. Select the topic discussed by checking the appropriate box
   - *routines,*
   - *activities*
   - *behavior*

Daily Activity Report (EHS)

1. An EHS Daily Activity Report is completed each day for all children in attendance. The form has translations in English, Spanish and Creole.
2. The EHS Daily Activity Report is completed based on the child's age.
   - Children under 12 months will receive the Infant EHS Daily Activity Report.
   - Children 12 to 36 months old will receive a Toddler EHS Daily Activity Report.
3. Educators will complete the form listing the child's name, the date and document the child's daily care routine and additional individual information to share with families.

Home Visitation Standards:

1. An Education Home Visitation request is sent to the family two weeks prior to the selected date by delegate Head Start/Early Head Start and Child care partner teaching staff.

2. Parents will complete the request form arranging a date and time that is convenient.

3. Delegate Head Star/Early Head Start and Child care partner teaching staff will complete the upper portion of the Home Visitation form prior to participating in the Home Visitation.

4. Delegate Head Start/Early Head Start and Child care partner teaching staff will print a Galileo Individual Knowledge Area Profile for each child in the domains that an assessment is conducted.

5. Delegate Head Start/Early Head Start and Child care partner teaching staff will include IEP or IFSP progress and screening follow-up when it applies.

6. During the home visit delegate, Early Head Start/Head Start and Child care partner staff will review all documents with the family and afford them numerous opportunities to participate in a dialogue, centered on the child's capabilities, progress toward meeting school readiness goals, interest, and the family's educational suggestions.

Parent/Teacher Conference Standards:

1. Parent/Teacher Conferences are scheduled with location and time options available to meet the needs of individual families. Parent/Teacher Conferences may take place by phone, video conference/chat, or in the Head Start/Early Head Start site.

2. The first (1st) Parent/Teacher conference informs families of the child's adjustment to the classroom environment and results of developmental screenings.

3. Delegate Early Head Start/Head Start and Child care partner teaching staff complete the Parent/Teacher conference form in the family's home or desired language.

4. Delegate Early Head Start/Head Start and Child care partner teaching staff ensure the parent(s) signs the materials covered in the Parent/Teacher conference.

5. The following is outlined requirements for Parent/Teacher Conferences during the program year:

During the first parent teacher conference, teachers will:

a. Share Screening Results and solicit family input for completing rescreening and curricula ideas.

b. Share child's adjustment to the learning environment and daily routine
c. Provide family with their Galileo login and password
d. Discuss health & disability services (if applicable)

e. Discuss any issue/concern parent expresses

During the second parent teacher conference, teachers will:

a. Discuss child's current experiences in the learning environment, daily routine, assessment data and observations
b. Inquire about the implementation of home visitation recommended home activities
c. Discuss transition **(**if applicable**)**
d. Discuss parent issues and/or concerns (if applicable)
e. Solicit parent ideas for curriculum

Additional parent/teacher conferences will be conducted as needed and may include:

a. Discussions regarding the child's current experiences in the learning environment, daily routine
b. The child's strengths
c. Parent topics

These procedures will be evaluated as part of the Grantee monitoring.

SUBJECT: Teaching and the Learning Environment Education in Home – Based Program Option	**NUMBER:** ECD - 013
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Office of Head Start (OHS), Administration of Children and Families (ACF)

REGULATION REFERENCE:

Head Start Performance Standards- Child Development and Education 45 CFR Part(s): 1302.
35(a)(b)(c)(d)

POLICY:

It is the policy of Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start to provide home visits, group socializations activities and high quality learning experience for the home – based program.

PROCEDURE:

1. The home – based program will implement the Partners for Healthy Babies curriculum during home visits. The implemented Socialization Curriculum experiences are Creative Curriculum Learning Games activities.
2. The home visitors' will schedule Home visitations and socializations in collaboration with the families
3. The ASQ – 3 & ASQ – SE 2 screenings will be administered within forty – five days after the first home visitation.
4. The home visitor and family will complete the child assessment times a year. The family and home visitor will utilize the results to plan home visit activities to ensure children progress toward the agency's School Readiness Goals.
5. The delegate home – based administrator monitors home visits and socializations.
6. CAHSD's Education Specialist for compliance oversight observes home visits recorded in ChildPlus and socialization sessions.

Home Visits

- Home visits will take place weekly for each family and will be scheduled in collaboration with the family and home visitor.
- The identified Home visit topic will be planned based on the child assessment results for individual children after September.
- If more than one child in the home participates in the agency's home visit program a home visit will be scheduled with enough time to serve all children enrolled in the home.
- During home visits, the home visitor will implement activities and techniques from the Partners for a Healthy Baby curriculum to structure child – focused experiences; promote parent's ability

SUBJECT: Education in Home – Based Program Option	**NUMBER:** ECD - 013
EFFECTIVE DATE: August 10, 2017	**PAGE:** 2 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

- To support the child's cognitive, social emotional, language, literacy, and physical development. When applicable the activities and techniques will be bilingual for dual language learners.

Socialization

- Socializations will be planned and carried out monthly and scheduled in collaboration with parents and home visitors. EHS shall have 22 group socialization activities distributed over the course of the program year and Head Start shall have 16 group socialization activities distributed over the course of the program year.
- The experiences performed during Socialization will be intentional and align with the agency school readiness goals and the Head Start Early Learning Outcomes Framework: Ages Birth to Five. (Children and parents participate in all socializations)
- Socialization sessions will encourage parents to share their experiences and provide an understanding of child development.
- A grantee Education Specialist will attend socializations every other month and accompany home visitors during a visit once every quarter.

These procedures will be evaluated as part of the Grantee monitoring.

SUBJECT: Appropriate touch with children	**NUMBER:** ECD - 014
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start

REGULATION REFERENCE:

Internal Policy

POLICY:

It is Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start's policy that interactions between children and adults provide opportunities for children to build trust, to develop an understanding of self and others, and to encourage respect for the feelings and rights of others. All interactions between children and adults will be respectful and supportive of each child's gender, culture, language, ethnicity, and family composition. Positive touch is an important part of healthy brain development in young children. Touch reduces stress, aids in healthy emotional development, and demonstrates love for the children in our care. Appropriate touch is defined as non-intrusive and causing no feelings of discomfort or confusion for children. Such contact should also not cause feelings of discomfort or confusion for caregivers. Each child should be allowed to determine what kinds of touches he or she finds acceptable.

Procedure

1. Adults will greet each child to acknowledge that they belong in the classroom.
2. Adults will actively listen to children and observe non-verbal communication.
3. Adults will physically place themselves at the child's eye level while interacting.
4. Adults will encourage children to talk about their feelings.
5. Adults will use language and materials free from ethnic and gender bias.
6. Adults will stimulate critical thinking skills and cognitive concepts by using open-ended questioning, modeling, and other appropriate communication strategies.
7. Adults will demonstrate respect and caring for children in all interaction, giving reinforcement for children's efforts.

8. Staff will make every effort to include persons in the classroom who speak the primary language of each child and are knowledgeable about their culture.

SUBJECT: Appropriate touch with children	**NUMBER:** ECD - 014
EFFECTIVE DATE: August 10, 2017	**PAGE:** 2 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

So that touch is used appropriately with children, staff and volunteers are asked the following:

1. Physical contact is valuable to children. Let the child lead in showing you what kind of touch is acceptable to him or her.

2. In general, avoid using touch with children if you are the only supervising adult. If possible, have another adult present.

3. Ask permission before touching children. If the child says no, then refrain from hugging him/her. Be aware that a child may be uncomfortable saying no to an adult. Read the child's body language to gauge the child's comfort level.

4. Try to touch non-vulnerable body parts only, such as the shoulders, back, arms, and hands. Likewise, avoid vulnerable body parts, such as the chest, and genitals. Be aware of the cultural considerations when touching children. What is acceptable in some cultures is prohibited in others. Again, let the child lead.

5. Be aware of the child's activity level and do not interrupt the child's engaged play with touch.

6. Understand that a child's need for physical contact varies individually. Get to know each child and determine what kind of touch is appropriate.

7. If you must touch a child's vulnerable areas-such as during diapering-tell the child which parts you are touching and why. Use the proper names for body parts.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Plants in the Classrooms	**NUMBER:** ECD - 015
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 1
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start

REGULATION REFERENCE:

Internal Policy

POLICY:

Poisonous plants are not allowed in Head Start/EHS settings that are accessible to children.

Procedure

Since most house plants are poisonous, they must be approved and labeled before they are placed in Head Start settings. To get a plant approved for the classroom the teacher should first know what the plant is. Then they must check a toxic plant list. If they are not sure whether the plant is on the toxic list they can get support from the Head Start Facilities Supervisor.

1. All plants in the classroom or in other areas of the Head Start environment that are accessible to children must have the name of the plant clearly labeled on the pot. If office space is used for childcare or during times when children are ill and waiting for parent pick up, the plant name must be clearly listed on the pot and should not be found on the toxic list.

2. Poisonous plants that are in child outdoor areas (playgrounds) that are used but not owned by Head Start will be made inaccessible to children.

3. If a teacher wishes to plant something that is not on the approved list they must get written approval from the Head Start Facilities Supervisor.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Animals in the Classrooms	**NUMBER:** ECD - 016
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start

REGULATION REFERENCE:

Internal Policy

POLICY:

It is Miami – Dade County Community Action and Human Services Department Head Start/Early

Head Start's policy that staff will ensure that only "allowable" animals will be brought into the Head Start/EHS classroom and appropriate safety and sanitation procedures will be followed at all times.

Procedure

1. CAHSD follows the National Association for the Education of Young Children (NAEYC) best practice guidelines which states that the following pets be considered "allowable": fish, guinea pigs, gerbils, domestic rabbits, hamsters, or mice. Because baby chicks, turtles, snakes, frogs, and other reptiles can carry the salmonella bacteria in their feces they are not allowed in the classroom.
2. Insects and other invertebrates in the classroom will comply with grantee's state Department of Agriculture regulations related to approved species.

3. All pet cages will be cleaned/disinfected once a week by staff (latex gloves should be worn to protect staff). All food and water dishes should be removed before spraying cage with disinfectant. Make sure that the animal is not put back into the cage until the cage has a chance to completely air dry.

4. Children will only hold the animal(s) outside the cage. If an animal "potty accident" occurs the children must wash hands and clothing immediately. Only staff's hands are to be inside the animal cage.

5. Animals cannot roam the classroom freely without supervision. When they are out, they must be closely monitored to ensure that any accidents are cleaned up with an approved disinfectant immediately.

6. Animals must have appropriate sized cages. Rabbits, guinea pigs and other gerbils need room to explore and use their large muscles and it is also important for children to see adult's model humane treatment of animals.

7. Animals can visit the classroom under certain circumstances.

   - A traveling pet show can visit a classroom if they are registered with U.S.D.A. However, special sanitation arrangements must be made if snakes and reptiles which can carry Salmonella bacteria are to be allowed in the classroom.
   - Dogs and cats from children's homes can only be brought in if they have no history of biting/scratching, have an updated rabies vaccination and children in the classroom who might be afraid are taken into consideration prior to allowing the pet.
   - Other animals with the exception of snakes, turtles and other reptiles can be brought in for sharing and for a limited time if they do not bite and hands are washed before and immediately after handling.

8. If an animal bites a child, follow appropriate first aid and accident reporting procedures, and remove the animal from the classroom immediately. In order to avoid a bite, be sure to follow these guidelines:
   1. Talk about how to handle animals (or not to handle) prior to introducing the classroom pet;
   2. Teach animal safety - Children need to be well supervised when handling animals. Sometimes children want to test limits with animals or they are unaware of how big and strong they are in comparison with a small animal. In either case, an overzealous squeeze or shake may lead to a painful bite; and
   3. Staff and children's hands must be washed prior to handling an animal. The smell of food may invite an animal to bite.

These procedures will be evaluated as part of the Grantee and Delegate Self-Assessment.

SUBJECT: Classroom Cooking	**NUMBER:** ECD - 016
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE:	**ATTACHMENT(S):** N/A

AUTHORITY:

Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start

REGULATION REFERENCE:

Internal Policy

POLICY:

It is Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start's policy that as a part of the total nutrition education plan, teachers will ensure that children are introduced to a variety of nutritious foods through the use of classroom cooking projects. Cooking projects should be part of the curriculum activities.

Procedure

Staff will receive appropriate cooking project recipes from the Nutrition Consultant.

1. Cooking projects will reflect the Head Start and U.S.D.A. nutrition guidelines to ensure that children are taught healthy food habits and are based on best nutrition practices.

    - Increase the variety of fruits and vegetables
    - Increase the proportion of whole grains
    - Decrease the amount of solid fats and trans fats
    - Decrease the amount of added sugars
    - Decrease the amount of sodium
    - Increase the variety of foods offered for snack.

2. Instructions for implementation of cooking projects are developed by the teaching staff and approved by the Nutrition Consultant (Consultation will occur with Health and Nutrition staff).

3. Before teachers and staff conduct cooking projects they will complete a food order form and submit the form to the fiscal office for approval.

4. Food needed for cooking projects will be ordered by Food Services.

SUBJECT: Classroom Cooking	**NUMBER:** ECD - 016
EFFECTIVE DATE: August 10, 2017	**PAGE:** 2 of 2

REVISION DATE:	ATTACHMENT(S): N/A

PROCEDURES: (cont'd)

5. Nutrition concepts, health, language, math, wellness, science, categorization of foods, and other concepts should be included in the learning experience. Questions should be encouraged and answered.
6. Large picture recipes with teaching strategies should be used in each cooking project.
7. Sites should develop lesson plans whereby cooking projects occur in every classroom a minimum of one time per semester and are documented in the lesson plans.
8. Separate clean tasting spoons should be available to prevent the spread of germs.
9. In any nutrition activity where food is going to be eaten raw (vegetable people, salsa, fruit salad, *etc.*) children must handle or touch only the food they will be eating.
10. All hands are washed before starting the project and children should assist with cleaning up.

These procedures will be monitored monthly or as needed.

SUBJECT: Classroom Field Trips	**NUMBER:** ECD - 017
EFFECTIVE DATE: August 10, 2017	**PAGE:** 1 of 2
REVISION DATE: August 23, 2019	**ATTACHMENT(S):** N/A

AUTHORITY:

Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start

REGULATION REFERENCE:

Internal Policy

POLICY:

It is Miami – Dade County Community Action and Human Services Department Head Start/Early Head Start's policy that all field trips receive an approval ninety (90) days prior to scheduled trip from the grantee. Regular field trips that are age appropriate, engaging for children, and expand the children's understanding of the world will be used as an extension of learning allowing children opportunities for new experiences to explore.

Procedure

Staff will request age appropriate trips that are engaging for children and require no cost to families to include transition to kindergarten classroom visits for Head Start enrolled children only. Submission of approval should be forwarded to the grantee ninety (90) days prior to the trip. Transition to Kindergarten field trip request are submitted to the grantee administrative staff 120 days in advance.

- Field trips are visits to locations such as zoos, swimming pools (Learn to Swim Project), museums, community businesses (pet store, grocery store, etc.) or nature preserves. All excursions should promote children's development and enjoyment.
- Delegate Education Administrative staff plan field trips according to the center's or agency's field trip budget.

1. Delegate designated staff will organize age appropriate field trips and transportation for field trips.

2. Transition to Kindergarten field trip request are submitted to the grantee administrative staff 120 days in advance. The grantee staff will arrange for food service at the school site as part of the transition to Kindergarten experience whenever possible.

3. The program will maintain the teacher - child ratio for each group of children participating in the field trip. If staff want to invite parent volunteers, they will send a flyer home to all families at least two weeks before the field trip. Unfortunately, siblings will not be able to accompany the parents who are transported on the bus.

4. Children will be transported to field trip locations. The number of children in the bus shall not exceed the capacity rated by the manufacturer. Staff will utilize redundant supervision procedures by determining which zone of the bus they will scan and actively supervise children in.

5. All meals will be provided at the center.

6. At no time shall children participate in field trips that result in a violation to Head Start Health and Safety regulations.

7. Submission for reimbursement is submitted to assigned grantee fiscals staff. Reimbursement packages should include approval letter of all field trips from grantee administrative staff.

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9p

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH SEPTEMBER 30, 2020 PERTAINS TO THE 12TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $62,215,754 AND ACTUAL EXPENDITURES OF $57,363,267 AND INVOICES IN PROCESS OF APPROXIMATELY $3,876,968.62.

THE CURRENT FUNDS UTILIZATION RATE IS 98.44%.

FUNDING SOURCE: FEDERAL PY:2019-20

BUDGET PERIOD: AUGUST 1, 2019 TO JULY 31, 2020
CLOSEOUT PERIOD: AUGUST 1, 2020 TO OCTOBER 30, 2020

Head Start/Early Head Start
Year-to-Date Financial Report as of
September 30, 2020

Head Start/Early Head Start Program Year: August 1st, 2019 July 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,140,510	(237,684)	4,628,393	512,117	**90.04%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,224,501	(155,750)	1,869,453	355,048	**84.04%**

TRAVEL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	96,330	14,180	68,475	27,855	**71.08%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Office Supplies	46,020	15,317	63,869	-17,849	138.79%
Child & Family Serv. Supplies	321,088	121,948	133,324	187,764	41.52%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	21,457	-21,457	0.00%
TOTAL SUPPLIES	**367,108**	**137,265**	**218,650**	**148,458**	**59.56%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	26,000	-	32,798	-6,798	126.15%
4f. Child Transportation Services	85,200	29,240	124,118	-38,918	145.68%
5f. Training & Technical Assistance (RESTRICTED)	464,522	111,753	443,499	21,024	95.47%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,704,982	-	1,656,866	48,117	97.18%
Landow COMMUNITY BASED OR	770,371	-	683,825	86,546	88.77%
Allapattah OTHER GRANTS/SERVI	534,647	21,761	547,349	-12,702	102.38%
OUR LITTLE ONES CH	816,836	-	607,177	209,659	74.33%
PARADISE CHRISTIAN	1,274,123	77,819	1,238,305	35,818	97.19%
CATHOLIC COMMUNITY	8,755,742	860,494	7,841,152	914,590	89.55%
ST ALBANS DAY CARE	1,175,833	84,412	1,172,988	2,845	99.76%
KIDCO DAYCARE	2,168,640	5,191	2,131,214	37,426	98.27%
CHRISTIAN COMMUNIT	3,489,223	38,357	3,434,724	54,499	98.44%
LE JARDIN HEADSTAR	3,732,988	-	3,333,918	399,070	89.31%
CENTRO MATER CHILD	4,438,950	166,782	4,414,219	24,731	99.44%
SUNFLOWERS ACADEMY	278,343	-	224,072	54,271	80.50%
HAITIAN YOUTH & CO	1,388,685	58,587	1,325,589	63,096	95.46%
UNITED WAY OF MIA	630,420	19,981	624,627	5,793	99.08%
MIAMI DADE COUNTY PUBLIC	15,595,460	1,115,871	14,416,109	1,179,351	92.44%
YWCA	1,884,052	208,101	1,644,311	239,741	87.28%
EASTER SEALS SOUTH FLORIDA	3,198,642	193,806	3,213,311	-14,669	100.46%
DELEGATE AGENCIES	485,295	-	12,339	472,956	2.54%
8f. Other Contracts	220,801	(38,266)	253,804	-33,003	114.95%
TOTAL CONTRACTUAL	**53,154,755**	**2,953,889**	**49,376,313**	**3,778,442**	**92.89%**

OTHERS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	27,000	-	30,086	-3,086	111.43%
4h. Utilities *****	199,866	(6,471)	183,869	15,997	92.00%
5h. Bldg & Child Liability Ins *****	81,988	(53,520)	38,059	43,929	46.42%
6h. Bldg Maintenance	287,271	11,265	195,228	92,044	67.96%
8h. Local Travel & Field Trips	51,386	1,173	50,213	1,173	97.72%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	33,929	3,471	46,913	-12,984	138.27%
13h. Parent Services (RESTRICTED)	4,400	-	3,075	1,325	69.89%
14h. Accounting & Legal Svcs	36,774	-	-	36,774	0.00%
15h. Publication/Adv/Printing	54,234	68,681	134,007	-79,773	247.09%
16h. Training or Staff Development	85,731	78,848	177,088	-91,357	206.56%
17h. Other:	369,970	18,991	343,447	26,524	92.83%
TOTAL OTHERS	**1,232,550**	**122,438**	**1,201,983**	**30,567**	**97.52%**

TOTAL PROGRAM EXPENDITURES	**62,215,754**	**2,834,337**	**57,363,267**	**4,852,487**	**92.20%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**62,215,754**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	15,553,938	25.00%
NFS Required based on YTD Expenditures	$	14,340,817	25.00%
NFS YTD Recorded	$	4,244,097	7.40%
In-Kind TO BE reported in FAMIS	$	9,750,842	17.00%
Difference (+/-)	**$**	**(345,878)**	**-0.60%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9p

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECTUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH OCTOBER 30, 2020 PERTAINS TO THE 12TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $62,215,754 AND ACTUAL EXPENDITURES OF $61,575,164. THE CLOSEOUT REMAINING BALANCE IS AN ESTIMATED CARRYOVER FOR FACILITIES PROJECT OF $573,411 AND UNOBLIGATED BALANCE OF $67,178.

THE CURRENT FUNDS UTILIZATION RATE IS 99.90%.

FUNDING SOURCE: FEDERAL PY: 2019-20

BUDGET PERIOD: AUGUST 1, 2019 TO JULY 31, 2020
CLOSEOUT PERIOD: AUGUST 1, 2020 TO OCTOBER 30, 2020

Head Start/Early Head Start
Year-to-Date Financial Report as of
October 31, 2020

Head Start/Early Head Start Program Year: August 1st, 2019 July 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,140,510	44,461	4,653,438	487,072	**90.52%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,224,501	(32,169)	1,837,202	387,299	**82.59%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	96,330	-	68,475	27,855	**71.08%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	46,020	1,209	65,078	-19,058	141.41%
Child & Family Serv. Supplies	321,088	174,206	307,530	13,558	95.78%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	21,457	-21,457	0.00%
TOTAL SUPPLIES	**367,108**	**175,415**	**394,065**	**(26,957)**	**107.34%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	26,000	-	32,798	-6,798	126.15%
4f. Child Transportation Services	85,200	430	124,548	-39,348	146.18%
5f. Training & Technical Assistance (RESTRICTED)	464,522	48,234	491,733	-27,211	105.86%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,712,526	51,189	1,703,824	8,702	99.49%
Landow COMMUNITY BASED OR	840,393	155,638	838,141	2,252	99.73%
Allapattah OTHER GRANTS/SERVI	547,349	-	541,276	6,073	98.89%
OUR LITTLE ONES CH	816,836	158,431	765,608	51,228	93.73%
PARADISE CHRISTIAN	1,274,123	-	1,238,305	35,818	97.19%
CATHOLIC COMMUNITY	8,755,742	914,428	8,755,580	162	100.00%
ST ALBANS DAY CARE	1,175,833	-	1,172,988	2,845	99.76%
KIDCO DAYCARE	2,267,122	134,417	2,253,516	13,606	99.40%
CHRISTIAN COMMUNIT	3,533,766	-	3,420,726	113,040	96.80%
LE JARDIN HEADSTAR	3,732,988	341,130	3,675,048	57,940	98.45%
CENTRO MATER CHILD	4,444,848	6,626	4,420,845	24,003	99.46%
SUNFLOWERS ACADEMY	278,343	28,583	252,655	25,688	90.77%
HAITIAN YOUTH & CO	1,450,757	125,168	1,448,988	1,769	99.88%
UNITED WAY OF MIA	656,638	30,850	655,477	1,161	99.82%
MIAMI DADE COUNTY PUBLIC	15,595,460	1,092,758	15,508,867	86,593	99.44%
YWCA	1,884,052	227,057	1,871,368	12,684	99.33%
EASTER SEALS SOUTH FLORIDA	3,221,183	7,872	3,217,008	4,175	99.87%
DELEGATE AGENCIES	135,274	-	12,339	122,935	9.12%
8f. Other Contracts	220,801	3,868	289,070	-68,269	130.92%
TOTAL CONTRACTUAL	**53,154,755**	**3,326,679**	**52,690,707**	**464,048**	**99.13%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	27,000	-	30,086	-3,086	111.43%
4h. Utilities *****	199,866	4,864	188,153	11,713	94.14%
5h. Bldg & Child Liability Ins *****	81,988	-	38,059	43,929	46.42%
6h. Bldg Maintenance	287,271	2,660	197,888	89,384	68.89%
8h. Local Travel & Field Trips	51,386	1,470	51,683	-297	100.58%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	33,929	28,419	75,332	-41,403	222.03%
13h. Parent Services (RESTRICTED)	4,400	-	3,075	1,325	69.89%
14h. Accounting & Legal Svcs	36,774	-	-	36,774	0.00%
15h. Publication/Adv/Printing	54,234	-	134,007	-79,773	247.09%
16h. Training or Staff Development	85,731	197,693	407,144	-321,413	474.91%
17h. Other:	369,970	462,405	805,852	-435,882	217.82%
TOTAL OTHERS	**1,232,550**	**697,511**	**1,931,277**	**(698,728)**	**156.69%**

TOTAL PROGRAM EXPENDITURES	**62,215,754**	**4,211,897**	**61,575,164**	**640,590**	**98.97%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**62,215,754**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	15,553,938	25.00%
NFS Required based on YTD Expenditures	$	15,393,791	25.00%
NFS YTD Recorded	$	14,107,680	22.91%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(1,286,111)**	**-2.09%**

COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 31, 2020

AGENDA ITEM NUMBER: 3A9q

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR AUGUST 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE ON OCTOBER 15, 2020 AND IS PENDING RATIFICATION AND APPROVAL BY THE HEAD START POLICY COUNCIL, THE CAA BOARD EXECUTIVE COMMITTEE AND APPROVAL BY THE CAA BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH AUGUST 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $62,056,286 AND ACTUAL EXPENDITURES OF $1,284,442 AND OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $1,095,666.

THE CURRENT FUNDS UTILIZATION RATE IS 3.84%.

FUNDING SOURCE: FEDERAL PY:2020-21

Head Start/Early Head Start
Year-to-Date Financial Report as of
August 31, 2020

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,206,405	244,400	244,400	4,962,005	**4.69%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,206,046	95,111	95,111	2,110,935	**4.31%**

TRAVEL	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	153,249	-	-	153,249	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Office Supplies	101,533	-	-	101,533	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**101,533**	**-**	**-**	**101,533**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	46,105	-	-	46,105	0.00%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	27,024	27,024	566,362	4.55%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,689,982	141,907	141,907	1,548,075	8.40%
Landow COMMUNITY BASED OR	761,371	-	-	761,371	0.00%
Allapattah OTHER GRANTS/SERVI	527,147	44,264	44,264	482,883	8.40%
OUR LITTLE ONES CH	807,836	-	-	807,836	0.00%
PARADISE CHRISTIAN	1,232,292	202,247	202,247	1,030,045	16.41%
CATHOLIC COMMUNITY	8,728,742	-	-	8,728,742	0.00%
ST ALBANS DAY CARE	1,163,833	-	-	1,163,833	0.00%
KIDCO DAYCARE	2,138,890	-	-	2,138,890	0.00%
CHRISTIAN COMMUNIT	3,278,035	-	-	3,278,035	0.00%
LE JARDIN HEADSTAR	3,286,116	528,808	528,808	2,757,308	16.09%
CENTRO MATER CHILD	4,416,449	-	-	4,416,449	0.00%
SUNFLOWERS ACADEMY	273,843	-	-	273,843	0.00%
HAITIAN YOUTH & CO	1,376,685	-	-	1,376,685	0.00%
UNITED WAY OF MIA	622,920	-	-	622,920	0.00%
MIAMI DADE COUNTY PUBLIC	15,562,460	-	-	15,562,460	0.00%
YWCA	1,869,052	-	-	1,869,052	0.00%
EASTER SEALS SOUTH FLORIDA	3,179,142	-	-	3,179,142	0.00%
DELEGATE AGENCIES	1,184,082	-	-	1,184,082	0.00%
8f. Other Contracts	410,007	-	-	410,007	0.00%
TOTAL CONTRACTUAL	**53,342,792**	**944,250**	**944,250**	**52,398,542**	**1.77%**

OTHERS	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	30,000	-	-	30,000	0.00%
4h. Utilities *****	51,390	-	-	51,390	0.00%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance	143,820	680	680	143,140	0.47%
8h. Local Travel & Field Trips	82,609	-	-	82,609	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	48,721	-	-	48,721	0.00%
13h. Parent Services (RESTRICTED)	20,053	-	-	20,053	0.00%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	-	-	52,705	0.00%
16h. Training or Staff Development	82,781	-	-	82,781	0.00%
17h. Other:	337,238	-	-	337,238	0.00%
TOTAL OTHERS	**1,046,261**	**680**	**680**	**1,045,581**	**0.06%**

TOTAL PROGRAM EXPENDITURES	**62,056,286**	**1,284,442**	**1,284,442**	**60,771,844**	**2.07%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:				
AMENDED TOTAL PROGRAM EXPENDITURES	**62,056,286**			

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	15,514,072	25.00%
NFS Required based on YTD Expenditures	$	321,111	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	9,332,691	726.59%
Difference (+/-)	**$**	**9,011,581**	**701.59%**

0

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9q

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH SEPTEMBER 30, 2020 PERTAINS TO THE 2ND MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $62,056,286 AND ACTUAL EXPENDITURES OF $4,033,649. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $2,798,204.

THE CURRENT FUNDS UTILIZATION RATE IS 11.01%.

FUNDING SOURCE: FEDERAL PY:2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Head Start/Early Head Start
Year-to-Date Financial Report as of
September 30, 2020

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,206,405	509,959	754,359	4,452,046	**14.49%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,206,046	197,168	292,279	1,913,767	**13.25%**

TRAVEL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	153,249	-	-	153,249	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Office Supplies	101,533	615	615	100,918	0.61%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**101,533**	**615**	**615**	**100,918**	**0.61%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	46,105	17,722	17,722	28,383	38.44%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	30,201	57,225	536,161	9.64%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,689,982	135,456	277,363	1,412,619	16.41%
Landow COMMUNITY BASED OR	761,371	-	-	761,371	0.00%
Allapattah OTHER GRANTS/SERVI	527,147	42,253	86,517	440,630	16.41%
OUR LITTLE ONES CH	807,836	132,584	132,584	675,252	16.41%
PARADISE CHRISTIAN	1,232,292	-	202,247	1,030,045	16.41%
CATHOLIC COMMUNITY	8,728,742	-	-	8,728,742	0.00%
ST ALBANS DAY CARE	1,163,833	-	-	1,163,833	0.00%
KIDCO DAYCARE	2,138,890	-	-	2,138,890	0.00%
CHRISTIAN COMMUNIT	3,278,035	582,701	582,701	2,695,334	17.78%
LE JARDIN HEADSTAR	3,286,116	294,228	823,036	2,463,080	25.05%
CENTRO MATER CHILD	4,416,449	220,757	220,757	4,195,692	5.00%
SUNFLOWERS ACADEMY	273,843	21,950	21,950	251,893	8.02%
HAITIAN YOUTH & CO	1,376,685	108,159	108,159	1,268,526	7.86%
UNITED WAY OF MIA	622,920	28,113	28,113	594,807	4.51%
MIAMI DADE COUNTY PUBLIC	15,562,460	-	-	15,562,460	0.00%
YWCA	1,869,052	306,753	306,753	1,562,299	16.41%
EASTER SEALS SOUTH FLORIDA	3,179,142	-	-	3,179,142	0.00%
DELEGATE AGENCIES	1,184,082	-	-	1,184,082	0.00%
8f. Other Contracts	410,007	-	-	410,007	0.00%
TOTAL CONTRACTUAL	**53,342,792**	**1,920,877**	**2,865,127**	**50,477,665**	**5.37%**

OTHERS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	30,000	-	-	30,000	0.00%
4h. Utilities *****	51,390	1,238	1,238	50,152	2.41%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance	143,820	41,868	42,548	101,272	29.58%
8h. Local Travel & Field Trips	82,609	180	180	82,429	0.22%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	48,721	3,380	3,380	45,341	6.94%
13h. Parent Services (RESTRICTED)	20,053	-	-	20,053	0.00%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	-	-	52,705	0.00%
16h. Training or Staff Development	82,781	-	-	82,781	0.00%
17h. Other:	337,238	73,921	73,921	263,317	21.92%
TOTAL OTHERS	**1,046,261**	**120,587**	**121,267**	**924,994**	**11.59%**

TOTAL PROGRAM EXPENDITURES	**62,056,286**	**2,749,207**	**4,033,649**	**58,022,637**	**6.50%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:				
AMENDED TOTAL PROGRAM EXPENDITURES	**62,056,286**			

Non- Federal Share (NFS) Report				
NFS Requirement based on Grant	$	15,514,072	25.00%	-1,464,765
NFS Required based on YTD Expenditures	$	1,008,412	25.00%	
NFS YTD Recorded	$	-	0.00%	
In-Kind TO BE reported in FAMIS			0.00%	
Difference (+/-)	**$**	**(1,008,412)**	**-25.00%**	

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9q

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE 11/19/20 PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH OCTOBER 31, 2020 PERTAINS TO THE 3RD MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $62,056,286 AND ACTUAL EXPENDITURES OF $5,967,629. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $4,317,481.27.

THE CURRENT FUNDS UTILIZATION RATE IS 16.58%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Head Start/Early Head Start
Year-to-Date Financial Report as of
October 31, 2020

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,206,405	424,975	1,179,334	4,027,071	**22.65%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,206,046	158,103	450,382	1,755,664	**20.42%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	153,249	-	-	153,249	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	101,533	424	1,039	100,494	1.02%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**101,533**	**424**	**1,039**	**100,494**	**1.02%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	46,105	-	17,722	28,383	38.44%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	3,250	60,475	532,911	10.19%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,689,982	148,358	425,721	1,264,261	25.19%
Landow COMMUNITY BASED OR	761,371	-	-	761,371	0.00%
Allapattah OTHER GRANTS/SERVI	527,147	37,934	124,451	402,696	23.61%
OUR LITTLE ONES CH	807,836	-	132,584	675,252	16.41%
PARADISE CHRISTIAN	1,232,292	183,716	385,963	846,329	31.32%
CATHOLIC COMMUNITY	8,728,742	-	-	8,728,742	0.00%
ST ALBANS DAY CARE	1,163,833	293,179	293,179	870,654	25.19%
KIDCO DAYCARE	2,138,890	128,853	128,853	2,010,037	6.02%
CHRISTIAN COMMUNIT	3,278,035	-	582,701	2,695,334	17.78%
LE JARDIN HEADSTAR	3,286,116	280,854	1,103,890	2,182,226	33.59%
CENTRO MATER CHILD	4,416,449	-	220,757	4,195,692	5.00%
SUNFLOWERS ACADEMY	273,843	-	21,950	251,893	8.02%
HAITIAN YOUTH & CO	1,376,685	113,054	221,213	1,155,472	16.07%
UNITED WAY OF MIA	622,920	48,378	76,491	546,429	12.28%
MIAMI DADE COUNTY PUBLIC	15,562,460	-	-	15,562,460	0.00%
YWCA	1,869,052	-	306,753	1,562,299	16.41%
EASTER SEALS SOUTH FLORIDA	3,179,142	98,808	98,808	3,080,334	3.11%
DELEGATE AGENCIES	1,184,082	-	-	1,184,082	0.00%
8f. Other Contracts	410,007	-	-	410,007	0.00%
TOTAL CONTRACTUAL	**53,342,792**	**1,336,384**	**4,201,511**	**49,141,281**	**7.88%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	30,000	-	-	30,000	0.00%
4h. Utilities *****	51,390	1,380	2,618	48,772	5.09%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance	143,820	11,658	54,206	89,614	37.69%
8h. Local Travel & Field Trips	82,609	-	180	82,429	0.22%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	48,721	-	3,380	45,341	6.94%
13h. Parent Services (RESTRICTED)	20,053	-	-	20,053	0.00%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	-	-	52,705	0.00%
16h. Training or Staff Development	82,781	-	-	82,781	0.00%
17h. Other:	337,238	1,056	74,977	262,261	22.23%
TOTAL OTHERS	**1,046,261**	**14,094**	**135,361**	**910,900**	**12.94%**

TOTAL PROGRAM EXPENDITURES	**62,056,286**	**1,933,980**	**5,967,629**	**56,088,657**	**9.62%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**62,056,286**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	15,514,072	25.00%
NFS Required based on YTD Expenditures	$	1,491,907	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(1,491,907)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9q

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

This item has been reviewed and approved by the Head Start Policy Council and Executive Committee meeting on December 17, 2020. This item is being recommended for review and approval by the Community Actions Agency (CAA) Joint Finance and Executive Committee and to the CAA Board for acceptance and approval.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH NOVEMBER 30, 2020, PERTAINS TO THE 4TH MONTH OF THE 12TH MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $66,060,042 WHICH INCLUDES COLA & QUALITY IMPROVEMENT OF $3,066,864 AND ONE-TIME SUPPLEMENTAL OF $936,892 AND ACTUAL EXPENDITURES OF $10,670,798. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $3,681,445.

THE CURRENT FUNDS UTILIZATION RATE IS 21.73%.

FUNDING SOURCE: FEDERAL PY:2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Head Start/Early Head Start
Year-to-Date Financial Report as of
November 30, 2020

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,415,930	440,644	1,619,978	3,795,952	**29.91%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,302,942	165,485	615,867	1,687,075	**26.74%**

TRAVEL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	153,249	-	-	153,249	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Other Equipment	762,892	-	-	762,892	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Office Supplies	101,533	562	1,601	99,932	1.58%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**101,533**	**562**	**1,601**	**99,932**	**1.58%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	51,187	-	17,722	33,465	34.62%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	3,685	64,160	529,226	10.81%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,820,129	144,686	570,407	1,249,722	31.34%
Landow COMMUNITY BASED OR	825,214	-	-	825,214	0.00%
Allapattah OTHER GRANTS/SERVI	568,649	48,384	172,835	395,814	30.39%
OUR LITTLE ONES CH	868,942	122,236	254,820	614,122	29.33%
PARADISE CHRISTIAN	1,323,776	104,555	490,518	833,258	37.05%
CATHOLIC COMMUNITY	9,318,753	107,244	107,244	9,211,509	1.15%
ST ALBANS DAY CARE	1,250,901	93,284	386,463	864,438	30.89%
KIDCO DAYCARE	2,303,318	181,282	310,135	1,993,183	13.46%
CHRISTIAN COMMUNIT	3,517,571	278,107	860,808	2,656,763	24.47%
LE JARDIN HEADSTAR	3,516,354	-	1,103,890	2,412,464	31.39%
CENTRO MATER CHILD	4,836,179	380,358	601,115	4,235,064	12.43%
SUNFLOWERS ACADEMY	296,006	-	21,950	274,056	7.42%
HAITIAN YOUTH & CO	1,718,591	136,739	357,952	1,360,639	20.83%
UNITED WAY OF MIA	682,504	51,311	127,802	554,702	18.73%
MIAMI DADE COUNTY PUBLIC	16,479,734	2,129,304	2,129,304	14,350,430	12.92%
YWCA	2,018,943	-	306,753	1,712,190	15.19%
EASTER SEALS SOUTH FLORIDA	3,415,365	246,737	345,545	3,069,820	10.12%
8f. Contracts	332,013	-	-	332,013	0.00%
8.1f. Other Contracts	171,301	-	-	171,301	0.00%
TOTAL CONTRACTUAL	**56,103,234**	**4,027,912**	**8,229,423**	**47,873,811**	**14.67%**

CONSTRUCTION	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Construction	174,000	-	-	174,000	**0.00%**

OTHERS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	30,000	-	-	30,000	0.00%
4h. Utilities *****	51,390	7,080	9,698	41,692	18.87%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance (Includes One Time Facilities Supplement)	143,820	35,930	90,136	53,684	62.67%
8h. Local Travel & Field Trips	82,610	3,702	3,882	78,728	4.70%
10h. Child Services - Consultants	80,000	-	-	80,000	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	48,721	-	3,380	45,341	6.94%
13h. Parent Services (RESTRICTED)	20,053	-	-	20,053	0.00%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	-	-	52,705	0.00%
16h. Training or Staff Development	82,781	-	-	82,781	0.00%
17h. Other:	337,238	21,855	96,832	240,406	28.71%
TOTAL OTHERS	**1,046,262**	**68,567**	**203,928**	**842,334**	**19.49%**

TOTAL PROGRAM EXPENDITURES	**66,060,042**	**4,703,169**	**10,670,798**	**55,389,244**	**16.15%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**66,060,042**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	16,515,010	25.00%
NFS Required based on YTD Expenditures	$	2,667,700	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(2,667,700)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9q

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH DECEMBER 31, 2020, PERTAINS TO THE 5TH MONTH OF THE 12TH MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $66,060,042 WHICH INCLUDES COLA & QUALITY IMPROVEMENT OF $3,066,864 AND ONE-TIME SUPPLEMENTAL OF $936,892 AND ACTUAL EXPENDITURES OF $14,623,461. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $3,362,504.

THE CURRENT FUNDS UTILIZATION RATE IS 27.67%.

FUNDING SOURCE: FEDERAL

PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Head Start/Early Head Start
Year-to-Date Financial Report as of
December 31, 2020

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	5,415,930	455,008	2,074,986	3,340,944	**38.31%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	2,302,942	147,707	763,574	1,539,368	**33.16%**

TRAVEL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	153,249	-	-	153,249	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Other Equipment	762,892	-	-	762,892	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Supplies	101,533	1,732	3,333	98,200	3.28%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**101,533**	**1,732**	**3,333**	**98,200**	**3.28%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	35,000	-	-	35,000	0.00%
3f. Food Service	51,187	-	17,722	33,465	34.62%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	(83)	64,077	529,309	10.80%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,820,129	151,576	721,983	1,098,146	39.67%
Landow COMMUNITY BASED OR	825,214	-	-	825,214	0.00%
Allapattah OTHER GRANTS/SERVI	568,649	43,407	216,242	352,407	38.03%
OUR LITTLE ONES CH	868,942	-	254,820	614,122	29.33%
PARADISE CHRISTIAN	1,323,776	110,884	601,402	722,374	45.43%
CATHOLIC COMMUNITY	9,318,753	1,345,804	1,453,048	7,865,705	15.59%
ST ALBANS DAY CARE	1,250,901	173,318	559,781	691,120	44.75%
KIDCO DAYCARE	2,303,318	154,900	465,035	1,838,283	20.19%
CHRISTIAN COMMUNIT	3,517,571	211,290	1,072,098	2,445,473	30.48%
LE JARDIN HEADSTAR	3,516,354	195,550	1,299,440	2,216,914	36.95%
CENTRO MATER CHILD	4,836,179	365,535	966,650	3,869,529	19.99%
SUNFLOWERS ACADEMY	296,006	55,562	77,512	218,494	26.19%
HAITIAN YOUTH & CO	1,718,591	36,384	394,336	1,324,255	22.95%
UNITED WAY OF MIA	682,504	47,616	175,418	507,086	25.70%
MIAMI DADE COUNTY PUBLIC	16,479,734	-	2,129,304	14,350,430	12.92%
YWCA	2,018,943	-	306,753	1,712,190	15.19%
EASTER SEALS SOUTH FLORIDA	3,415,365	411,613	757,158	2,658,207	22.17%
8f. Contracts	332,013	-	-	332,013	0.00%
8.1f. Other Contracts	171,301	-	-	171,301	0.00%
TOTAL CONTRACTUAL	**56,103,234**	**3,303,356**	**11,532,779**	**44,570,455**	**20.56%**

CONSTRUCTION	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Construction	174,000	-	-	174,000	**0.00%**

OTHERS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	30,000	-	-	30,000	0.00%
4h. Utilities *****	51,390	3,210	12,908	38,482	25.12%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance (Includes One Time Facilities Supplement)	143,820	23,278	113,414	30,406	78.86%
8h. Local Travel & Field Trips	82,610	-	3,882	78,728	4.70%
10h. Child Services - Consultants	80,000	-	-	80,000	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	48,721	9,165	12,545	36,176	25.75%
13h. Parent Services (RESTRICTED)	20,053	-	-	20,053	0.00%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	-	-	52,705	0.00%
16h. Training or Staff Development	82,781	413	413	82,368	0.50%
17h. Other:	337,238	8,795	105,627	231,611	31.32%
TOTAL OTHERS	**1,046,262**	**44,861**	**248,789**	**797,473**	**23.78%**

TOTAL PROGRAM EXPENDITURES	**66,060,042**	**3,952,663**	**14,623,461**	**51,436,581**	**22.14%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**66,060,042**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	16,515,010	25.00%
NFS Required based on YTD Expenditures	$	3,655,865	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(3,655,865)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 31, 2020

AGENDA ITEM NUMBER: 3A9r

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR AUGUST 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE ON OCTOBER 15, 2020 AND IS PENDING RATIFICATION AND APPROVAL BY THE HEAD START POLICY COUNCIL, THE CAA EXECUTIVE COMMITTEE AND APPROVAL BY THE CAA BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH AUGUST 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $5,937,224 AND ACTUAL EXPENDITURES OF $8,015. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $207,072.

THE CURRENT FUNDS UTILIZATION RATE IS 3.63%.

FUNDING SOURCE: FEDERAL PY:2019-20

***ONE TIME ACTIVITIES COVID-19**

Head Start/Early Head Start
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of
August 31, 2020

Head Start/Early Head Start Program Year: August 1st, 2019 July 31st, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	252,492	-	-	252,492	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**252,492**	**-**	**-**	**252,492**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	167,180	8,015	8,015	159,165	4.79%
Landow COMMUNITY BASED OR	63,680	-	-	63,680	0.00%
Allapattah OTHER GRANTS/SERVI	51,590	-	-	51,590	0.00%
OUR LITTLE ONES CH	79,060	-	-	79,060	0.00%
PARADISE CHRISTIAN	120,600	-	-	120,600	0.00%
CATHOLIC COMMUNITY	854,250	-	-	854,250	0.00%
ST ALBANS DAY CARE	113,900	-	-	113,900	0.00%
KIDCO DAYCARE	187,660	-	-	187,660	0.00%
CHRISTIAN COMMUNIT	304,560	-	-	304,560	0.00%
LE JARDIN HEADSTAR	321,600	-	-	321,600	0.00%
CENTRO MATER CHILD	396,520	-	-	396,520	0.00%
SUNFLOWERS ACADEMY	26,800	-	-	26,800	0.00%
HAITIAN YOUTH & CO	137,410	-	-	137,410	0.00%
UNITED WAY OF MIA	40,260	-	-	40,260	0.00%
MIAMI DADE COUNTY PUBLIC	1,149,410	-	-	1,149,410	0.00%
YWCA	167,560	-	-	167,560	0.00%
EASTER SEALS SOUTH FLORIDA	326,640	-	-	326,640	0.00%
DELEGATE AGENCIES	-	-	-	0	0.00%
8f. Other Contracts	470,000	-	-	470,000	0.00%
TOTAL CONTRACTUAL	**4,978,680**	**8,015**	**8,015**	**4,970,665**	**0.16%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	706,052	-	-	706,052	0.00%
TOTAL OTHERS	**706,052**	**-**	**-**	**706,052**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**5,937,224**	**8,015**	**8,015**	**5,929,209**	**0.13%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**5,937,224**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,484,306	25.00%
NFS Required based on YTD Expenditures	$	2,004	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(2,004)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9r

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH SEPTEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $5,937,224* AND ACTUAL EXPENDITURES OF $378,566. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $74,604.

THE CURRENT FUNDS UTILIZATION RATE IS 7.64%.

FUNDING SOURCE: FEDERAL PY:2019-20

***ONE TIME ACTIVITIES COVID-19 BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020**

Head Start/Early Head Start
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of September 30, 2020

Head Start/Early Head Start Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	252,492	-	-	252,492	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**252,492**	**-**	**-**	**252,492**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	167,180	1,930	9,945	157,235	5.95%
Landow COMMUNITY BASED OR	63,680	-	-	63,680	0.00%
Allapattah OTHER GRANTS/SERVI	51,590	9,795	9,795	41,795	18.99%
OUR LITTLE ONES CH	79,060	-	-	79,060	0.00%
PARADISE CHRISTIAN	120,600	8,673	8,673	111,927	7.19%
CATHOLIC COMMUNITY	854,250	-	-	854,250	0.00%
ST ALBANS DAY CARE	113,900	-	-	113,900	0.00%
KIDCO DAYCARE	187,660	36,430	36,430	151,230	19.41%
CHRISTIAN COMMUNIT	304,560	6,672	6,672	297,888	2.19%
LE JARDIN HEADSTAR	321,600	-	-	321,600	0.00%
CENTRO MATER CHILD	396,520	-	-	396,520	0.00%
SUNFLOWERS ACADEMY	26,800	-	-	26,800	0.00%
HAITIAN YOUTH & CO	137,410	-	-	137,410	0.00%
UNITED WAY OF MIA	40,260	-	-	40,260	0.00%
MIAMI DADE COUNTY PUBLIC	1,149,410	-	-	1,149,410	0.00%
YWCA	167,560	12,961	12,961	154,599	7.74%
EASTER SEALS SOUTH FLORIDA	326,640	-	-	326,640	0.00%
DELEGATE AGENCIES	-	-	-	0	0.00%
8f. Other Contracts	470,000	-	-	470,000	0.00%
TOTAL CONTRACTUAL	**4,978,680**	**76,461**	**84,476**	**4,894,204**	**1.70%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	706,052	294,090	294,090	411,962	41.65%
TOTAL OTHERS	**706,052**	**294,090**	**294,090**	**411,962**	**41.65%**

TOTAL PROGRAM EXPENDITURES	**5,937,224**	**370,551**	**378,566**	**5,558,658**	**6.38%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**5,937,224**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,484,306	25.00%
NFS Required based on YTD Expenditures	$	94,642	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(94,642)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9r

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

COVID-19 FINANCIAL STATEMENT FOR OCTOBER 30, 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH OCTOBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $5,937,224 AND ACTUAL EXPENDITURES OF $378,566. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $74,604.

THE CURRENT FUNDS UTILIZATION RATE IS 7.64%.

FUNDING SOURCE: FEDERAL PY:2019-20

***ONE TIME ACTIVITIES COVID-19**
BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Head Start/Early Head Start
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of October 31, 2020

Head Start/Early Head Start Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	252,492	-	-	252,492	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**252,492**	**-**	**-**	**252,492**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	167,180	16,079	26,024	141,156	15.57%
Landow COMMUNITY BASED OR	63,680	-	-	63,680	0.00%
Allapattah OTHER GRANTS/SERVI	51,590	2,623	12,418	39,172	24.07%
OUR LITTLE ONES CH	79,060	-	-	79,060	0.00%
PARADISE CHRISTIAN	120,600	-	8,673	111,927	7.19%
CATHOLIC COMMUNITY	854,250	-	-	854,250	0.00%
ST ALBANS DAY CARE	113,900	-	-	113,900	0.00%
KIDCO DAYCARE	187,660	-	36,430	151,230	19.41%
CHRISTIAN COMMUNIT	304,560	7,891	14,563	289,998	4.78%
LE JARDIN HEADSTAR	321,600	-	-	321,600	0.00%
CENTRO MATER CHILD	396,520	1,141	1,141	395,379	0.29%
SUNFLOWERS ACADEMY	26,800	-	-	26,800	0.00%
HAITIAN YOUTH & CO	137,410	-	-	137,410	0.00%
UNITED WAY OF MIA	40,260	-	-	40,260	0.00%
MIAMI DADE COUNTY PUBLIC	1,149,410	-	-	1,149,410	0.00%
YWCA	167,560	25,108	38,069	129,492	22.72%
EASTER SEALS SOUTH FLORIDA	326,640	-	-	326,640	0.00%
DELEGATE AGENCIES	-	-	-	0	0.00%
8f. Other Contracts	470,000	-	-	470,000	0.00%
TOTAL CONTRACTUAL	**4,978,680**	**52,841**	**137,317**	**4,841,363**	**2.76%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	706,052	164,112	458,202	247,850	64.90%
TOTAL OTHERS	**706,052**	**164,112**	**458,202**	**247,850**	**64.90%**

TOTAL PROGRAM EXPENDITURES	**5,937,224**	**216,953**	**595,519**	**5,341,705**	**10.03%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**5,937,224**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,484,306	25.00%
NFS Required based on YTD Expenditures	$	148,880	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(148,880)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9r

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START

ONE TIME ACTIVITY COVID-19 FINANCIAL STATEMENT FOR

NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL. THIS ITEM IS BEING RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTIONS AGENCY (CAA) JOINT FINANCE AND EXECUTIVE COMMITTEE AND TO THE CAA BOARD FOR ACCEPTANCE AND APPROVAL.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH NOVEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $5,937,224 AND ACTUAL EXPENDITURES OF $365,552. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $598,954.

THE CURRENT FUNDS UTILIZATION RATE IS 16.25%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITIES COVID-19**
BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Head Start/Early Head Start
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of November 30, 2020

Head Start/Early Head Start Program Year: March 1st, 2020 to December 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	252,492	-	-	252,492	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**252,492**	**-**	**-**	**252,492**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	167,180	42,795	68,819	98,361	41.16%
Landow COMMUNITY BASED OR	63,680	-	-	63,680	0.00%
Allapattah OTHER GRANTS/SERVI	51,590	13,711	26,129	25,461	50.65%
OUR LITTLE ONES CH	79,060	-	-	79,060	0.00%
PARADISE CHRISTIAN	120,600	35,165	43,838	76,762	36.35%
CATHOLIC COMMUNITY	854,250	45,093	45,093	809,157	5.28%
ST ALBANS DAY CARE	113,900	-	-	113,900	0.00%
KIDCO DAYCARE	187,660	-	36,430	151,230	19.41%
CHRISTIAN COMMUNIT	304,560	-	14,563	289,998	4.78%
LE JARDIN HEADSTAR	321,600	-	-	321,600	0.00%
CENTRO MATER CHILD	396,520	36,964	38,105	358,415	9.61%
SUNFLOWERS ACADEMY	26,800	-	-	26,800	0.00%
HAITIAN YOUTH & CO	137,410	2,349	2,349	135,061	1.71%
UNITED WAY OF MIA	40,260	-	-	40,260	0.00%
MIAMI DADE COUNTY PUBLIC	1,149,410	-	-	1,149,410	0.00%
YWCA	167,560	401	38,470	129,090	22.96%
EASTER SEALS SOUTH FLORIDA	326,640	-	-	326,640	0.00%
DELEGATE AGENCIES	-	-	-	0	0.00%
8f. Other Contracts	470,000	-	-	470,000	0.00%
TOTAL CONTRACTUAL	**4,978,680**	**176,479**	**313,796**	**4,664,884**	**6.30%**

OTHERS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	706,052	(406,446)	51,756	654,296	7.33%
TOTAL OTHERS	**706,052**	**(406,446)**	**51,756**	**654,296**	**7.33%**

TOTAL PROGRAM EXPENDITURES	**5,937,224**	**(229,967)**	**365,552**	**5,571,672**	**6.16%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**5,937,224**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,484,306	25.00%
NFS Required based on YTD Expenditures	$	91,388	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(91,388)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9r

AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START FINANCIAL STATEMENT FOR ONE TIME ACTIVITIES COVID-19 DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH DECEMBER 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $5,937,224 AND ACTUAL EXPENDITURES OF $1,012,802. OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY $298,224.

THE CURRENT FUNDS UTILIZATION RATE IS 22.08%.

FUNDING SOURCE: FEDERAL PY:2019-20

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

CLOSEOUT PERIOD: JANUARY 1, 2021 TO MARCH 30, 2021

Head Start/Early Head Start
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of December 31, 2021

Head Start/Early Head Start Program Year: March 1st, 2020 to December 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	252,492	-	-	252,492	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**252,492**	**-**	**-**	**252,492**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	8,391	8,391	-8,391	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	167,180	90,307	159,127	8,053	95.18%
Landow COMMUNITY BASED OR	63,680	-	-	63,680	0.00%
Allapattah OTHER GRANTS/SERVI	51,590	5,200	31,329	20,261	60.73%
OUR LITTLE ONES CH	79,060	-	-	79,060	0.00%
PARADISE CHRISTIAN	120,600	29,499	73,337	47,264	60.81%
CATHOLIC COMMUNITY	854,250	312,465	357,558	496,692	41.86%
ST ALBANS DAY CARE	113,900	-	-	113,900	0.00%
KIDCO DAYCARE	187,660	-	36,430	151,230	19.41%
CHRISTIAN COMMUNIT	304,560	17,638	32,201	272,359	10.57%
LE JARDIN HEADSTAR	321,600	112,457	112,457	209,143	34.97%
CENTRO MATER CHILD	396,520	10,621	48,726	347,794	12.29%
SUNFLOWERS ACADEMY	26,800	-	-	26,800	0.00%
HAITIAN YOUTH & CO	137,410	-	2,349	135,061	1.71%
UNITED WAY OF MIA	40,260	6,745	6,745	33,515	16.75%
MIAMI DADE COUNTY PUBLIC	1,149,410	46,556	46,556	1,102,854	4.05%
YWCA	167,560	309	38,779	128,781	23.14%
EASTER SEALS SOUTH FLORIDA	326,640	-	-	326,640	0.00%
DELEGATE AGENCIES	-	-	-	0	0.00%
8f. Other Contracts	470,000	-	-	470,000	0.00%
TOTAL CONTRACTUAL	**4,978,680**	**640,186**	**953,982**	**4,024,698**	**19.16%**

OTHERS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	7,065	7,065	-7,065	0.00%
17h. Other:	706,052	-	51,756	654,296	7.33%
TOTAL OTHERS	**706,052**	**7,065**	**58,820**	**647,232**	**8.33%**

TOTAL PROGRAM EXPENDITURES	**5,937,224**	**647,251**	**1,012,802**	**4,924,422**	**17.06%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**5,937,224**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9s

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH SEPTEMBER 30, 2020 PERTAINS TO THE 12TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,323,219 AND ACTUAL EXPENDITURES OF $3,282,344 AND INVOICES IN PROCESS OF APPROXIMATELY $40,875.

THE CURRENT FUNDS UTILIZATION RATE IS 100%.

FUNDING SOURCE: FEDERAL PY: 2019-20

BUDGET PERIOD: AUGUST 1, 2019 TO JULY 31, 2020
CLOSEOUT PERIOD: AUGUST 1, 2020 TO OCTOBER 30, 2020

Child Care Partnership Program
Year-to-Date Financial Report as of
September 30, 2020

Child Care Partnership -EHS Program Year: August 1st, 2019 July 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	684,297	5,951	532,972	151,325	**77.89%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	326,159	47,843	272,779	53,380	**83.63%**

TRAVEL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	26,743	-	7,652	19,091	**28.61%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Other Equipment		-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Office Supplies	10,100	1,742	19,636	-9,536	194.42%
Child & Family Serv. Supplies	-	-	100,987	-100,987	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	994	-994	0.00%
TOTAL SUPPLIES	**10,100**	**1,742**	**121,617**	**(111,517)**	**1204.13%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	2,300	-	17,711	-15,411	770.04%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	18,632	13,974	51,854	-33,222	278.31%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	291,280	28,038	263,232	28,048	90.37%
Decroly Learning Child Care Center, Inc.	436,921	-	437,160	-239	100.05%
Early Childhood Professional Services (Bethany)	218,461	22,597	219,156	-695	100.32%
Memorial Temple Missionary Baptist Church, Inc.	145,640	45,717	133,089	12,551	91.38%
Play and Read Academy Corp.	582,561	54,156	522,641	59,920	89.71%
Rising Star Academy	145,640	7,573	143,897	1,743	98.80%
Cambridge Academy	218,460	35,597	211,833	6,627	96.97%
Shinning Light Childcare Dev Center	145,640	-	137,376	8,264	94.33%
8f. Other Contracts	16,605	27,560	48,023	-31,418	289.21%
TOTAL CONTRACTUAL	**2,222,140**	**235,212**	**2,185,970**	**36,170**	**98.37%**

OTHERS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	2,752	10,079	12,296	-9,544	446.86%
5h. Bldg & Child Liability Ins *****	2,036	-	-	2,036	0.00%
6h. Bldg Maintenance	15,054	168	50,713	-35,659	336.87%
8h. Local Travel & Field Trips	1,257	842	5,160	-3,903	410.37%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	604	30,833	-30,833	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	2,040	-	-	2,040	0.00%
15h. Publication/Adv/Printing	4,300	-	3,720	580	86.51%
16h. Training or Staff Development	-	1,170	12,537	-12,537	0.00%
17h. Other:	26,341	9,543	46,096	-19,755	175.00%
TOTAL OTHERS	**53,780**	**22,406**	**161,354**	**(107,574)**	**300.02%**

TOTAL PROGRAM EXPENDITURES	**3,323,219**	**313,151**	**3,282,344**	**40,875**	**98.77%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,323,219**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	830,805	25.00%
NFS Required based on YTD Expenditures	$	820,586	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	110,199	3.36%
Difference (+/-)	**$**	**(710,387)**	**-21.64%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9s

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH OCTOBER 31, 2020 PERTAINS TO THE 12TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,323,219 AND ACTUAL EXPENDITURES OF $3,323,219.THE CURRENT FUNDS UTILIZATION RATE IS 100%.

FUNDING SOURCE: FEDERAL PY: 2019-20

BUDGET PERIOD: AUGUST 1, 2019 TO JULY 31, 202

CLOSEOUT PERIOD: AUGUST 1, 2020 TO OCTOBER 30, 2020

Child Care Partnership Program
Year-to-Date Financial Report as of
October 31, 2020

Child Care Partnership -EHS Program Year: August 1st, 2019 July 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	684,297	8,711	541,683	142,614	**79.16%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	326,159	(3,263)	269,516	56,643	**82.63%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	16,643	-	8,897	7,746	**53.46%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment		-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	10,100	-	19,636	-9,536	194.42%
Child & Family Serv. Supplies	-	-	100,987	-100,987	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	994	-994	0.00%
TOTAL SUPPLIES	**10,100**	**-**	**121,617**	**(111,517)**	**1204.13%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	2,300	-	17,711	-15,411	770.04%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	58,045	20,815	72,251	-14,206	124.47%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	287,247	27,940	291,172	-3,925	101.37%
Decroly Learning Child Care Center, Inc.	431,808	-	437,160	-5,352	101.24%
Early Childhood Professional Services (Bethany)	215,436	-	219,156	-3,720	101.73%
Memorial Temple Missionary Baptist Church, Inc.	143,623	-	133,089	10,534	92.67%
Play and Read Academy Corp.	574,494	52,684	575,325	-831	100.14%
Rising Star Academy	143,623	-	143,897	-274	100.19%
Cambridge Academy	215,435	-	211,833	3,602	98.33%
Shinning Light Childcare Dev Center	143,623	6,471	143,847	-224	100.16%
8f. Other Contracts	16,605	1,194	49,217	-32,612	296.40%
TOTAL CONTRACTUAL	**2,232,239**	**109,105**	**2,294,657**	**(62,418)**	**102.80%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	2,752	-	12,296	-9,544	446.86%
5h. Bldg & Child Liability Ins *****	2,036	-	-	2,036	0.00%
6h. Bldg Maintenance	15,054	(33,283)	17,430	-2,376	115.78%
8h. Local Travel & Field Trips	1,257	100	5,260	-4,003	418.32%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	(28,419)	2,414	-2,414	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	4,300	-	3,720	580	86.51%
16h. Training or Staff Development	-	(12,537)	-	0	0.00%
17h. Other:	28,382	(367)	45,729	-17,347	161.12%
TOTAL OTHERS	**53,781**	**(74,506)**	**86,848**	**(33,067)**	**161.48%**

TOTAL PROGRAM EXPENDITURES	**3,323,219**	**40,046**	**3,323,219**	**0**	**100.00%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:				-	
AMENDED TOTAL PROGRAM EXPENDITURES	**3,323,219**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	830,805	25.00%
NFS Required based on YTD Expenditures	$	830,805	25.00%
NFS YTD Recorded	$	110,199	3.32%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(720,606)**	**-21.68%**

0

COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 31, 2020

AGENDA ITEM NUMBER: 3A9t

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR AUGUST 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE ON OCTOBER 15, 2020 AND IS PENDING RATIFICATION AND APPROVAL BY THE HEAD START POLICY COUNCIL, THE CAA EXECUTIVE COMMITTEE AND APPROVAL BY THE CAA BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH AUGUST 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $3,323,219 AND ACTUAL EXPENDITURES OF $40,208 AND INOICES IN PROCESS OF APPROXIMATELY $195,203.

THE CURRENT FUNDS UTILIZATION RATE IS 7.03%.

FUNDING SOURCE: FEDERAL PY: 2020-21

Child Care Partnership Program
Year-to-Date Financial Report as of
August 31, 2020

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	692,649	27,494	27,494	665,155	**3.97%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	321,054	11,754	11,754	309,300	**3.66%**

TRAVEL	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	15,135	-	-	15,135	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**-**	**-**	**-**	**-**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	-	-	6,600	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	49,000	960	960	48,040	1.96%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	287,247	-	-	287,247	0.00%
Decroly Learning Child Care Center, Inc.	430,871	-	-	430,871	0.00%
Early Childhood Professional Services (Bethany)	215,436	-	-	215,436	0.00%
Memorial Temple Missionary Baptist Church, Inc.	143,624	-	-	143,624	0.00%
St. Alban's (Delegate/Provider)	430,871				
Rising Star Academy	143,624	-	-	143,624	0.00%
Cambridge Academy	215,435	-	-	215,435	0.00%
Shinning Light Childcare Dev Center	143,624	-	-	143,624	0.00%
Community Outreach Center (New)	143,624	-	-	143,624	0.00%
8f. Other Contracts	42,444	-	-	42,444	0.00%
TOTAL CONTRACTUAL	**2,252,398**	**960**	**960**	**1,820,568**	**0.04%**

OTHERS	BUDGET	MONTHLY ACTUALS August 2020	YTD ACTUALS August 2020	BALANCE	VARIANCE (-\+)
1h. Depreciation/Use Allowance				0	0.00%
2h. Rent ****	-	-	-	0	0.00%
3h. Mortgage				0	0.00%
4h. Utilities *****	12,256	-	-	12,256	0.00%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
7h. Incidental Alterations				0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	3,200	-	-	3,200	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	11,688	-	-	11,688	0.00%
17h. Other:	12,889	-	-	12,889	0.00%
TOTAL OTHERS	**41,983**	**-**	**-**	**41,983**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**3,323,219**	**40,208**	**40,208**	**2,852,141**	**1.21%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,323,219**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	830,805	25.00%
NFS Required based on YTD Expenditures	$	10,052	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(10,052)**	**-25.00%**

0

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9t

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH SEPTEMBER 30, 2020 PERTAINS TO THE 2ND MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,323,219 AND ACTUAL EXPENDITURES OF $309,597 AND INVOICES IN PROCESS OF APPROXIMATELY $88,261.

THE CURRENT FUNDS UTILIZATION RATE IS 11.98%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021 CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021.

Child Care Partnership Program
Year-to-Date Financial Report as of
September 30, 2020

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	692,649	62,150	89,644	603,005	**12.94%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	321,054	24,811	36,565	284,489	**11.39%**

TRAVEL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	15,135	-	-	15,135	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	-	-	-	-	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	630	630	5,970	9.55%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	49,000	15,712	16,672	32,328	34.02%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	287,247	-	-	287,247	0.00%
Decroly Learning Child Care Center, Inc.	430,871	116,424	116,424	314,447	27.02%
Early Childhood Professional Services (Bethany)	215,436	-	-	215,436	0.00%
Memorial Temple Missionary Baptist Church, Inc.	143,624	-	-	143,624	0.00%
St. Alban's (Delegate/Provider)	430,871	-	-	430,871	0.00%
Rising Star Academy	143,624	27,377	27,377	116,247	19.06%
Cambridge Academy	215,435	-	-	215,435	0.00%
Shinning Light Childcare Dev Center	143,624	-	-	143,624	0.00%
Community Outreach Center (New)	143,624	15,430	15,430	128,194	10.74%
8f. Other Contracts	42,444	-	-	42,444	0.00%
TOTAL CONTRACTUAL	**2,252,398**	**175,573**	**176,533**	**2,075,865**	**7.84%**

OTHERS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	-	-	12,256	0.00%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	-	788	788	-788	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	3,622	3,622	-3,622	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	3,200	-	-	3,200	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	11,688	200	200	11,488	1.71%
17h. Other:	12,889	2,245	2,245	10,644	17.42%
TOTAL OTHERS	**41,983**	**6,855**	**6,855**	**35,128**	**16.33%**

TOTAL PROGRAM EXPENDITURES	**3,323,219**	**269,389**	**309,597**	**3,013,622**	**9.32%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,323,219**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	830,805	25.00%
NFS Required based on YTD Expenditures	$	77,399	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(77,399)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9t

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE 11/19/20 PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH OCTOBER 31, 2020 PERTAINS TO THE 3RD MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,323,219 AND ACTUAL EXPENDITURES OF $419,266 AND INVOICES IN PROCESS OF APPROXIMATELY $203,751.THE CURRENT FUNDS UTILIZATION RATE IS 18.75%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021

CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Child Care Partnership Program
Year-to-Date Financial Report as of
October 31, 2020

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	692,649	45,495	135,139	557,510	**19.51%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	321,054	18,837	55,402	265,652	**17.26%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	15,135	-	-	15,135	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	-	-	-	-	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	-	630	5,970	9.55%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	49,000	-	16,672	32,328	34.02%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	287,247	25,216	25,216	262,030	8.78%
Decroly Learning Child Care Center, Inc.	430,871	-	116,424	314,447	27.02%
Early Childhood Professional Services (Bethany)	215,436	-	-	215,436	0.00%
Memorial Temple Missionary Baptist Church, Inc.	143,624	-	-	143,624	0.00%
St. Alban's (Delegate/Provider)	430,871	-	-	430,871	0.00%
Rising Star Academy	143,624	-	27,377	116,247	19.06%
Cambridge Academy	215,435	18,912	18,912	196,523	8.78%
Shinning Light Childcare Dev Center	143,624	-	15,430	128,193	10.74%
Community Outreach Center (New)	143,624	-	-	143,624	0.00%
8f. Other Contracts	42,444	-	-	42,444	0.00%
TOTAL CONTRACTUAL	**2,252,398**	**44,129**	**220,662**	**2,031,736**	**9.80%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	-	-	12,256	0.00%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	-	-	788	-788	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	1,208	4,830	-4,830	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	3,200	-	-	3,200	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	11,688	-	200	11,488	1.71%
17h. Other:	12,889	-	2,245	10,644	17.42%
TOTAL OTHERS	**41,983**	**1,208**	**8,063**	**33,920**	**19.21%**

TOTAL PROGRAM EXPENDITURES	**3,323,219**	**109,669**	**419,266**	**2,903,953**	**12.62%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,323,219**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	830,805	25.00%
NFS Required based on YTD Expenditures	$	104,816	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(104,816)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9t

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL. THIS ITEM IS BEING RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTIONS AGENCY (CAA) JOINT FINANCE AND EXECUTIVE COMMITTEE AND TO THE CAA BOARD FOR ACCEPTANCE AND APPROVAL.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH NOVEMBER 30, 2020 PERTAINS TO THE 4TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,476,011 WHICH INCLUDES COLA AND QUALITY IMPROVEMENT OF $152,792 AND ACTUAL EXPENDITURES OF $744,161 AND INVOICES IN PROCESS OF APPROXIMATELY $175,017.

THE CURRENT FUNDS UTILIZATION RATE IS 26.44%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Child Care Partnership Program
Year-to-Date Financial Report as of
November 30, 2020

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	726,088	46,032	181,171	544,917	**24.95%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	340,329	18,271	73,673	266,656	**21.65%**

TRAVEL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	15,135	-	-	15,135	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Office Supplies	22,710	-	-	22,710	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**22,710**	**-**	**-**	**22,710**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	-	630	5,970	9.55%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	30,240	114	16,786	13,454	55.51%
6f. Family Child Care				0	0.00%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	301,596	68,740	93,956	207,640	31.15%
Decroly Learning Child Care Center, Inc.	452,394	33,376	149,799	302,595	33.11%
Early Childhood Professional Services (Bethany)	226,198	72,756	72,756	153,442	32.16%
Memorial Temple Missionary Baptist Church, Inc.	150,798	-	-	150,798	0.00%
St. Alban's (Delegate/Provider)	452,395	-	-	452,395	0.00%
Rising Star Academy	150,798	-	27,377	123,421	18.15%
Cambridge Academy	226,197	42,287	61,199	164,998	27.06%
Shinning Light Childcare Dev Center	150,798	24,320	39,750	111,048	26.36%
Community Outreach Center (New)	150,799	16,159	16,159	134,640	10.72%
8f. Other Contracts	30,953	680	680	30,273	2.20%
TOTAL CONTRACTUAL	**2,329,766**	**258,431**	**479,093**	**1,850,673**	**20.56%**

OTHERS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	-	-	12,256	0.00%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	2,884	2,100	2,888	-4	100.14%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	10,000	-	4,830	5,170	48.30%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	3,200	-	-	3,200	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	200	-	200	0	100.00%
17h. Other:	11,493	63	2,308	9,185	20.08%
TOTAL OTHERS	**41,983**	**2,163**	**10,226**	**31,757**	**24.36%**

TOTAL PROGRAM EXPENDITURES	**3,476,011**	**324,895**	**744,161**	**2,731,848**	**21.41%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,476,011**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	869,003	25.00%
NFS Required based on YTD Expenditures	$	186,040	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(186,040)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9t

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH DECEMBER 31, 2020 PERTAINS TO THE 5TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $3,476,011 WHICH INCLUDES COLA AND QUALITY IMPROVEMENT OF $152,792

AND ACTUAL EXPENDITURES OF $1,000,394 AND INVOICES IN PROCESS OF APPROXIMATELY $235,047.

THE CURRENT FUNDS UTILIZATION RATE IS 35.54%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 31, 2021
CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Child Care Partnership Program
Year-to-Date Financial Report as of
December 31, 2020

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	726,088	45,637	226,808	499,280	**31.24%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	340,329	18,238	91,911	248,418	**27.01%**

TRAVEL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	15,135	-	-	15,135	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Supplies	22,710	-	-	22,710	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**22,710**	**-**	**-**	**22,710**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	-	630	5,970	9.55%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	30,240	-	16,786	13,454	55.51%
6f. Family Child Care				0	0.00%
PROVIDER AGENCIES: CHILD DEVELOPMENT	-	27,760	27,760	-27,760	0.00%
Crystal Learning Center, Inc.	301,596	25,325	119,281	182,315	39.55%
Decroly Learning Child Care Center, Inc.	452,394	31,562	181,362	271,032	40.09%
Early Childhood Professional Services (Bethany)	226,198	18,994	91,750	134,448	40.56%
Memorial Temple Missionary Baptist Church, Inc.	150,798	28,912	28,912	121,887	19.17%
St. Alban's (Delegate/Provider)	452,395	-	-	452,395	0.00%
Rising Star Academy	150,798	16,610	43,987	106,811	29.17%
Cambridge Academy	226,197	18,090	79,289	146,908	35.05%
Shinning Light Childcare Dev Center	150,798	-	39,750	111,048	26.36%
Community Outreach Center (New)	150,799	15,956	32,115	118,684	21.30%
8f. Other Contracts	30,953	476	1,156	29,797	3.73%
TOTAL CONTRACTUAL	**2,329,766**	**183,684**	**662,777**	**1,666,989**	**28.45%**

OTHERS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	-	-	12,256	0.00%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	2,884	5,917	8,805	-5,921	305.31%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	10,000	2,414	7,244	2,756	72.44%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	3,200	-	-	3,200	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	200	-	200	0	100.00%
17h. Other:	11,493	343	2,651	8,842	23.07%
TOTAL OTHERS	**41,983**	**8,674**	**18,900**	**23,083**	**45.02%**

TOTAL PROGRAM EXPENDITURES	**3,476,011**	**256,233**	**1,000,394**	**2,475,615**	**28.78%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**3,476,011**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	869,003	25.00%
NFS Required based on YTD Expenditures	$	250,099	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(250,099)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 31, 2020

AGENDA ITEM NUMBER: 3A9u

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR AUGUST 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH AUGUST 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $210,914 AND ACTUAL EXPENDITURES OF $0.00 AND INVOICES IN PROCESS OF APPROXIMATELY $2,197.

THE CURRENT FUNDS UTILIZATION RATE IS 0.00%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITIES COVID-19**

Combination Early Head Start Expansion Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of August 31, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 February 28, 2021

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	19,680	-	-	19,680	0.00%
TOTAL SUPPLIES	**19,680**	**-**	**-**	**19,680**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	9,856	-	-	9,856	0.00%
PARADISE CHRISTIAN	19,712	-	-	19,712	0.00%
CATHOLIC COMMUNITY	73,920	-	-	73,920	0.00%
KIDCO DAYCARE	19,712	-	-	19,712	0.00%
CHRISTIAN COMMUNIT	19,712	-	-	19,712	0.00%
CENTRO MATER CHILD	44,352	-	-	44,352	0.00%
SUNFLOWERS ACADEMY	14,784	-	-	14,784	0.00%
HAITIAN YOUTH & CO & (LMW)	49,280	-	-	49,280	0.00%
YWCA	24,640	-	-	24,640	0.00%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	14,784	-	-	14,784	0.00%
Cambridge Academy	14,784	-	-	14,784	0.00%
BRICKS Early Learning Center	14,784	-	-	14,784	0.00%
Early Learning Center	19,712	-	-	19,712	0.00%
8f. Other Contracts	115,390	-	-	115,390	0.00%
TOTAL CONTRACTUAL	**455,422**	**-**	**-**	**455,422**	**0.00%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS August 2020**	**YTD ACTUALS August 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	10,000	-	-	10,000	0.00%
TOTAL OTHERS	**10,000**	**-**	**-**	**10,000**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**485,102**	**-**	**-**	**485,100**	**0.00%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**485,102**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9u

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH SEPTEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $210,914* AND ACTUAL EXPENDITURES OF $2,197 AND INVOICES IN PROCESS OF APPROXIMATELY $6,170.

THE CURRENT FUNDS UTILIZATION RATE IS 3.98%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITIES COVID-19**

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 30, 2020

Child Care Partnership Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of September 30, 2020

Child Care Partnership -EHS Program Year: March 1st, 2020 December 30th, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**-**	**-**	**-**	**-**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	19,712	-	-	19,712	0.00%
Decroly Learning Child Care Center, Inc.	29,568	-	-	29,568	0.00%
Early Childhood Professional Services (Bethany)	14,784	631	631	14,153	4.27%
Memorial Temple Missionary Baptist Church, Inc.	9,856	-	-	9,856	0.00%
Play and Read Academy Corp.	39,424	-	-	39,424	0.00%
Rising Star Academy	9,856	1,566	1,566	8,290	15.89%
Cambridge Academy	14,784	-	-	14,784	0.00%
Shinning Light Childcare Dev Center	9,856	-	-	9,856	0.00%
8f. Other Contracts	-	-	-	0	0.00%
TOTAL CONTRACTUAL	**147,840**	**2,197**	**2,197**	**145,643**	**1.49%**

OTHERS	BUDGET	MONTHLY ACTUALS September 2020	YTD ACTUALS September 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	63,074	-	-	63,074	0.00%
TOTAL OTHERS	**63,074**	**-**	**-**	**63,074**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**210,914**	**2,197**	**2,197**	**208,717**	**1.04%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**210,914**				

Non- Federal Share (NFS) Report (NO APPLICABLE)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9u

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE

PARTNERSHIP PROGRAM COVID-19 FINANCIAL STATEMENT

FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH OCTOBER 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $210,914 AND ACTUAL EXPENDITURES OF $7,822 AND INVOICES IN PROCESS OF APPROXIMATELY $26,579.THE CURRENT FUNDS UTILIZATION RATE IS 16.31%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITIES COVID-19**

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Child Care Partnership Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of October 31, 2020

Child Care Partnership -EHS Program Year: March 1st, 2020 December 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**-**	**-**	**-**	**-**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	19,712	-	-	19,712	0.00%
Decroly Learning Child Care Center, Inc.	29,568	5,351	5,351	24,217	18.10%
Early Childhood Professional Services (Bethany)	14,784	-	631	14,153	4.27%
Memorial Temple Missionary Baptist Church, Inc.	9,856	-	-	9,856	0.00%
Play and Read Academy Corp.	39,424	-	-	39,424	0.00%
Rising Star Academy	9,856	274	1,840	8,016	18.67%
Cambridge Academy	14,784	-	-	14,784	0.00%
Shinning Light Childcare Dev Center	9,856	-	-	9,856	0.00%
8f. Other Contracts	-	-	-	0	0.00%
TOTAL CONTRACTUAL	**147,840**	**5,625**	**7,822**	**140,018**	**5.29%**

OTHERS	BUDGET	MONTHLY ACTUALS October 2020	YTD ACTUALS October 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	63,074	-	-	63,074	0.00%
TOTAL OTHERS	**63,074**	**-**	**-**	**63,074**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**210,914**	**5,625**	**7,822**	**203,092**	**3.71%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**210,914**				

Non- Federal Share (NFS) Report (NO APPLICABLE)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9u

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL. THIS ITEM IS BEING RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTIONS AGENCY (CAA) JOINT FINANCE AND EXECUTIVE COMMITTEE AND TO THE CAA BOARD FOR ACCEPTANCE AND APPROVAL.

BACKGROUND/SUMMARY:
THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH NOVEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $210,914 AND ACTUAL EXPENDITURES OF $34,401 AND INVOICES IN PROCESS OF APPROXIMATELY $12,405.

THE CURRENT FUNDS UTILIZATION RATE IS 22.19%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITIES COVID-19**
BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Child Care Partnership Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of November 30, 2020

Child Care Partnership -EHS Program Year: March 1st, 2020 December 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**-**	**-**	**-**	**-**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	19,712	5,451	5,451	14,261	27.66%
Decroly Learning Child Care Center, Inc.	29,568	-	5,351	24,217	18.10%
Early Childhood Professional Services (Bethany)	14,784	5,950	6,581	8,203	44.52%
Memorial Temple Missionary Baptist Church, Inc.	9,856	-	-	9,856	0.00%
ST ALBANS DAY CARE (new)	29,000	-	-	29,000	0.00%
Rising Star Academy	9,856	360	2,200	7,656	22.32%
Cambridge Academy	14,784	-	-	14,784	0.00%
Shinning Light Childcare Dev Center	9,856	-	-	9,856	0.00%
Community Outreach Center (new)	10,424				
8f. Other Contracts	-	-	-	0	0.00%
TOTAL CONTRACTUAL	**147,840**	**11,762**	**19,583**	**117,833**	**13.25%**

OTHERS	BUDGET	MONTHLY ACTUALS November 2020	YTD ACTUALS November 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	14,818	14,818	14,818	0	100.00%
17h. Other:	48,256	-	-	48,256	0.00%
TOTAL OTHERS	**63,074**	**14,818**	**14,818**	**48,256**	**23.49%**

TOTAL PROGRAM EXPENDITURES	**210,914**	**26,579**	**34,401**	**166,089**	**16.31%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**210,914**				

Non- Federal Share (NFS) Report (NO APPLICABLE)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9u

AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT *ONE TIME ACTIVITIES COVID-19 FOR DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH DECEMBER 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $210,914 AND ACTUAL EXPENDITURES OF $46,806 AND INVOICES IN PROCESS OF APPROXIMATELY $38,942.

THE CURRENT FUNDS UTILIZATION RATE IS 40.66%.

FUNDING SOURCE: FEDERAL PY: 2019-20

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

CLOSEOUT PERIOD: JANUARY 1, 2021 TO MARCH 30, 2021

Child Care Partnership Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of December 31, 2020

Child Care Partnership -EHS Program Year: March 1st, 2020 December 31st, 2020

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**-**	**-**	**-**	**-**	**0.00%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	4,515	4,515	-4,515	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
PROVIDER AGENCIES					
Crystal Learning Center, Inc.	19,712	7,027	12,478	7,234	63.30%
Decroly Learning Child Care Center, Inc.	29,568	-	5,351	24,217	18.10%
Early Childhood Professional Services (Bethany)	14,784	-	6,581	8,203	44.52%
Memorial Temple Missionary Baptist Church, Inc.	9,856	-	-	9,856	0.00%
ST ALBANS DAY CARE (new)	29,000	-	-	29,000	0.00%
Rising Star Academy	9,856	862	3,062	6,794	31.07%
Cambridge Academy	14,784	-	-	14,784	0.00%
Shinning Light Childcare Dev Center	9,856	-	-	9,856	0.00%
Community Outreach Center (new)	10,424	-			
8f. Other Contracts	-	-	-	0	0.00%
TOTAL CONTRACTUAL	**147,840**	**12,405**	**31,988**	**105,428**	**21.64%**

OTHERS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	14,818	-	14,818	0	100.00%
17h. Other:	48,256	-	-	48,256	0.00%
TOTAL OTHERS	**63,074**	**-**	**14,818**	**48,256**	**23.49%**

TOTAL PROGRAM EXPENDITURES	**210,914**	**12,405**	**46,806**	**153,684**	**22.19%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**210,914**				

Non- Federal Share (NFS) Report (NO APPLICABLE)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9v

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM FINANCIAL

STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH SEPTEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $485,102* AND ACTUAL EXPENDITURES OF $15,461 AND ESTIMATED INVOICES OF APPROXIMATELY $15,403.

THE CURRENT FUNDS UTILIZATION RATE IS 6.37%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITY COVID-19**
BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Combination Early Head Start Expansion Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of September 30, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	242	-242	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	19,680	-	-	19,680	0.00%
TOTAL SUPPLIES	**19,680**	**-**	**-**	**19,680**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	9,856	-	-	9,856	0.00%
PARADISE CHRISTIAN	19,712	-	-	19,712	0.00%
CATHOLIC COMMUNITY	73,920	-	-	73,920	0.00%
KIDCO DAYCARE	19,712	-	-	19,712	0.00%
CHRISTIAN COMMUNIT	19,712	1,568	1,568	18,145	7.95%
CENTRO MATER CHILD	44,352	-	-	44,352	0.00%
SUNFLOWERS ACADEMY	14,784	-	-	14,784	0.00%
HAITIAN YOUTH & CO & (LMW)	49,280	-	-	49,280	0.00%
YWCA	24,640	3,310	3,310	21,331	13.43%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	14,784	-	-	14,784	0.00%
Cambridge Academy	14,784	-	-	14,784	0.00%
BRICKS Early Learning Center	14,784	7,535	7,535	7,249	50.97%
Early Learning Center	19,712	3,049	3,049	16,663	15.47%
8f. Other Contracts	115,390	-	-	115,390	0.00%
TOTAL CONTRACTUAL	**455,422**	**15,461**	**15,461**	**439,961**	**3.39%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	10,000	-	-	10,000	0.00%
TOTAL OTHERS	**10,000**	**-**	**-**	**10,000**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**485,102**	**15,461**	**15,703**	**469,397**	**3.24%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**485,102**				

Non- Federal Share (NFS) Report (No Applicable)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	3,926	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(3,926)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9v

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM FINANCIAL

STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE 11/19/20 PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH OCTOBER 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $485,102 AND ACTUAL EXPENDITURES OF $21,091 AND ESTIMATED INVOICES OF APPROXIMATELY $38,488.THE CURRENT FUNDS UTILIZATION RATE IS 12.28%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITY COVID-19**

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Combination Early Head Start Expansion Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of October 31, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	-	-	-	0	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	19,680	-	-	19,680	0.00%
TOTAL SUPPLIES	**19,680**	**-**	**-**	**19,680**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	-	0	0.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	9,856	-	-	9,856	0.00%
PARADISE CHRISTIAN	19,712	-	-	19,712	0.00%
CATHOLIC COMMUNITY	73,920	-	-	73,920	0.00%
KIDCO DAYCARE	19,712	-	-	19,712	0.00%
CHRISTIAN COMMUNIT	19,712	1,568	1,568	18,145	7.95%
CENTRO MATER CHILD	44,352	-	-	44,352	0.00%
SUNFLOWERS ACADEMY	14,784	-	-	14,784	0.00%
HAITIAN YOUTH & CO & (LMW)	49,280	-	-	49,280	0.00%
YWCA	24,640	3,310	8,940	15,701	36.28%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	14,784	-	-	14,784	0.00%
Cambridge Academy	14,784	-	-	14,784	0.00%
BRICKS Early Learning Center	14,784	7,535	7,535	7,249	50.97%
Early Learning Center	19,712	3,049	3,049	16,663	15.47%
8f. Other Contracts	115,390	-	-	115,390	0.00%
TOTAL CONTRACTUAL	**455,422**	**15,461**	**21,091**	**434,331**	**4.63%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	10,000	-	-	10,000	0.00%
TOTAL OTHERS	**10,000**	**-**	**-**	**10,000**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**485,102**	**15,461**	**21,091**	**464,009**	**4.35%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**485,102**				

Non- Federal Share (NFS) Report (No Applicable)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	5,273	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(5,273)**	**-25.00%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9v

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM ONE TIME ACTIVITY

COVID-19 FINANCIAL STATEMENT FOR NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE AND BY THE HEAD START POLICY COUNCIL. THIS ITEM IS BEING RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTIONS AGENCY (CAA) JOINT FINANCE AND EXECUTIVE COMMITTEE AND TO THE CAA BOARD FOR ACCEPTANCE AND APPROVAL.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH NOVEMBER 30, 2020 INCLUDES THE BUDGETED AMOUNT OF $485,102 AND ACTUAL EXPENDITURES OF $77,378 AND ESTIMATED INVOICES OF APPROXIMATELY $76,668.

THE CURRENT FUNDS UTILIZATION RATE IS 31.76%.

FUNDING SOURCE: FEDERAL PY: 2019-20

***ONE TIME ACTIVITY COVID-19**
BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020

Combination Early Head Start Expansion Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of November 30, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	19,680	-	-	19,680	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**19,680**	**-**	**-**	**19,680**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	34,080	34,080	-34,080	0.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	9,856	-	-	9,856	0.00%
PARADISE CHRISTIAN	19,712	-	-	19,712	0.00%
CATHOLIC COMMUNITY	73,920	4,512	4,512	69,408	6.10%
KIDCO DAYCARE	19,712	-	-	19,712	0.00%
CHRISTIAN COMMUNIT	19,712	-	1,568	18,145	7.95%
CENTRO MATER CHILD	44,352	9,613	9,613	34,739	21.67%
SUNFLOWERS ACADEMY	14,784	-	-	14,784	0.00%
HAITIAN YOUTH & CO & (LMW)	49,280	3,674	3,674	45,606	7.46%
YWCA	24,640	-	8,940	15,701	36.28%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	14,784	-	-	14,784	0.00%
Cambridge Academy	14,784	-	-	14,784	0.00%
BRICKS Early Learning Center	14,784	2,010	9,545	5,239	64.56%
Early Learning Center	19,712	2,398	5,447	14,265	27.63%
8f. Other Contracts	115,390	-	-	115,390	0.00%
TOTAL CONTRACTUAL	**455,422**	**56,287**	**77,378**	**378,044**	**16.99%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	10,000	-	-	10,000	0.00%
TOTAL OTHERS	**10,000**	**-**	**-**	**10,000**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**485,102**	**56,287**	**77,378**	**407,722**	**15.95%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**485,102**				

Non- Federal Share (NFS) Report (No Applicable)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	19,344	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**(19,344)**	**-25.00%**

0

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9v

AGENDA ITEM SUBJECT: COMBINATION --EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT ONE TIME ACTIVITY COVID-19 FOR DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH DECEMBER 31, 2020 INCLUDES THE BUDGETED AMOUNT OF $485,102 AND ACTUAL EXPENDITURES OF $154,046 AND ESTIMATED INVOICES OF APPROXIMATELY $23,912.

THE CURRENT FUNDS UTILIZATION RATE IS 36.68%.

FUNDING SOURCE: FEDERAL PY: 2019-20

BUDGET PERIOD: MARCH 1, 2020 TO DECEMBER 31, 2020
CLOSEOUT PERIOD: JANUARY 1, 2021 TO MARCH 31, 2021

Combination Early Head Start Expansion Program
ONE TIME ACTIVITY COVID-19
Year-to-Date Financial Report as of December 31, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 to December 30th, 2020

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	-	-	-	0	**0.00%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	-	-	-	0	**0.00%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	19,680	-	-	19,680	0.00%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	**19,680**	**-**	**-**	**19,680**	**0.00%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	10,386	10,386	-10,386	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	-	-	34,080	-34,080	0.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	9,856	-	-	9,856	0.00%
PARADISE CHRISTIAN	19,712	-	-	19,712	0.00%
CATHOLIC COMMUNITY	73,920	37,342	41,854	32,066	56.62%
KIDCO DAYCARE	19,712	6,400	6,400	13,312	32.47%
CHRISTIAN COMMUNIT	19,712	32	1,600	18,113	8.11%
CENTRO MATER CHILD	44,352	17,622	27,235	17,117	61.41%
SUNFLOWERS ACADEMY	14,784	-	-	14,784	0.00%
HAITIAN YOUTH & CO & (LMW)	49,280	-	3,674	45,606	7.46%
YWCA	24,640	-	8,940	15,701	36.28%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	14,784	-	-	14,784	0.00%
Cambridge Academy	14,784	-	-	14,784	0.00%
BRICKS Early Learning Center	14,784	-	9,545	5,239	64.56%
Early Learning Center	19,712	4,885	10,332	9,380	52.42%
8f. Other Contracts	115,390	-	-	115,390	0.00%
TOTAL CONTRACTUAL	**455,422**	**76,667**	**154,045**	**301,377**	**33.82%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS December 2020**	**YTD ACTUALS December 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	-	-	-	0	0.00%
5h. Bldg & Child Liability Ins *****	-	-	-	0	0.00%
6h. Bldg Maintenance	-	-	-	0	0.00%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	-	-	-	0	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	-	-	-	0	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	10,000	-	-	10,000	0.00%
TOTAL OTHERS	**10,000**	**-**	**-**	**10,000**	**0.00%**

TOTAL PROGRAM EXPENDITURES	**485,102**	**76,667**	**154,046**	**331,055**	**31.76%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**485,102**				

Non- Federal Share (NFS) Report (No Applicable)			
NFS Requirement based on Grant	$	-	0.00%
NFS Required based on YTD Expenditures	$	-	0.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	-	0.00%
Difference (+/-)	**$**	**-**	**0.00%**

0

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9w

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM FINANCIAL

STATEMENT FOR SEPTEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 11/5/2020. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH SEPTEMBER 30, 2020 PERTAINS TO THE 7TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $7,962,956 AND ACTUAL EXPENDITURES OF $3,177,668 AND INVOICES IN PROCESS OF APPROXIMATELY $576,702.

THE CURRENT FUNDS UTILIZATION RATE IS 47.15%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: MARCH 1, 2020 TO FEBRUARY 28, 2021
CLOSEOUT PERIOD: MARCH 1, 2021 TO MAY 30, 2021

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
September 30, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 February 28, 2021

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	548,022	59,777	155,379	392,643	**28.35%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	268,724	37,411	77,847	190,877	**28.97%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	25,600	16,077	16,077	9,523	62.80%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	**25,600**	**16,077**	**16,586**	**9,014**	**64.79%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	7,500	-	-	7,500	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	143,175	64,209	108,565	34,610	75.83%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	211,704	16,272	16,272	195,432	7.69%
PARADISE CHRISTIAN	423,407	16,335	174,843	248,564	41.29%
CATHOLIC COMMUNITY	1,587,777	203,204	427,512	1,160,266	26.93%
KIDCO DAYCARE	423,407	-	144,301	279,106	34.08%
CHRISTIAN COMMUNIT	423,407	37,208	72,851	350,557	17.21%
CENTRO MATER CHILD	952,666	79,989	298,770	653,896	31.36%
SUNFLOWERS ACADEMY	317,555	26,580	119,698	197,857	37.69%
HAITIAN YOUTH & CO & (LMW)	1,058,518	103,276	411,205	647,314	38.85%
YWCA	529,259	50,398	78,102	451,158	14.76%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	212,003	35,146	140,451	71,552	66.25%
Cambridge Academy	212,003	37,364	121,820	90,183	57.46%
BRICKS Early Learning Center	212,003	14,284	150,363	61,640	70.92%
Early Learning Center	282,671	54,014	198,502	84,169	70.22%
8f. Other Contracts	50,000	12,307	12,307	37,693	24.61%
TOTAL CONTRACTUAL	**7,047,055**	**750,585**	**2,475,560**	**4,571,495**	**35.13%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS September 2020**	**YTD ACTUALS September 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	10,200	6,746	9,726	474	95.35%
5h. Bldg & Child Liability Ins *****	4,500	-	-	4,500	0.00%
6h. Bldg Maintenance	11,583	-	1,667	9,916	14.39%
8h. Local Travel & Field Trips	8,933	349	349	8,584	3.91%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	10,273	-	-	10,273	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	19,952	12,620	20,393	-441	102.21%
TOTAL OTHERS	**73,555**	**19,715**	**32,135**	**41,420**	**43.69%**

TOTAL PROGRAM EXPENDITURES	**7,962,956**	**883,564**	**2,757,509**	**5,205,447**	**34.63%**
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:					
AMENDED TOTAL PROGRAM EXPENDITURES	**7,962,956**				

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,990,739	25.00%
NFS Required based on YTD Expenditures	$	689,377	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	220,835	8.01%
Children Trust Cash Match	$	37,118	1.35%
Difference (+/-)	**$**	**(431,425)**	**-15.65%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 30, 2020

AGENDA ITEM NUMBER: 3A9w

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM FINANCIAL

STATEMENT FOR OCTOBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE 11/19/20 PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL THURSDAY 12/17/2020. FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND THE COMMUNITY ACTION AGENCY BOARD

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH OCTOBER 31, 2020 PERTAINS TO THE 8TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $7,962,956 AND ACTUAL EXPENDITURES OF $3,631,848 AND INVOICES IN PROCESS OF APPROXIMATELY $1,088,041.THE CURRENT FUNDS UTILIZATION RATE IS 59.28%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: MARCH 1, 2020 TO FEBRUARY 28, 2021
CLOSEOUT PERIOD: MARCH 1, 2021 TO MAY 30, 2021

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
October 31, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 February 28, 2021

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	548,022	89,847	279,154	268,868	**50.94%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	268,724	35,650	129,222	139,502	**48.09%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	25,600	1,496	18,209	7,391	71.13%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	**25,600**	**1,496**	**18,718**	**6,882**	**73.12%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	7,500	-	-	7,500	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	143,175	23,545	134,318	8,857	93.81%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	211,704	-	44,935	166,769	21.23%
PARADISE CHRISTIAN	423,407	70,546	281,107	142,300	66.39%
CATHOLIC COMMUNITY	1,587,777	-	427,512	1,160,266	26.93%
KIDCO DAYCARE	423,407	29,347	218,336	205,071	51.57%
CHRISTIAN COMMUNIT	423,407	-	188,466	234,942	44.51%
CENTRO MATER CHILD	952,666	43,035	341,805	610,861	35.88%
SUNFLOWERS ACADEMY	317,555	23,670	168,148	149,407	52.95%
HAITIAN YOUTH & CO & (LMW)	1,058,518	67,403	549,394	509,125	51.90%
YWCA	529,259	64,351	184,203	345,057	34.80%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	212,003	-	140,451	71,552	66.25%
Cambridge Academy	212,003	-	121,820	90,183	57.46%
BRICKS Early Learning Center	212,003	-	150,363	61,640	70.92%
Early Learning Center	282,671	3,083	201,585	81,086	71.31%
8f. Other Contracts	50,000	-	12,307	37,693	24.61%
TOTAL CONTRACTUAL	**7,047,055**	**324,980**	**3,164,747**	**3,882,308**	**44.91%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS October 2020**	**YTD ACTUALS October 2020**	**BALANCE**	**VARIANCE (-\+)**
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	10,200	2,111	11,837	-1,637	116.05%
5h. Bldg & Child Liability Ins *****	4,500	-	-	4,500	0.00%
6h. Bldg Maintenance	11,583	-	1,713	9,870	14.79%
8h. Local Travel & Field Trips	8,933	99	448	8,485	5.02%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	10,273	-	-	10,273	0.00%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	19,952	-	26,009	-6,057	130.36%
TOTAL OTHERS	**73,555**	**2,210**	**40,007**	**33,548**	**54.39%**

TOTAL PROGRAM EXPENDITURES	**7,962,956**	**454,183**	**3,631,848**	**4,331,106**	**45.61%**
ONE TIME ACTIVITIES - COVID 19	485,102	5,630	21,091		
AMENDED TOTAL PROGRAM EXPENDITURES	**8,448,058**	**459,813**	**3,652,939**		

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	1,990,739	23.56%
NFS Required based on YTD Expenditures	$	907,962	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	220,835	6.08%
Children Trust Cash Match	$	37,118	1.02%
Difference (+/-)	**$**	**(650,010)**	**-17.90%**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 3A9w

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR NOVEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE PENDING RATIFICATION BY THE HEAD START POLICY COUNCIL. THIS ITEM IS BEING RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTIONS AGENCY (CAA) JOINT FINANCE AND EXECUTIVE COMMITTEE AND TO THE CAA BOARD FOR ACCEPTANCE AND APPROVAL.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH NOVEMBER 30, 2020 PERTAINS TO THE 9TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $9,242,258 WHICH INCLUDES THE COLA AND QUALITY IMPROVEMENT OF $357,407 AND CARRYOVER OF $1,021,895. ACTUAL EXPENDITURES OF $4,496,478 AND INVOICES IN PROCESS OF APPROXIMATELY $533,450.

THE CURRENT FUNDS UTILIZATION RATE IS 53.84%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: MARCH 1, 2020 TO FEBRUARY 28, 2021
CLOSEOUT PERIOD: MARCH 1, 2021 TO MAY 30, 2020

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
November 30, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 February 28, 2021

Expenditures

SALARIES	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Salaries Full Time	574,165	36,968	316,122	258,043	**55.06%**

FRINGE BENEFITS	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Fringe Benefits	287,644	16,811	146,033	141,611	**50.77%**

TRAVEL	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Office Supplies	35,441	-	18,209	17,232	51.38%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	**35,441**	**-**	**18,718**	**16,723**	**52.81%**

CONTRACTUAL	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
1f. Admn. Services (Legal,Accounting)	7,500	-	-	7,500	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	143,175	261	134,579	8,596	94.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	221,375	-	44,935	176,440	20.30%
PARADISE CHRISTIAN	442,750	35,440	316,547	126,203	71.50%
CATHOLIC COMMUNITY	1,660,313	555,171	982,683	677,630	59.19%
KIDCO DAYCARE	442,750	62,581	280,917	161,833	63.45%
CHRISTIAN COMMUNIT	442,750	-	188,466	254,285	42.57%
CENTRO MATER CHILD	996,188	56,812	398,617	597,571	40.01%
SUNFLOWERS ACADEMY	332,063	-	168,148	163,915	50.64%
HAITIAN YOUTH & CO & (LMW)	1,106,875	16,535	565,929	540,947	51.13%
YWCA	553,438	-	184,203	369,235	33.28%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	219,319	17,757	158,208	61,111	72.14%
Cambridge Academy	219,319	12,734	134,554	84,765	61.35%
BRICKS Early Learning Center	219,319	24,412	174,775	44,544	79.69%
Early Learning Center	292,425	24,391	225,975	66,450	77.28%
8f. Other Contracts	1,071,895	-	12,307	1,059,588	1.15%
TOTAL CONTRACTUAL	**8,371,453**	**806,094**	**3,970,842**	**4,400,612**	**47.43%**

CONSTRUCTION	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
Construction	-	-	-	0	**0.00%**

OTHERS	**BUDGET**	**MONTHLY ACTUALS November 2020**	**YTD ACTUALS November 2020**	**BALANCE**	**VARIANCE (-\+)**
1h. Depreciation/Use Allowance				0	0.00%
2h. Rent ****	-	-	-	0	0.00%
3h. Mortgage			-	0	0.00%
4h. Utilities *****	10,200	1,622	13,459	-3,259	131.95%
5h. Bldg & Child Liability Ins *****	4,500	-	-	4,500	0.00%
6h. Bldg Maintenance	11,583	-	1,713	9,870	14.79%
7h. Incidental Alterations				0	0.00%
8h. Local Travel & Field Trips	8,933	179	627	8,306	7.02%
9h. Nutrition Services				0	0.00%
10h. Child Services - Consultants				0	0.00%
11h. Volunteers (APPLICABLE ONLY TO NFS)				0	0.00%
**11h. Volunteers - % FRINGES (APPLICABLE ONLY TO NFS)				0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	10,273	-	-	10,273	0.00%
16h. Training or Staff Development	-	2,955	2,955	-2,955	0.00%
17h. Other:	19,952	-	26,009	-6,057	130.36%
TOTAL OTHERS	**73,555**	**4,756**	**44,763**	**28,792**	**60.86%**

TOTAL PROGRAM EXPENDITURES	**9,342,258**	**864,629**	**4,496,478**	**4,845,779**	**48.13%**
ONE TIME ACTIVITIES - COVID 19	485,102	56,287	77,378		
AMENDED TOTAL PROGRAM EXPENDITURES	**9,827,360**	**920,916**	**4,573,856**		

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	2,335,565	23.77%
NFS Required based on YTD Expenditures	$	1,124,119	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	220,835	4.91%
Children Trust Cash Match	$	37,118	0.83%
Difference (+/-)	**$**	**(866,167)**	**-19.26%**

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 31, 2020

AGENDA ITEM NUMBER: 3A9w

AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-

CHILD CARE PARTNERSHIP PROGRAM FINANCIAL

STATEMENT FOR DECEMBER 2020.

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM IS TO BE REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY 1/21/2021, AND BY THE HEAD START POLICY COUNCIL FEBRUARY 2021. FOR REVIEW AND APPROVAL BY COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH DECEMBER 31, 2020 PERTAINS TO THE 10TH MONTH OF THE 12TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF $9,342,258 WHICH INCLUDES THE COLA AND QUALITY IMPROVEMENT OF $357,407 AND CARRYOVER OF $1,021,895.

ACTUAL EXPENDITURES OF $5,135,311 AND INVOICES IN PROCESS OF APPROXIMATELY $555,475.

THE CURRENT FUNDS UTILIZATION RATE IS 60.91%.

FUNDING SOURCE: FEDERAL PY: 2020-21

BUDGET PERIOD: MARCH 1, 2020 TO FEBRUARY 28, 2021
CLOSEOUT PERIOD: MARCH 1, 2021 TO MAY 30, 2021

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
December 31, 2020

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 February 28, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Salaries Full Time	574,165	40,836	356,958	217,207	**62.17%**

FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Fringe Benefits	287,644	17,197	163,230	124,414	**56.75%**

TRAVEL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Staff Travel out of Town	-	-	-	0	**0.00%**

EQUIPMENT	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Equipment	-	-			0.00%
Classroom/Outdoor/Homebased	-	-			0.00%
Vehicle Purchase	-	-			0.00%
Other Equipment	-	-	-	0	**0.00%**

SUPPLIES	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Office Supplies	35,441	-	18,209	17,232	51.38%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	**35,441**	**-**	**18,718**	**16,723**	**52.81%**

CONTRACTUAL	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1f. Admn. Services (Legal,Accounting)	7,500	-	-	7,500	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	-	-	-	0	0.00%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	143,175	-	134,579	8,596	94.00%
6f. Family Child Care				0	0.00%
DELEGATES:				0	0.00%
COMMUNITY BASED OR (LANDOW)	221,375	-	44,935	176,440	20.30%
PARADISE CHRISTIAN	442,750	1,843	318,390	124,360	71.91%
CATHOLIC COMMUNITY	1,660,313	229,050	1,211,733	448,580	72.98%
KIDCO DAYCARE	442,750	27,775	308,692	134,058	69.72%
CHRISTIAN COMMUNIT	442,750	29,775	218,241	224,510	49.29%
CENTRO MATER CHILD	996,188	53,545	452,162	544,026	45.39%
SUNFLOWERS ACADEMY	332,063	11,895	180,043	152,020	54.22%
HAITIAN YOUTH & CO & (LMW)	1,106,875	92,627	658,556	448,319	59.50%
YWCA	553,438	28,647	212,850	340,588	38.46%
				0	0.00%
PROVIDERS:				0	0.00%
Decroly Learning Child	219,319	18,558	176,766	42,553	80.60%
Cambridge Academy	219,319	35,183	169,737	49,582	77.39%
BRICKS Early Learning Center	219,319	25,265	200,041	19,278	91.21%
Early Learning Center	292,425	24,744	250,719	41,706	85.74%
8f. Other Contracts	1,071,895	-	12,307	1,059,588	1.15%
TOTAL CONTRACTUAL	**8,371,453**	**578,907**	**4,549,749**	**3,821,705**	**54.35%**

CONSTRUCTION	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
Construction	-	-	-	0	**0.00%**

OTHERS	BUDGET	MONTHLY ACTUALS December 2020	YTD ACTUALS December 2020	BALANCE	VARIANCE (-\+)
1h. Depreciation/Use Allowance				0	0.00%
2h. Rent ****	-	-	-	0	0.00%
3h. Mortgage			-	0	0.00%
4h. Utilities *****	10,200	1,140	14,599	-4,399	143.13%
5h. Bldg & Child Liability Ins *****	4,500	-	-	4,500	0.00%
6h. Bldg Maintenance	11,583	-	1,713	9,870	14.79%
7h. Incidental Alterations				0	0.00%
8h. Local Travel & Field Trips	8,933	57	684	8,249	7.66%
9h. Nutrition Services				0	0.00%
10h. Child Services - Consultants				0	0.00%
11h. Volunteers (APPLICABLE ONLY TO NFS)				0	0.00%
**11h. Volunteers - % FRINGES (APPLICABLE ONLY TO NFS)				0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	-	-	-	0	0.00%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	10,273	-	-	10,273	0.00%
16h. Training or Staff Development	-	-	2,955	-2,955	0.00%
17h. Other:	19,952	700	26,705	-6,753	133.85%
TOTAL OTHERS	**73,555**	**1,897**	**46,656**	**26,899**	**63.43%**

TOTAL PROGRAM EXPENDITURES	**9,342,258**	**638,837**	**5,135,311**	**4,206,946**	**54.97%**
ONE TIME ACTIVITIES - COVID 19	485,102	76,667	154,046		
AMENDED TOTAL PROGRAM EXPENDITURES	**9,827,360**	**715,505**	**5,289,357**		

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	$	2,335,565	23.77%
NFS Required based on YTD Expenditures	$	1,283,828	25.00%
NFS YTD Recorded	$	-	0.00%
In-Kind TO BE reported in FAMIS	$	220,835	4.30%
Children Trust Cash Match	$	37,118	0.72%
Difference (+/-)	**$**	**(1,025,875)**	**-19.98%**

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 22, 2020

AGENDA ITEM NUMBER: 4

AGENDA ITEM SUBJECT: DEPARTMENTAL UPDATES

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: INFORMATIONAL

BACKGROUND/SUMMARY:

ELDERLY AND DISABILITY SERVICES REPORT FOR SEPTEMBER, OCTOBER, NOVEMBER, AND DECEMBER

ENERGY, FACILITIES, AND TRANSPORTATION REPORT FOR SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, AND JANUARY

FAMILY AND COMMUNITY SERVICES REPORTS FOR AUGUST, SEPTEMBER, OCTOBER, NOVEMBER, AND DECEMBER

PSYCHOLOGICAL SERVICES REPORT FOR SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, AND JANUARY

VIOLENCE PREVENTION AND INTERVENTION REPORT FOR SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, AND JANUARY

GREATER MIAMI SERVICES CORPS REPORTS FOR AUGUST, SEPTEMBER, OCTOBER, AND DECEMBER

REHABILITATIVE SERVICES REPORT FOR SEPTEMBER, OCTOBER, NOVEMBER, DECEMBER, AND JANUARY

HEAD START EARLY HEAD START CONTENT AREA REPORT FOR SEPTEMBER, OCTOBER, AND NOVEMBER

ACF-IM-HS-20-05 FISCAL YEAR (FY) 2021 MONITORING PROCESS FOR HEAD START AND EARLY HEAD START GRANTEES

ACF-PI-HS-20-06 ADMINISTRATIVE SIMPLIFICATION FOR CONSOLIDATING HEAD START GRANTS, INCLUDING EARLY HEAD START-CHILD CARE PARTNERSHIPS

ACF-PI-HS-20-07 INTERIM FINAL RULE ON FLEXIBILITY FOR HEAD START DESIGNATION RENEWALS IN CERTAIN EMERGENCIES

FUNDING SOURCE: VARIOUS SOURCES

Community Action and Human Services Department
Elderly and Disability Services Bureau
September 2020 Board Report

Elderly and Disability Services Bureau provides affordable, culturally sensitive, and quality services to the elderly and individuals with disabilities throughout Miami Dade County to help them maintain their independence and become self-sufficient.

The Bureau is comprised of 9 units and through the programs components, the Bureau empowers the elderly and young adults with disabilities in a variety of settings to promote their independence, thereby enabling them to remain at home and prevent premature institutionalization.

Elderly & Disability services bureau's major components are the following:

Care Planning Unit (CPU) provides case screening, assessment counseling and developing care plans for isolated elderly individuals 60 years of age and older.

The Meal on Wheels Program (MOW) delivers nutritionally-balanced meals to the elderly or intellectually/physically disabled homebound clients.

The Meals for the Elderly (Congregate) program provides nutritious meals and activities in a senior center setting five days per week.

The High-Risk Nutritional Meals Program (HRP) supplies additional meals to a number of seniors enrolled at twenty-two (22) CAHSD meal sites with a score of 5.5 on the State Comprehensive Assessment (indicator of malnutrition).

The Home Care Program (HCP) provides services with a combination of Homemaking, Personal Care, and In-Home Respite services hours to seniors and individuals with disabilities.

Disability Services and Independent Living (DSAIL) assists individuals between the ages of 18-59 with physical and intellectual disability enabling them to maintain their independence.

Adult Day Care Program (ADC) provided services to senior and young adults with disabilities. The program also provides respite to caregivers providing constant care in order to alleviate the stress and demands the caregiver feels.

Senior Companion Volunteer Program (SCP): Low-income Senior Companion (SCP) volunteers provide services to frail elderly residents.

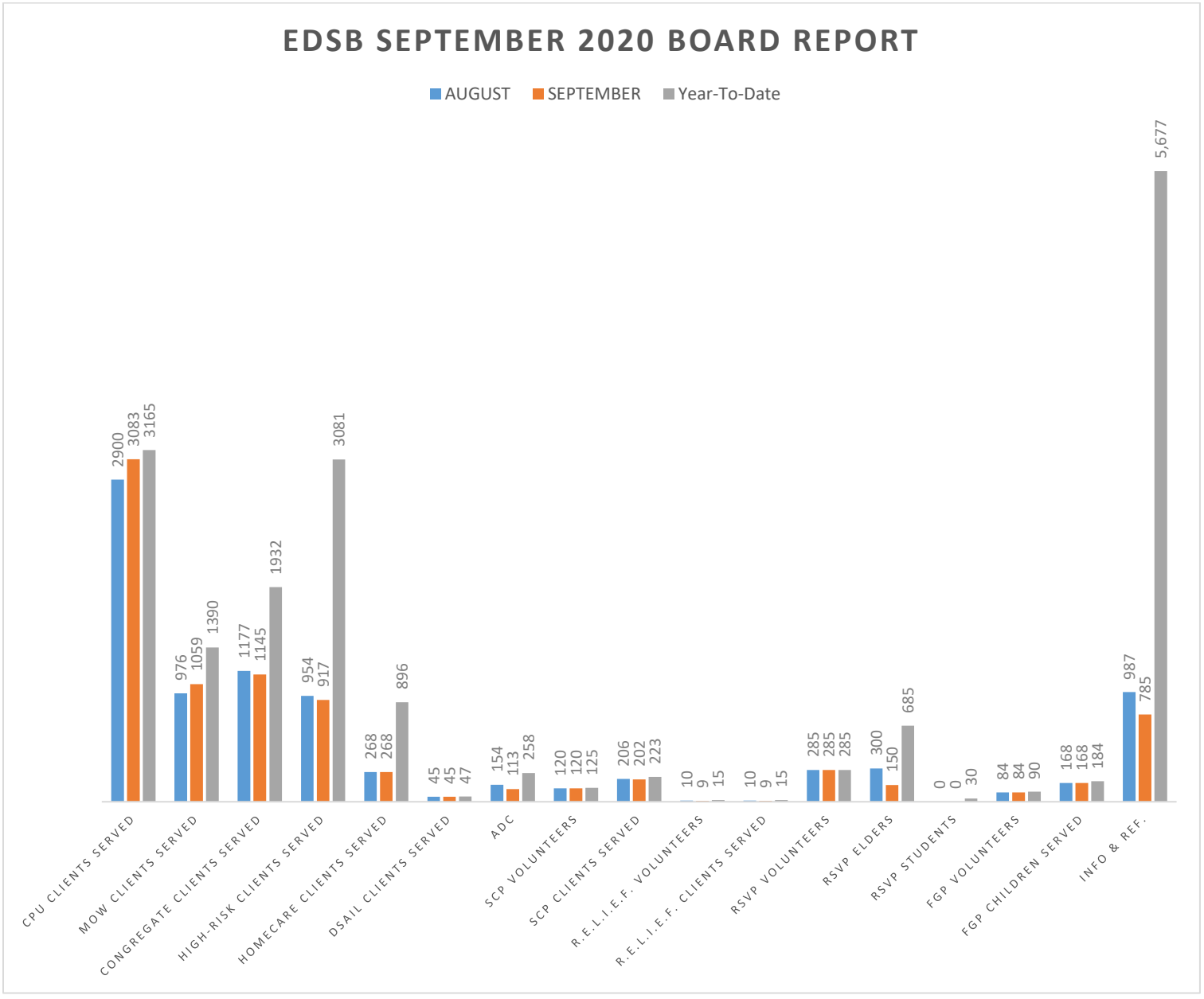
Respite for Elders Living in Everyday Families (R.E.L.I.E.F.): Relief volunteers provide respite service to caregivers in order to alleviate the stress and demands of providing constant care to their love one.

Retired and Senior Volunteer Program (RSVP) organizes volunteer opportunities to seniors 55 and older at different public agencies, non-profit organizations throughout Miami Dade County. Retired and Senior Volunteer program provide services of companionship and respite to the frail residents.

Foster Grandparent Program (FGP): Low-income foster Grandparent volunteers serve at-risk and special needs children and render supportive one-on-one services in day care centers, hospitals, Head Start Centers, and public schools throughout Miami-Dade County. Children receive guidance, support and individualized instruction from the volunteers.

Information and Referrals: This Bureau provides specialized Information & Referrals (I&R) services to seniors, adults with disabilities, caregivers, professionals and the general public enabling them to better understand the options available in the community in order to make informed choices.

	AUGUST	SEPTEMBER	Year-To-Date
Total Clients Served	8644	8442	18098



Community Action and Human Services Department
Elderly and Disability Services Bureau
October 2020 Board Report

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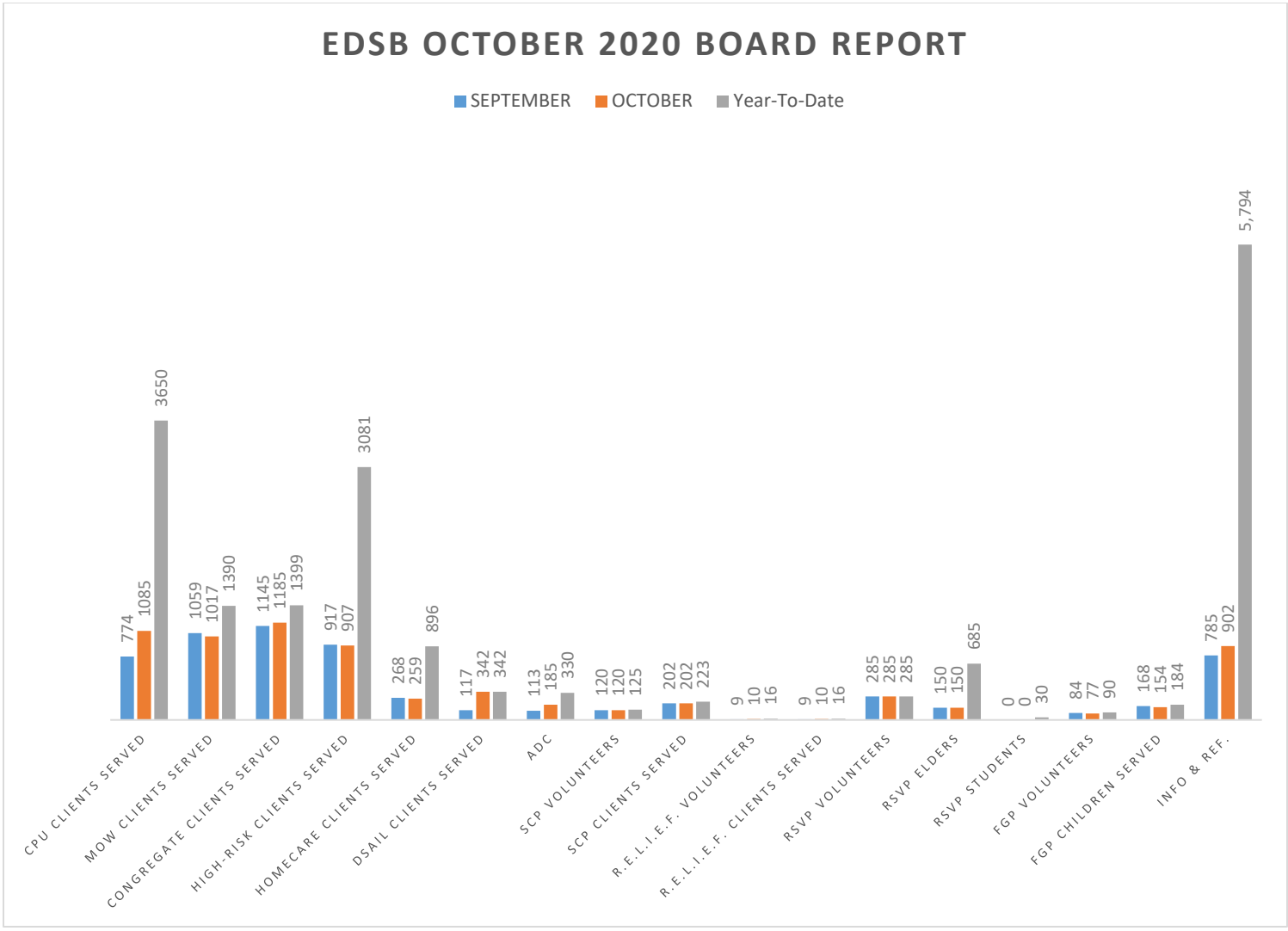
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	SEPTEMBER	OCTOBER	Year-To-Date
Total Clients Served	6205	6890	18536



Community Action and Human Services Department
Elderly and Disability Services Bureau
December 2020 Board Report

Elderly and Disability Services Bureau provides affordable, culturally sensitive, and quality services to the elderly and individuals with disabilities throughout Miami Dade County to help them maintain their independence and become self-sufficient.

The Bureau is comprised of 9 units and through the programs components, the Bureau empowers the elderly and young adults with disabilities in a variety of settings to promote their independence, thereby enabling them to remain at home and prevent premature institutionalization.

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Care Planning Unit (CPU) provides case screening, assessment counseling and developing care plans for isolated elderly individuals 60 years of age and older.

The Meal on Wheels Program (MOW) delivers nutritionally-balanced meals to the elderly or intellectually/physically disabled homebound clients.

The Meals for the Elderly (Congregate) program provides nutritious meals and activities in a senior center setting five days per week.

The High-Risk Nutritional Meals Program (HRP) supplies additional meals to a number of seniors enrolled with EDSB meals programs who score 5.5 on the State Comprehensive Assessment (indicator of malnutrition).

The Home Care Program (HCP) provides services with a combination of Homemaking, Personal Care, and In-Home Respite services hours to seniors and individuals with disabilities.

Disability Services and Independent Living (DSAIL) assists individuals between the ages of 18-59 with physical and intellectual disability enabling them to maintain their independence.

Adult Day Care Program (ADC) provided services to senior and young adults with disabilities. The program also provides respite to caregivers providing constant care in order to alleviate the stress and demands the caregiver feels.

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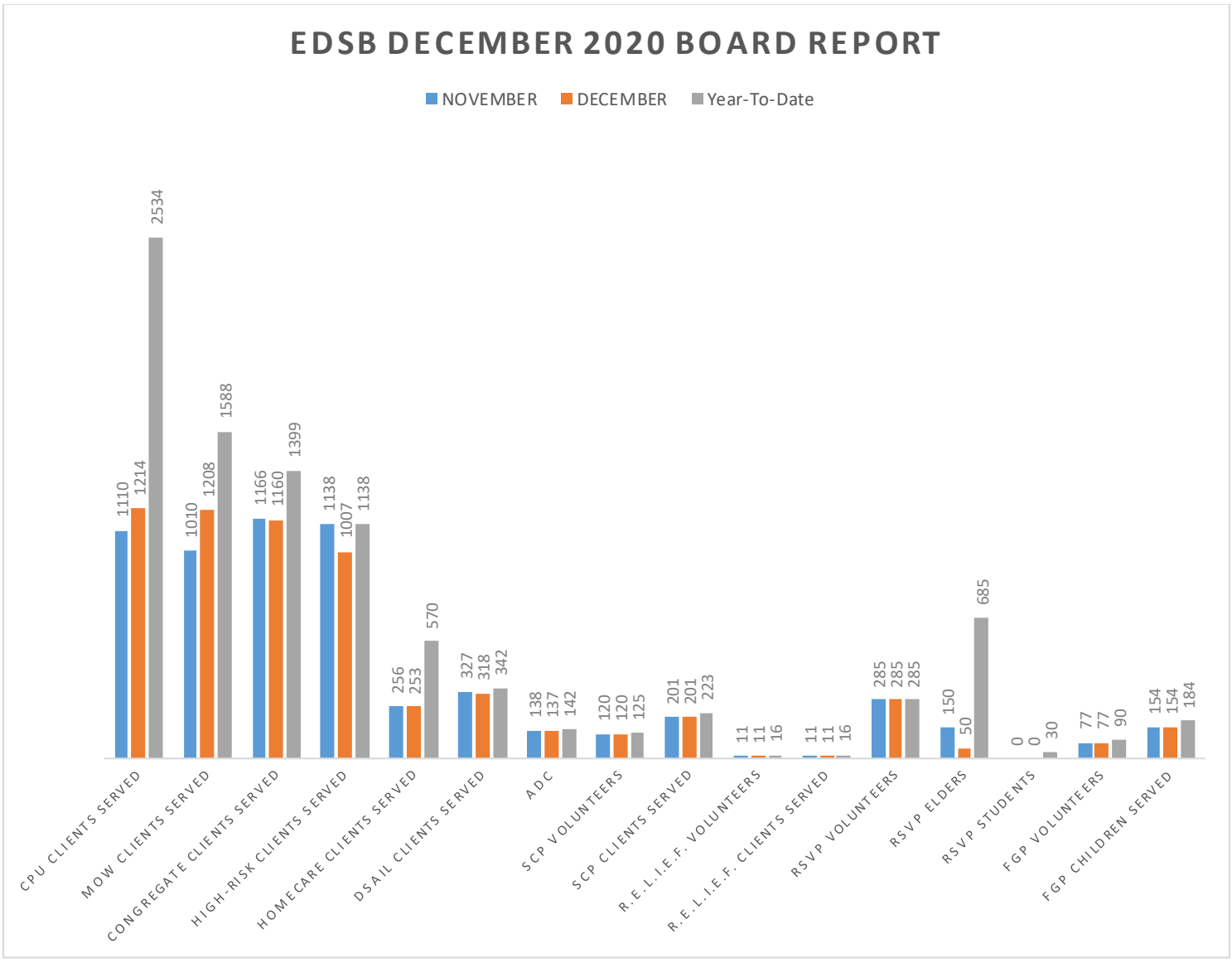
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	NOVEMBER	DECEMBER	Year-To-Date
Total Clients Served	6154	6206	9367
Info & Ref.	941	1450	8,185



Community Action and Human Services Department
September 2020 Board Report

ENERGY, FACILITIES & TRANSPORTATION DIVISION

The Energy, Facilities, and Transportation Division consists of three customer oriented social service branches designed to provide aid through Home Assistance programs, Facility maintenance and Transportation services. Home Assistance programs provide a wide variety of services to income-eligible homeowners residing in Miami-Dade County. Program services include energy conservation, air quality improvements, beautification, rehabilitation, storm mitigation improvements. Facility components serve to primarily maintain and service the various Community Resource Centers, Rehabilitation Facilities and Head-Start Programs administered by the Department in order to prevent or minimize the potential disruption of services arising through unforeseen maintenance issues. Transportation services provide safe and consistent passage of personnel and clientele on a daily basis including special events as requested by the Community. These branches and the Divisions serve as one cohesive unit within the Department to promote, support and sustain overall community partnerships and neighborhood revitalization.

PROGRAM SUMMARY	September 2020	Program YTD
Weatherization Assistance Program **Contract Year April 1, 2017 – September 30, 2020** The Weatherization Assistance Program (WAP) is designed to assist homeowners with controlling the air quality in their home. The three major components of air quality consist of: 1) the installation of Energy Recovery Ventilator (ERV), 2) Bathroom Exhaust Fans and 3) Kitchen Exhaust Fan.	0 (Homes Completed)	48 (Homes Completed)
Home Beautification Program **Contract Year November 1, 2016 – March 31, 2018** The Home Beautification Program provides eligible homeowners of single-family homes the opportunity to have their homes painted and/or landscaped at no cost. **Note: Beautification Program is offered only in Districts 1, 12, and 13. Program was extended to March 31, 2020**	1 (Homes Completed)	75 (Homes Completed)
Single Family Home Rehabilitation (Surtax) **Contract Year November 1, 2016 – December 31, 2018** The Home Rehabilitation Program provides rehabilitation, repairs, and upgrades in owner occupied low-to moderate-income single homes. The Single-Family Home Rehabilitation (Surtax) program area includes: Incorporated Miami-Dade County. These improvements are primarily geared to address health and safety issues, code violations; and may include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension**	1 (Homes Completed)	19 (Homes Completed)

HOME (County Wide) **Contract Year October 01, 2016 – September 30, 2018** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (County Wide) program area includes: Unincorporated Miami-Dade County. These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension**	2 (Homes Completed)	17 (Homes Completed)
HOME (Liberty City) **Contract Year January 01, 2016 – December 31, 2017** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (Liberty City) program area includes NW 7th Avenue (East boundary), NW 32nd Avenue (West boundary), SR112 (South boundary), and NW 79th Street (North boundary). These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program was extended to March 31, 2019**	2 (Homes Completed)	22 (Homes Completed)
Paint and Hurricane Shutter Program (Surtax) 0 **Contract Year June 01, 2014 – May 31, 2016** The Paint and Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems as well as exterior painting services. **Note: Program was extended to December 31, 2019**	0 (Homes Completed)	90 (Homes Completed)
Hurricane Shutter Program (General Funds) The Hurricane Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems.	0 (Homes Completed)	6 (Homes Completed)
Facilities Maintenance The Facilities Division is responsible for application of care and maintenance program. The purpose of which is to maintain facilities in a manner that reflects the value that Miami-Dade County places on serving all of its residents. It is intended to address the issues that arise and impact the ability of our centers to service the residents of Miami-Dade County. Facilities are consistently surveyed to anticipate and react to system failures (HVAC, electrical, plumbing, et.) and singular incidents (dirty filters, failed ballasts, clogged drains, etc.). Upon identifying a deficiency, a service request is submitted to the Division for proper routing and ultimately, rectification of the issue.	50 (Service Requests) 47 (Service Requests Completed)	607 (Service Requests) 536 (Service Requests Completed

Transportation The Transportation Unit provides safe and consistent passage of personnel and clients on a daily basis. Services are provided to Head Start children, the elderly and individuals with disabilities in the community. Medical, dental and therapy visits for Head Start children, including field trips countywide are provided. The elderly and individuals with disabilities are transported to Adult Day Care centers, meal sites, and trips to various venues. Services are also provided for public housing development residents and private community groups.	2,922 (Trips Completed)	34,419 (Trips Completed)
Residential Chore Program The Residential Chore Program provides services to eligible elderly residents by assisting with the heavy cleaning of their homes. This assistance includes cleaning behind refrigerators, cleaning ceiling fans, cleaning cabinets/cupboards, cleaning stoves, carpet cleaning, cleaning windows/blinds, organizing rooms, disposing of unwanted items, yard cleanup and minor household repairs.	0 (Hours Completed)	148.5 (Hours Completed)

Community Action and Human Services Department
October 2020 Board Report

ENERGY, FACILITIES & TRANSPORTATION DIVISION

The Energy, Facilities, and Transportation Division consists of three customer oriented social service branches designed to provide aid through Home Assistance programs, Facility maintenance and Transportation services. Home Assistance programs provide a wide variety of services to income-eligible homeowners residing in Miami-Dade County. Program services include energy conservation, air quality improvements, beautification, rehabilitation, storm mitigation improvements. Facility components serve to primarily maintain and service the various Community Resource Centers, Rehabilitation Facilities and Head-Start Programs administered by the Department in order to prevent or minimize the potential disruption of services arising through unforeseen maintenance issues. Transportation services provide safe and consistent passage of personnel and clientele on a daily basis including special events as requested by the Community. These branches and the Divisions serve as one cohesive unit within the Department to promote, support and sustain overall community partnerships and neighborhood revitalization.

PROGRAM SUMMARY	October 2020	Program YTD
Weatherization Assistance Program **Contract Year April 1, 2017 – September 30, 2020** The Weatherization Assistance Program (WAP) is designed to assist homeowners with controlling the air quality in their home. The three major components of air quality consist of: 1) the installation of Energy Recovery Ventilator (ERV), 2) Bathroom Exhaust Fans and 3) Kitchen Exhaust Fan.	0 (Homes Completed)	48 (Homes Completed)
Home Beautification Program **Contract Year December 1, 2017 – March 31, 2019** The Home Beautification Program provides eligible homeowners of single-family homes the opportunity to have their homes painted and/or landscaped at no cost. **Note: Beautification Program is offered only in Districts 1 and 12.** **Program was extended to December 31, 2021.**	1 (Homes Completed)	40 (Homes Completed)
Single Family Home Rehabilitation (Surtax) **Contract Year November 1, 2016 – December 31, 2018** The Home Rehabilitation Program provides rehabilitation, repairs, and upgrades in owner occupied low-to moderate-income single homes. The Single-Family Home Rehabilitation (Surtax) program area includes: Incorporated Miami-Dade County. These improvements are primarily geared to address health and safety issues, code violations; and may include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**	0 (Homes Completed)	19 (Homes Completed)
HOME (County Wide) **Contract Year October 01, 2016 – September 30, 2018** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (County Wide) program area includes: Unincorporated Miami-Dade County. These improvements are primarily geared to addressing health and safety issues,	0 (Homes Completed)	17 (Homes Completed)

code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**		
HOME (Liberty City) **Contract Year January 01, 2016 – December 31, 2017** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (Liberty City) program area includes NW 7th Avenue (East boundary), NW 32nd Avenue (West boundary), SR112 (South boundary), and NW 79th Street (North boundary). These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program was extended to March 31, 2019.**	0 (Homes Completed)	22 (Homes Completed)
Paint and Hurricane Shutter Program (Surtax) **Contract Year June 01, 2014 – May 31, 2016** The Paint and Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems as well as exterior painting services. **Note: Program was extended to December 31, 2019.**	0 (Homes Completed)	90 (Homes Completed)
Hurricane Shutter Program (General Funds) The Hurricane Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems.	0 (Homes Completed)	6 (Homes Completed)
Facilities Maintenance The Facilities Division is responsible for application of care and maintenance program. The purpose of which is to maintain facilities in a manner that reflects the value that Miami-Dade County places on serving all of its residents. It is intended to address the issues that arise and impact the ability of our centers to service the residents of Miami-Dade County. Facilities are consistently surveyed to anticipate and react to system failures (HVAC, electrical, plumbing, et.) and singular incidents (dirty filters, failed ballasts, clogged drains, etc.). Upon identifying a deficiency, a service request is submitted to the Division for proper routing and ultimately, rectification of the issue.	52 (Service Requests) 49 (Service Requests Completed)	659 (Service Requests) 585 (Service Requests Completed
Transportation The Transportation Unit provides safe and consistent passage of personnel and clients on a daily basis. Services are provided to Head Start children, the elderly and individuals with disabilities in the community. Medical, dental and therapy visits for Head Start children, including field trips countywide are provided. The elderly and individuals with disabilities are transported to Adult Day Care centers, meal sites, and trips to various venues. Services are also provided for public housing development residents and private community groups.	3,002 (Trips Completed)	37,419 (Trips Completed)
Residential Chore Program The Residential Chore Program provides services to eligible elderly residents by assisting with the heavy cleaning of their homes. This assistance includes cleaning behind refrigerators, cleaning ceiling fans, cleaning cabinets/cupboards, cleaning stoves, carpet cleaning, cleaning windows/blinds, organizing rooms, disposing of unwanted items, yard cleanup and minor household repairs.	0 (Hours Completed)	148.5 (Hours Completed)

Community Action and Human Services Department
November 2020 Board Report

ENERGY, FACILITIES & TRANSPORTATION DIVISION

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PROGRAM SUMMARY	November 2020	Program YTD
Weatherization Assistance Program **Contract Year April 1, 2017 – September 30, 2020** The Weatherization Assistance Program (WAP) is designed to assist homeowners with controlling the air quality in their home. The three major components of air quality consist of: 1) the installation of Energy Recovery Ventilator (ERV), 2) Bathroom Exhaust Fans and 3) Kitchen Exhaust Fan.	0 (Homes Completed)	48 (Homes Completed)
Home Beautification Program **Contract Year December 1, 2017 – March 31, 2019** The Home Beautification Program provides eligible homeowners of single-family homes the opportunity to have their homes painted and/or landscaped at no cost. **Note: Beautification Program is offered only in Districts 1 and 12. Program was extended to December 31, 2021.**	0 (Homes Completed)	40 (Homes Completed)
Single Family Home Rehabilitation (Surtax) **Contract Year November 1, 2016 – December 31, 2018** The Home Rehabilitation Program provides rehabilitation, repairs, and upgrades in owner occupied low-to moderate-income single homes. The Single-Family Home Rehabilitation (Surtax) program area includes: Incorporated Miami-Dade County. These improvements are primarily geared to address health and safety issues, code violations; and may include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**	0 (Homes Completed)	19 (Homes Completed)
HOME (County Wide) **Contract Year October 01, 2016 – September 30, 2018** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (County Wide) program area includes: Unincorporated Miami-Dade County. These improvements are primarily geared to addressing health and safety issues,	0 (Homes Completed)	17 (Homes Completed)

code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**		
HOME (Liberty City) **Contract Year January 01, 2016 – December 31, 2017** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (Liberty City) program area includes NW 7th Avenue (East boundary), NW 32nd Avenue (West boundary), SR112 (South boundary), and NW 79th Street (North boundary). These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program was extended to March 31, 2019.**	0 (Homes Completed)	22 (Homes Completed)
Paint and Hurricane Shutter Program (Surtax) **Contract Year June 01, 2014 – May 31, 2016** The Paint and Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems as well as exterior painting services. **Note: Program was extended to December 31, 2019.**	0 (Homes Completed)	90 (Homes Completed)
Hurricane Shutter Program (General Funds) The Hurricane Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems.	0 (Homes Completed)	6 (Homes Completed)
Facilities Maintenance The Facilities Division is responsible for application of care and maintenance program. The purpose of which is to maintain facilities in a manner that reflects the value that Miami-Dade County places on serving all of its residents. It is intended to address the issues that arise and impact the ability of our centers to service the residents of Miami-Dade County. Facilities are consistently surveyed to anticipate and react to system failures (HVAC, electrical, plumbing, et.) and singular incidents (dirty filters, failed ballasts, clogged drains, etc.). Upon identifying a deficiency, a service request is submitted to the Division for proper routing and ultimately, rectification of the issue.	55 (Service Requests) 50 (Service Requests Completed)	749 (Service Requests) 635 (Service Requests Completed
Transportation The Transportation Unit provides safe and consistent passage of personnel and clients on a daily basis. Services are provided to Head Start children, the elderly and individuals with disabilities in the community. Medical, dental and therapy visits for Head Start children, including field trips countywide are provided. The elderly and individuals with disabilities are transported to Adult Day Care centers, meal sites, and trips to various venues. Services are also provided for public housing development residents and private community groups.	3,607 (Trips Completed)	41,026 (Trips Completed)
Residential Chore Program The Residential Chore Program provides services to eligible elderly residents by assisting with the heavy cleaning of their homes. This assistance includes cleaning behind refrigerators, cleaning ceiling fans, cleaning cabinets/cupboards, cleaning stoves, carpet cleaning, cleaning windows/blinds, organizing rooms, disposing of unwanted items, yard cleanup and minor household repairs.	0 (Hours Completed)	148.5 (Hours Completed)

Community Action and Human Services Department
December 2020 Board Report

ENERGY, FACILITIES & TRANSPORTATION DIVISION

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Home Beautification Program **Contract Year December 1, 2017 – March 31, 2019** The Home Beautification Program provides eligible homeowners of single-family homes the opportunity to have their homes painted and/or landscaped at no cost. **Note: Beautification Program is offered only in Districts 1 and 12.** **Program was extended to December 31, 2021.**	0 (Homes Completed)	40 (Homes Completed)
Single Family Home Rehabilitation (Surtax) **Contract Year November 1, 2016 – December 31, 2018** The Home Rehabilitation Program provides rehabilitation, repairs, and upgrades in owner occupied low-to moderate-income single homes. The Single-Family Home Rehabilitation (Surtax) program area includes: Incorporated Miami-Dade County. These improvements are primarily geared to address health and safety issues, code violations; and may include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**	0 (Homes Completed)	19 (Homes Completed)
HOME (County Wide) **Contract Year October 01, 2016 – September 30, 2018** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (County Wide) program area includes: Unincorporated Miami-Dade County. These improvements are primarily geared to addressing health and safety issues,	0 (Homes Completed)	17 (Homes Completed)

code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**		
HOME (Liberty City) **Contract Year January 01, 2016 – December 31, 2017** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (Liberty City) program area includes NW 7th Avenue (East boundary), NW 32nd Avenue (West boundary), SR112 (South boundary), and NW 79th Street (North boundary). These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program was extended to March 31, 2019.**	0 (Homes Completed)	22 (Homes Completed)
Paint and Hurricane Shutter Program (Surtax) **Contract Year June 01, 2014 – May 31, 2016** The Paint and Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems as well as exterior painting services. **Note: Program was extended to December 31, 2019.**	0 (Homes Completed)	90 (Homes Completed)
Hurricane Shutter Program (General Funds) The Hurricane Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems.	0 (Homes Completed)	6 (Homes Completed)
Facilities Maintenance The Facilities Division is responsible for application of care and maintenance program. The purpose of which is to maintain facilities in a manner that reflects the value that Miami-Dade County places on serving all of its residents. It is intended to address the issues that arise and impact the ability of our centers to service the residents of Miami-Dade County. Facilities are consistently surveyed to anticipate and react to system failures (HVAC, electrical, plumbing, et.) and singular incidents (dirty filters, failed ballasts, clogged drains, etc.). Upon identifying a deficiency, a service request is submitted to the Division for proper routing and ultimately, rectification of the issue.	60 (Service Requests) 52 (Service Requests Completed)	809 (Service Requests) 687 (Service Requests Completed
Transportation The Transportation Unit provides safe and consistent passage of personnel and clients on a daily basis. Services are provided to Head Start children, the elderly and individuals with disabilities in the community. Medical, dental and therapy visits for Head Start children, including field trips countywide are provided. The elderly and individuals with disabilities are transported to Adult Day Care centers, meal sites, and trips to various venues. Services are also provided for public housing development residents and private community groups.	3,477 (Trips Completed)	44,503 (Trips Completed)
Residential Chore Program The Residential Chore Program provides services to eligible elderly residents by assisting with the heavy cleaning of their homes. This assistance includes cleaning behind refrigerators, cleaning ceiling fans, cleaning cabinets/cupboards, cleaning stoves, carpet cleaning, cleaning windows/blinds, organizing rooms, disposing of unwanted items, yard cleanup and minor household repairs.	0 (Hours Completed)	148.5 (Hours Completed)

Community Action and Human Services Department
January 2021 Board Report

ENERGY, FACILITIES & TRANSPORTATION DIVISION

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PROGRAM SUMMARY	January 2020	Program YTD
Weatherization Assistance Program **Contract Year April 1, 2017 – September 30, 2020** The Weatherization Assistance Program (WAP) is designed to assist homeowners with controlling the air quality in their home. The three major components of air quality consist of: 1) the installation of Energy Recovery Ventilator (ERV), 2) Bathroom Exhaust Fans and 3) Kitchen Exhaust Fan.	0 (Homes Completed)	48 (Homes Completed)
Home Beautification Program **Contract Year December 1, 2017 – March 31, 2019** The Home Beautification Program provides eligible homeowners of single-family homes the opportunity to have their homes painted and/or landscaped at no cost. **Note: Beautification Program is offered only in Districts 1 and 12. Program was extended to December 31, 2021.**	0 (Homes Completed)	40 (Homes Completed)
Single Family Home Rehabilitation (Surtax) **Contract Year November 1, 2016 – December 31, 2018** The Home Rehabilitation Program provides rehabilitation, repairs, and upgrades in owner occupied low-to moderate-income single homes. The Single-Family Home Rehabilitation (Surtax) program area includes: Incorporated Miami-Dade County. These improvements are primarily geared to address health and safety issues, code violations; and may include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending a rule change.**	0 (Homes Completed)	19 (Homes Completed)
HOME (County Wide) **Contract Year October 01, 2016 – September 30, 2018** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (County Wide) program area includes: Unincorporated Miami-Dade County. These improvements are primarily geared to addressing health and safety issues,	1 (Homes Completed)	18 (Homes Completed)

code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program is pending an extension.**		
HOME (Liberty City) **Contract Year January 01, 2016 – December 31, 2017** The Home Repair Program provides repairs and upgrades in owner occupied low-to moderate-income single homes. The HOME (Liberty City) program area includes NW 7th Avenue (East boundary), NW 32nd Avenue (West boundary), SR112 (South boundary), and NW 79th Street (North boundary). These improvements are primarily geared to addressing health and safety issues, code violations; and include roof repairs, plumbing and electrical components and exterior paint. **Note: Program was extended to March 31, 2019.**	0 (Homes Completed)	22 (Homes Completed)
Paint and Hurricane Shutter Program (Surtax) **Contract Year June 01, 2014 – May 31, 2016** The Paint and Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems as well as exterior painting services. **Note: Program was extended to December 31, 2019.**	0 (Homes Completed)	90 (Homes Completed)
Hurricane Shutter Program (General Funds) The Hurricane Shuttering Program provides assistance to homeowners of single-family detached homes through the provision and installation of shuttering systems.	0 (Homes Completed)	6 (Homes Completed)
Facilities Maintenance The Facilities Division is responsible for application of care and maintenance program. The purpose of which is to maintain facilities in a manner that reflects the value that Miami-Dade County places on serving all of its residents. It is intended to address the issues that arise and impact the ability of our centers to service the residents of Miami-Dade County. Facilities are consistently surveyed to anticipate and react to system failures (HVAC, electrical, plumbing, et.) and singular incidents (dirty filters, failed ballasts, clogged drains, etc.). Upon identifying a deficiency, a service request is submitted to the Division for proper routing and ultimately, rectification of the issue.	62 (Service Requests) 55 (Service Requests Completed)	871 (Service Requests) 742 (Service Requests Completed
Transportation The Transportation Unit provides safe and consistent passage of personnel and clients on a daily basis. Services are provided to Head Start children, the elderly and individuals with disabilities in the community. Medical, dental and therapy visits for Head Start children, including field trips countywide are provided. The elderly and individuals with disabilities are transported to Adult Day Care centers, meal sites, and trips to various venues. Services are also provided for public housing development residents and private community groups.	2,982 (Trips Completed)	47,485 (Trips Completed)
Residential Chore Program The Residential Chore Program provides services to eligible elderly residents by assisting with the heavy cleaning of their homes. This assistance includes cleaning behind refrigerators, cleaning ceiling fans, cleaning cabinets/cupboards, cleaning stoves, carpet cleaning, cleaning windows/blinds, organizing rooms, disposing of unwanted items, yard cleanup and minor household repairs.	0 (Hours Completed)	148.5 (Hours Completed)

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

The Coconut Grove Center is currently preparing to move to a temporary location on the corner of Grand Avenue and Douglas Road while the center undergoes new construction. All service providers and community partners including DCF, Commission District 7 along with CAHSD will be moving to the temporary location starting in October. The estimated timeframe for the reconstruction is 1 year.

The City of Miami Beach is proposing to build a fire station in the building we are currently leasing space for our South Beach Center. Staff is actively looking for space to move the South Beach Center.

SERVICE HIGHLIGHTS

- We currently have 15 dislocated workers from CareerSource that are currently working throughout our department.

- 31 participants attended the virtual orientation for Youth Success Afterschool Program in Naranja.

- 3,829 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.

- 11 Low-income families received rental assistance to prevent homelessness through the Homeless Assistance Network of Dade (HAND) Program and through the Housing Assistance Grant.

- 7079 low-income residents received non-perishable food and/or food vouchers. At the CAHSD Community Resource Centers, Share Your Heart every Thursday from 9am-11am provides a food distribution drive thru. Families are able to receive vegetables, poultry, beef, rice and other shelf stable items.

- 167 Veterans and/or dependents were assisted with completion and submission of claims to the Federal Veterans Administration and provided with referrals to the following community partners: CareerSource, Miami VET Center, Legal Services, Advocate Program/SSVF, SNAP and the Patriot Pass.

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

The Coconut Grove Center is ready to move into the temporary location. The move date is scheduled for October 30th. The new location is less than 1 mile from the current location, in the heart of Coconut Grove. (Corner of Grand Avenue and Douglas Road).

CAHSD is answering the call from South Dade residents who have voiced concerns that our services are missed, since the closing of the Isaac A. Withers Center, many years ago. Staff is actively looking for space to stand up a satellite site in the Goulds community.

SERVICE HIGHLIGHTS

- We currently have 17 dislocated workers from CareerSource that are currently working throughout our department.

- 38 participants are enrolled in the Youth Success Afterschool Program in Naranja. Participants are engaged in weekly discussions and staff is currently recruiting for more participants. This program is funded through the Children's Trust.

- 3,590 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.

- 10 Low-income families received rental assistance to prevent homelessness through the Homeless Assistance Network of Dade (HAND) Program and through the Housing Assistance Grant.

- 5882 low-income residents received non-perishable food and/or food vouchers. At the CAHSD Community Resource Centers, Share Your Heart every Thursday from 9am-11am provides a food distribution drive thru. Families are able to receive vegetables, poultry, beef, rice and other shelf stable items.

- 148 Veterans and/or dependents were assisted with completion and submission of claims to the Federal Veterans Administration and provided with referrals to the following community partners: CareerSource, Miami VET Center, Legal Services, Advocate Program/SSVF, SNAP and the Patriot Pass.

Community Action and Human Services Department
October 2020 Board Report

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

The Frankie Shannon Rolle / Coconut Grove Community Resource Center has begun moving into the temporary location. The new location is scheduled to open on November 9th, 2020.

CAHSD is awaiting approval to receive Emergency Food and Shelter Program (EFSP) funding. This program will assist households with the following services: arrears rent, first month's rent, mortgage payment, and utility (water and electricity).

SERVICE HIGHLIGHTS

- We currently have 12 dislocated workers from CareerSource that are currently working throughout our department.

- 21 participants are enrolled in the Youth Success Afterschool Program in Naranja. YSP is currently operating in-person and virtual. Participants are engaged in weekly discussions and staff is currently recruiting for more participants. This program is funded through the Children's Trust. Eighteen (18) participants were closed out due to being inactive.

- 2,870 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.

- 12 Low-income families received rental assistance to prevent homelessness through the Homeless Assistance Network of Dade (HAND) Program and through the Housing Assistance Grant.

- 5,735 low-income residents received non-perishable food and/or food vouchers. At the CAHSD Community Resource Centers, Share Your Heart every Thursday from 9am-11am provides a food distribution drive thru. Families are able to receive vegetables, poultry, beef, rice and other shelf stable items.

- 120 Veterans and/or dependents were assisted with completion and submission of claims to the Federal Veterans Administration and provided with referrals to the following community partners: CareerSource, Miami VET Center, Legal Services, Advocate Program/SSVF, SNAP and the Patriot Pass.

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

CAHSD launched the Emergency Food and Shelter Program (EFSP) Phase 37 / EFSP CARES Act. This program assists households with the following services: arrears rent, first month's rent, mortgage payment, and utility (water and electricity). Residents with hardships due to COVID-19 are able to receive additional EFSP funds through the EFSP CARES Act funding.

Forty (40) residents residing in Glorieta Gardens Apartments, were forced out of their homes due to massive flooding caused by Tropical Storm Eta. Community Action and Human Services staff provided food assistance to the residents of Glorieta Gardens Apartments on Wednesday, November 18, 2020 and Thursday, November 19, 2020. Twenty-one (21) residents that were relocated to Stay America Extended Stay Hotel, received Publix Gift Cards. Ten (10) residents that were staying with family members or relocated to a different unit, received a Thanksgiving Holiday Basket that consisted of a Publix gift card and trimmings. Nine (9) residents were unable to pick up a Publix Gift Cards and/or Thanksgiving Basket due to their work schedules; arrangements were made with those residents for a later pick-up.

Every year during this time, County employees come together to help provide assistance to the neediest in our communities. This year marks 31 years that CAHSD has organized Miami=Dade County's Annual Thanksgiving Holiday Food Drive. CAHSD staff distributed 350 turkeys and trimmings at the twelve (12) Community Resource Center.

SERVICE HIGHLIGHTS

- FCSD has two (2) new full-time hires for the following positions: Eligibility Supervisor and Social Worker 1.

- 1,974 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.

- 21 Low-income families received rental assistance to prevent homelessness through the Homeless Assistance Network of Dade (HAND) Program, Housing Assistance Grant (HAG), and Emergency Food and Shelter Program (EFSP).

- 4,578 low-income residents received non-perishable food and/or food vouchers. At the CAHSD Community Resource Centers, Share Your Heart every Thursday from 9am-11am provides a food distribution drive thru. Families are able to receive vegetables, poultry, beef, rice and other shelf stable items.

- 145 Veterans and/or dependents were assisted with completion and submission of claims to the Federal Veterans Administration and provided with referrals to the following community partners: CareerSource, Miami VET Center, Legal Services, Advocate Program/SSVF, SNAP and the Patriot Pass.

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

Every year in the month of December, CAHSD and County employees come together to help provide assistance to the low-income families in our communities. This year marks 31 years that CAHSD has organized Miami-Dade County's Annual Holiday Toy Drive. CAHSD staff distributed toys to 620 low-income families at the twelve (12) Community Resource Centers throughout Miami-Dade County.

This year, CAHSD was 1 of the 5 agencies selected to utilize the online submission for the FFY 2021 Organization Standards. The purpose of the organizational standards is to ensure that all eligible entities have appropriate organizational capacity, not only in the critical financial and administrative areas important to all nonprofit and public human services agencies, but also in areas of unique importance for CSBG-funded eligible entities. Past four (4) years, CAHSD has successfully met all fifty-two (52) standards at 100% with zero (0) findings. The final submission is due by January 4, 2021.

SERVICE HIGHLIGHTS

- 3,137 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.

- 25 Low-income families received rental assistance to prevent homelessness through the Homeless Assistance Network of Dade (HAND) Program, Housing Assistance Grant (HAG), and Emergency Food and Shelter Program (EFSP).

- 5,497 low-income residents received non-perishable food and/or food vouchers. At the CAHSD Community Resource Centers, Share Your Heart every Thursday from 9am-11am provides a food distribution drive thru. Families are able to receive vegetables, poultry, beef, rice and other shelf stable items.

- 149 Veterans and/or dependents were assisted with completion and submission of claims to the Federal Veterans Administration and provided with referrals to the following community partners: CareerSource, Miami VET Center, Legal Services, Advocate Program/SSVF, SNAP and the Patriot Pass.

Community Action and Human Services Department
Psychological Services
September 2020 Board Report

The Psychological Services Program addresses the increased need for Mental Health Services in Miami-Dade County. Its mission is identification, assessment, and early intervention to maximize the optimal functioning of clients through the application of evidence-based interventions informed through science. Service delivery is implemented by doctoral level psychology interns and master level students within the field of mental health.

SERVICES	NUMBER OF SESSIONS/SERVICES
Individual therapy Sessions (Remote via Zoom) Children – 0 (Head Start-0) Adults –11 (Elderly and Disability 0; Rehab 9; Violence Prevention and Intervention 0; Family and Community Services 0; Neighborhood Service Center 2)	11 sessions
Group/Family Therapy Sessions (Remote via Zoom) Rehab – 8 Head Start – 0 Elderly and Disability- 0 Violence Prevention and Intervention- 0	8 sessions
Crisis Intervention	0
Case management	3
Consultation	1
Parent and Staff Trainings	4
Assessments, Intakes, Evaluations	3 3 Intakes 0 Assessments 0 Evaluations
Classroom intervention and strategies	0
Advocacy	0
Therapeutic Activities	0
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Miami and Puerto Rico campuses Florida International University Ponce Health Sciences University	4

- Psychology Interns have been oriented to the Department and rotations. They have received their adult and child rotation assignments.
- Trainees (Practicum Students) and Psychology Interns continue to provide services remotely due to COVID-19.
- Trainees and Psychology Interns began providing parent trainings for Head Start Delegates.

Community Action and Human Services Department
Psychological Services
October 2020 Board Report

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SERVICES	NUMBER OF SESSIONS/SERVICES
Individual therapy Sessions (Via Zoom-telepsychology) Children – 3 (Head Start-3) Adults –23 (Elderly and Disability 3; Rehab 20; Violence Prevention and Intervention 0; Family and Community Services 0)	26 sessions
Group/Family Therapy Sessions (Via Zoom- telepsychology) Rehab – 29 Head Start – 0 Elderly and Disability- 0 Violence Prevention and Intervention- 0	29 sessions
Crisis Intervention	0
Case management	6
Consultation	2
Parent and Staff Trainings	19
Assessments, Intakes, Evaluations	11 11 Intakes 0 Assessments 0 Evaluations
Classroom intervention and strategies	0
Advocacy	0
Therapeutic Activities	0
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Miami and Puerto Rico campuses Florida International University	4

- Psychology Interns and Trainees have been providing trainings to parents within Head Start and trainings throughout the Department.
- Trainees and Psychology Interns continue to provide services remotely due to COVID-19.

Community Action and Human Services Department
Psychological Services
November 2020 Board Report

The Psychological Services Program addresses the increased need for Mental Health Services in Miami-Dade County. Its mission is identification, assessment, and early intervention to maximize the optimal functioning of clients through the application of evidence-based interventions informed through science. Service delivery is implemented by doctoral level psychology interns and master level students within the field of mental health.

SERVICES	NUMBER OF SESSIONS/SERVICES
Individual therapy Sessions Children – 3 (Head Start-3) Adults – (Elderly and Disability 8; Rehab 19; Violence Prevention and Intervention 0; Family and Community Services 0; Neighborhood Service Center 3)	33 sessions
Group/Family Therapy Sessions Rehab – 27 (Via Zoom) Head Start – 0 Elderly and Disability- 2 Violence Prevention and Intervention- 0	29 sessions
Crisis Intervention	0
Case management	16
Consultation	2
Parent and Staff Trainings	14
Assessments, Intakes, Evaluations	4 2 Intakes 2 Assessments 0 Evaluations
Classroom intervention and strategies	0
Advocacy	0
Therapeutic Activities (i.e. support group sessions)	3
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Miami and Puerto Rico campuses Florida International University Ponce Health Sciences University	4

- Support group for caregivers of clients in the Adult Day Care Program has been initiated.
- Interns and Psychology Trainees continue to provide parent trainings for Head Start and across the Department.
- Psychology Interns and Trainees continue to provide services remotely due to COVID-19.

Community Action and Human Services Department
Psychological Services
December 2020 Board Report

The Psychological Services Program addresses the increased need for Mental Health Services in Miami-Dade County. Its mission is identification, assessment, and early intervention to maximize the optimal functioning of clients through the application of evidence-based interventions informed through science. Service delivery is implemented by doctoral level psychology interns and master level students within the field of mental health.

SERVICES	NUMBER OF SESSIONS/SERVICES
Individual therapy Sessions Children – 3 (Head Start-3) Adults – (Elderly and Disability 11; Rehab 25; Violence Prevention and Intervention 9; Family and Community Services 0; Neighborhood Service Center 1)	49 sessions
Group/Family Therapy Sessions Rehab – 22 (Via Zoom) Head Start – 0 Elderly and Disability- 0 Violence Prevention and Intervention- 0	22 sessions
Crisis Intervention	0
Case management	2
Consultation	2
Parent and Staff Trainings	9
Assessments, Intakes, Evaluations	12 10 Intakes 2 Assessments 0 Evaluations
Classroom intervention and strategies	0
Advocacy	0
Therapeutic Activities	10
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Miami and Puerto Rico campuses Florida International University Ponce Health Sciences University	4

- Trainees and Psychology Interns continue to provide services remotely due to COVID-19.
- Support group has been initiated for caregivers of older adults/adults with disabilities
- Support group initiated for Early Head Start parents of St. Albans.

Community Action and Human Services Department
Psychological Services

January 2021 Board Report

The Psychological Services Program addresses the increased need for Mental Health Services in Miami-Dade County. Its mission is identification, assessment, and early intervention to maximize the optimal functioning of clients through the application of evidence-based interventions informed through science. Service delivery is implemented by doctoral level psychology interns and master level students within the field of mental health.

SERVICES	NUMBER OF SESSIONS/SERVICES
Individual therapy Sessions (via Zoom or telephone) Children – 4 (Head Start-4) Adults – (Elderly and Disability 13; Rehab 30; Violence Prevention and Intervention 13; Family and Community Services 0)	60 sessions
Group/Family Therapy Sessions (Via Zoom or telephone) Rehab – 29 (Via Zoom) Head Start – 0 Elderly and Disability- 1 Violence Prevention and Intervention- 0	30 sessions
Crisis Intervention	0
Case management	24
Consultation	2
Parent and Staff Trainings	9
Assessments, Intakes, Evaluations	(16) 11 Intakes 4 Assessments 1 Evaluations
Classroom intervention and strategies	0
Advocacy	3
Therapeutic Activities	11
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Puerto Rico campus Florida International University Ponce Health Sciences University	4

- Interns and Trainees are providing support groups to parents of Head Start Children and a support group for caregivers of older adults. These services are being captured as therapeutic activities.
- Two Psychology Trainees in Social Work started at the Coordinated Victims Assistance Center (CVAC)

Community Action and Human Services Department
September 2020 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY SSS-ITS-SSC-CVAC-INN	VPID
Court Orientation Workshops	**N/A**
Direct Relief Assistance	**7**
Dissolution of Marriage Assistance	**0**
Education and Training	**30**
Food Provision Number of Bags or Amount of Food Pounds	**1293**
Group Therapy Sessions	**120**
Individual Therapy Sessions	**206**
Helpline Calls (VPIS)	**1635**
Hotline Calls (Shelters)	**202**
Protective Order Assistance	**22**
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	**3465**
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	**295**
Support Groups/House Meeting	**4**
Attorney General Relocation Cases	**12**
Attorney General Victims Compensation Cases	**9**
Vocational Rehabilitation Services	**2**

Community Action and Human Services Department
October 2020 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY ITS-ITN-SSC-SSS-CVAC-SSN	VPID October 2020
Court Orientation Workshops	**N/A**
Direct Relief Assistance	**23**
Dissolution of Marriage Assistance	**15**
Education and Training	**21**
Food Provision Number of Bags or Amount of Food Pounds	**1849**
Group Therapy Sessions	**49**
Individual Therapy Sessions	**382**
Helpline Calls (VPIS)	**1653**
Hotline Calls (Shelters)	**181**
Protective Order Assistance	**25**
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	**4600**
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	**829**
Support Groups/House Meeting	**0**
Attorney General Relocation Cases	**71**
Attorney General Victims Compensation Cases	**21**
Vocational Rehabilitation Services	**0**

Community Action and Human Services Department
November 2020 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY SSC-SSN-SSS-ITS-CW-CV-ED	VPID November 2020
Court Orientation Workshops	N/A
Direct Relief Assistance	30
Dissolution of Marriage Assistance	9
Education and Training	27
Food Provision Number of Bags or Amount of Food Pounds	2372
Group Therapy Sessions	147
Individual Therapy Sessions	388
Helpline Calls (VPIS)	1296
Hotline Calls (Shelters)	184
Protective Order Assistance	21
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	3727
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	433
Support Groups/House Meeting	N/A
Attorney General Relocation Cases	17
Attorney General Victims Compensation Cases	22
Vocational Rehabilitation Services	N/A

Community Action and Human Services Department
December 2020 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY CV-CW-EDC-JJ-VP-DZ-SSC-SSN-SSS-ITS-ITN	VPID December 2020
Court Orientation Workshops	N/A
Direct Relief Assistance	19
Dissolution of Marriage Assistance	18
Education and Training	24
Food Provision Number of Bags or Amount of Food Pounds	2202
Group Therapy Sessions	84
Individual Therapy Sessions	375
Helpline Calls (VPIS)	183
Hotline Calls (Shelters)	1558
Protective Order Assistance	29
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	3959
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	978
Support Groups/House Meeting	8
Attorney General Relocation Cases	53
Attorney General Victims Compensation Cases	32
Vocational Rehabilitation Services	N/A

Community Action and Human Services Department
January 2021 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY CV-CW-EDC-JJ-VP-DZ-SSC-SSN-SSS-ITS-ITN	VPID January 2021
Court Orientation Workshops	N/A
Direct Relief Assistance	19
Dissolution of Marriage Assistance	18
Education and Training	24
Food Provision Number of Bags or Amount of Food Pounds	2202
Group Therapy Sessions	84
Individual Therapy Sessions	375
Helpline Calls (VPIS)	183
Hotline Calls (Shelters)	1558
Protective Order Assistance	29
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	3959
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	978
Support Groups/House Meeting	8
Attorney General Relocation Cases	53
Attorney General Victims Compensation Cases	32
Vocational Rehabilitation Services	N/A

Community Action and Human Services Department
February 2021 Board Report
Targeted Services Bureau
Violence Prevention and Intervention Division

The Violence and Intervention Division offers protection and supportive services to victims of domestic violence, sexual violence, dating violence, human trafficking and their dependents. It also provides crisis intervention and advocacy services, including counseling, information and referral, safe shelter, transportation, emergency financial assistance and food and clothing

PROGRAM SUMMARY	VPID
	February 2021
Court Orientation Workshops	N/A
Direct Relief Assistance	17
Dissolution of Marriage Assistance	5
Education and Training	15
Food Provision Number of Bags or Amount of Food Pounds	1669
Group Therapy Sessions	65
Individual Therapy Sessions	413
Helpline Calls (VPIS)	1702
Hotline Calls (Shelters)	53
Protective Order Assistance	19
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	2395
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	495
Support Groups/House Meeting	7
Attorney General Relocation Cases	1
Attorney General Victims Compensation Cases	1
Vocational Rehabilitation Services	N/A

Community Action and Human Services Department
August 2020 Board Report Greater Miami Service Corps

Program Description:

The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities.

Youth Development:

- Members continue working towards their education credentials through Miami-Dade College, Lindsey Hopkins Technical College, D. A. Dorsey Technical College as well as at other educational centers.

- Members participated in Financial Literacy Training hosted by Branches. Training is funded through the United Way. Members attended three (3) virtual workshops on topics ranging from budgeting, understanding your credit to the importance of opening a bank account. One-on-one sessions were held following training to review members' credit reports. The Financial Literacy Training is part of the Financial Stability initiatives offered by United Way. Corpsmembers are able to continue their relationship with Branches beyond their enrollment in Greater Miami Service Corps. The goal is to support our young people with a financial life plan and develop goals towards saving money.

- The Prudential Mentoring Initiative continues with three (3) members participating in biweekly mentoring and training workshops.

- GMSC continues operate essential construction and landscaping services to funders. Individual assignments have been suspended due to many partners working from home.

Other Activities:

- Greater Miami Service Corps will be partnering with the Opportunity Advancement Innovation (OAI) Workforce Development organization to provide COVID-19 training to staff and members. Training will include "Protecting Yourself from COVID-19 in the Workplace". OAI received funding to offer training to partner organizations. GMSC is in the process of having our instructor certified by attending the Train-the-Trainer workshop to implement virtual training for staff and members.

Services Provided:

- High School/GED Completion
- Occupational Credentials
- Work experience
- Employability skills development
- Life skills and Leadership training
- Bi-weekly Stipend
- Group, individual and motivational counseling
- Internship and job placement opportunities
- Education Scholarships up to $6,000.00

Community Action and Human Services Department
September 2020 Board Report Greater Miami Service Corps

Program Description:

The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities.

Youth Development:

- Members continue working towards their education credentials through Miami-Dade College, Lindsey Hopkins Technical College, D. A. Dorsey Technical College as well as at other educational centers.
- Members are engaged in Internet Technology courses for Cyber Security. Upon completion, members will earn a Microsoft Cyber Security credential and can pursue additional certifications in this pathway.
- Members continue to participate in high school classes, industry certifications, CPR/First Aid and Occupational Safety and Health Administration (OSHA) classes.
- GMSC continues operate essential construction and landscaping services to funders. Individual assignments have been suspended due to many partners working from home.

Other Activities:

- GMSC staff submitted an application to The Miami Foundation. The Foundation, in partnership with Miami-Dade County, through its Department of Public Housing and Community Development (PHCD), is offering one-time grants to nonprofits to help provide relief to organizations impacted by the Coronavirus (COVID-19). The grant values range from $20,000 to $47,000 based 2019 gross revenue. The application will support the purchase of laptops and increasing server capability for in-person and remote learning.
- An application was submitted to the Microsoft Community Skills Program. This is a preliminary grant application that seeks to invest 15 million dollars over the next three years to Black and African American lead organizations to accelerate their work, providing skills development and economic opportunities. Microsoft will provide unrestricted grants of up to $100,000 per year over three years, to 50 nonprofit organizations. The preliminary grant application is due on September 30, 2020. Selected nonprofits will be invited to provide a full application.

Services Provided:

- High School/GED Completion
- Occupational Credentials
- Work experience
- Employability skills development
- Life skills and Leadership training
- Bi-weekly Stipend
- Group, individual and motivational counseling
- Internship and job placement opportunities
- Education Scholarships up to $6,000.00

Community Action and Human Services Department
October 2020 Board Report Greater Miami Service Corps

Program Description:

The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities.

Youth Development:

- Members continue working towards their education credentials through Miami-Dade College, Lindsey Hopkins Technical College, D. A. Dorsey Technical College as well as at other educational centers.
- Members are engaged in Internet Technology courses for Cyber Security. Upon completion, members will earn a Microsoft Cyber Security credential and can pursue additional certifications in this pathway.
- Members continue to participate in high school classes, industry certifications, CPR/First Aid and Occupational Safety and Health Administration (OSHA) classes.
- GMSC continues operate essential construction and landscaping services to funders. Individual assignments have been suspended due to many partners working from home.

Other Activities:

- Staff participated in PGIM/YouthBuild Annual Convening via Zoom. Programs discussed how to expand virtual mentorship services; develop local employment opportunities for members and reviewed PGIM's strategic plan for engaging Opportunity Youth. Greater Miami Service Corps will commence a peer mentorship program with YouthBuild Mexico.
- Miami-Dade County Department of Solid Waste Management: GMSC has one team responsible for debris removal within various communities and roadways in North Miami-Dade. Another team of five is placed at three sites under the supervision of county staff.
- Internal Services Department (ISD): GMSC team continues to provide building maintenance and paint services at various ISD (formerly GSA) facilities.
- Florida Department of Transportation and Miami-Dade Public Housing and Community Development: GMSC provides two crews to maintain sites throughout Miami-Dade County.
- Miami-Dade Fire Department: The department sponsors one team, which is assigned to custodian activities.
- Miami-Dade Department of Regulatory and Economic Resources: GMSC works in concert with the department to abate graffiti cited and reported by both citizens and department staff. This is a countywide activity. GMSC works in concert with the department to board up windows and doors and secure pools of vacant properties countywide.
- Miami-Dade Community Action and Human Services Department: Members complete landscaping and facilities maintenance at designated properties.
- YouthBuild: Members are assigned to various construction projects for skills training.

- AmeriCorps: Members participate in restoring, protecting, and preserving public lands though landscape and debris removal activities with the City of Miami, City of Miami Gardens, Florida Department of Transportation and Parks, Recreation, and Open Spaces.

- City of Miami: Members provide landscape maintenance on MLK Boulevard and the Butterfly Gardens on the east and west side of 54th Street.

Services Provided:

- High School/GED Completion
- Occupational Credentials
- Work experience
- Employability skills development
- Life skills and Leadership training
- Bi-weekly Stipend
- Group, individual and motivational counseling
- Internship and job placement opportunities
- Education Scholarships up to $6,000.00

Community Action and Human Services Department
December 2020 Board Report Greater Miami Service Corps

Program Description:

The Greater Miami Service Corps (GMSC) Division administers and operates the National Urban Corps for Greater Miami, which involves young adults in the physical and social needs of their community through volunteerism and community service, while providing a structured and meaningful work experience and comprehensive educational opportunities.

Youth Development:

- Members continue working towards their education credentials through Miami-Dade College, Lindsey Hopkins Technical College, D. A. Dorsey Technical College as well as at other educational centers.

- Members continue with Cyber Security Training. One (1) student completing the industry certification. Members continue to participate in high school classes with two (2) members earning their high school diploma.

- GMSC continues operate essential construction and landscaping services to funders. Individual assignments have been suspended due to many partners working from home.

- Greater Miami Service Corps collaborated with New Dimensions for a "Life is What You Make It" workshop. The series is designed to support our young people with planning their goals for 2021. The series included discussions on how thoughts impact one's reality, inspirational leadership, goal setting and many other topics.

Other Activities:

- GMSC is working closely with Miami-Dade County Department of Corrections and Rehabilitation (Boot Camp) and Probation and Parole to provide re-entry services to young people 18-24. Members are engaged in activities designed to increase long-term employability including educational assessments and placement in high school diploma classes, industry training, life skills, financial management, and workforce development services. GMSC is also collaborating with homeless shelters to engage young people requiring services to build a pathway to self-sufficiency and independence.

- Miami-Dade County Department of Solid Waste Management: GMSC has one team responsible for debris removal within various communities and roadways in North Miami-Dade. Another team of five is placed at three sites under the supervision of county staff.

- Internal Services Department (ISD): GMSC team continues to provide building maintenance and paint services at various ISD (formerly GSA) facilities.

- Florida Department of Transportation and Miami-Dade Public Housing and Community Development: GMSC provides two crews to maintain sites throughout Miami-Dade County.

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- Internship and job placement opportunities
- Education Scholarships up to $6,000.00

MIAMI-DADE COUNTY

Community Action and Human Services Department
September 2020 Board Report

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	September	Program Year to Date
New Direction Residential Programs New Admissions	28	270
New Direction Residential Programs Active Clients during the month	33	878
Clients successfully completing New Direction Residential Treatment Programs	7	238
New Direction Residential Treatment Program percent of operating capacity	30%	67%
Clients in Employability Skills Training (Career Resources Van)	0	239
Treatment Alternatives to Street Crime (TASC) New Admissions	18	130
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	96	1424
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	14	141
DUI Program New Admissions	0	0
DUI Program Active Clients during the month	0	0
Assessment, Referral and Placement completed by the Central Intake Unit	78	1135

MIAMI-DADE COUNTY

Community Action and Human Services Department
October 2020 Board Report

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	October	Program Year to Date
New Direction Residential Programs New Admissions	23	23
New Direction Residential Programs Active Clients during the month	47	47
Clients successfully completing New Direction Residential Treatment Programs	12	12
New Direction Residential Treatment Program percent of operating capacity	75%	75%
Clients in Employability Skills Training (Career Resources Van)	19	19
Treatment Alternatives to Street Crime (TASC) New Admissions	23	23
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	83	83
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	21	21
DUI Program New Admissions	0	0
DUI Program Active Clients during the month	0	0
Assessment, Referral and Placement completed by the Central Intake Unit	85	85

Community Action and Human Services Department
November 2020 Board Report

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	November	Program Year to Date
New Direction Residential Programs New Admissions	21	45
New Direction Residential Programs Active Clients during the month	51	98
Clients successfully completing New Direction Residential Treatment Programs	12	25
New Direction Residential Treatment Program percent of operating capacity	43%	39%
Clients in Employability Skills Training (Career Resources Van)	21	40
Treatment Alternatives to Street Crime (TASC) New Admissions	8	14
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	87	173
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	5	10
DUI Program New Admissions	0	0
DUI Program Active Clients during the month	0	0
Assessment, Referral and Placement completed by the Central Intake Unit	74	159

Community Action and Human Services Department
December 2020 Board Report

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	December	Program Year to Date
New Direction Residential Programs New Admissions	16	61
New Direction Residential Programs Active Clients during the month	51	149
Clients successfully completing New Direction Residential Treatment Programs	8	33
New Direction Residential Treatment Program percent of operating capacity	46%	41%
Clients in Employability Skills Training (Career Resources Van)	37	77
Treatment Alternatives to Street Crime (TASC) New Admissions	11	25
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	90	263
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	15	25
DUI Program New Admissions	0	0
DUI Program Active Clients during the month	0	0
Assessment, Referral and Placement completed by the Central Intake Unit	70	229

MIAMI-DADE COUNTY

Community Action and Human Services Department
January 2021 Board Report

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	January	Program Year to Date
New Direction Residential Programs New Admissions	12	74
New Direction Residential Programs Active Clients during the month	57	219
Clients successfully completing New Direction Residential Treatment Programs	12	41
New Direction Residential Treatment Program percent of operating capacity	45%	42%
Clients in Employability Skills Training (Career Resources Van)	0	77
Treatment Alternatives to Street Crime (TASC) New Admissions	12	37
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	82	345
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	8	33
DUI Program New Admissions	0	0
DUI Program Active Clients during the month	0	0
Assessment, Referral and Placement completed by the Central Intake Unit	73	302

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 30, 2020

AGENDA ITEM NUMBER: 4A8

AGENDA ITEM SUBJECT: September 2020 Head Start Content Area Report

AGENDA ITEM TYPE: INFORMATION

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The September 2020 Content Area Report includes Head Start, Early Head Start, Early Head Start-Child Care Partnership, and Combination Expansion Early Head Start-Child Care Partnership program information on Education, Disabilities, Enrollment, Family Engagement, Health, Mental Health, and Nutrition.

FUNDING SOURCE:

U.S. Department of Health and Human Services

Miami-Dade County
Community Action & Human Services Department
Head Start/Early Head Start Division

September 2020 Content Area Report

Education:

Miami – Dade County Head Start/Early Head Start teaching staff planned engaging activities for children that supported school readiness and social awareness development. The teaching staff received instructional resources to implement engaging lessons focused on differences, feelings, and acceptance of others. Educational coaches are conducting class observations (virtually and in-person). Teachers are receiving support with the implementation of the hybrid model.

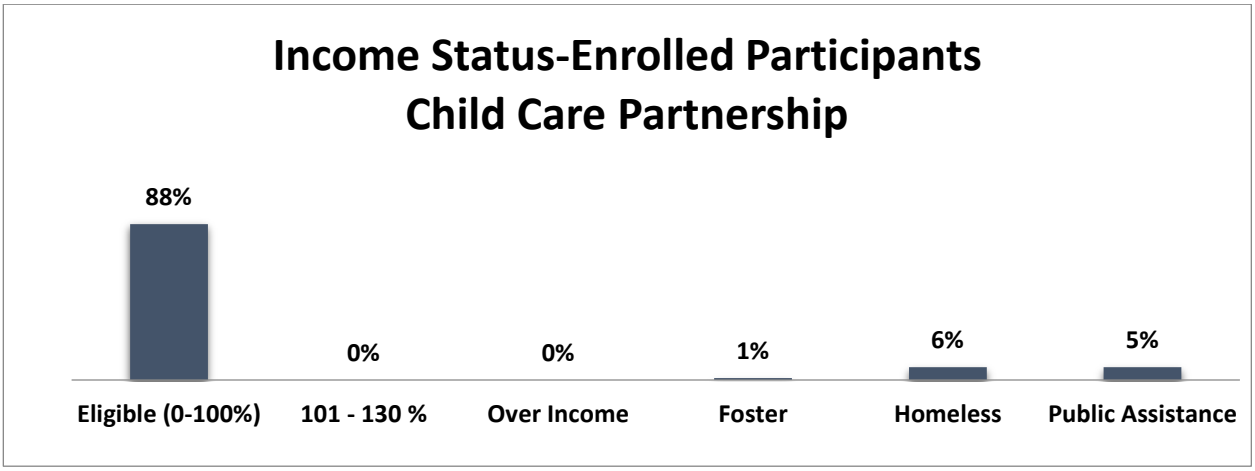
Teachers and parents partnered to administer developmental screenings for children. The data was used to identify areas of concern, areas of strength and facilitate individualized instruction.

In collaboration with Social Service, a pilot to implement paperless attendance was launched utilizing Learning Genie. Teachers also facilitated the onboarding of Ready Rosie. Ready Rosie sends parent-friendly, 2 – 3-minute videos to parents to assist them with supporting their child's learning through day-to-day activities.

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Child Care Partnerships
Early Head Start Participants
As of September 30, 2020



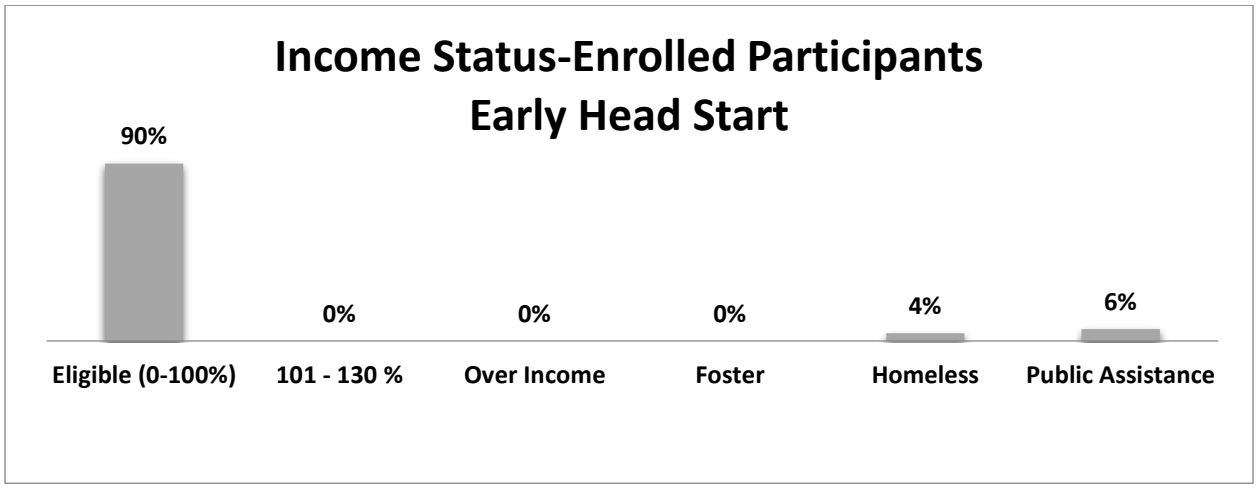
Child Care Partners Current Enrollment	Current Enrollment %/ Vacant slots 99% | 1of 240 slots vacant
CCP-Cambridge Academy	100% |0 of 24 slots vacant
CCP-Community Outreach Center, Inc.	100% | 0 of 16 slots vacant
CCP-Crystal Learning Center, Inc.	97% | 1 of 32 slots vacant
CCP-Decroly Learning Child Care Ctr	100% | 0 of 48 slots vacant
CCP-Early Childhood ProfessionalSer	100% | 0 of 24 slots vacant
CCP-Memorial Temple Early Childhood	100% | 0 of 16 slots vacant
CCP-Rising Star Academy	100% | 0 of 16 slots vacant
CCP-Shining Light Childcare Center	100% | 0 of 16 slots vacant
St. Alban's Child Enrichment Center	100% | 0 of 48 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Early Head Start Participants

As of September 30, 2020



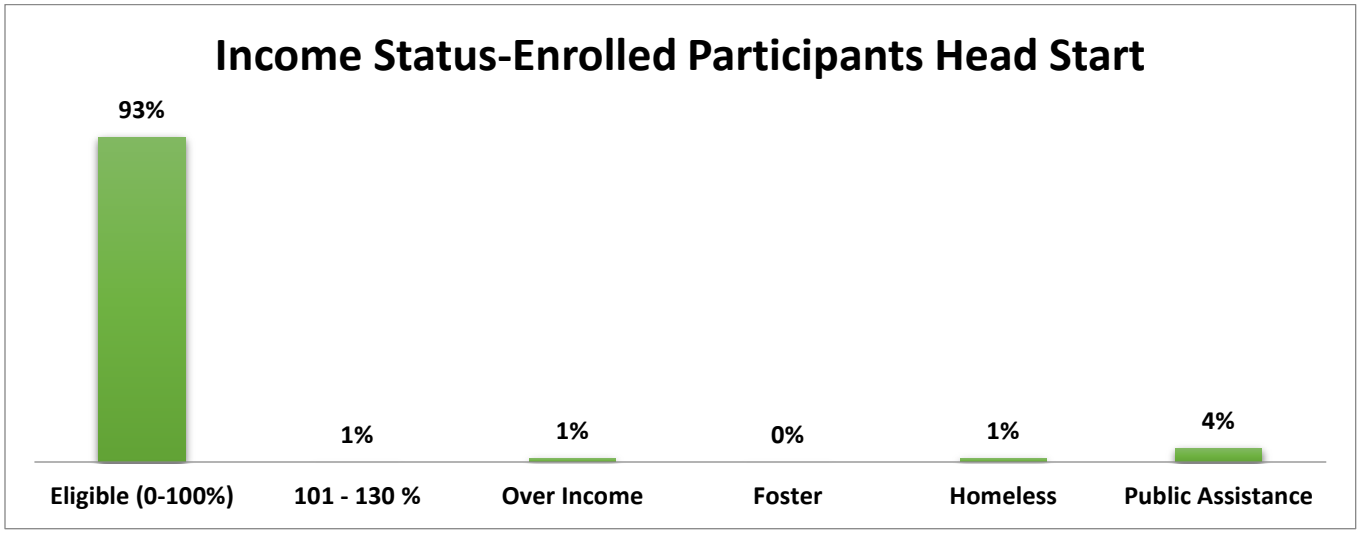
EARLY HEAD START Current Enrollment	93% | 33 of 446 slots vacant
Centro Mater	100% | 0 of 70 slots vacant
Easter Seals	100% | 0 of 8 slots vacant
FCAA	88% | 3 of 24 slots vacant
Haitian Youth	100% | 0 of 32 slots vacant
KIDCO Creative Learning	100% | 0 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Miami Dade County Public Schools	84% | 30 of 192 slots vacant
O'Farrill Learning Center	100% | 0 of 8 slots vacant
United Way Center Of Excellence	100% | 0 of 32 slots vacant
YWCA Of Greater Miami-Dade	100% | 0 of 32 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Head Start Participants

As of September 30, 2020

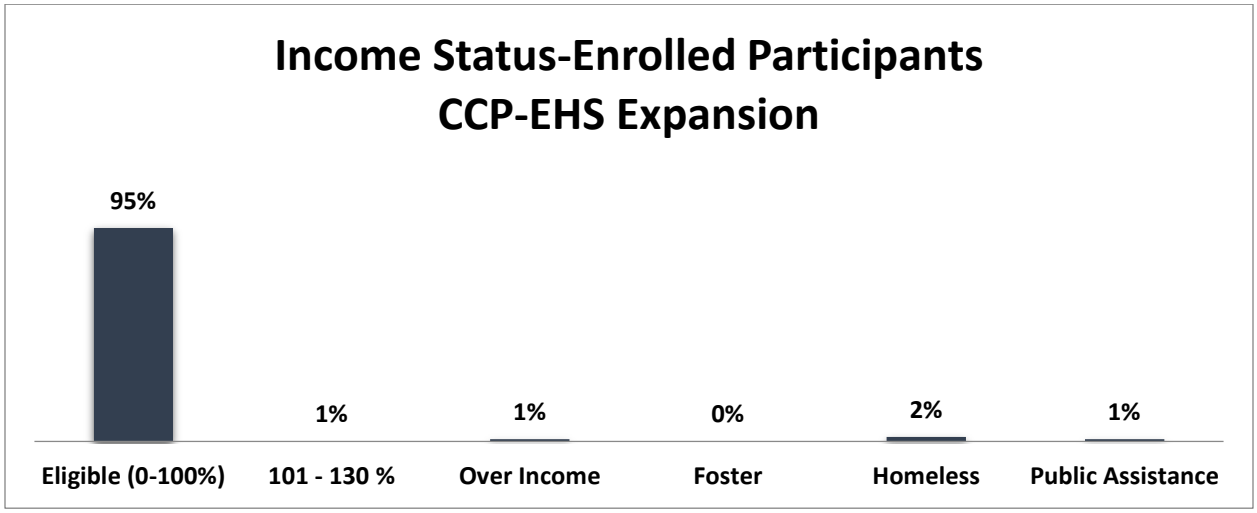


Head Start Agency Current Enrollment	76% | 1579 of 6710 slots vacant
Allapattah	81% | 15 of 77 slots vacant
Catholic Charities	73% | 345 of 1275 slots vacant
Centro Mater	93% | 37 of 526 slots vacant
Easter Seals	69% | 147 of 480 slots vacant
FCAA	71% | 124 of 432 slots vacant
Haitian Youth	100%| 0 of 175 slots vacant
KIDCO Creative Learning	64% | 90 of 250 slots vacant
Landow	100%| 0 of 80 slots vacant
Le Jardin Community Center, Inc.	88% | 57 of 480 slots vacant
Miami Dade County Public Schools	72% | 539 of 1935 slots vacant
O'Farrill Learning Center	64% | 88 of 242 slots vacant
Our Little Ones	97% |4 of 118 slots vacant
Paradise Christian School, Inc.	78% | 39 of 180 slots vacant
St. Alban's Child Enrichment Center	64% | 62 of 170 slots vacant
Sunflowers Academy	98% | 0 of 40 slots vacant
United Way Center Of Excellence	100%| 0 of 30 slots vacant
YWCA Of Greater Miami-Dade	86%| 31 of 220 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Eligibility Statuses-Enrolled CCP-EHS Expansion Participants

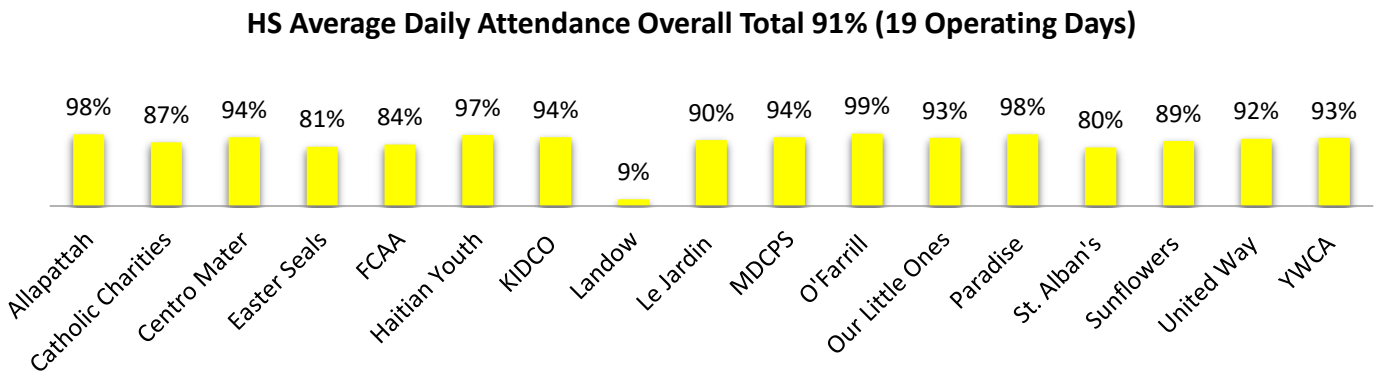
As of September 30, 2020

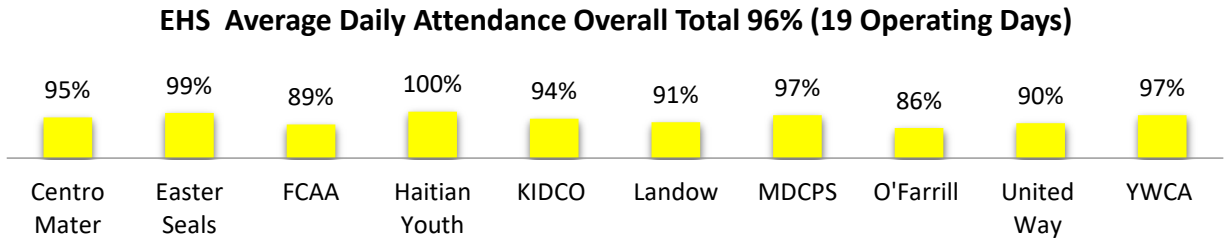


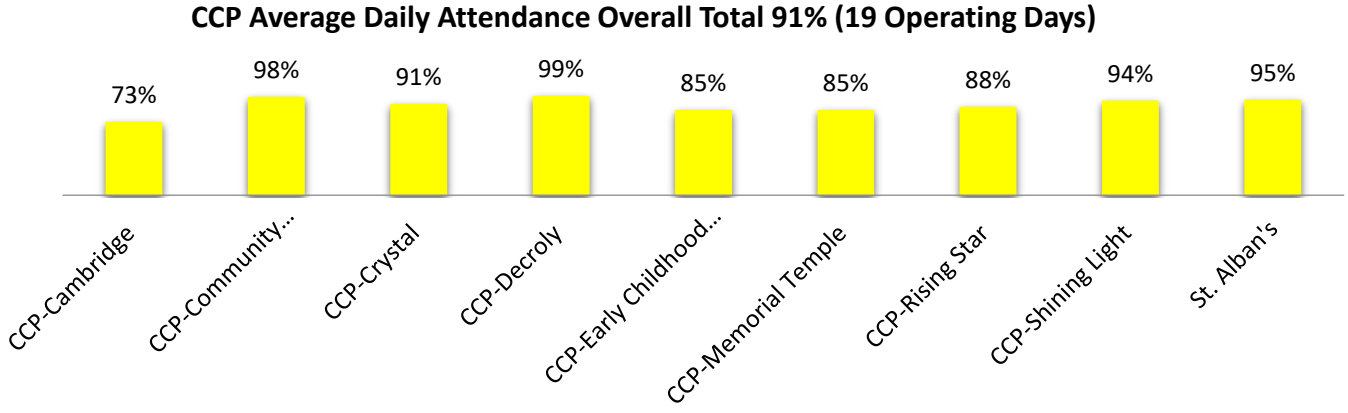
CCP-EHS Expansion Current Enrollment	Current Enrollment %/ Vacant slots 98% | 11 of 552 slots vacant
Catholic Charities	98% | 2 of 120 slots vacant
CCP-Bricks Early Learning Center	100% | 0 of 24 slots vacant
CCP-Cambridge Academy	100% | 0 of 24 slots vacant
CCP-Decroly Learning Child Care Ctr	100% | 0 of 24 slots vacant
CCP-Early Learning Center	91% | 3 of 32 slots vacant
Centro Mater	98% | 1 of 72 slots vacant
FCAA	94% | 2 of 32 slots vacant
Haitian Youth	100% | 0 of 80 slots vacant
KIDCO Creative Learning	100% | 0 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Paradise Christian School, Inc.	100% | 0 of 32 slots vacant
Sunflowers Academy	96% | 1 of 24 slots vacant
YWCA Of Greater Miami-Dade	95% | 2 of 40 slots vacant

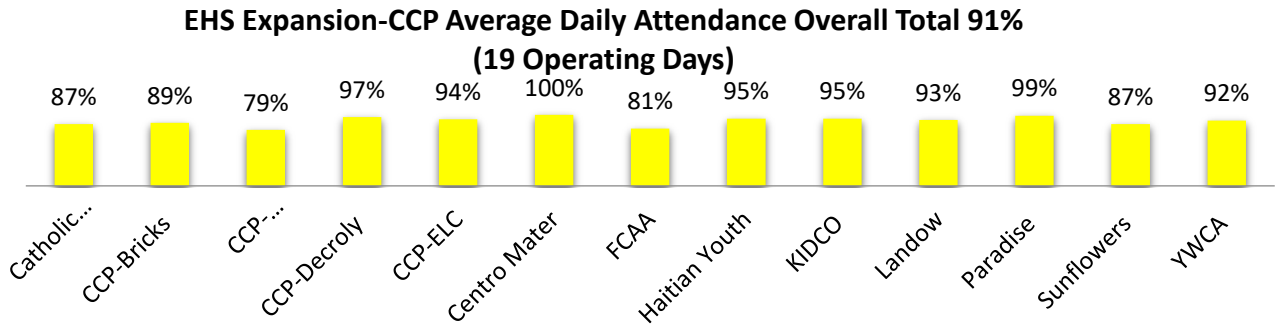
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:



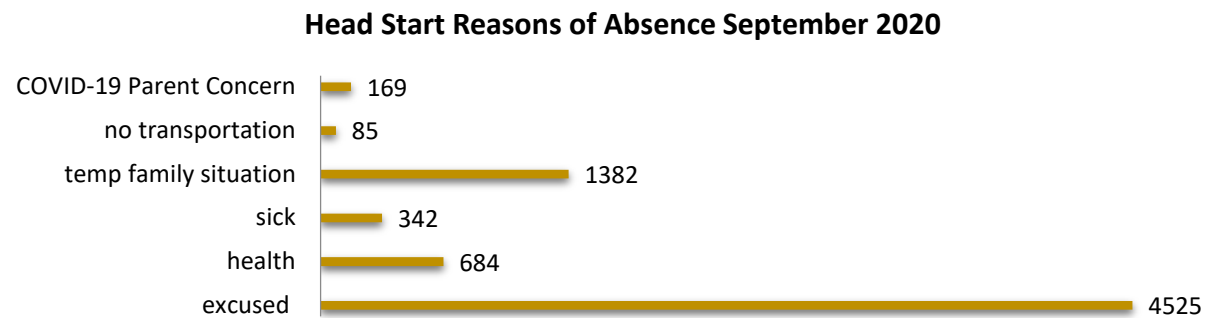


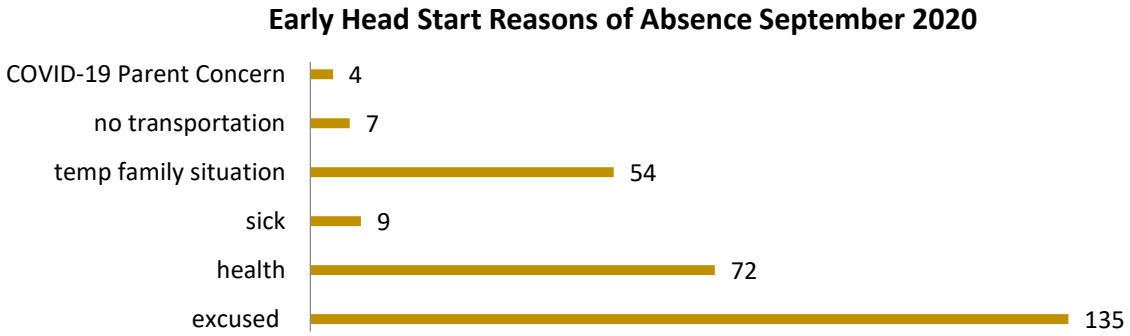


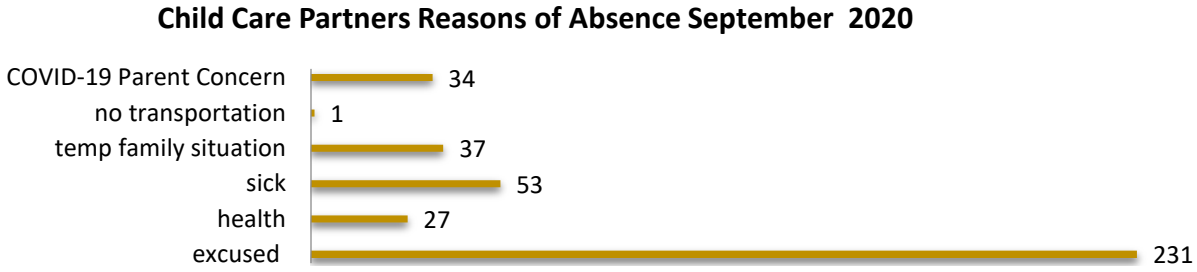


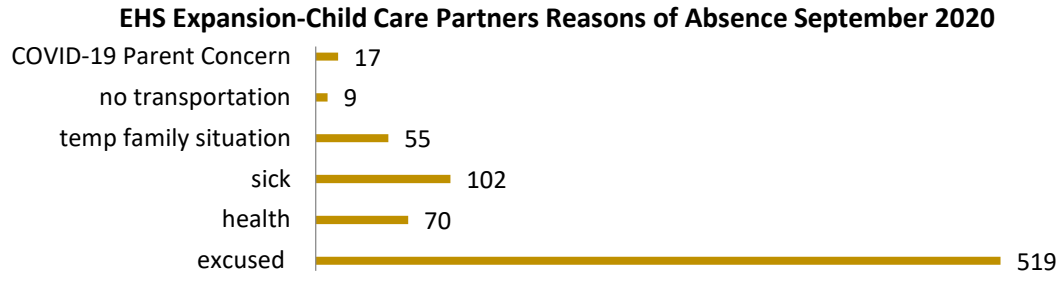
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:







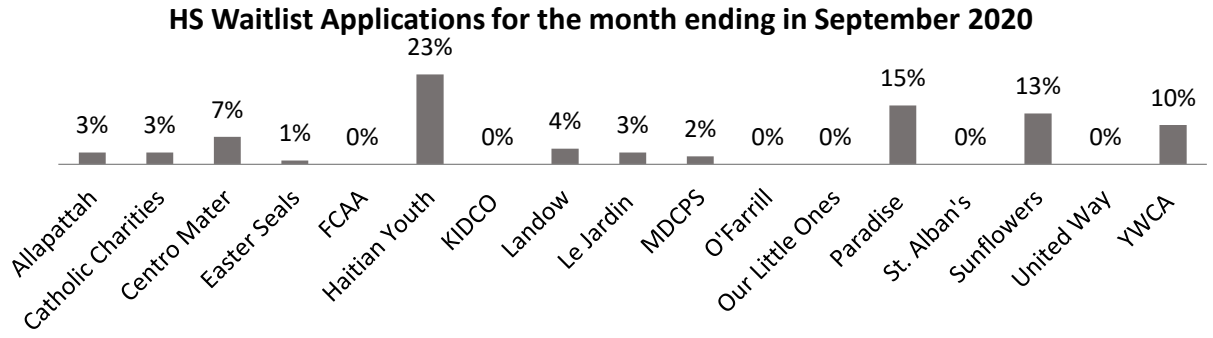


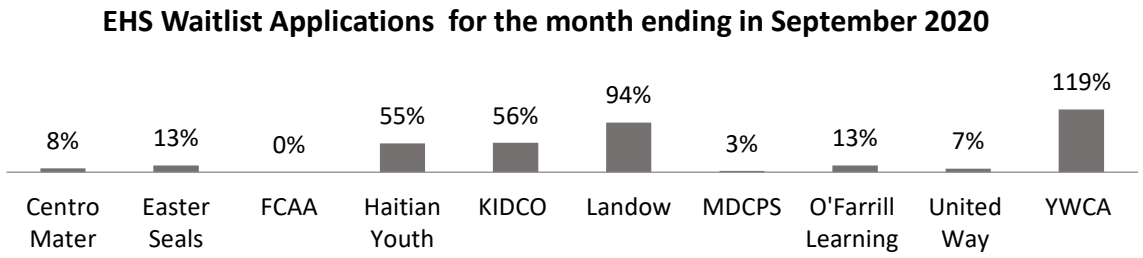
Terminology defined:

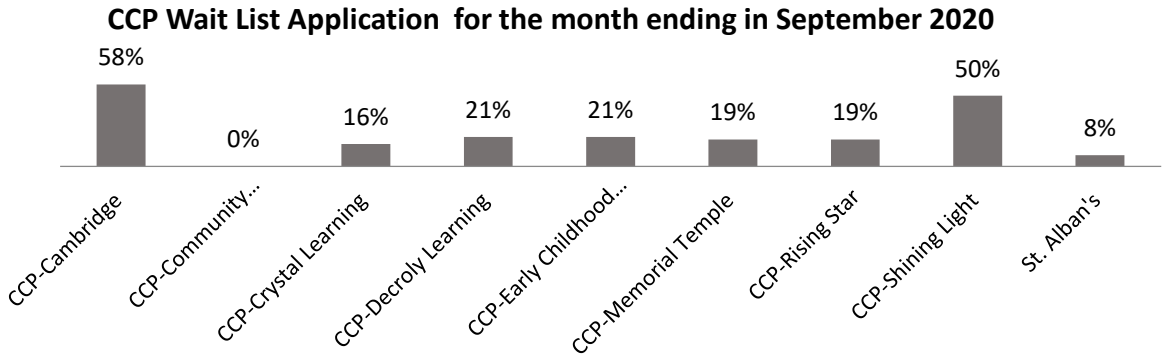
No Transportation - family has transportation problems (car inoperative, no alternate ride)
Temp Family Situation - family related issues or concerns
Sick - related to ill health
Health - related to expired health documentation, health alerts, and /or medical/dental appointments
Excused - staff is aware of child/family absence

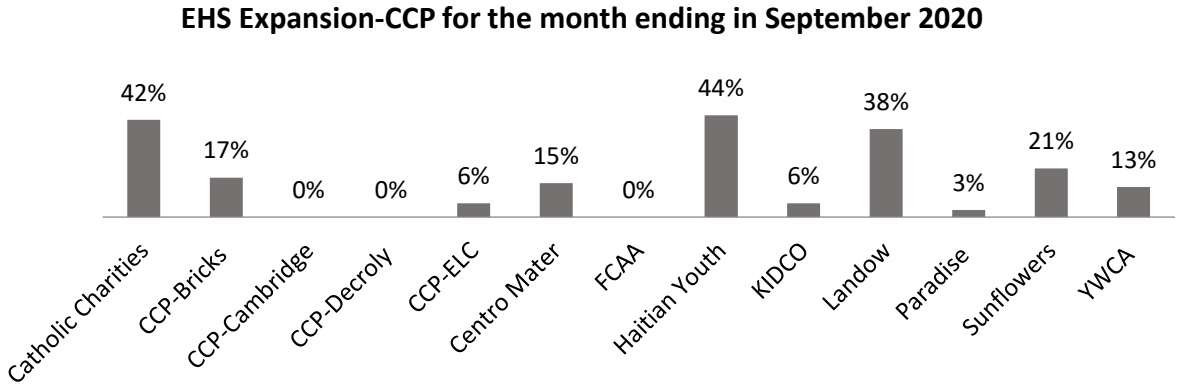
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

SELECTION **2020-2021 Waitlist Applications for the month ending September 2020**





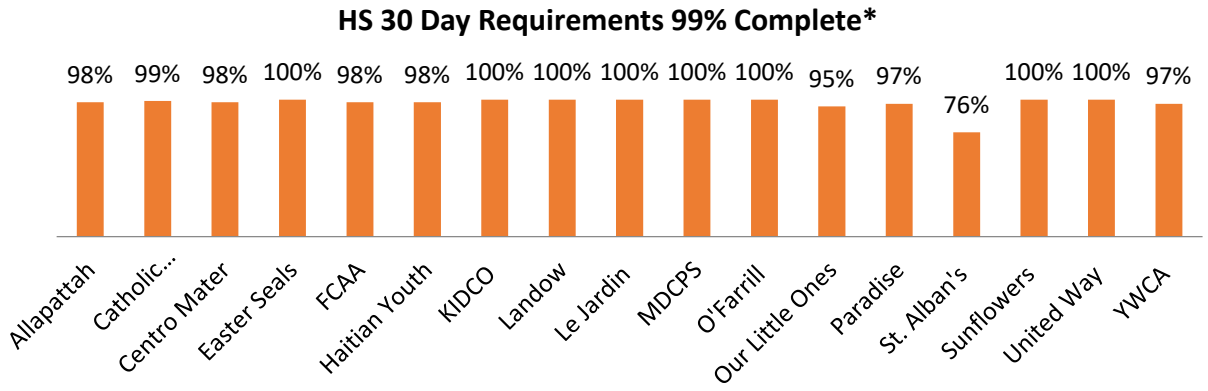




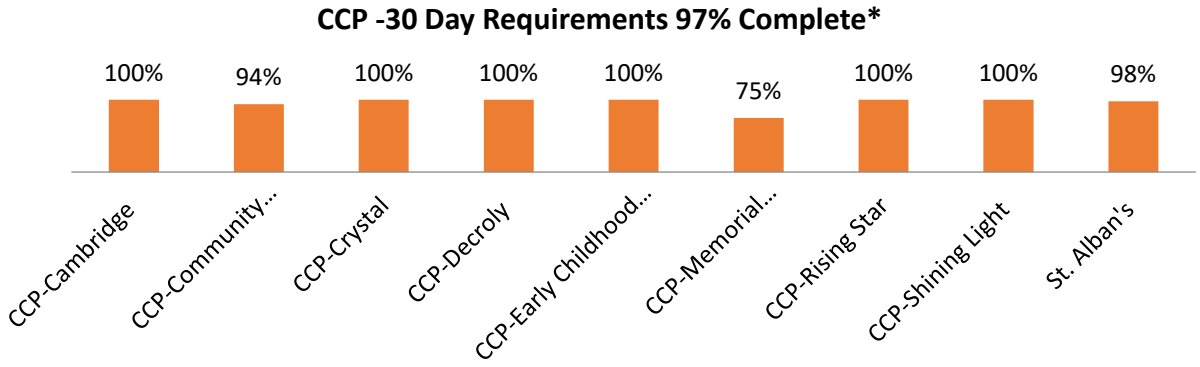
NOTE: Program Term 2020-2021 Applications in the "Term-Waitlist/Waitlist Statuses"

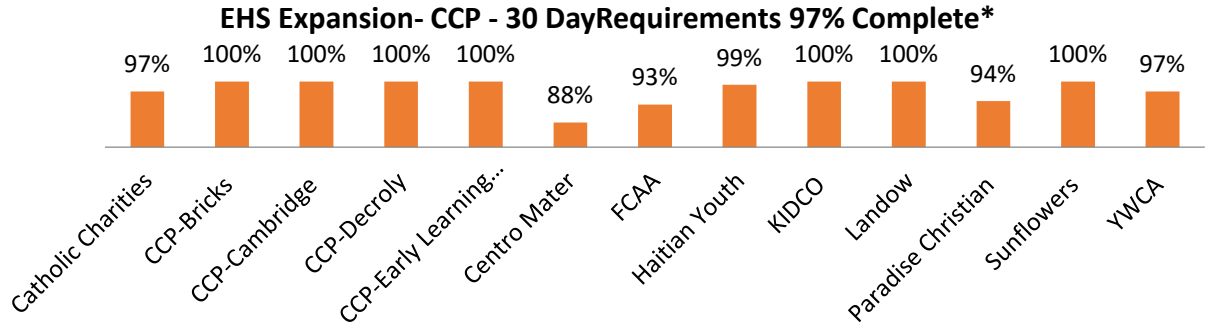
HEALTH SERVICES:

30-Day Screenings:



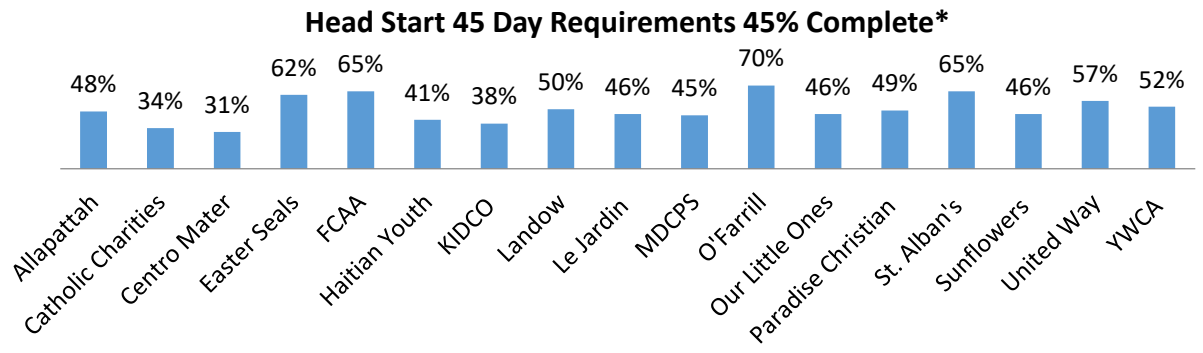


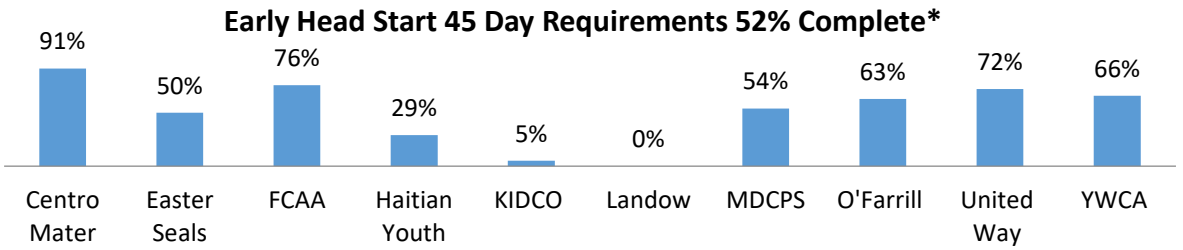


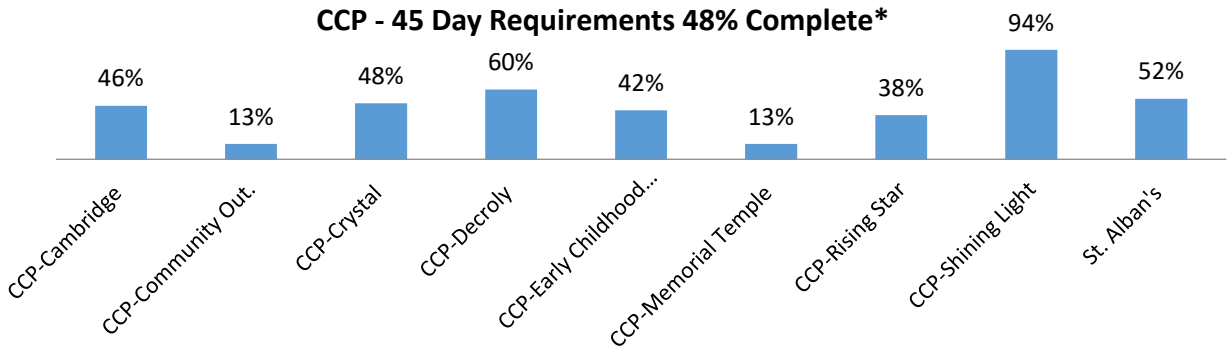


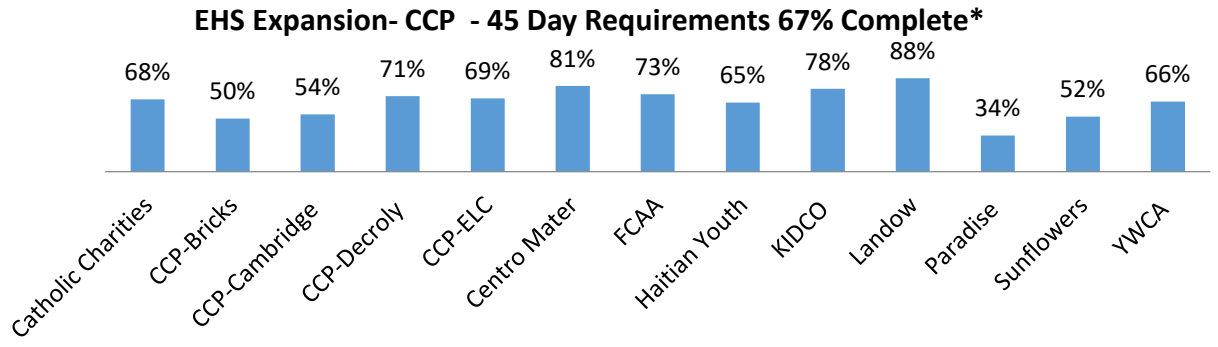
HEALTH SERVICES:

45-DayScreenings:





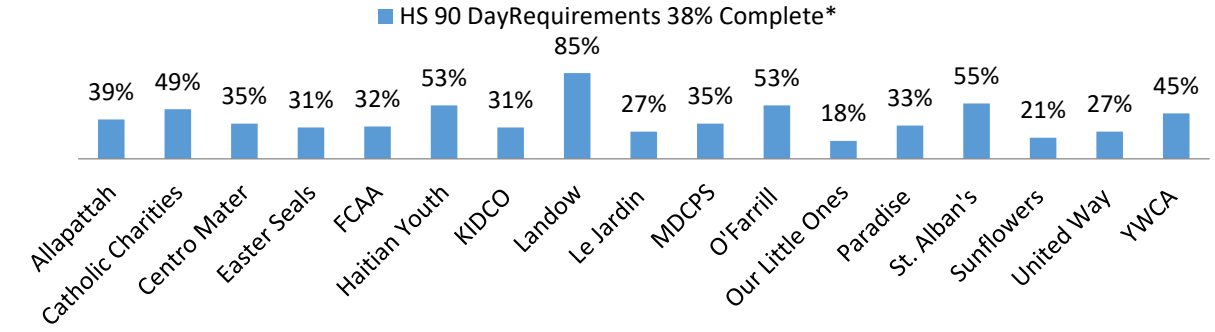


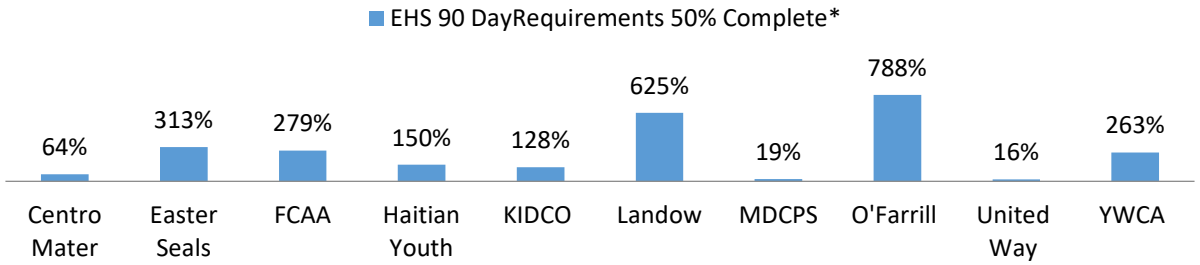


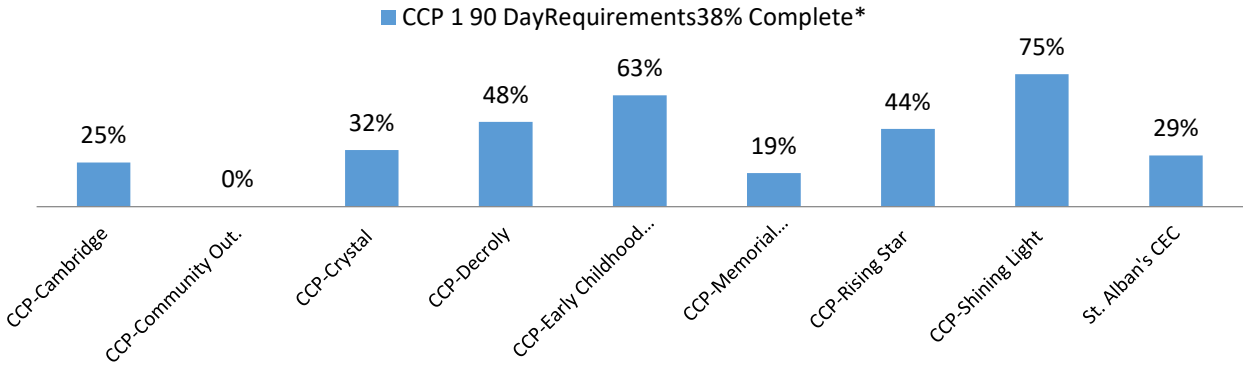
100% of **newly** enrolled children in the Head Start and Early Head Start Program must receive the 45-Day Screenings (Hearing, Vision, Developmental and Behavioral) within 45 calendar days of entry into the Program.

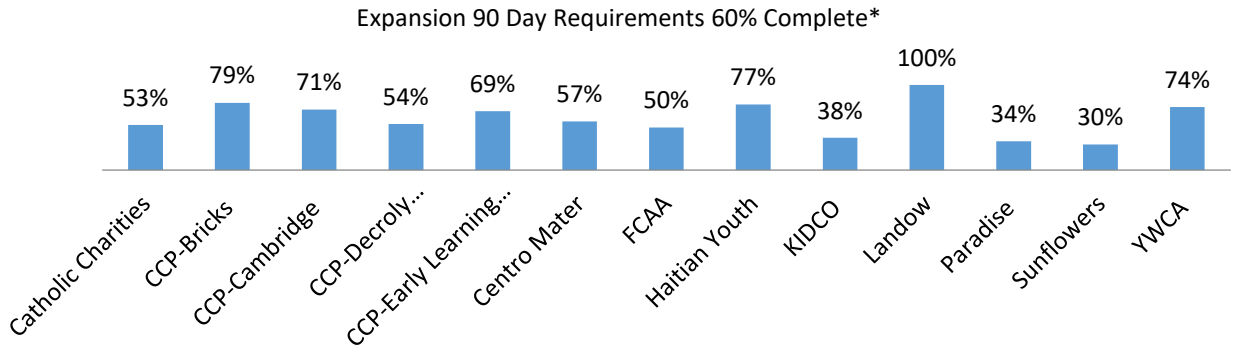
HEALTH SERVICES:

90-DayHealthRequirements:





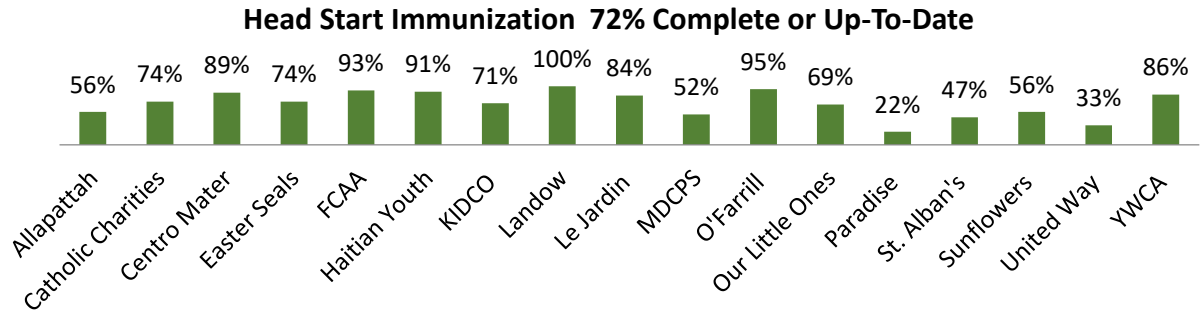


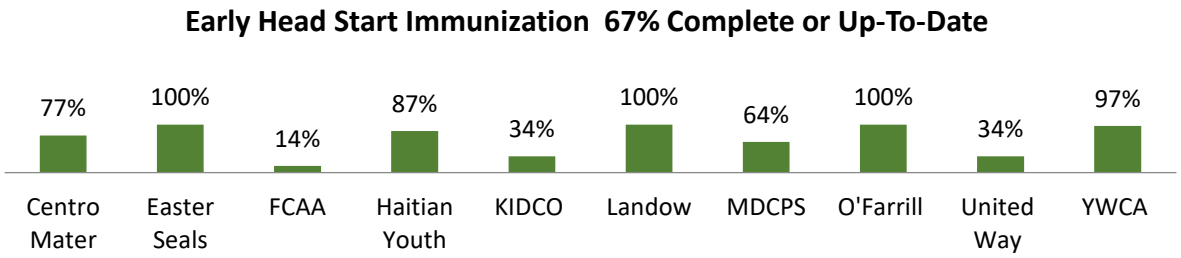


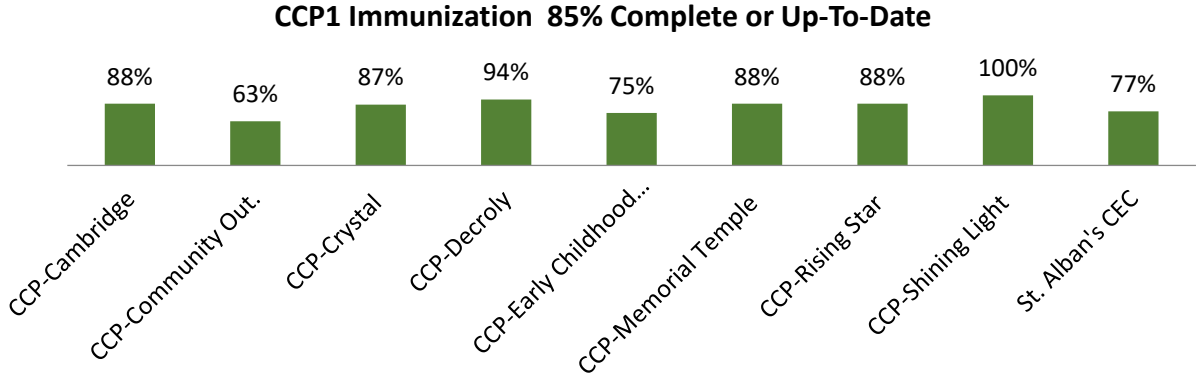
100% of the children must receive all Age-Based Health Requirements (well-baby check, Developmental/Behavioral screenings, Growth Assessment/Head Circumference, Health History, Hearing, Vision, and Oral Health Screening) before the last day of the Early Head Start program term. An age equivalent well-baby check is completed at various ages for each child from 2 months to 36 months. ***Percentages above reflect the children who have completed 90-day entry based requirements.**

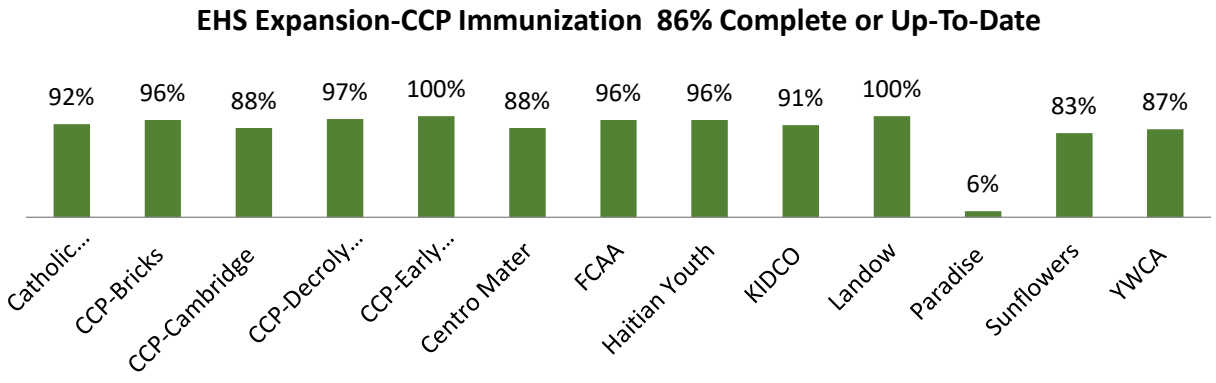
HEALTH SERVICES:

Immunization:









NOTE: 100% of all children must have a "complete" or "up-to-date" immunizations status within 90 calendar days of entry into the Program.

MIAMI-DADE COUNTY
head start early head start

CAHSD Disability Report

September 2020

HS & EHS

Funded Enrollment	Enrolled With a disability	Percentage enrolled with a disability
6753	325	4.79%

EHS Expansion Child Care Partnership

Funded Enrollment	Enrolled With a disability	Percentage enrolled with a disability
552	50	9.10%

EHS Child Care Partnership

Funded Enrollment	Enrolled With a disability	Percentage enrolled with a disability
240	16	6.7%

Head Start Eligibility Determination Pipeline

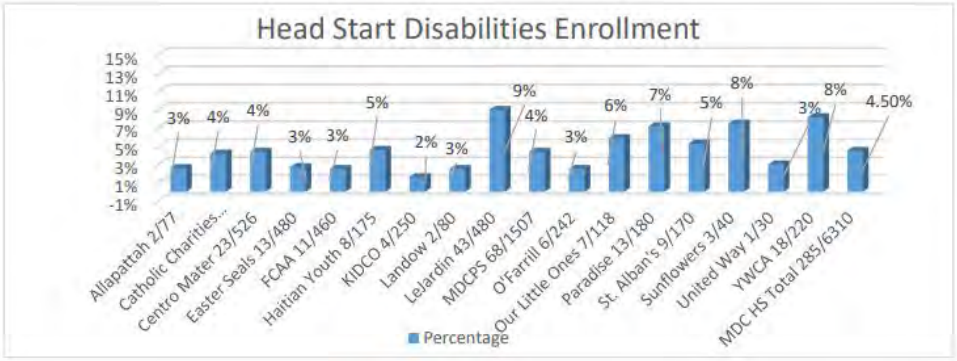
Pending LEA Screening	Pending LEA Evaluation	Pending LEA Eligibility
31	53	22

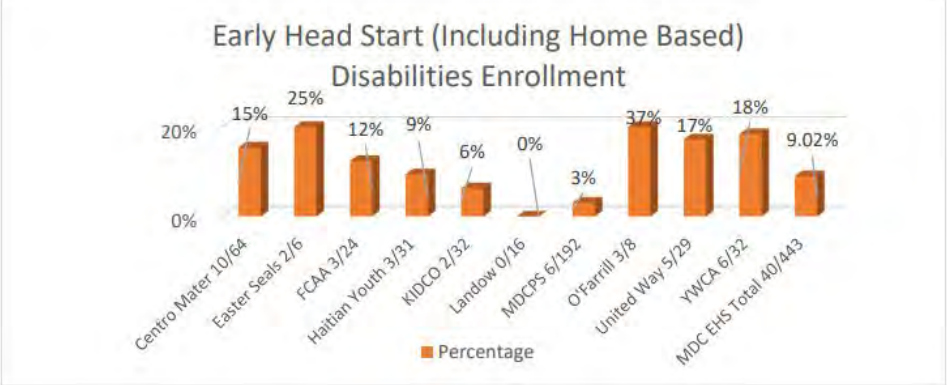
Early Head Start Eligibility Determination Pipeline

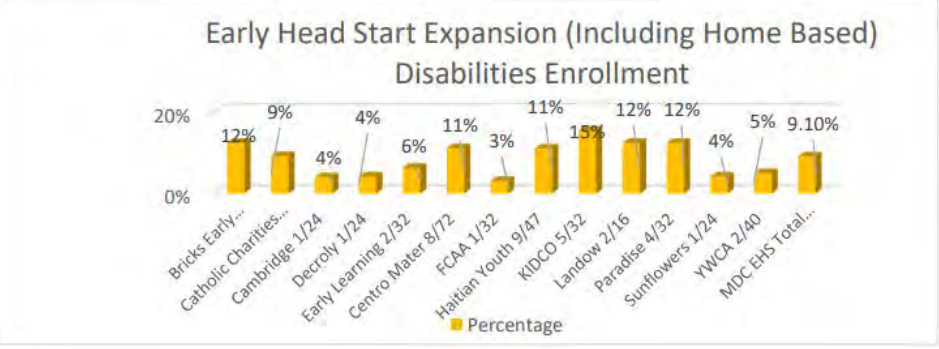
	Pending Evaluation
EHS	5
EHS EXP CCP	5
EHS CCP	4

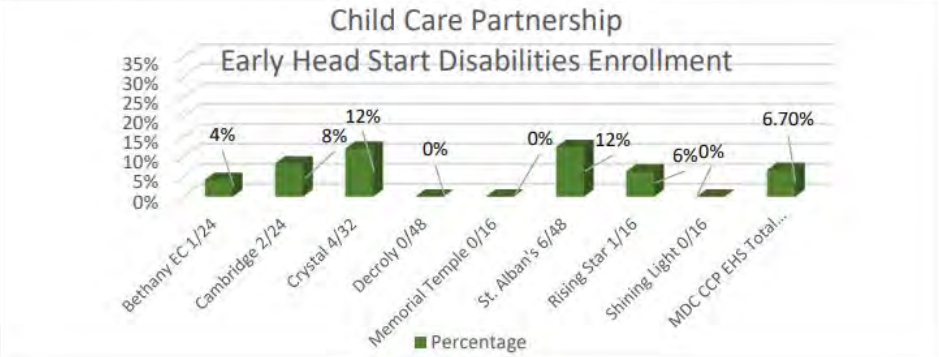
Referral for Special Placement from Part C Agencies

Referred	New	Enrolled	Accepted	Waitlisted	Abandoned
11	10	0	0	1	0









*Total numbers and percentages may be higher than reported due to early program data entry into ChildPlus Data Base. Some agencies' data might be missing. Pregnant women are not included in the total funded enrollment

Family Engagement:

Parent Involvement Activities

During September, Head Start/Early Head Start sites conducted the following meetings, workshops, and training:

- Parent Meet and Greet
- Parent Committee Elections
- Policy Committee Elections
- Pedestrian/Vehicle/Bus Safety
- COVID-19 Health & Safety Training

Dads, Take Your Child to School Day

Over 450 fathers or father figures participated in the annual Dad, Take Your Child to School Day on Thursday, September 24, 2020. Due to COVID-19, fathers and father figures participated virtually.

Fathers and father-figures were encouraged to participate via Zoom or by sending pictures of them engaging in educational activities with their child(ren). Fathers read stories to their children during breakfast and participated online during their child's daily learning schedule.



Parent Volunteers

Two hundred thirty-three (233) parents or former parents volunteered for 3,197 hours during September.

Mental Health:

Onsite early childhood mental health training, technical assistance, and monitoring visits continued during the month. This included conducting 22 delegate-partner agency *virtual* technical assistance sessions and 59 co-consultation to focus on meeting service area objectives. The guidance was provided on direct support for teachers and parents by the mental health professionals and team members concerning staff wellness and classroom planning prevention efforts in collaboration with education managers and other content area staff. After each session, a summary status report was reviewed, discussed, and provided to each agency reflecting strengths and areas requiring follow-up. The 2019-20 ChildPlus Mental Health monitoring results were also reviewed, and technical assistance was provided during each session regarding corrective actions needed for agencies to obtain at least a 90% compliance rate on upcoming Quality Assurance monitoring visits.

The Child Mental Health policies and procedures have been updated and were approved by the Policy Council on September 3, 2020, to include the delivery of services virtually, electronically, and in-person in response to the pandemic. There is also an increased emphasis on preventing preschool suspension and expulsion, consultation requirements concerning the Family Assessment Questionnaire, and the consent form for mental health consultation in collaboration with consultation with social service staff and parents. Technical assistance sessions have been conducted virtually with twelve agencies during the month, and service area and ChildPlus trainings were also conducted. There is a continued emphasis on assisting and providing teachers, children, and parents with resources and support early in the program year.

The second of four virtual service area trainings for the licensed mental health professionals and team members was held on September 15, 2020. Topics addressed included: an overview of the role of mental health consultants engagement with health and wellness for staff and parents, support required with education and child development team members in conducting classroom consultations and observations with teachers, and follow up requirements with the social services team member to identify attendance concerns which may be impacted by parents mental health status and the prevention of pre-school suspension and expulsion for children and families who may be most at risk. Additional policy changes were also discussed, including increased efforts with family engagement staff to address potential concerns and provide support to all parents as early as possible, particularly in light of the COVID 19 pandemic. Three (3) additional training were also provided: the Pre-K-Preschool ePyramid Model for Positive Behavior Individualized Support *(PBIS)* online train the trainer certification series virtual orientation provided through September 22, 2020, with ten enrolled participants. This initiative will help build program capacity for evidence-based practices that promote positive behavior and prevent and address challenging behavior. Two (2) ChildPlus trainings were also provided with the IT Unit and for service area team members.

The direction was also provided regarding the consultation, screening, assessment, planning, individualization, referral, and follow-up processes required to meet the 45 and 90-day requirements. An overview of the importance of using data

to plan and analyze progress was also provided as well as the procedures relative to new monthly reporting requirements: distance coaching and live training sessions.

The follow up clinical planning efforts, including the Functional Behavior Assessment, Positive Behavior Support Planning, summer plans, and related referral and follow up processes, were concluded by the licensed mental health professionals for children identified with ongoing concerns.

The *preliminary* DECA and ASQ data, which follows, is for children who were screened as of September 30, 2020. The DECA and Ages and Stages pre results data will be utilized in conjunction with the Galileo data to plan at the classroom and individual level for children with areas of need in the social, emotional, and developmental domains.

Total Enrollment for Head Start and Early Head Start **7642**	Total Number of Children w/DECA-ASQ Screening Results Entered by Teachers/Parents	Number of Children w/DECA –ASQ Pre Areas of Need	Number of Staff Consults by Mental Health Prof.	Number of Staff/Parent Consults by Mental Health Prof.	Number of Children with Initial Follow up Plans	Number of Referrals/ Rec. Svcs.
Head Start **6738**	**T- 1547** **P- NE**	**T- 120** **P- NE**	**230**	**84**	**33**	**31/7**
Early Head Start **456**	**ASQ 3/ 94** **ASQ SE 106** **T-P Totals**	**ASQ 3/ 12** **ASQ SE 2** **T-P Totals**	**11**	**3**	**3**	**0/0**
Early Head Start Expansion **552** *(incl. **104** CCP)*	**ASQ 3/ 88** **ASQ SE 204** **T-P Totals**	**ASQ 3/ 19** **ASQ SE 12** **T-P Totals**	**61**	**32**	**0**	**2/1**
CAHSD EHS-Child Care Partners **240**	**ASQ 3/** **ASQ SE 69** **T-P Totals**	**ASQ 3/ 30** **ASQ SE 9** **T-P Totals**	**7**	**2**	**0**	**0//0**

NUTRITION:

Delegate Sites	# of HS Operating Days	# of EHS Operating Days	Breakfast HS	Breakfast EHS	Total # of Breakfasts Served	Lunch HS	Lunch EHS	Total # of Lunches Served	Snack HS	Snack EHS	Total # of Snacks Served
Allapattah	20		58		58	58		58	58		58
Catholic Charities	20		6836		6836	6843		6843	6274		6274
Centro Mater	20	20	3776	324	4100	3749	323	4072	3731	323	4054
Easter Seals	20	20	496	16	512	497	16	513	493	16	509
Family Christian	20	20	4981	366	5347	4981	366	5347	4981	366	5347
Haitian Youth	20	20	452	193	645	453	193	646	453	193	646
Kidco	20	20	595	190	785	593	187	780	580	181	761
Landow	19	19	4	0	4	2	1	3	0	1	1
LeJardin	20	0	2095	0	2095	2111	0	2111	2011	0	2011
MDCPS	20	20	879	226	1105	880	226	1106	879	226	1105
O'Farrill	20	20	782	69	851	780	69	849	749	69	818
Our Little Ones	20		82		82	82		82	82		82
Paradise Christian	20		712		712	711		711	706		706
St. Alban's	20		728		728	705		705	660		660
Sunflowers	20		210		210	210		210	210		210
United Way	20	20	0	0	0	0	0	0	0	0	0
YWCA	20	20	528	143	671	537	143	680	524	143	667
Total Number			**23214**	**1527**	**24741**	**23192**	**1524**	**24716**	**22391**	**1518**	**23909**

NUTRITION:

Child Care Partners	Number of Operating Days	Total # of Breakfast	Total # of Lunches Served	Total # of Snacks Served
CCP Crystal Learning Center	20	122	122	122
CCP Decroly Center	20	185	185	185
CCP Bethany Child Center	20	366	366	365
CCP Memorial Temple	20	105	101	101
CCP Cambridge Academy	20	153	153	153
CCP Rising Star Academy	20	0	0	0
CCP Shinning Light Childcare	20	148	150	150
Total Number		**1079**	**1077**	**1076**
Child Care Partners	**Number of Operating Days**	**Total # of Breakfast Served**	**Total # of Lunch Served**	**Total # of Snack Served**
Bricks Early Learning Center INC	20	422	421	424
Cambridge Academy	20	154	154	154
Catholic Charities	20	969	962	866
Centro Mater	20	145	147	147
Decroly Learning	20	83	83	83
Early Learning Center	20	219	218	218
FCAA	20	444	445	445
Haitian Youth	20	149	149	149
Haitian Youth Edison CRC	0	0	0	0
KIDCO	20	157	156	152
Landow	19	60	63	63
Paradise Christian	20	171	170	168
Sunflowers	20	174	174	173
YWCA	20	217	217	217
Total Number		**3364**	**3359**	**3259**

COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 11, 2020

AGENDA ITEM NUMBER: 4A8

AGENDA ITEM SUBJECT: October 2020 Head Start Content Area Report

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The October 2020 Content Area Report includes Head Start, Early Head Start, Early Head Start-Child Care Partnership, and Combination Expansion Early Head Start-Child Care Partnership program information on Education, Disabilities, Enrollment, Family Engagement, Health, Mental Health, Nutrition, and Quality Assurance.

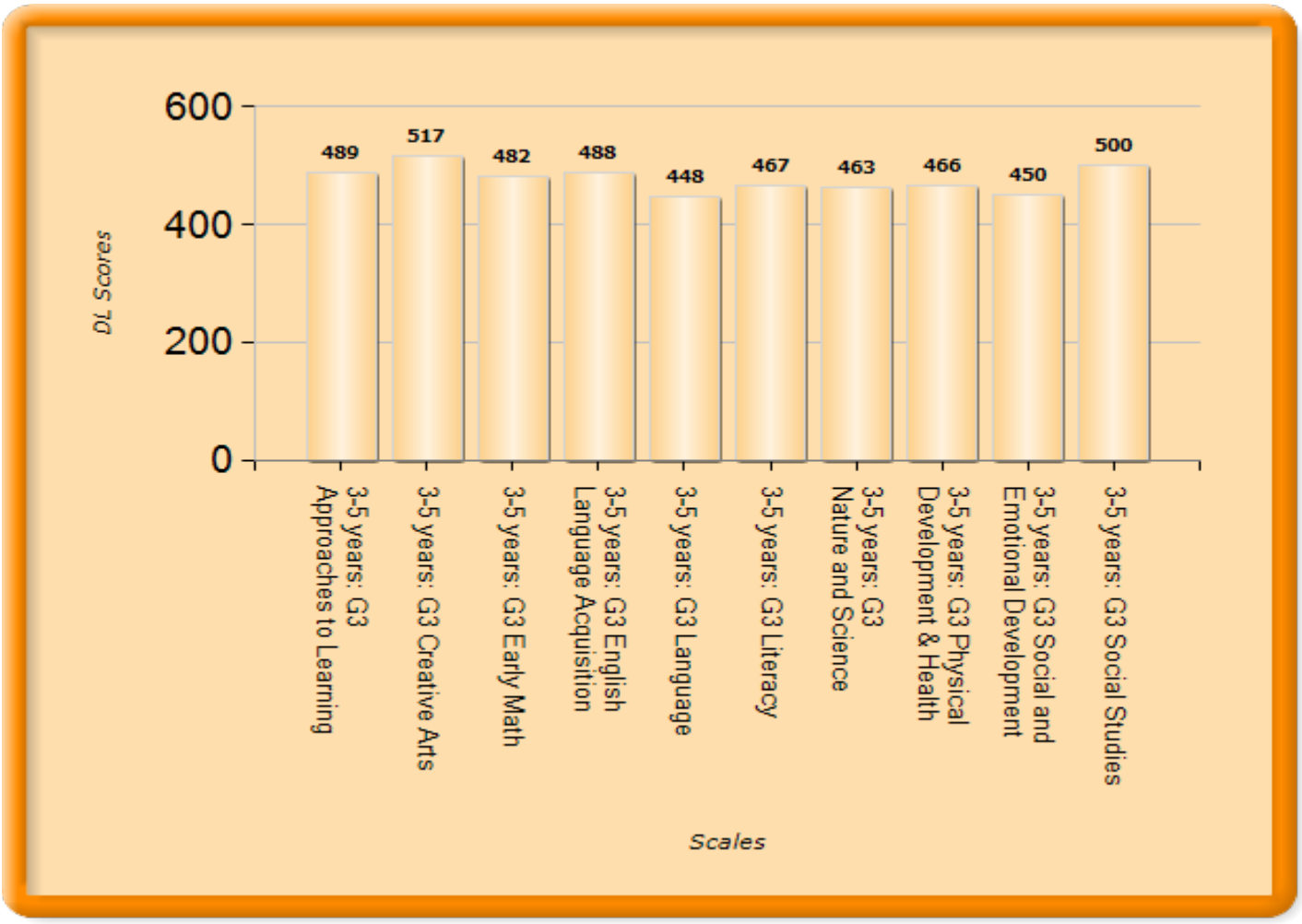
FUNDING SOURCE:

U.S. Department of Health and Human Services

MIAMI-DADE COUNTY
COMMUNITY ACTION & HUMAN SERVICES DEPARTMENT
HEAD START/EARLY HEAD START DIVISION
OCTOBER 2020 CONTENT AREA REPORT

Education:

2020 – 2021Child Outcomes Report
Baseline
Head Start

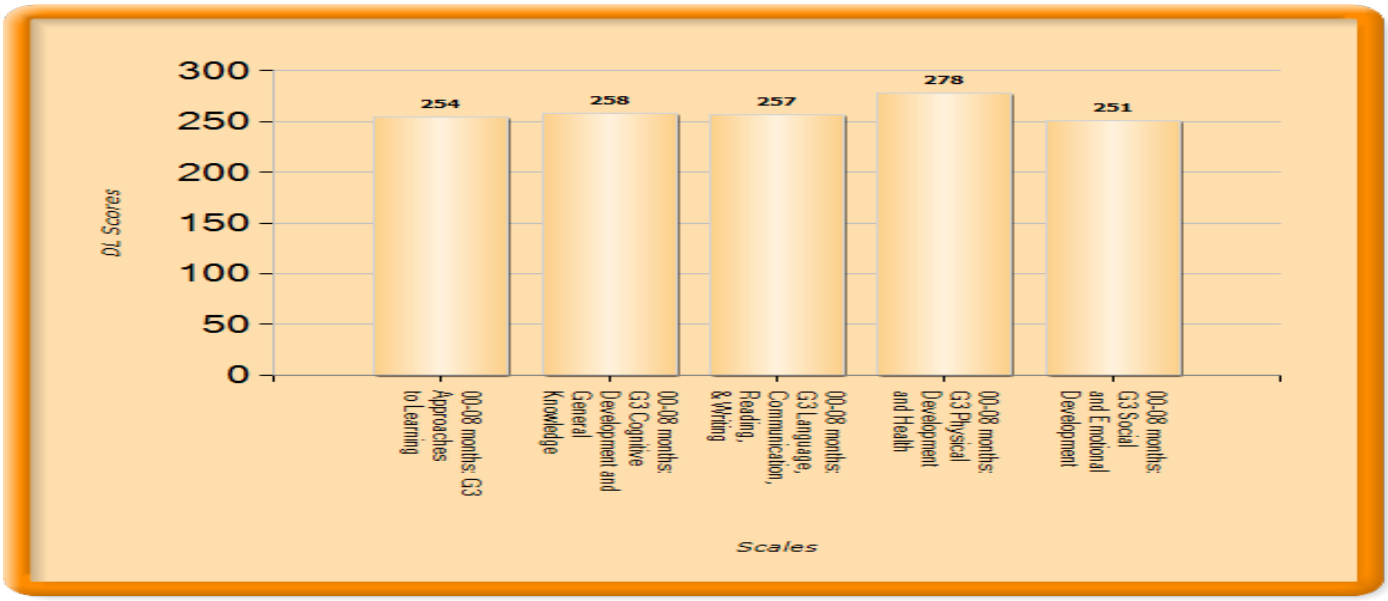


DL scores

		G3 Approaches to Learning	G3 Creative Arts	G3 Early Math	G3 English Language Acquisition	G3 Language	G3 Literacy	G3 Nature and Science	G3 Physical Development & Health	G3 Social and Emotional Development	G3 Social Studies
Period 1	8/31/2020 10/31/2020	489	517	482	488	448	467	463	466	450	500

Education:

Early Head Start Base 0 – 8 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading, & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	254	258	257	278	251

Early Head Start Base 8 - 18 months



DL scores)		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	300	284	293	305	293

Education:

Early Head Start Base 18 - 24 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading and Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	389	389	375	346	352

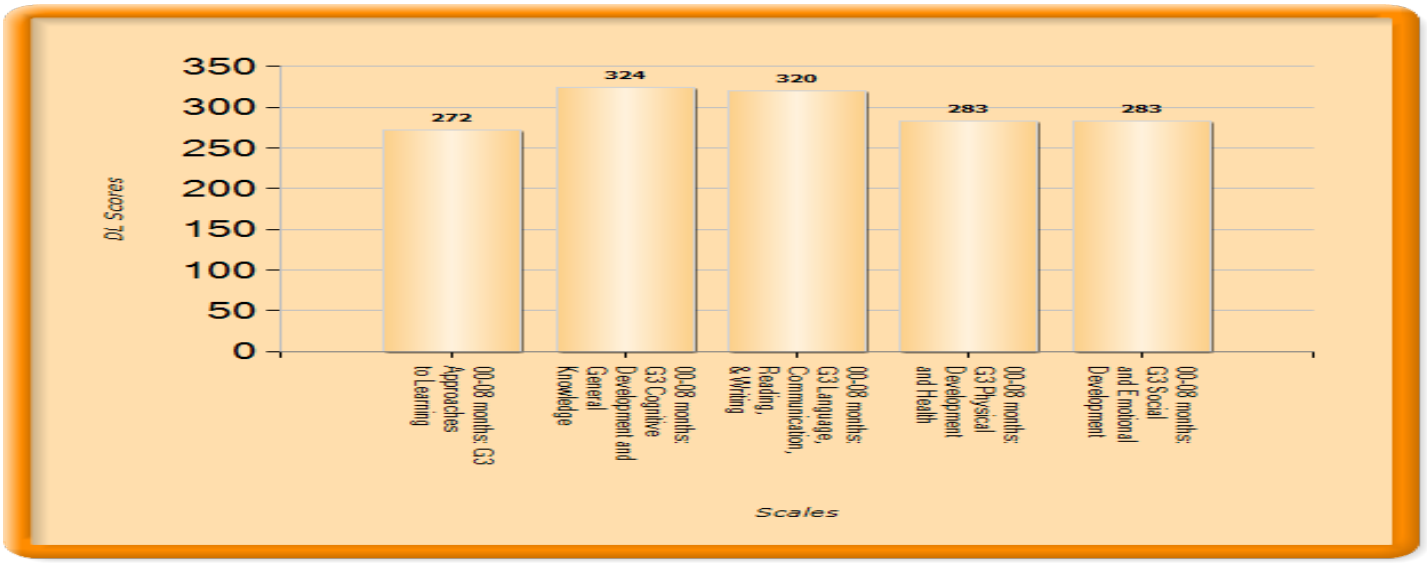
Early Head Start 2 – 3 years old Base



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	422	412	418	386	406

Education:

Early Head Start Childcare Partnership 0 – 8 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading, & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	272	324	320	283	283

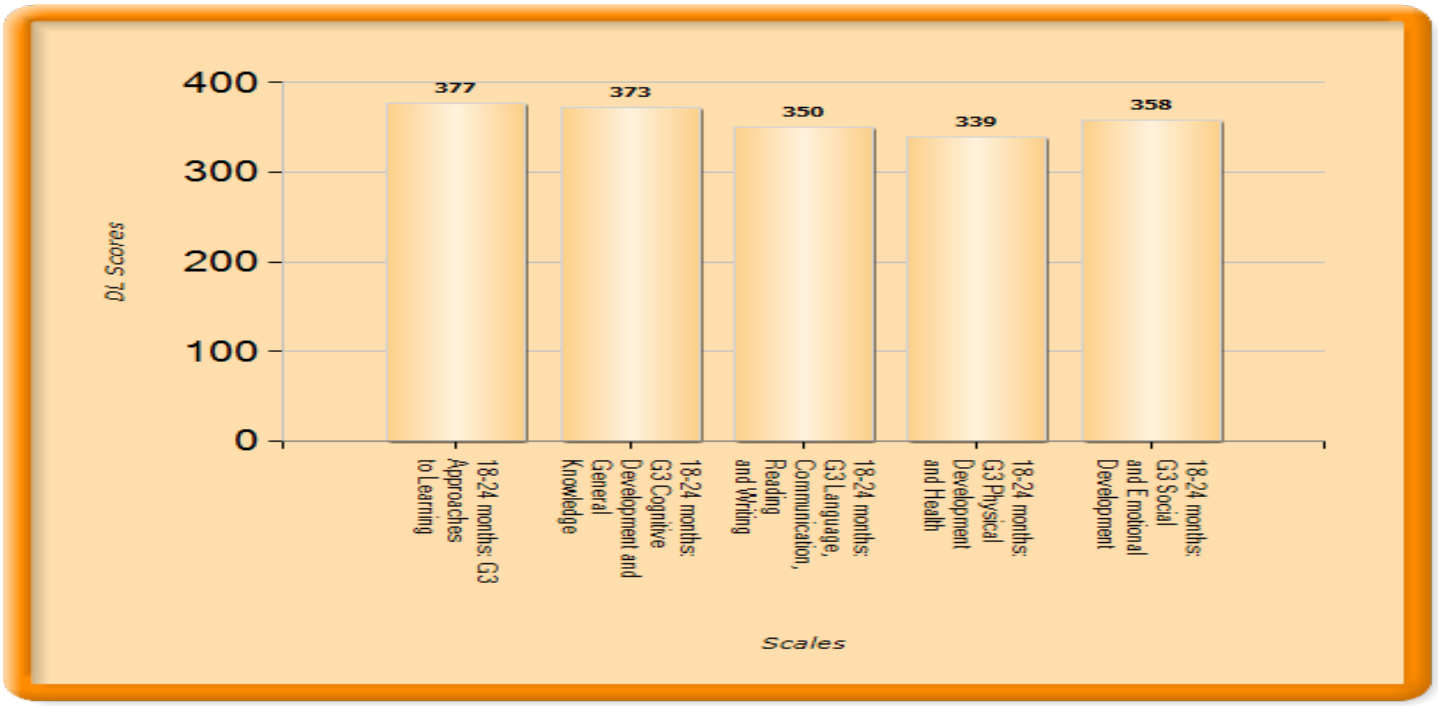
Early Head Start Childcare Partnership 8 – 18 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	302	269	296	307	300

Education:

Early Head Start Childcare Partnership 18 – 24 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading and Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	377	373	350	339	358

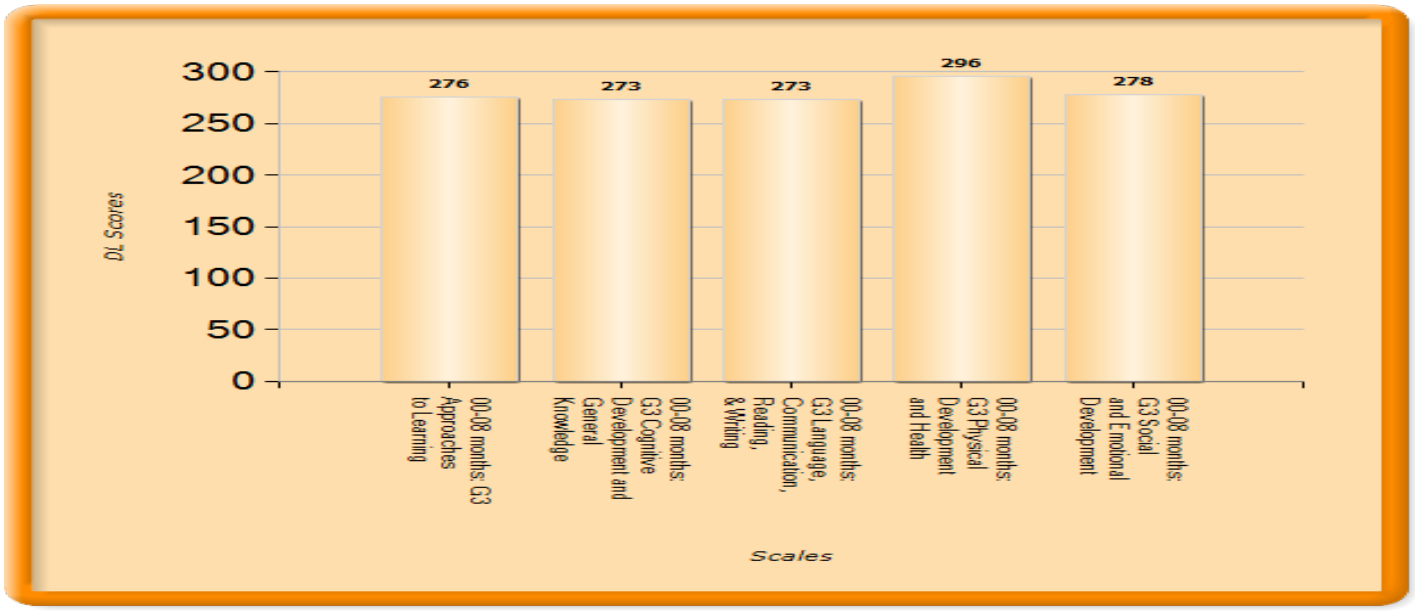
Early Head Start Childcare Partnership 2 – 3 yr. old



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	419	409	415	390	417

Education:

Early Head Start Expansion 0 – 8 months



DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading, & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	276	273	273	296	278

Early Head Start Expansion 8 – 18 months

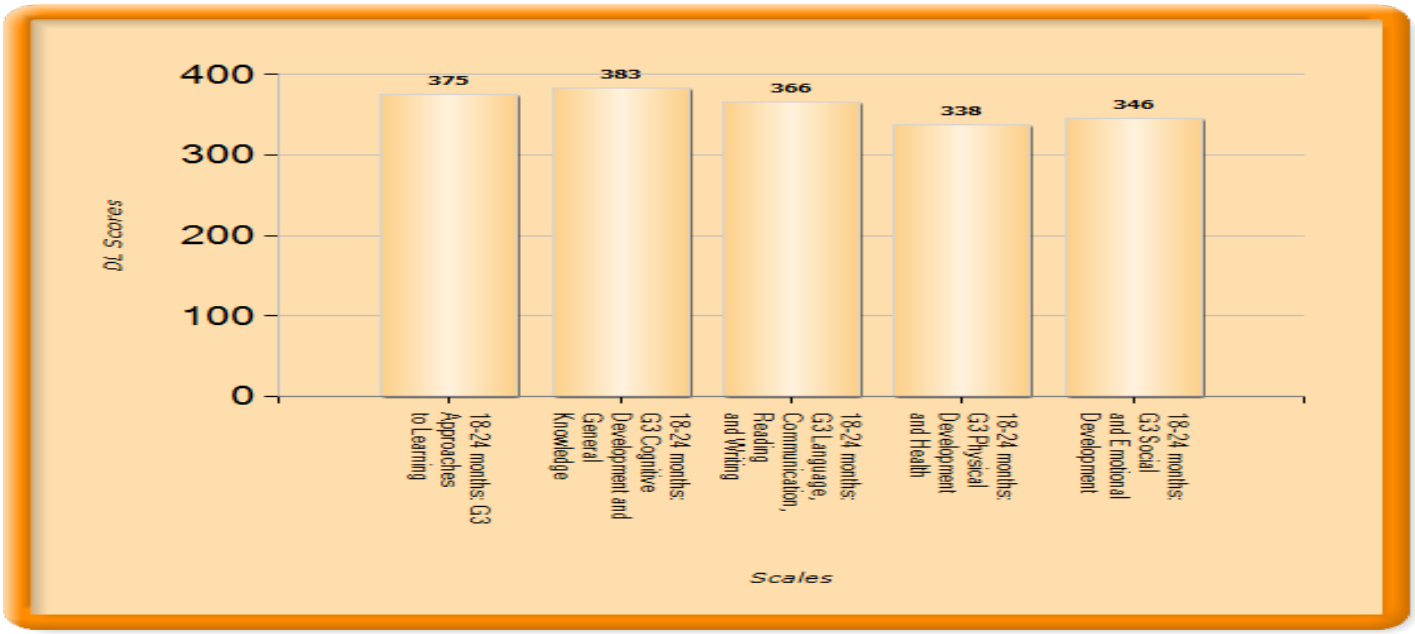


DL scores

		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	306	286	289	308	291

Education:

Early Head Start Expansion 18 – 24 months



DL scores

		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading and Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	375	383	366	338	346

Early Head Start Expansion 2 – 3 years old

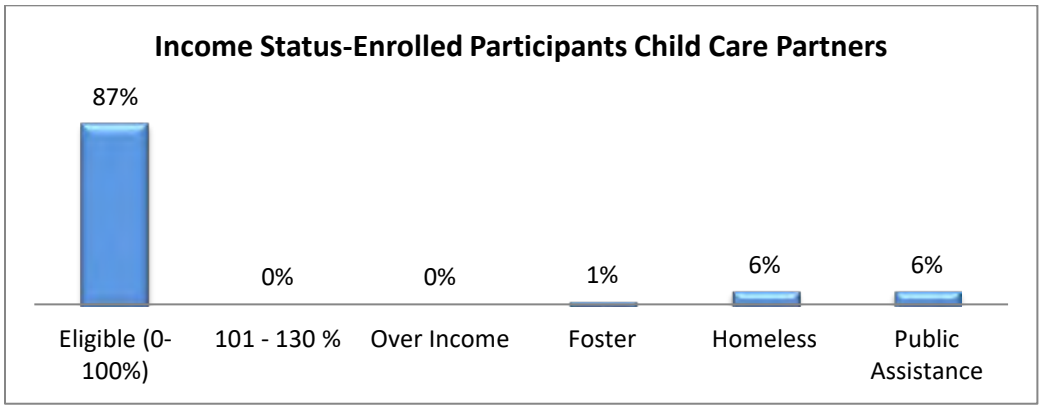


DL scores		G3 Approaches to Learning	G3 Cognitive Development and General Knowledge	G3 Language, Communication, Reading & Writing	G3 Physical Development and Health	G3 Social and Emotional Development
Period 1	8/31/2020 10/31/2020	415	404	408	377	399

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Child Care Partners
Early Head Start Participants
As of October 30, 2020



Child Care Partners Current Enrollment	Current Enrollment %/ Vacant slots 100% | 1 of 240 slots vacant
CCP-Cambridge Academy	100% |0 of 24 slots vacant
CCP-Community Outreach Center, Inc.	100% | 0 of 16 slots vacant
CCP-Crystal Learning Center, Inc.	100% | 0 of 32 slots vacant
CCP-Decroly Learning Child Care Ctr	100% | 0 of 48 slots vacant
CCP-Early Childhood ProfessionalSer	96% | 1 of 24 slots vacant
CCP-Memorial Temple Early Childhood	100% | 0 of 16 slots vacant
CCP-Rising Star Academy	100% | 0 of 16 slots vacant
CCP-Shining Light Childcare Center	100% | 0 of 16 slots vacant
St. Alban's Child Enrichment Center	100% | 0 of 48 slots vacant

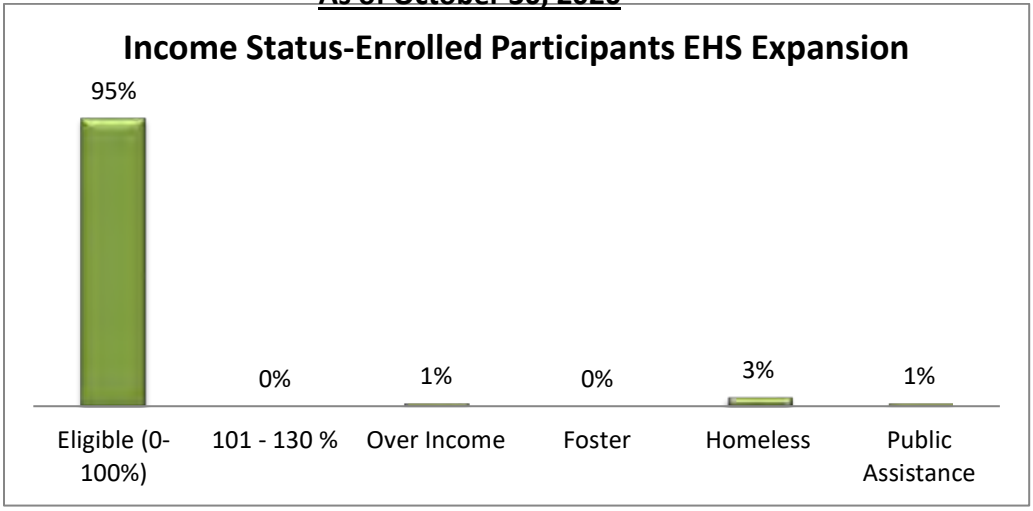
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled EHS Expansion

Expansion Participants

As of October 30, 2020



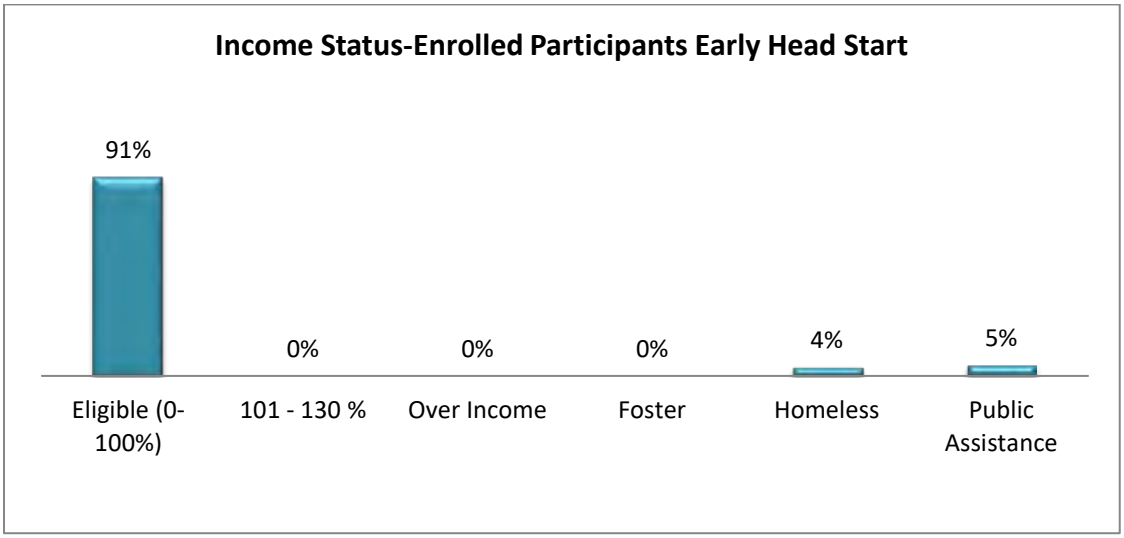
EHS Expansion and CCP Current Enrollment	Current Enrollment %/ Vacant slots 99% | 5 of 552 slots vacant
Catholic Charities	99% |2 of 120 slots vacant
CCP-Bricks Early Learning Center	100% | 0 of 24 slots vacant
CCP-Cambridge Academy	100% | 0 of 24 slots vacant
CCP-Decroly Learning Child Care Ctr	100% | 0 of 24 slots vacant
CCP-Early Learning Center	100% | 0 of 32 slots vacant
Centro Mater	100% | 0 of 72 slots vacant
FCAA	100% | 0 of 32 slots vacant
Haitian Youth	100% |0 of 80 slots vacant
KIDCO Creative Learning	97% | 1 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Paradise Christian School, Inc.	97% | 1 of 32 slots vacant
Sunflowers Academy	100% | 0 of 24 slots vacant
YWCA Of Greater Miami-Dade	98% | 1 of 40 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Early Head Start Participants

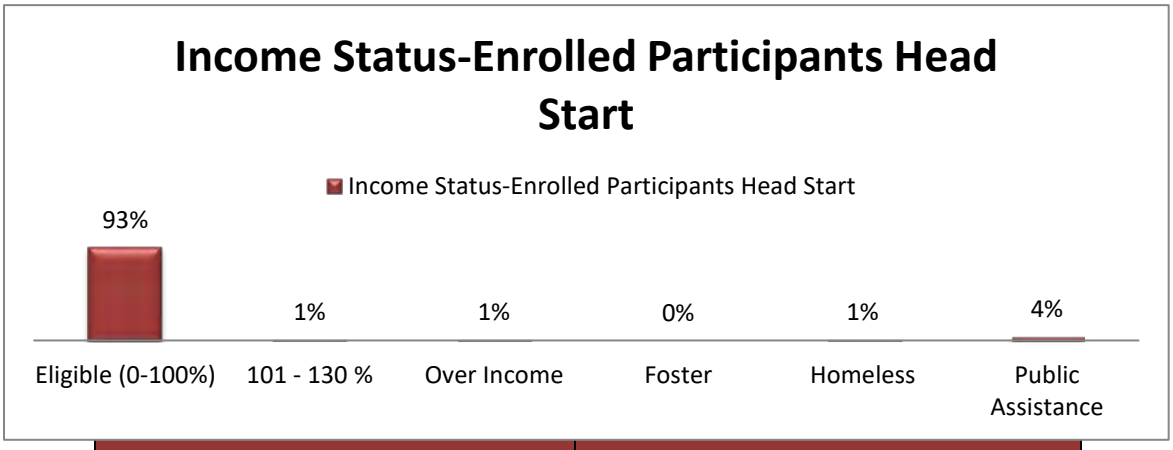
As of October 30, 2020



EARLY HEAD START Current Enrollment	Current Enrollment %/ Vacant slots 93% | 32 of 446 slots vacant
Centro Mater	100% | 1 of 70 slots vacant
Easter Seals	100% | 0 of 8 slots vacant
FCAA	83% | 4 of 24 slots vacant
Haitian Youth	100% | 0 of 32 slots vacant
KIDCO Creative Learning	97% | 1 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Miami Dade County Public Schools	86% | 26 of 192 slots vacant
O'Farrill Learning Center	100% | 0 of 8 slots vacant
United Way Center Of Excellence	100% | 0 of 32 slots vacant
YWCA Of Greater Miami-Dade	100% | 0 of 32 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

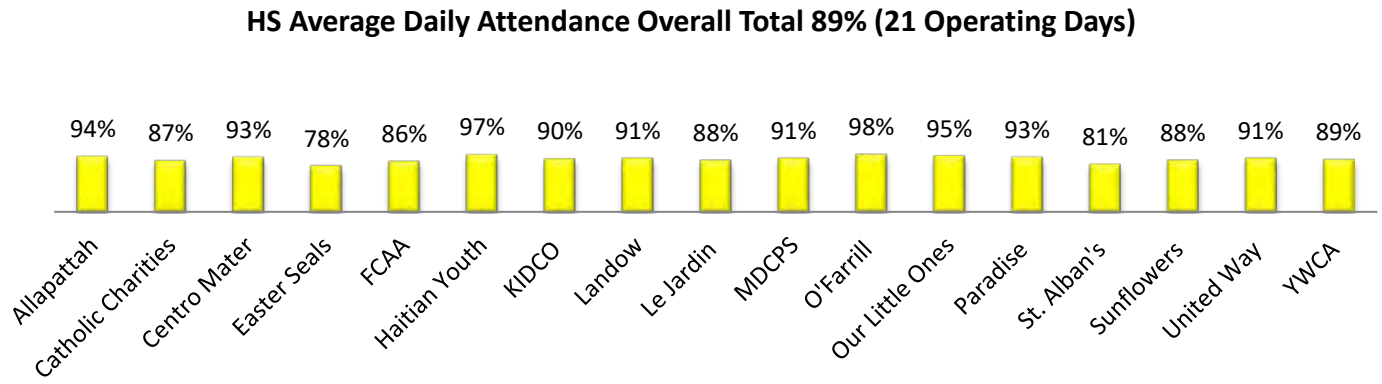
Enrollment:

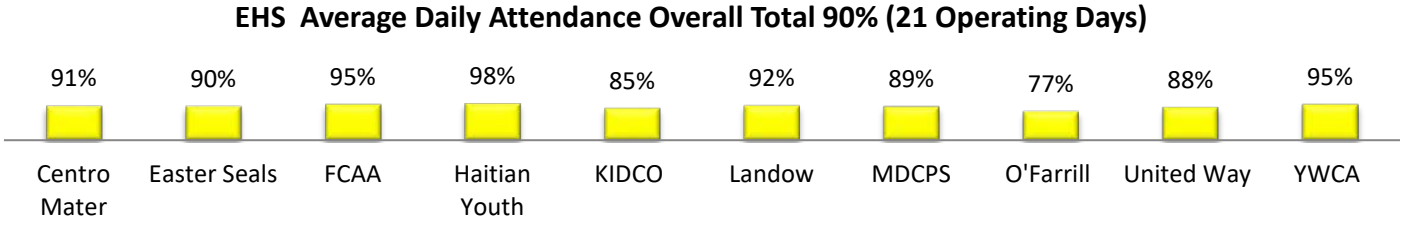


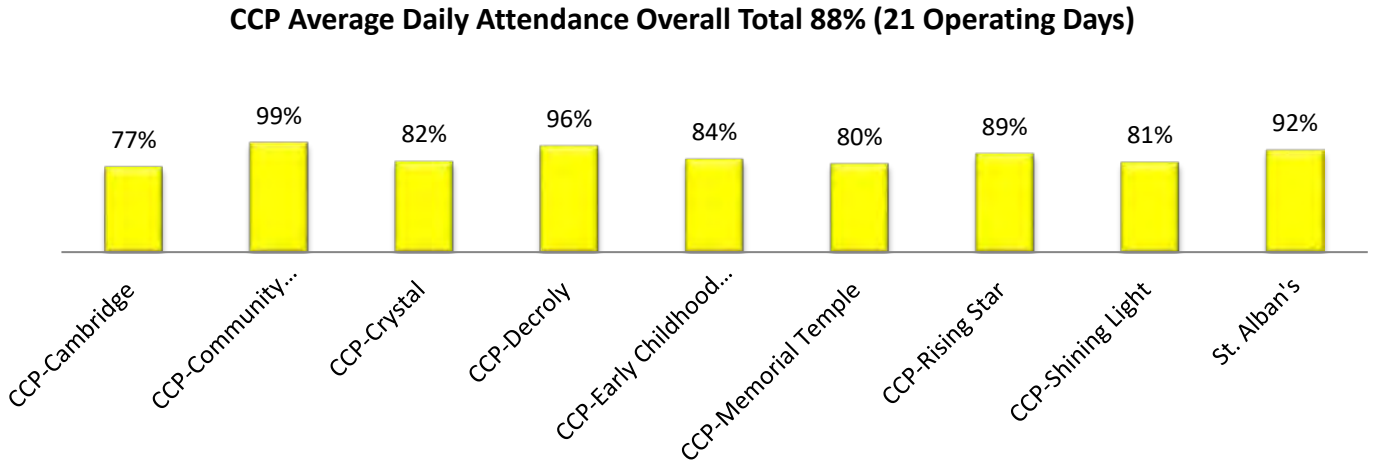
Head Start Agency Current Enrollment	Current Enrollment %/ Vacant slots 78% | 1482 of 6710 slots vacant
Allapattah	83% | 31 of 77 slots vacant
Catholic Charities	73% | 344 of 1275 slots vacant
Centro Mater	94% | 32 of 526 slots vacant
Easter Seals	70% | 144 of 480 slots vacant
FCAA	67% | 144 of 432 slots vacant
Haitian Youth	100% |0 of 175 slots vacant
KIDCO Creative Learning	68% | 80 of 250 slots vacant
Landow	100% | 0 of 80 slots vacant
Le Jardin Community Center, Inc.	92% | 37 of 480 slots vacant
Miami Dade County Public Schools	75% | 477 of 1935 slots vacant
O'Farrill Learning Center	64% |86 of 242 slots vacant
Our Little Ones	97% |4 of 118 slots vacant
Paradise Christian School, Inc.	79% | 38 of 180 slots vacant
St. Alban's Child Enrichment Center	64% |62 of 170 slots vacant
Sunflowers Academy	100% | 0 of 40 slots vacant
United Way Center Of Excellence	100% | 0 of 30 slots vacant
YWCA Of Greater Miami-Dade	90% | 21 of 220 slots vacant

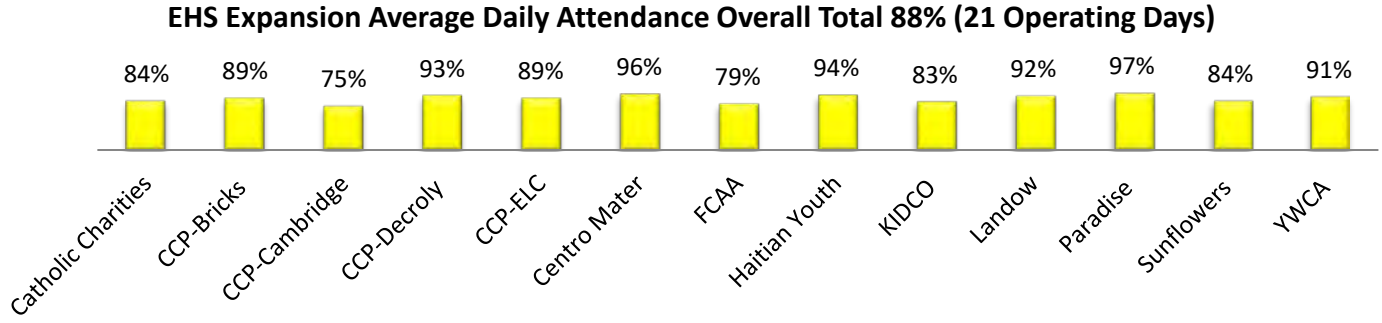
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:



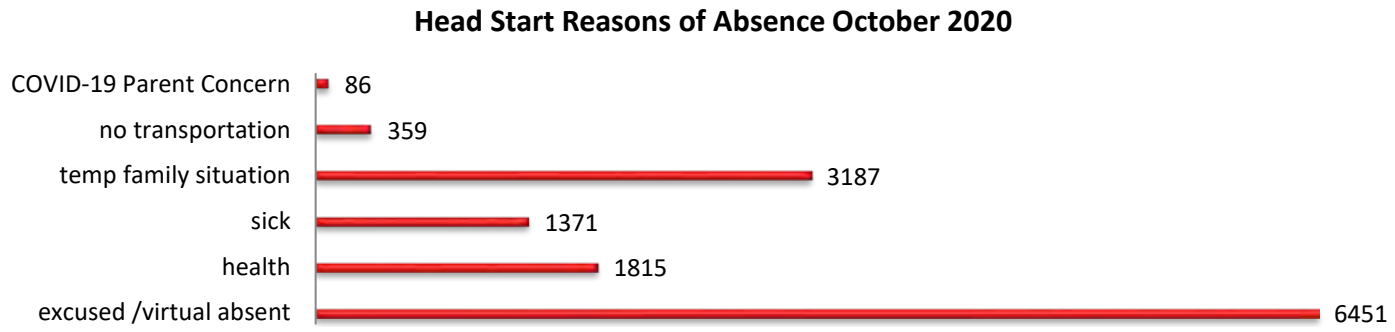


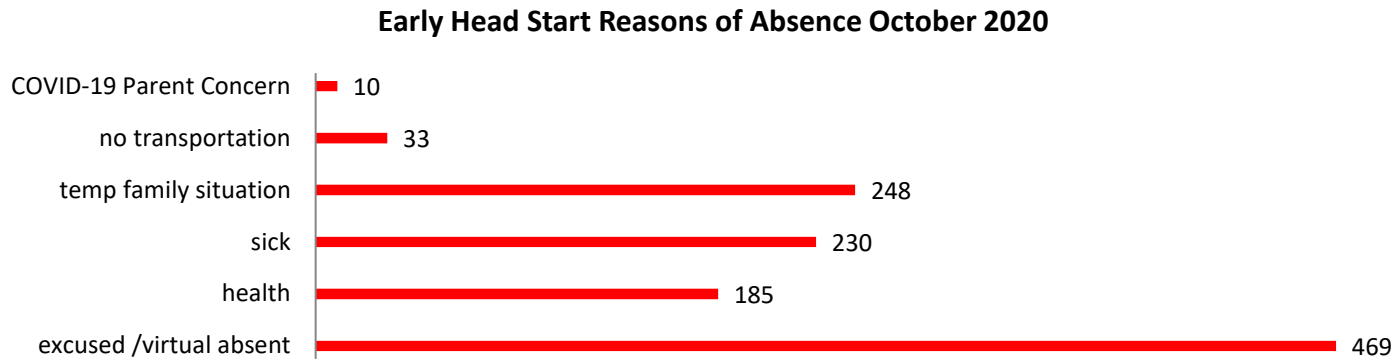


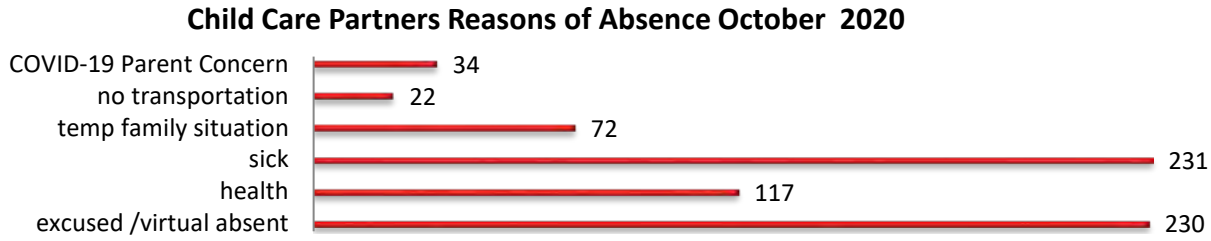


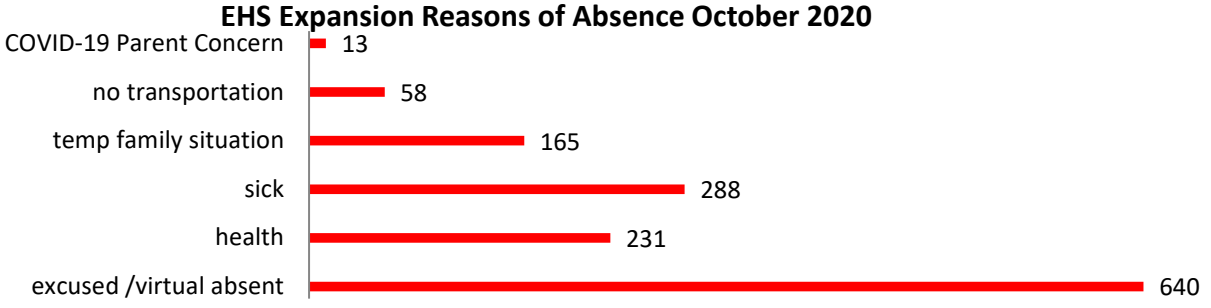
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:









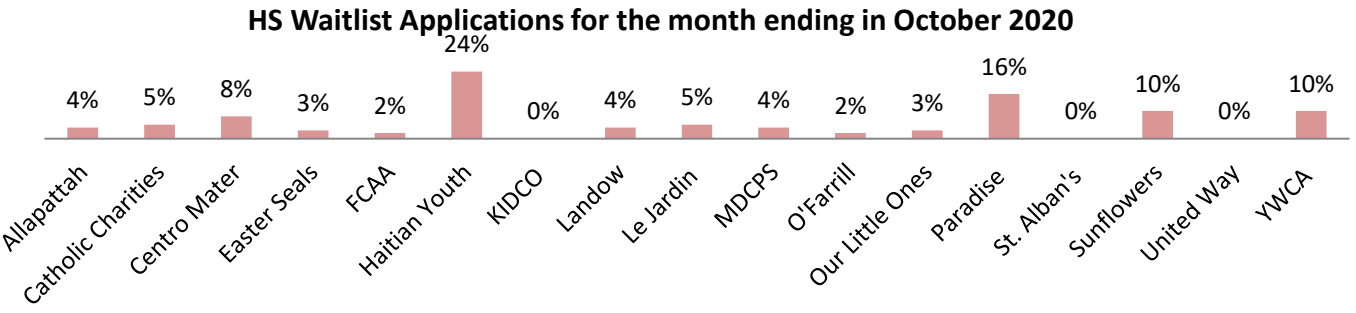
Terminology defined:

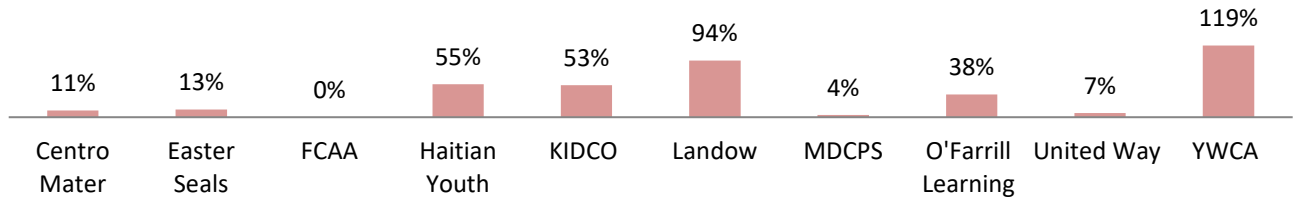
No Transportation - family has transportation problems (car inoperative, no alternate ride)
Temp Family Situation - family related issues or concerns
Sick - related to ill health
Health - related to expired health documentation, health alerts, and /or medical/dental appointments
Excused - staff is aware of child/family absence

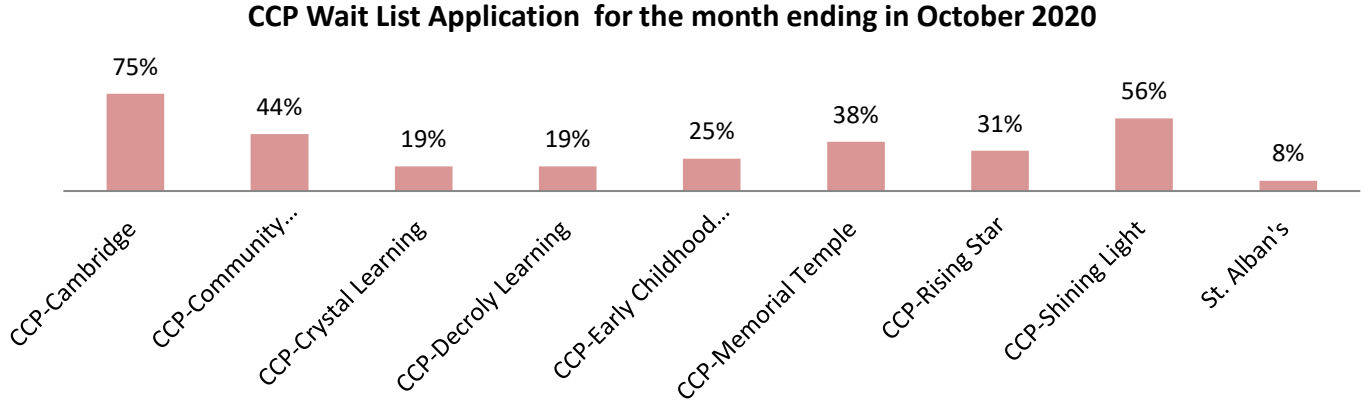
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

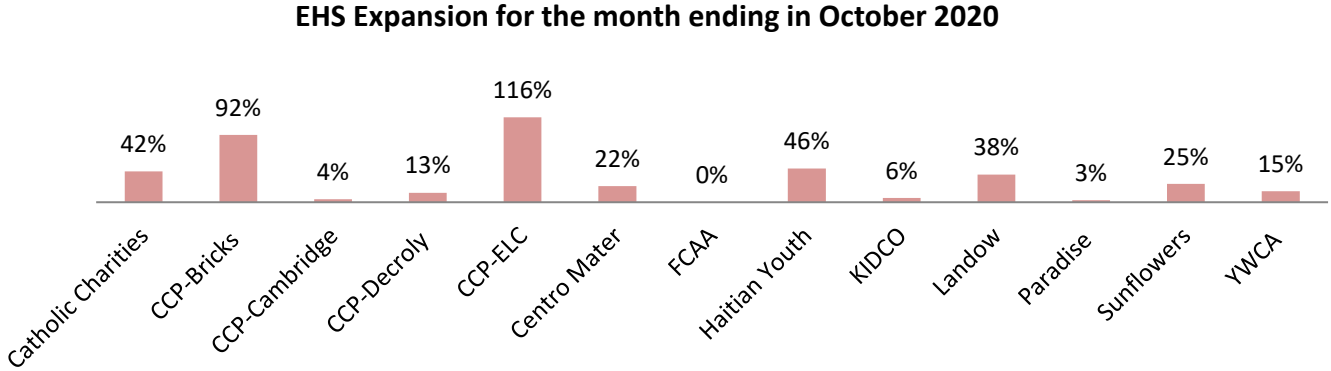
SELECTION

Waitlist Applications for the month ending in October 2020





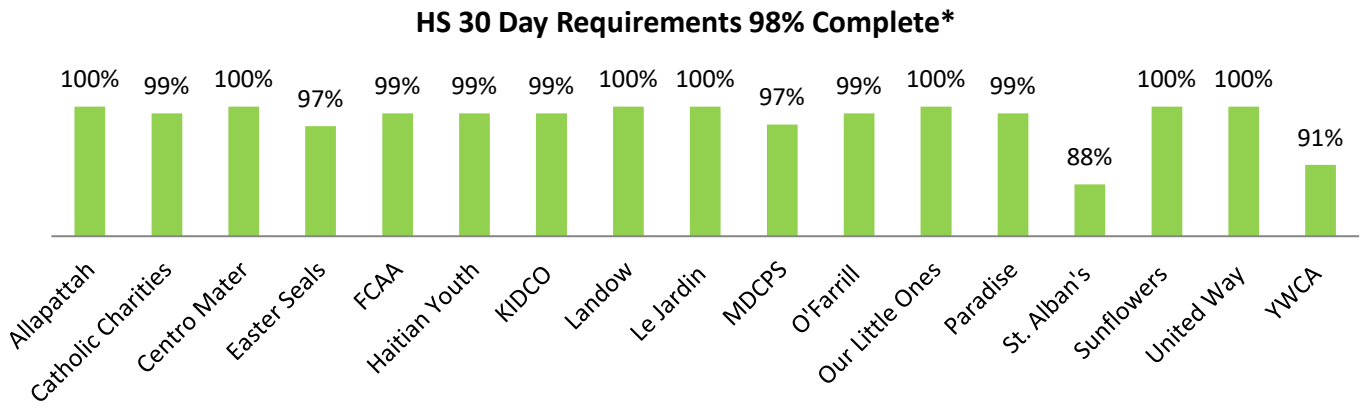


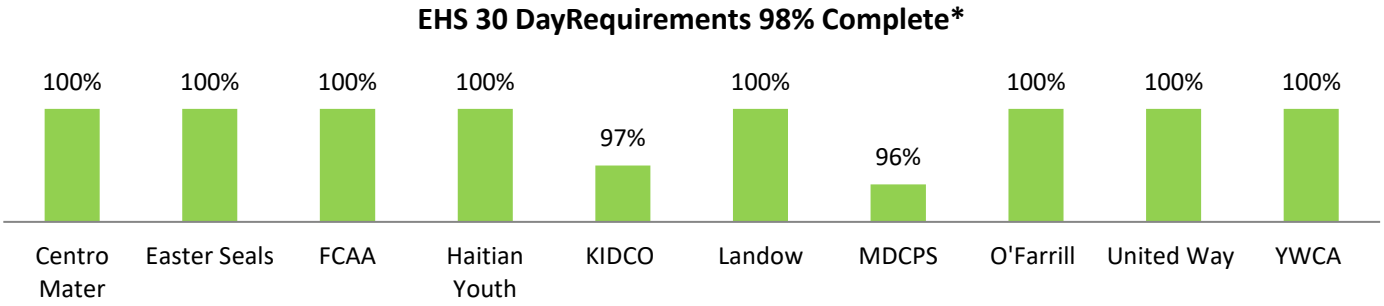


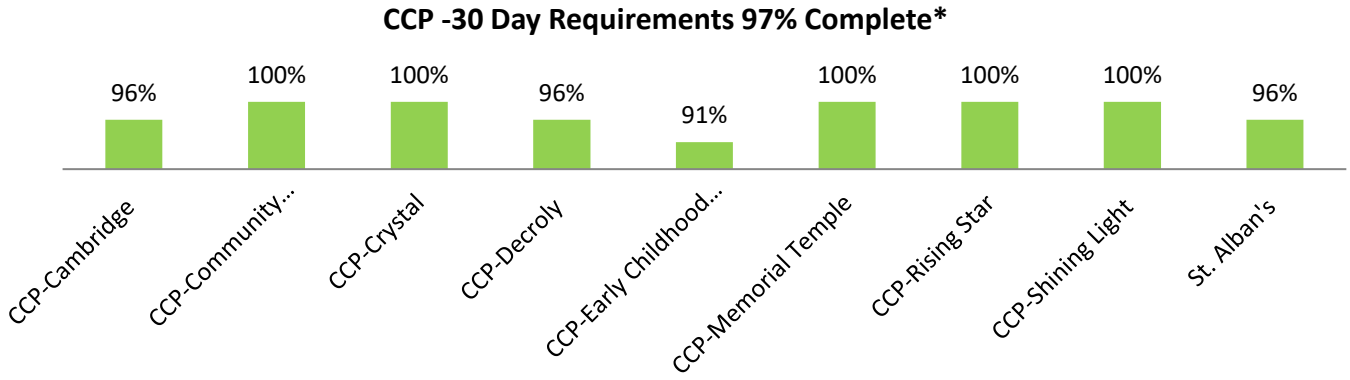
NOTE: Program Term 2019-2020 Applications in the "Term-Waitlist/Waitlist Statuses"

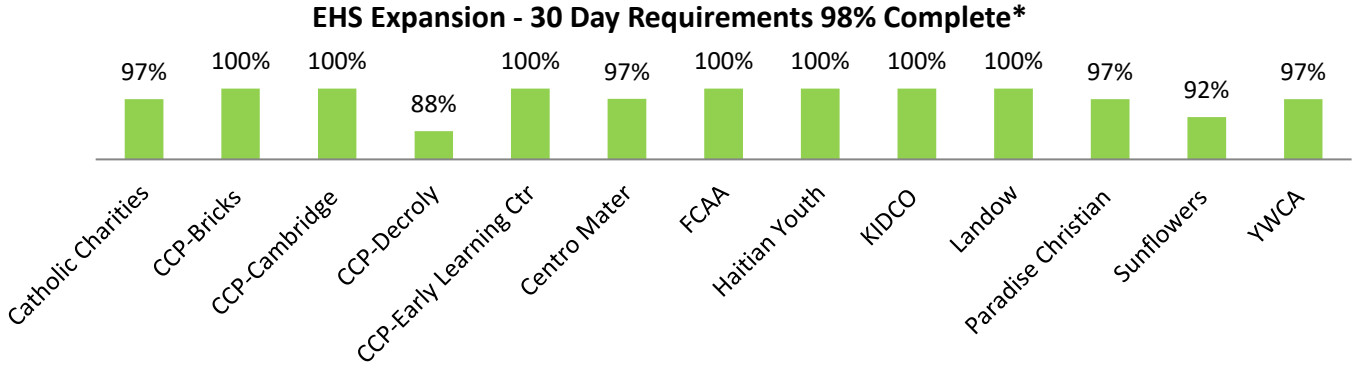
HEALTH SERVICES:

30-Day Screenings:



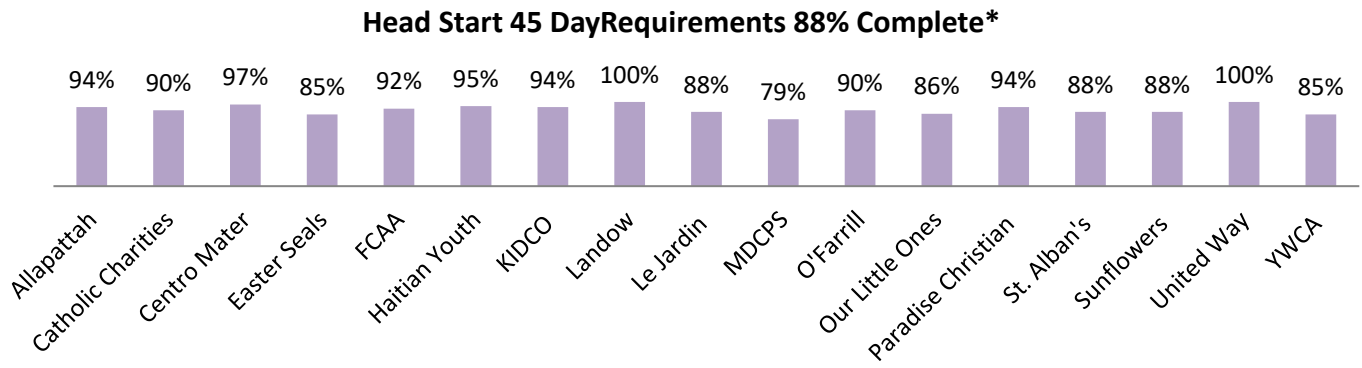


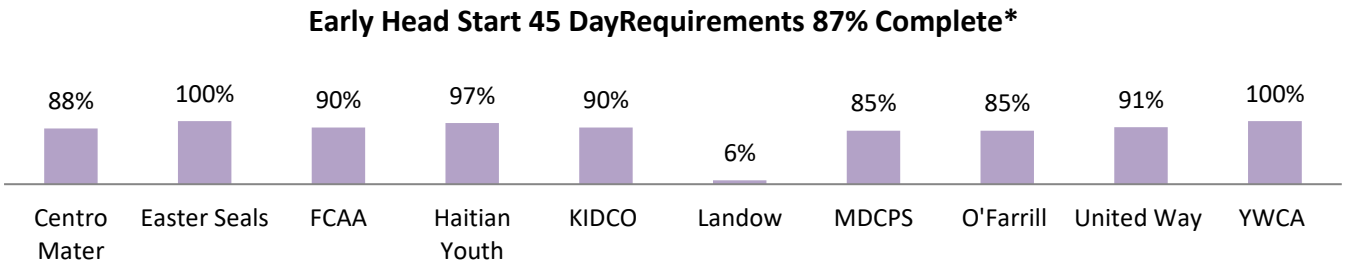


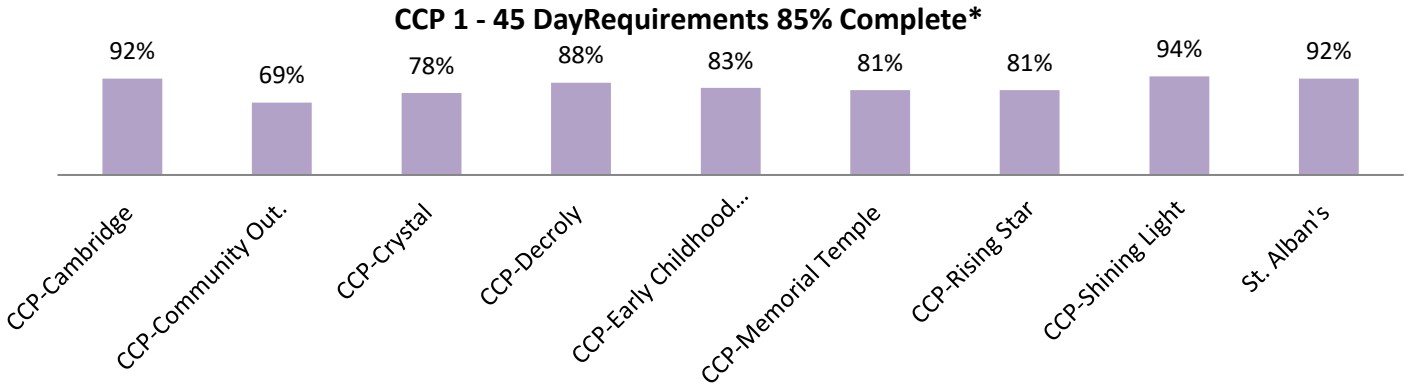


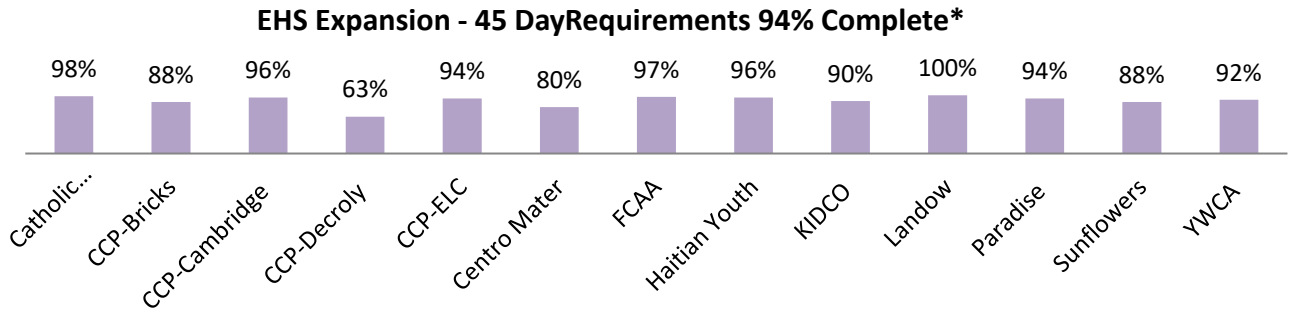
HEALTH SERVICES:

45-DayScreenings:





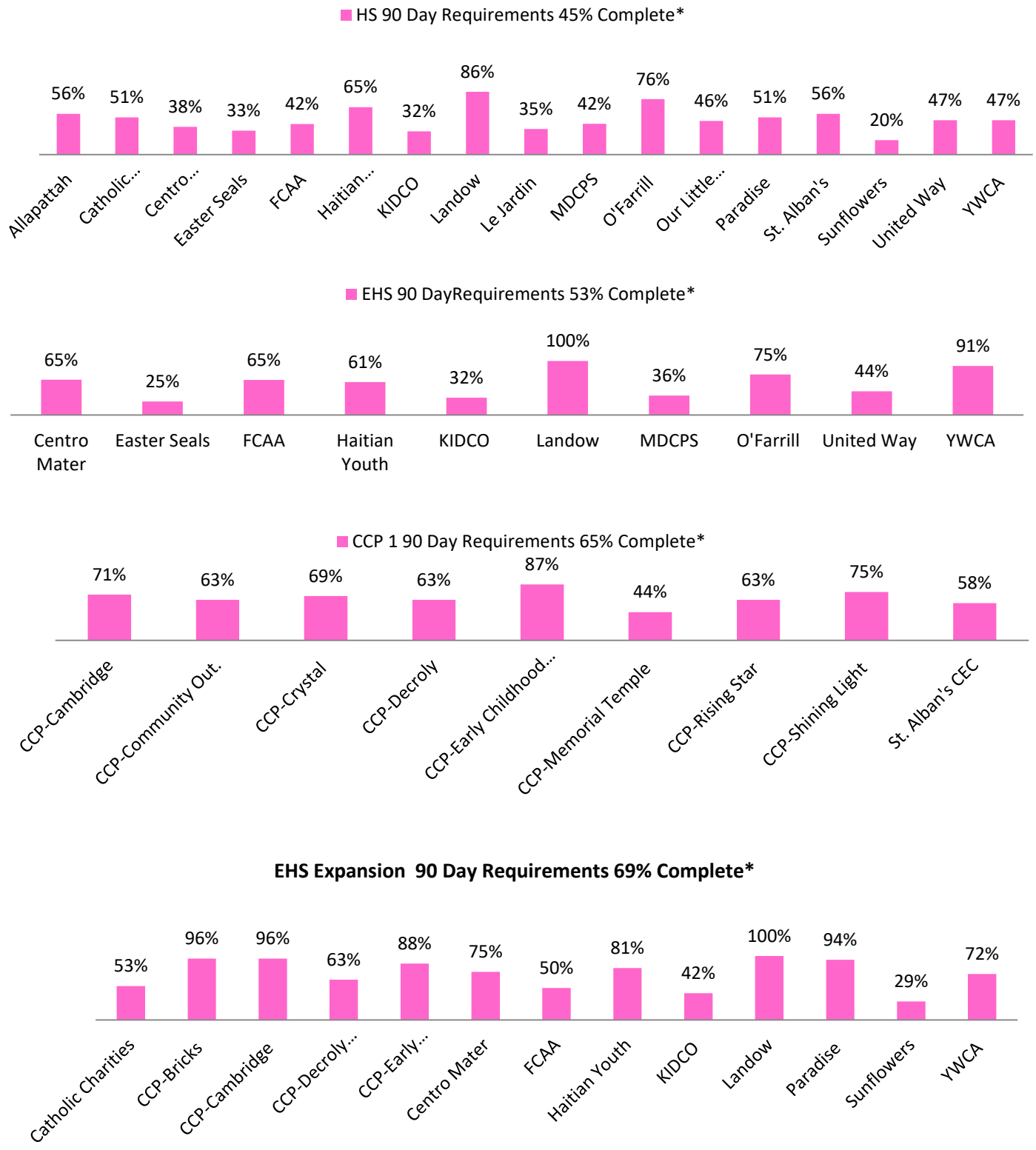




100% of **newly** enrolled children in the Head Start and Early Head Start Program must receive the 45-Day Screenings (Hearing, Vision, Developmental, and Behavioral) within 45 calendar days of entry into the program.

HEALTH SERVICES:

90-DayHealthRequirements:



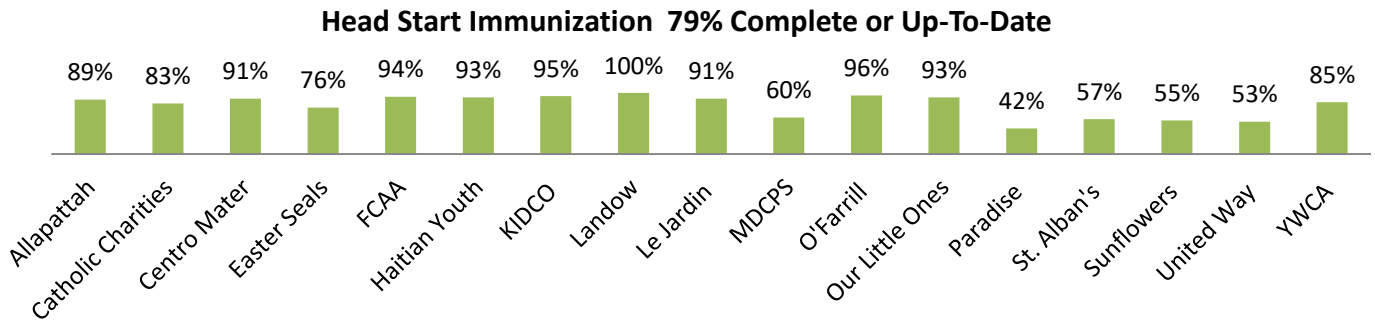
EHS Expansion 90 Day Requirements 69% Complete*

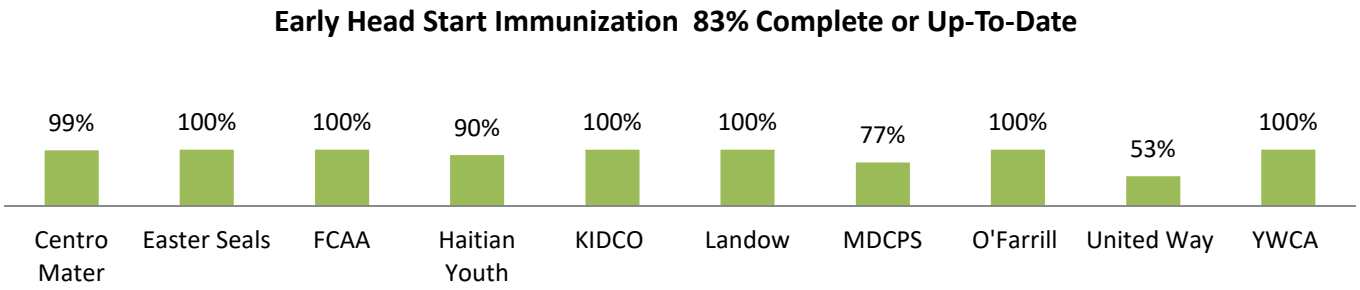
100% of the children must receive all Age-Based Health Requirements (well-baby check, Developmental/Behavioral screenings, Growth Assessment/Head Circumference, Health History, Hearing, Vision and Oral Health Screening) before the last day of the Early Head Start program term. An age equivalent well-baby check is completed at various ages for each child from 2 months to 36 months.

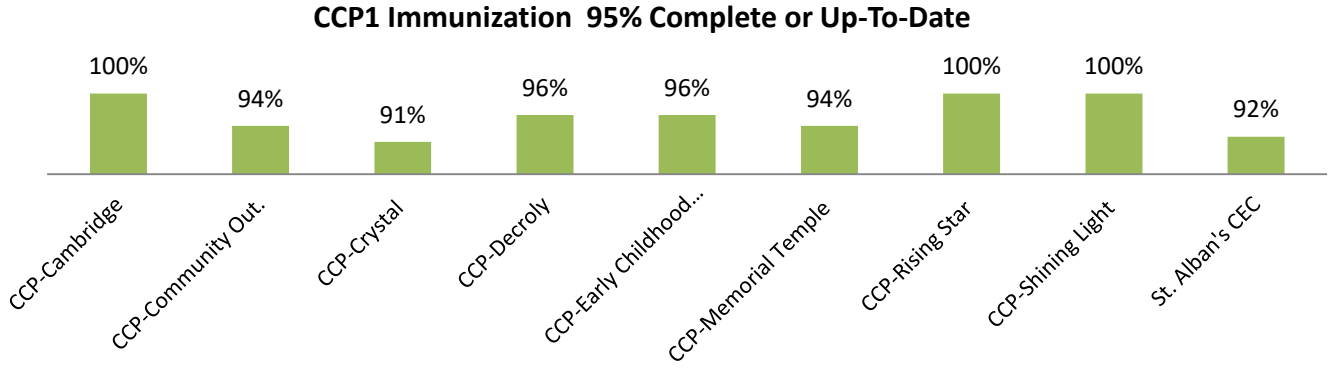
***Percentages above reflect the children who have completed 90-day entry based requirements.**

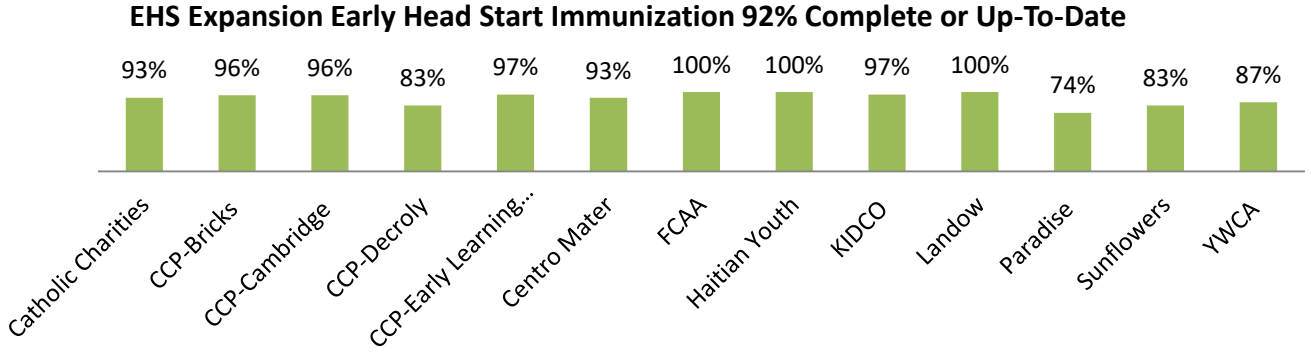
HEALTH SERVICES:

Immunization:









NOTE: 100% of all children must have a "complete" or "up-to-date" immunization status within 90 calendar days of entry into the program.

MIAMI-DADE COUNTY

head start early head start

CAHSD Disability Report

October 2020

HS & EHS

Funded Enrollment	Enrolled With a disability	Percentage enrolled With a disability
6756	371	5.49%

EHS Expansion Child Care Partnership

Funded Enrollment	Enrolled With a disability	Percentage enrolled with a disability
552	52	9.52%

EHS Child Care Partnership

Funded Enrollment	Enrolled With a disability	Percentage enrolled with a disability
240	19	7.78%

Head Start Eligibility Determination Pipeline

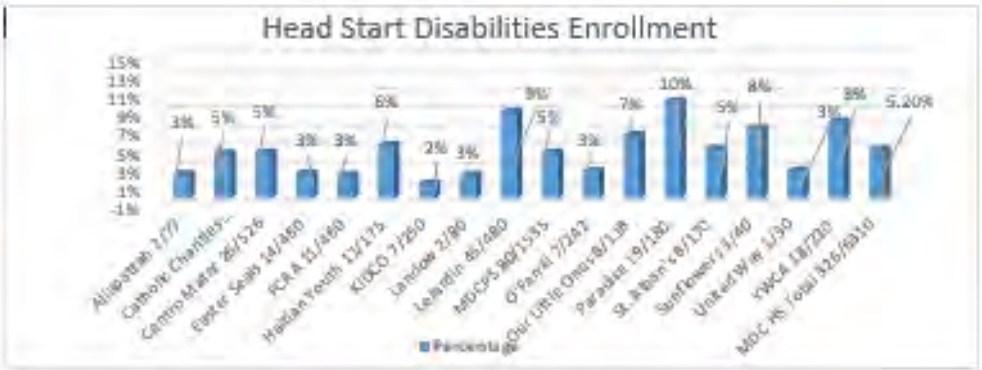
Pending LEA Screening	Pending LEA Evaluation	Pending LEA Eligibility
53	60	18

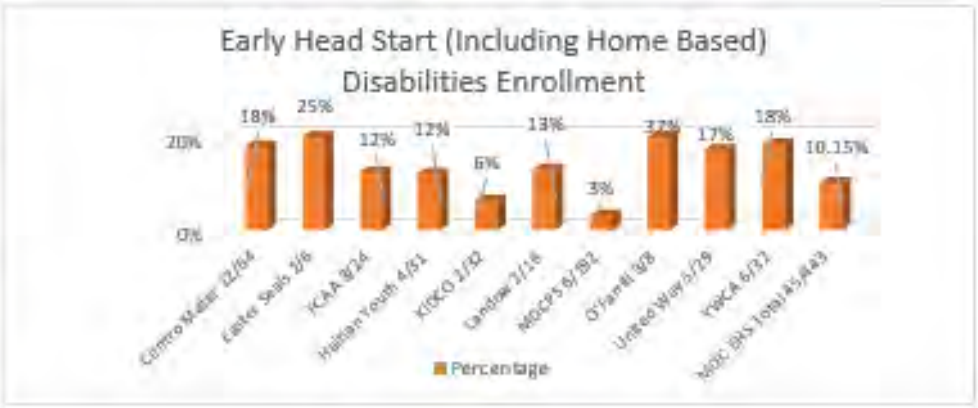
Early Head Start Eligibility Determination Pipeline

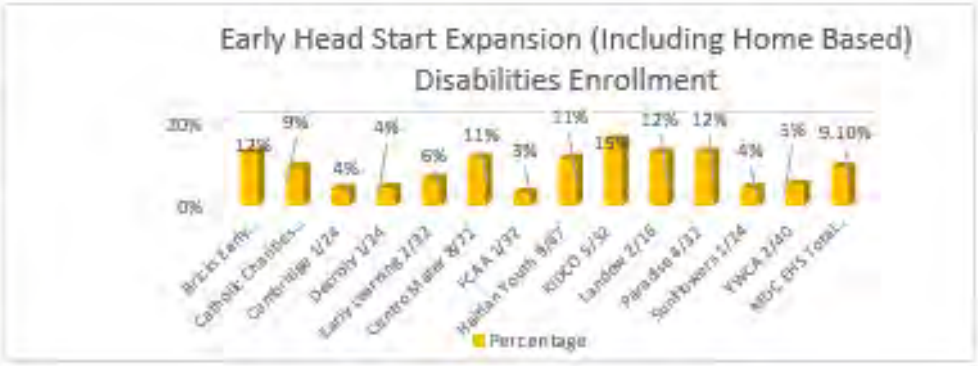
	Pending Evaluation
EHS	4
EHS EXP CCP	5
EHS CCP	5

Referral for Special Placement from Part C Agencies

Referred	New	Enrolled	Accepted	Waitlisted	Abandoned
26	15	1	0	8	2



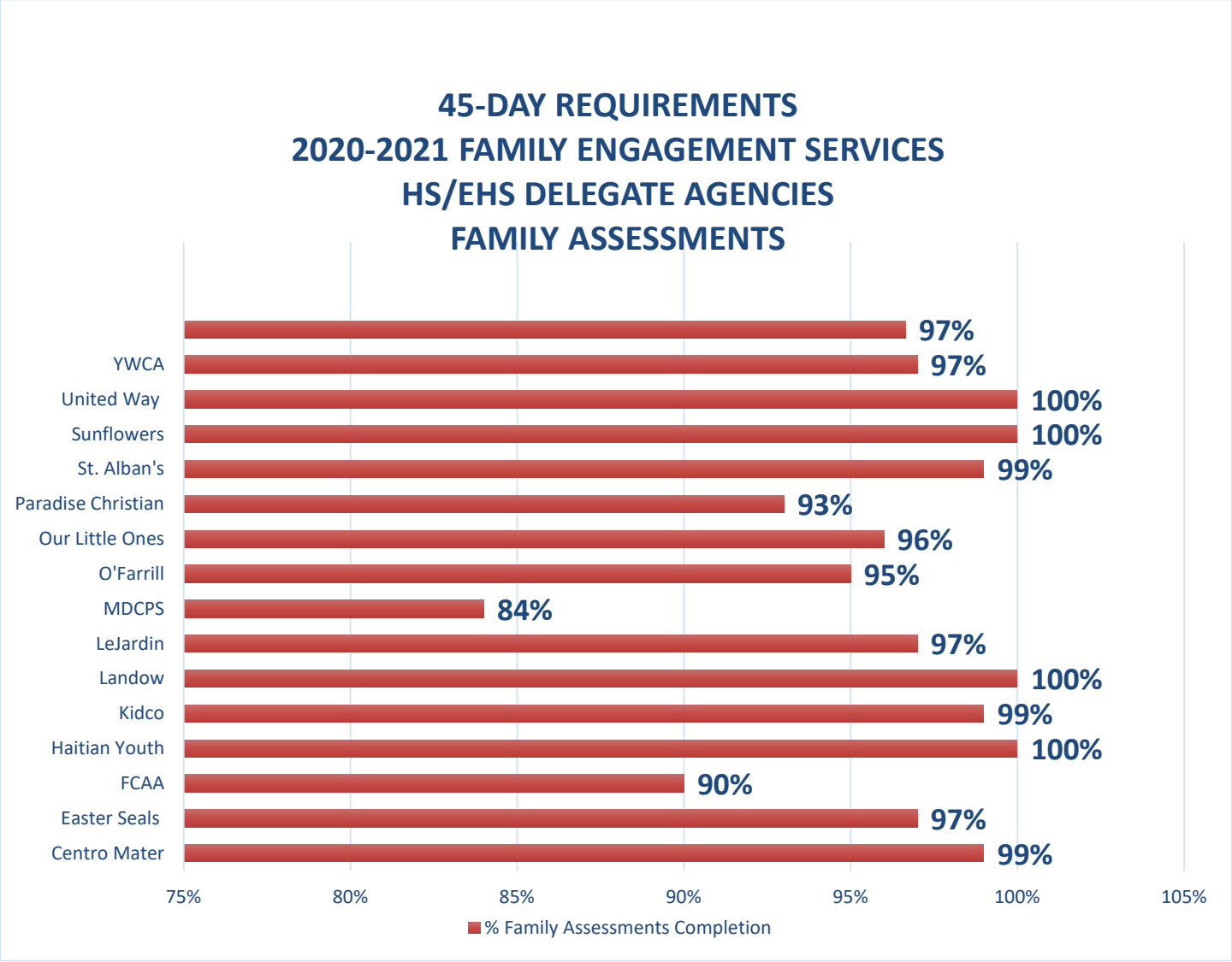






*Total numbers and percentages may be higher than reported due to early program data entry into ChildPlus Data Base. Some agencies data might be missing. Pregnant women are not included in the total funded enrollment.

FAMILY AND COMMUNITY ENGAGEMENT:

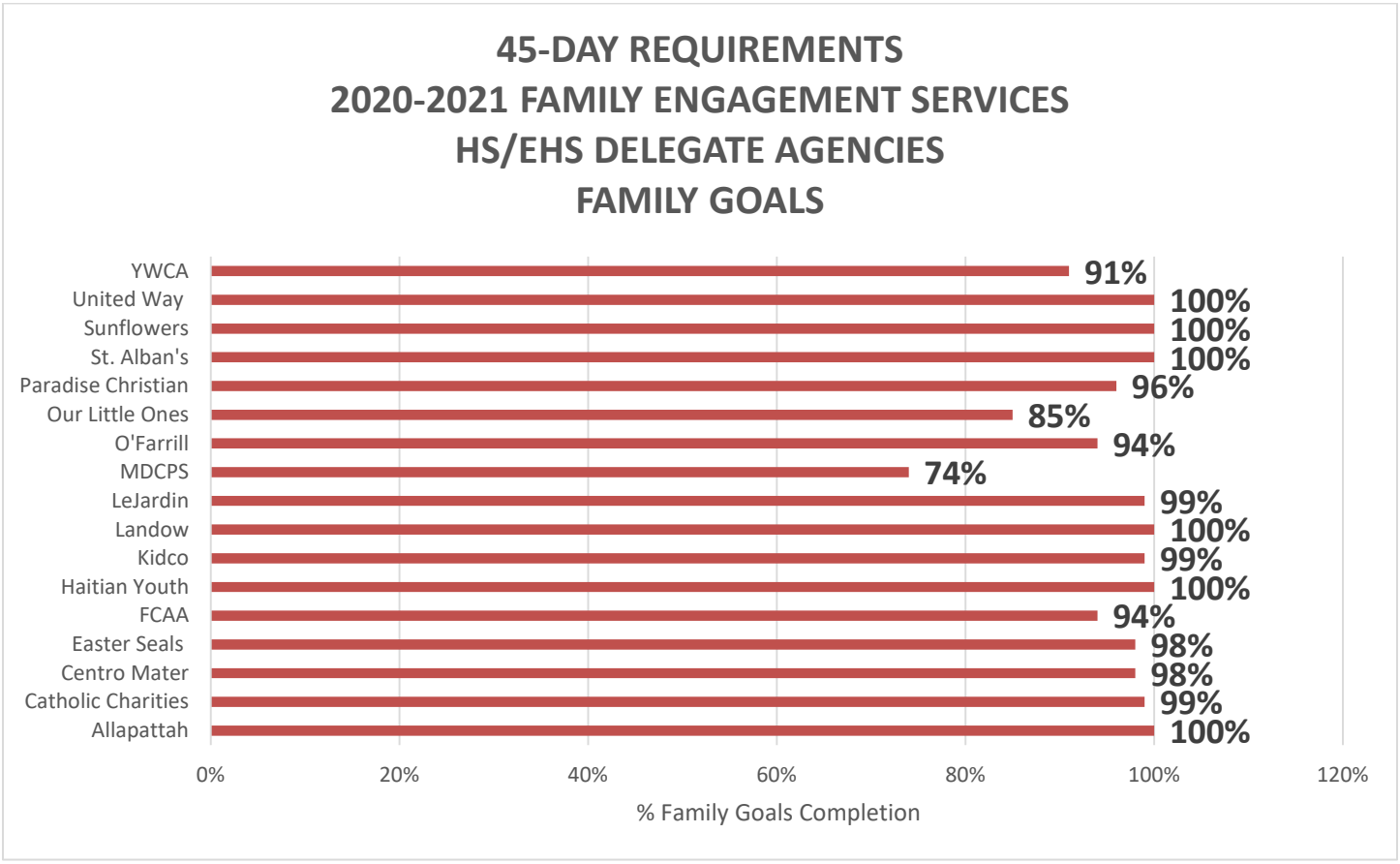


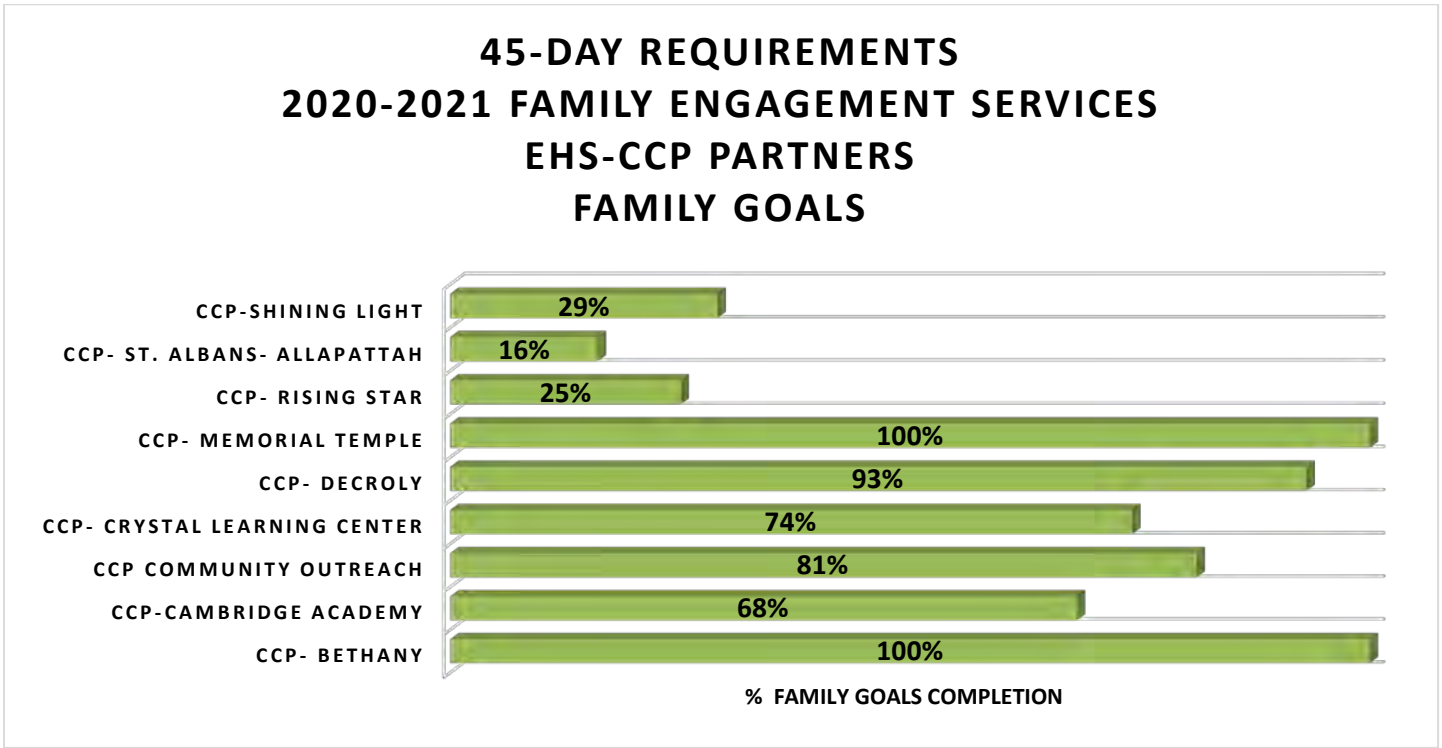
Data was generated from the following sources:

- ChildPlus FPA102- Family Partnership Agreement Total Action Reports
- ChildPlus 4220- Family Outcomes Assessment- Completion Status Reports

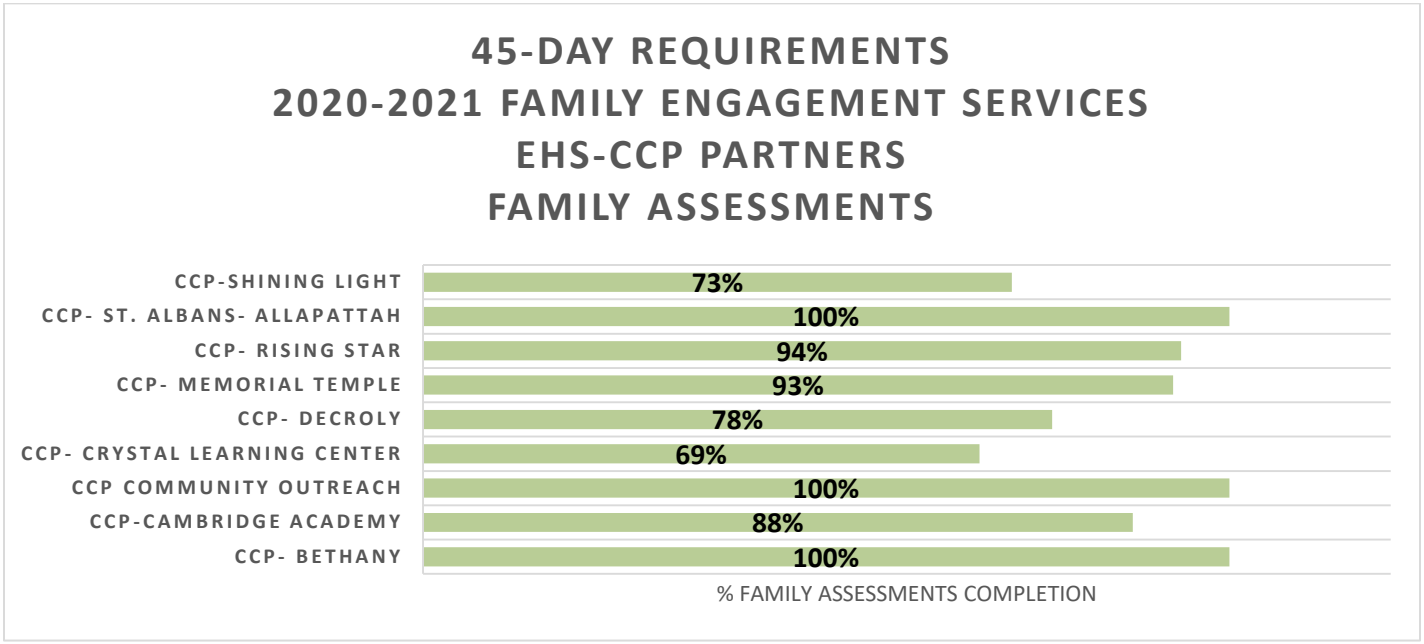
Family goals and family assessments are completed within 45 days of enrollment for each enrolled family. Delegate agencies that have not achieved at least 75% completion, receive intensive technical assistance and coaching. In addition, these delegate agencies submitted an Action Plan to outline how and when all 45-Day Requirements would be completed.

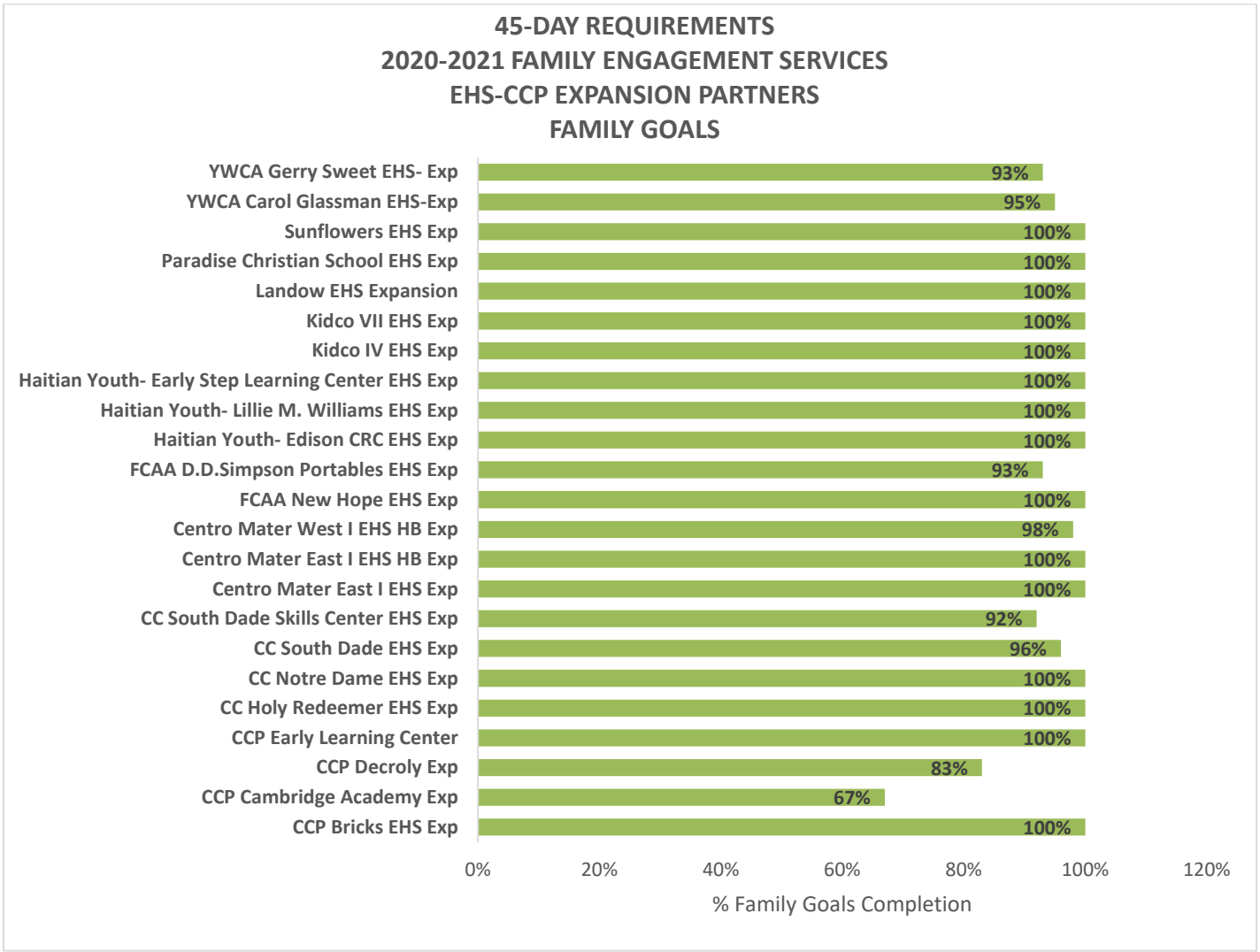
FAMILY AND COMMUNITY ENGAGEMENT:



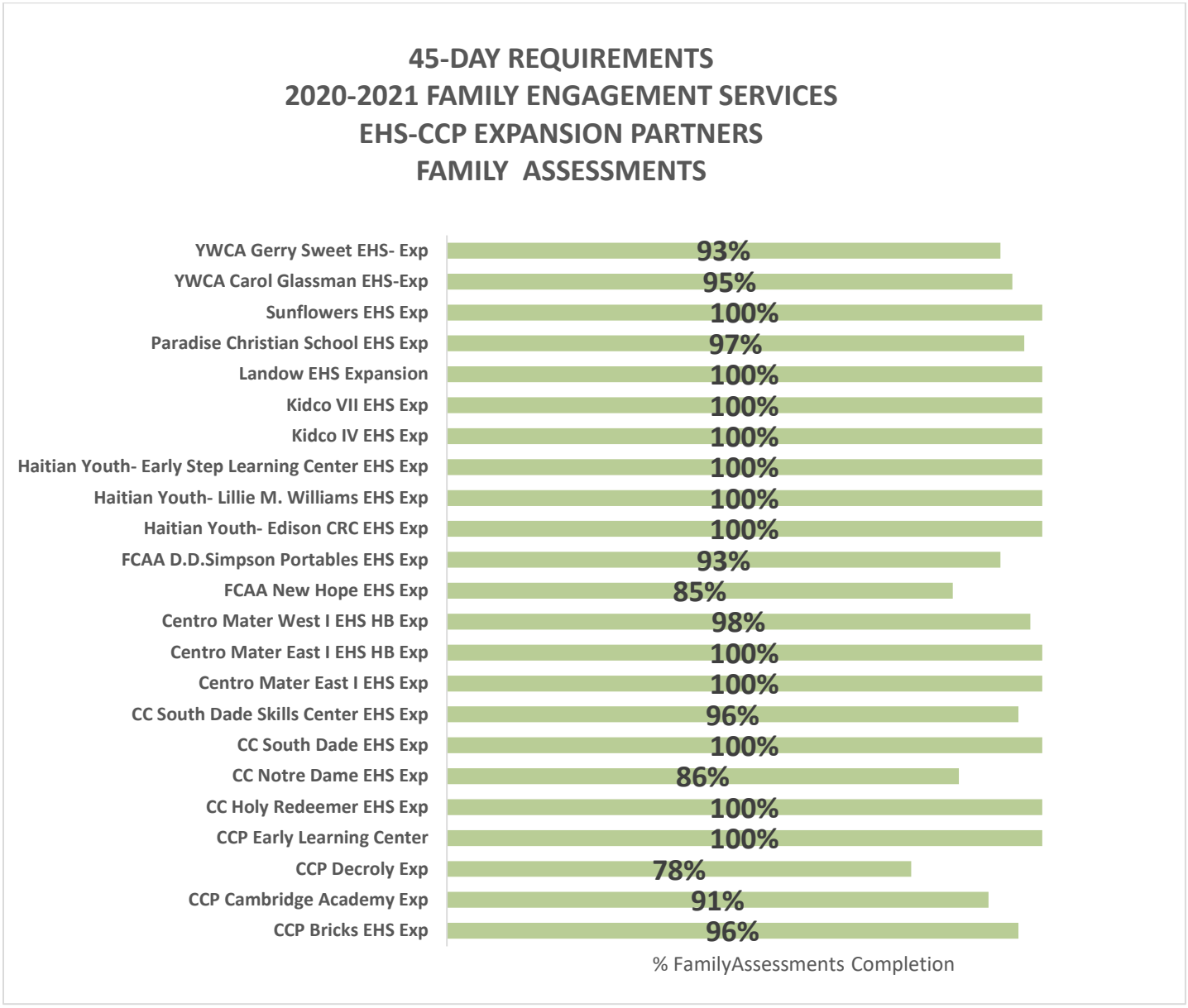


FAMILY AND COMMUNITY ENGAGEMENT:





FAMILY AND COMMUNITY ENGAGEMENT:



MENTAL HEALTH:

CAHSD HEAD START-EARLY HEAD START
CHILD MENTAL HEALTH and SOCIAL and EMOTIONAL WELL BEING SERVICES AREA
October 2020
BOARD and POLICY COUNCIL REPORT

Onsite early childhood mental health training, technical assistance and monitoring sessions continued during the month. This included conducting **19** delegate-partner Head Start, Early Head Start and Early Head Start Expansion agency *virtual* technical assistance sessions and **65** co-consultation with a focus on meeting service area objectives. Guidance was provided on: ensuring that mental health professionals facilitated the MDT 3015 screening results process in collaboration with team members and the related follow up intervention planning consultation with teachers and parents, offer of two referrals during the first staff parent consultation, submission of a current community partnership agreement and the importance of all documentation and attachments in ChildPlus.

Technical assistance continued to be provided regarding the ongoing multidisciplinary team consultations with **family services staff** to review attendance concerns in an effort to prevent preschool suspension and expulsion, service provision as identified via the Family Assessment Questionnaire and accurate completion of the Consent Forms for Early Childhood Mental Health Consultation. The 2019-20 ChildPlus **Quality Assurance** Mental Health monitoring results were again reviewed, and technical assistance was provided during each session regarding corrective actions which all agencies have taken to obtain at least a **90%** compliance rate on upcoming Quality Assurance monitoring visits. At the conclusion of each session, a summary status report was prepared and provided to each agency reflecting strengths and areas which required follow up. Feedback was also solicited concerning the implementation of social and emotional teaching strategies in all classrooms. There is a continued emphasis to assist and provide teachers, children and parents with resources and supports early in the program year. The delivery of services virtually, electronically and in person in response to **COVID19** also continued.

Efforts continued regarding ensuring that the **consultation, screening, assessment, planning and referral process for individualization** required to meet the **45 and 90** day requirements are met. Follow up **clinical planning efforts,** including the **Functional Behavior Assessment**, **Positive Behavior Support Planning and related referral and follow up processes**, were also required in consultation with teachers and parents by the **licensed mental health professionals** for children identified with ongoing concerns who have been unresponsive to initial plans.

The Self-Assessment training and planning session was conducted with Early Head Start Expansion agencies and partners on **October 6th.** Strengths and eight **(8)** areas were identified for timely correction including increasing efforts to engage of services to teachers and parents in the planning process as well timely documentation of such efforts at the Point of Service **(POS).**

Three **(3)** additional trainings were also provided: The Pre-K-Preschool **ePyramid Model** for Positive Behavior Individualized Support ***(PBIS)*** online train the trainer certification series for **Module I:** Social and Emotional Development within the Context of Relationship was conducted. This training assists in building program capacity for evidenced based practices which **promote** positive behavior and **prevent** and **address** challenging behavior was provided through **October 22nd** with **9** enrolled participants. This initiative will assist in building program capacity for evidenced based practices

which **promote** positive behavior and **prevent** and **address** challenging behavior. A total of two **(2)** service area reporting trainings, including for the Program Information Report (**PIR**) were also provided.

The DECA and ASQ data which follows is for children who were **screened as of October 31st**. The **DECA and Ages and Stages pre results data** will be utilized in conjunction with the **Galileo data** to **plan at the classroom and individual level** for children with areas of need in the social, emotional and developmental domains.

Total Enrollment for Head Start and Early Head Start **7642**	Total Number of Children w/DECA-ASQ Screening Results Entered by Teachers/Parents	Number of Children w/DECA –ASQ Pre Areas of Need	Number of Staff Consults by Mental Health Prof.	Number of Staff/Parent Consults by Mental Health Prof.	Number of Children with Initial Follow up Plans	Number of Referrals/ Rec. Svcs.
Head Start **6738**	**T- 2565 P- 119**	**T- 223 P- 53**	**385**	**115**	**99**	**49/15**
Early Head Start **456**	**ASQ 3/ 94 ASQ SE 235 T-P Totals**	**ASQ 3/ 12 ASQ SE 10 T-P Totals**	**21**	**6**	**4**	**0/0**
Early Head Start Expansion **552** *(incl. **104** CCP)*	**ASQ 3/ 88 ASQ SE 349 T-P Totals**	**ASQ 3/ 19 ASQ SE 30 T-P Totals**	**97**	**26**	**14**	**6/3**
CAHSD EHS-Child Care Partners **240**	**ASQ 3/ ASQ SE 116 T-P Totals**	**ASQ 3/ 30 ASQ SE 12 T-P Totals**	**12**	**3**	**1**	**1//0**

NUTRTION:

Child Care Partners	Funded Enrollment	Number of Operating Days	Total # of Breakfast	Total # of Lunch Served	Total # of Snack Served
CCP Crystal Learning Center	32	20	122	122	122
CCP Decroly Center	48	20	185	185	185
CCP Bethany Child Center	24	20	366	366	365
CCP Memorial Temple	16	20	105	.101.	101
CCP Cambridge Academy	24	20	153	153	153
CCP Rising Star Academy	16	20	0	0	0
CCP Shinning Light Childcare	16	20	148	150	150
Total Number			**1079**	**1077**	**1076**

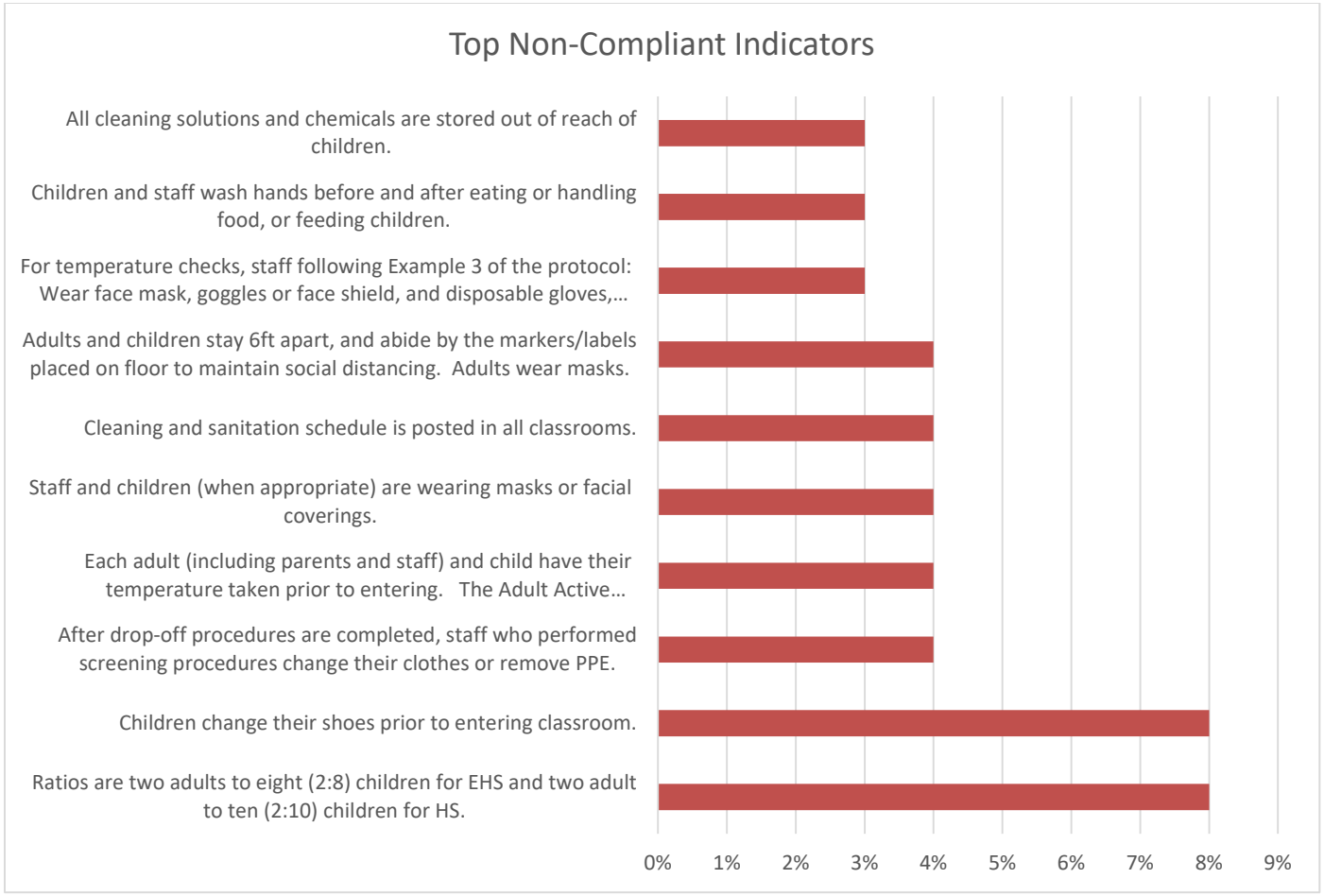
Delegate Sites	Number of HS Operating Days	Number of EHS Operating Days	Breakfast HS	Breakfast EHS	October 2020 Total # of Breakfast Served	Lunch HS	Lunch EHS	Total # of Lunch Served	Snack HS	Snack EHS	Total # of Snack Served
Allapattah	21		580		580	580		580	580		580
Catholic Charities	21		10024		10024	10046		10046	9838		9838
Centro Mater	21	21	4881	389	5270	4839	389	5228	4803	390	5193
Easter Seals	21	21	2635	123	2758	2632	123	2755	2585	123	2708
Family Christian	21	21	5262	367	5629	5261	367	5628	1575	367	1942
Haitian Youth	21	21	1321	374	1695	1324	374	1698	1322	374	1696
Kidco	21	21	1619	407	2026	1610	401	2011	1575	383	1958
Landow	15	15	0	0	0	1	0	1	0	2	2
LeJardin	21	0	4164	0	4164	4172	0	4172	3969	0	3969
MDCPS	20	20	9244	911	10155	9188	902	10090	9164	897	10061
O'Farrill	21	21	2005	103	2108	1922	97	4030	1833	97	1930
Our Little Ones	21		170		170	173		173	172		172
Paradise Christian	21		1290		1290	1298		1298	1227		1227
St. Alban's	21		1396		1396	1399		1399	1373		1373
Sunflowers	21		368		368	352		352	352		352
United Way	21	21	0	0	0	0	0	0	0	0	0
YWCA	21	21	1731	293	2024	1762	293	2055	1747	293	2040
Total Number			**46690**	**2967**	**49657**	**46559**	**2946**	**51516**	**42115**	**2926**	**45041**

Child Care Food Program Meal Count Worksheet EHS - CCP Expansion
October 2020

Child Care Partners	Funded Enrollment	Number of Operating Days	Total # of Breakfast Served	Total # of Lunch Served	Total # of Snack Served
Bricks Early Learning Center INC	24	21	425	425	424
Cambridge Academy	24	21	213	213	212
Catholic Charities	120	21	1359	1366	1350
Centro Mater	104	21	150	148	147
Decroly Learning	24	21	342	340	339
Early Learning Center	32	21	402	400	393
FCAA	32	21	476	476	476
Haitian Youth	48	21	531	525	526
Haitian Youth Edison CRC	32	21			
KIDCO	32	21	412	416	408
Landow	16	15	0	0	0
Paradise Christian	32	20	439	433	408
Sunflowers	24	20	401	401	399
YWCA	40	20			
Total Number			**5150**	**5143**	**5082**

QUALITY ASSURANCE:

The Quality Assurance team conducted 356 site visits in October, to ensure centers implemented COVID-19 protocols to fidelity. For any identified non-compliance issues, the monitors provided center staff with technical assistance. Monitors follow up during subsequent monitoring visits to ensure corrective actions were implemented. Below are the top non-compliant indicators identified on the monitoring reports.



COMMUNITY ACTION AGENCY BOARD

DATE: NOVEMBER 30, 2020

AGENDA ITEM NUMBER: 4A8

AGENDA ITEM SUBJECT: November 2020 Head Start Content Area Report

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The November 2020 Content Area Report includes Head Start, Early Head Start, Early Head Start-Child Care Partnership, and Combination Expansion Early Head Start-Child Care Partnership program information on Education, Disabilities, Enrollment, Family Engagement, Health, Mental Health, Nutrition, and Quality Assurance.

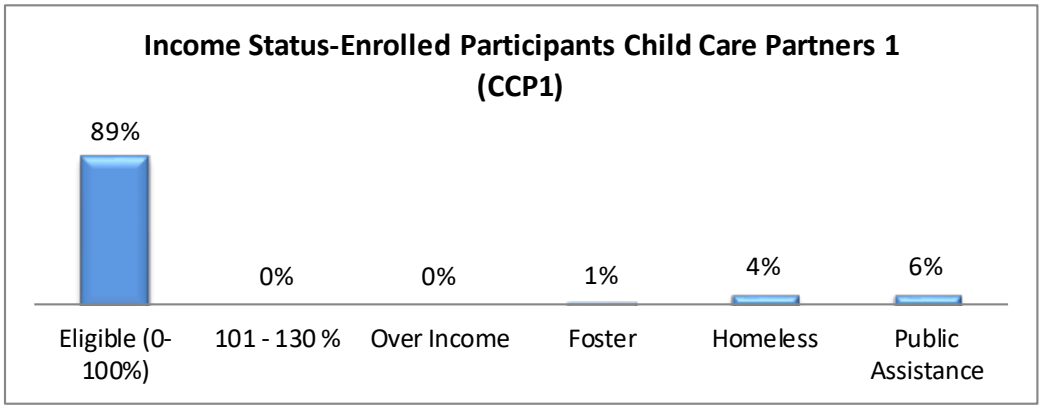
FUNDING SOURCE:

U.S. Department of Health and Human Services

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Child Care Partners 1
Early Head Start Participants
As of November 30, 2020

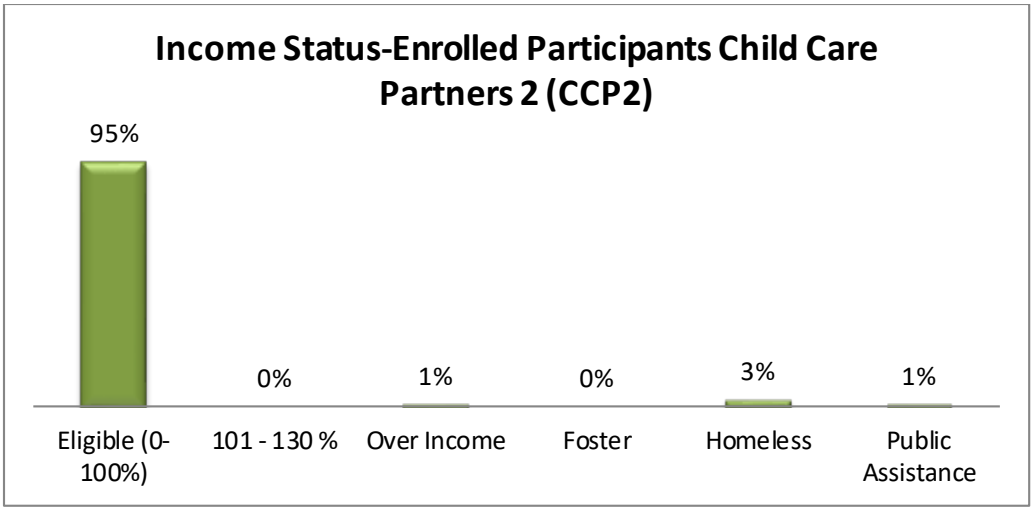


Child Care Partners 1 Current Enrollment	Current Enrollment % / Vacant slots 99% | 2 of 240 slots vacant
CCP-Cambridge Academy	100% |0 of 24 slots vacant
CCP-Community Outreach Center, Inc.	88% |2 of 16 slots vacant
CCP-Crystal Learning Center, Inc.	100% |0 of 32 slots vacant
CCP-Decroly Learning Child Care Ctr	100% |0 of 48 slots vacant
CCP-Early Childhood Professional Ser	100% |0 of 24 slots vacant
CCP-Memorial Temple Early Childhood	100% |0 of 16 slots vacant
CCP-Rising Star Academy	100% |0 of 16 slots vacant
CCP-Shining Light Childcare Center	100% |0 of 16 slots vacant
St. Alban's Child Enrichment Center	100% |0 of 48 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Child Care Partners 2
Expansion Participants
As of November 30, 2020



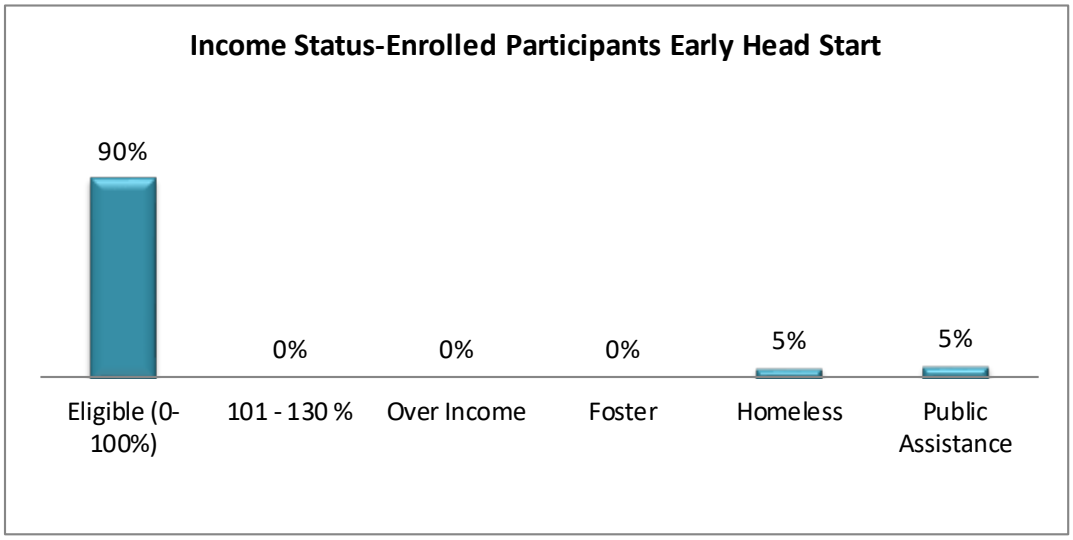
Child Care Partners 2 Current Enrollment	Current Enrollment %/ Vacant slots 98% | 12 of 552 slots vacant
Catholic Charities	98% |3 of 120 slots vacant
CCP-Bricks Early Learning Center	100% | 0 of 24 slots vacant
CCP-Cambridge Academy	92% | 2 of 24 slots vacant
CCP-Decroly Learning Child Care Ctr	100% | 0 of 24 slots vacant
CCP-Early Learning Center	100% | 0 of 32 slots vacant
Centro Mater	100% | 0 of 72 slots vacant
FCAA	100% | 0 of 32 slots vacant
Haitian Youth	100% |0 of 80 slots vacant
KIDCO Creative Learning	100% | 0 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Paradise Christian School, Inc.	84% | 5 of 32 slots vacant
Sunflowers Academy	100% | 0 of 24 slots vacant
YWCA Of Greater Miami-Dade	95% | 2 of 40 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Early Head Start Participants

As of November 30, 2020



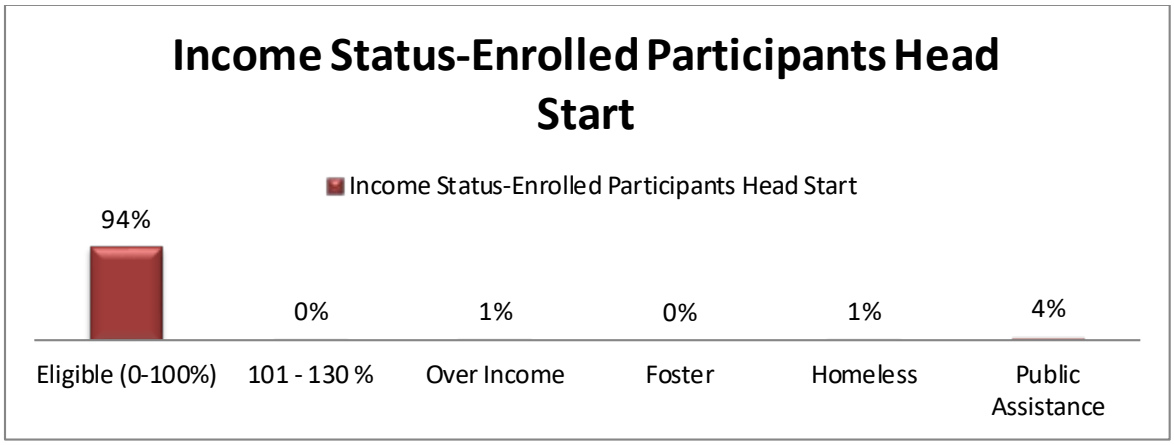
EARLY HEAD START Current Enrollment	Current Enrollment %/ Vacant slots 94% | 27 of 446 slots vacant
Centro Mater	100% | 1 of 70 slots vacant
Easter Seals	100% | 0 of 8 slots vacant
FCAA	83% | 0 of 24 slots vacant
Haitian Youth	100% | 0 of 32 slots vacant
KIDCO Creative Learning	97% | 0 of 32 slots vacant
Landow	100% | 0 of 16 slots vacant
Miami Dade County Public Schools	88% | 24 of 192 slots vacant
O'Farrill Learning Center	100% | 0 of 8 slots vacant
United Way Center Of Excellence	91% | 2 of 32 slots vacant
YWCA Of Greater Miami-Dade	100% | 0 of 32 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Head Start Participants

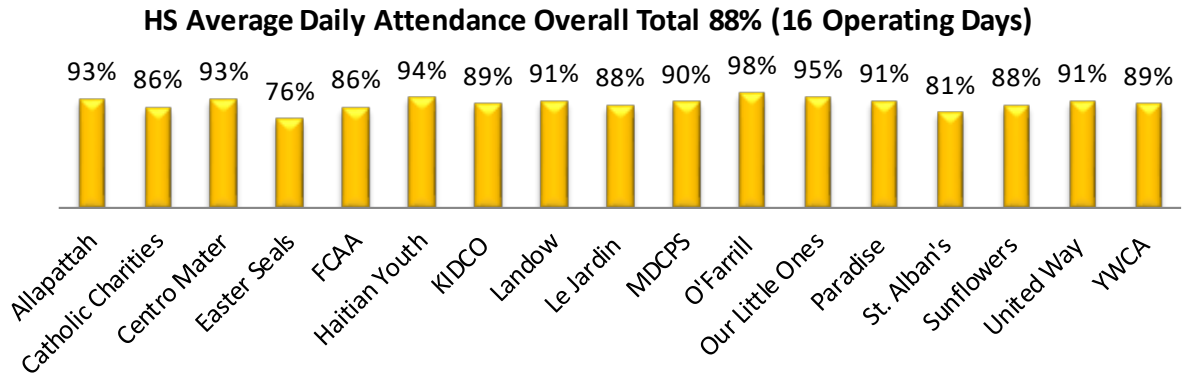
As of November 30, 2020

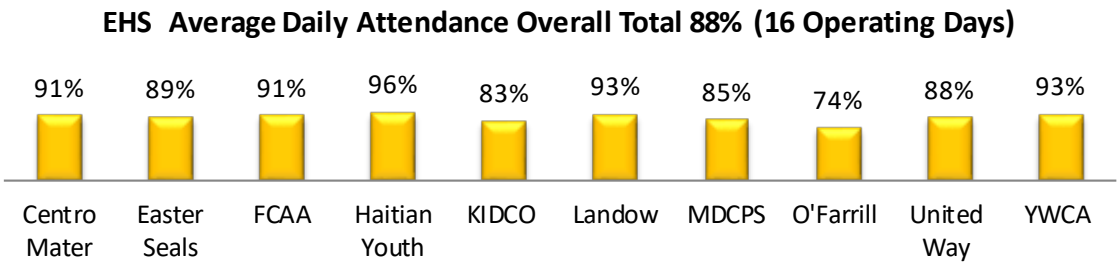


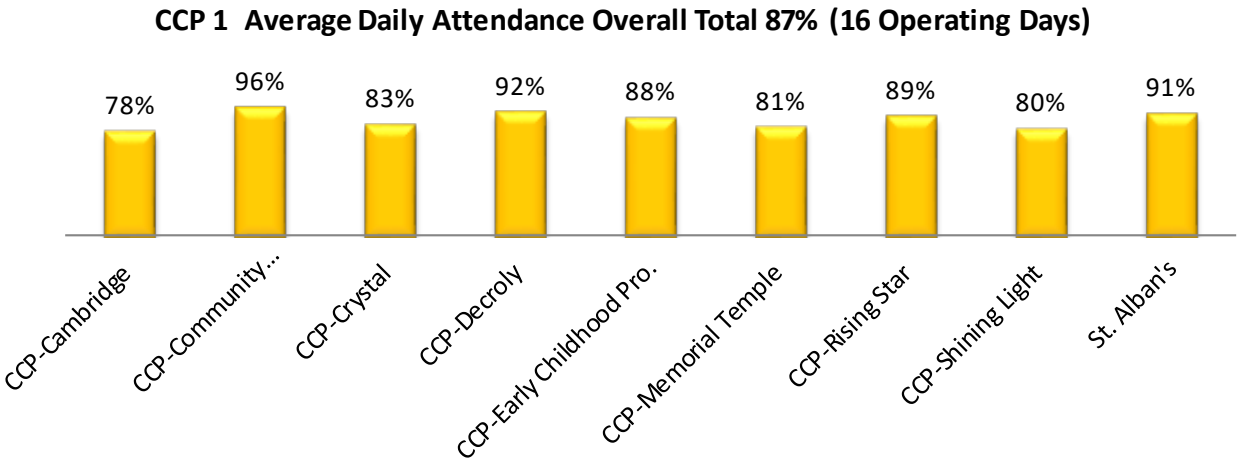
Head Start Agency Current Enrollment	Current Enrollment %/ Vacant slots 79% | 1437 of 6710 slots vacant
Allapattah	83% | 13 of 77 slots vacant
Catholic Charities	74% | 332 of 1275 slots vacant
Centro Mater	94% | 32 of 526 slots vacant
Easter Seals	69% | 150 of 480 slots vacant
FCAA	69% | 136 of 432 slots vacant
Haitian Youth	100% |0 of 175 slots vacant
KIDCO Creative Learning	68% | 79 of 250 slots vacant
Landow	100% | 0 of 80 slots vacant
Le Jardin Community Center, Inc.	91% | 42 of 480 slots vacant
Miami Dade County Public Schools	77% | 437 of 1935 slots vacant
O'Farrill Learning Center	66% |83 of 242 slots vacant
Our Little Ones	97% |4 of 118 slots vacant
Paradise Christian School, Inc.	77% | 42 of 180 slots vacant
St. Alban's Child Enrichment Center	63% |63 of 170 slots vacant
Sunflowers Academy	98% | 1 of 40 slots vacant
United Way Center Of Excellence	100% | 0 of 30 slots vacant
YWCA Of Greater Miami-Dade	90% | 23 of 220 slots vacant

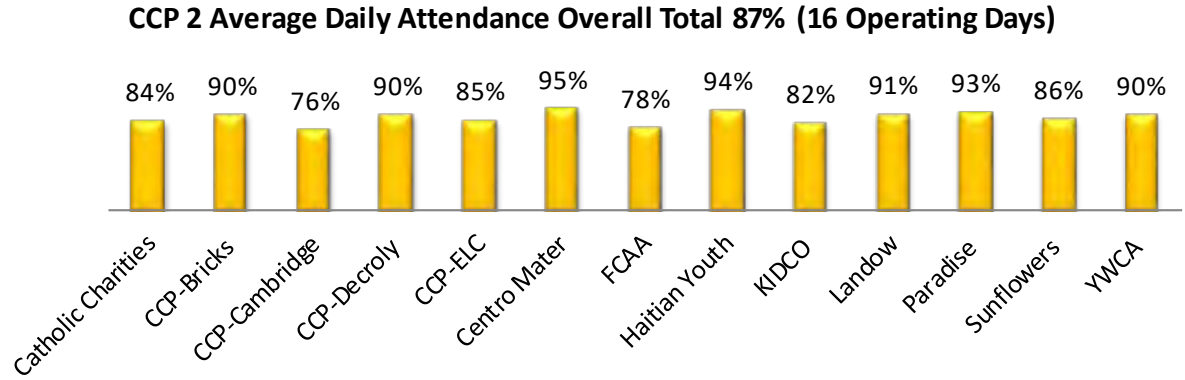
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:



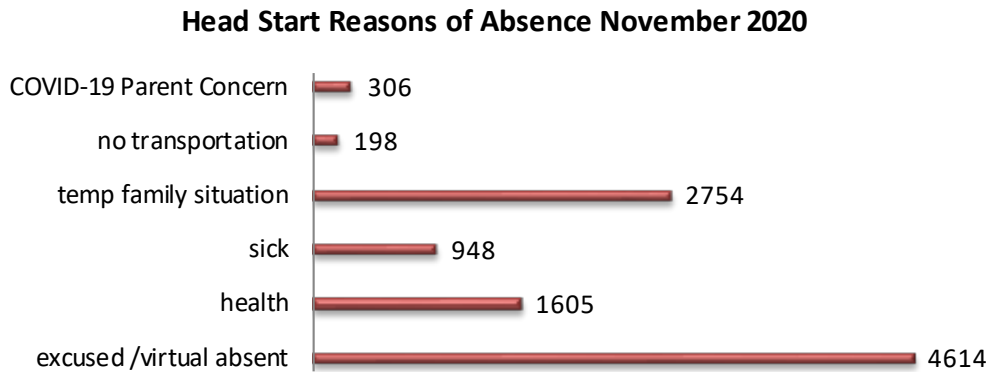


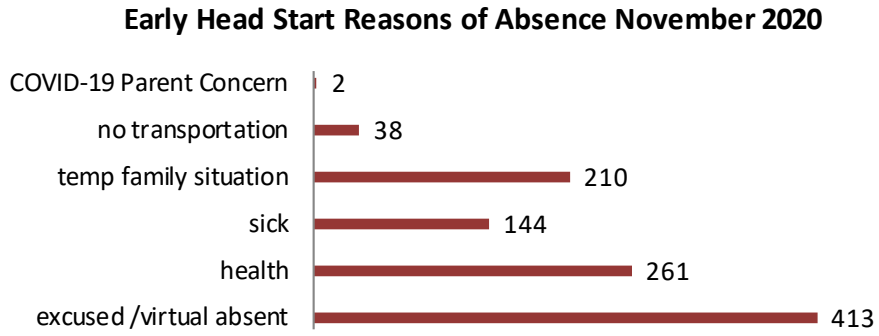


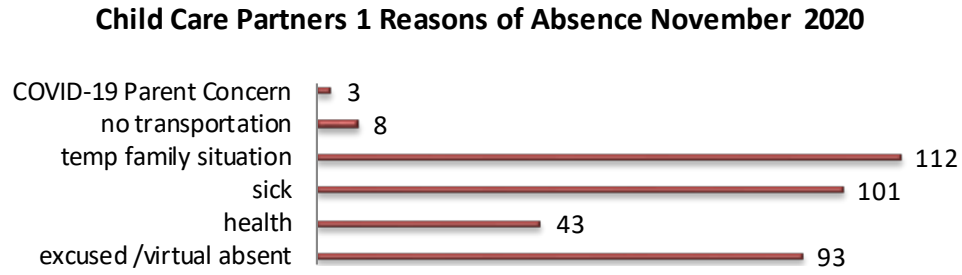


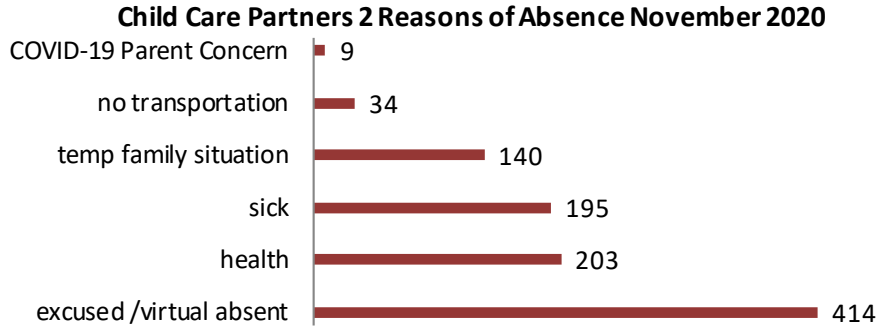
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:







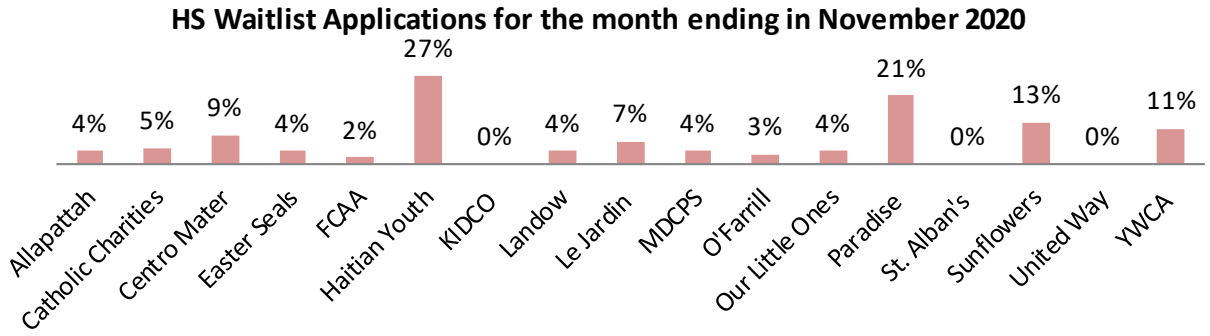


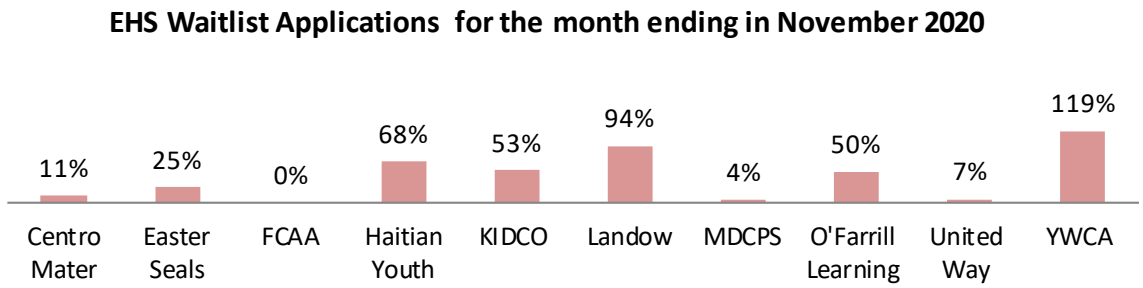
Terminology defined:

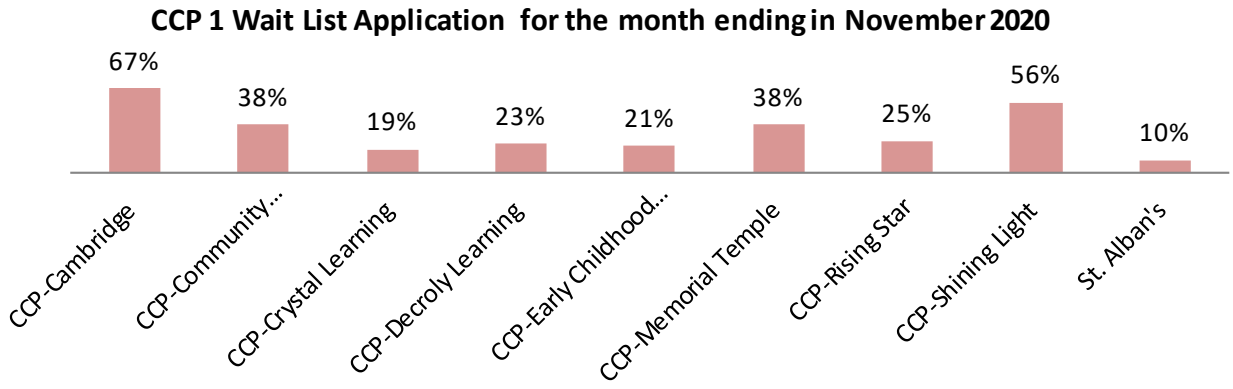
No Transportation - family has transportation problems (car inoperative, no alternate ride)
Temp Family Situation - family related issues or concerns
Sick - related to ill health
Health - related to expired health documentation, health alerts, and /or medical/dental appointments
Excused - staff is aware of child/family absence

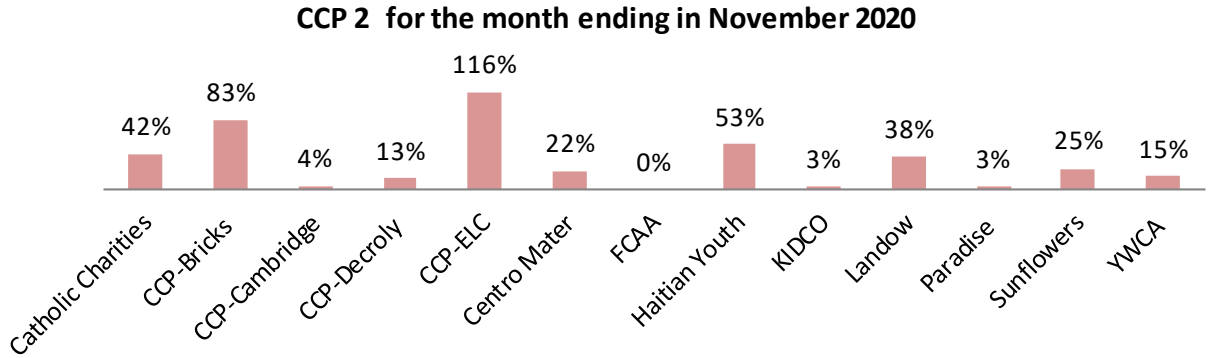
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

SELECTION **Waitlist Applications for the month ending**





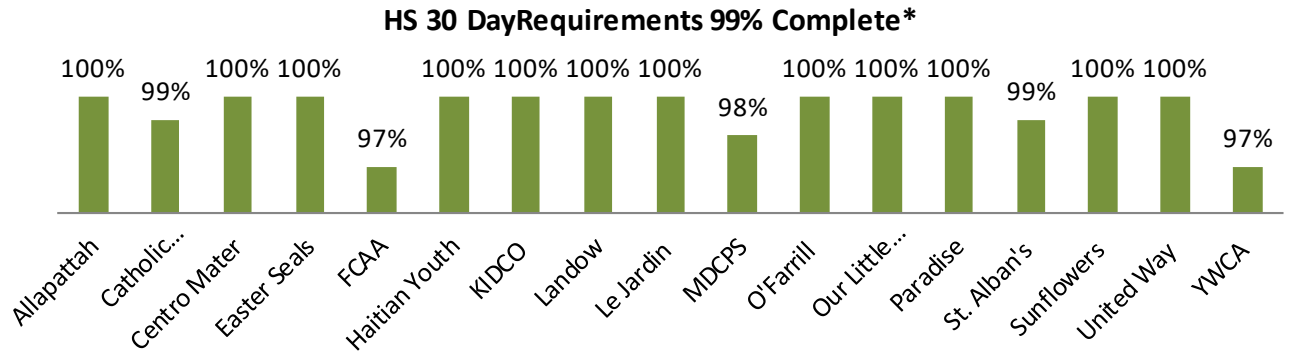


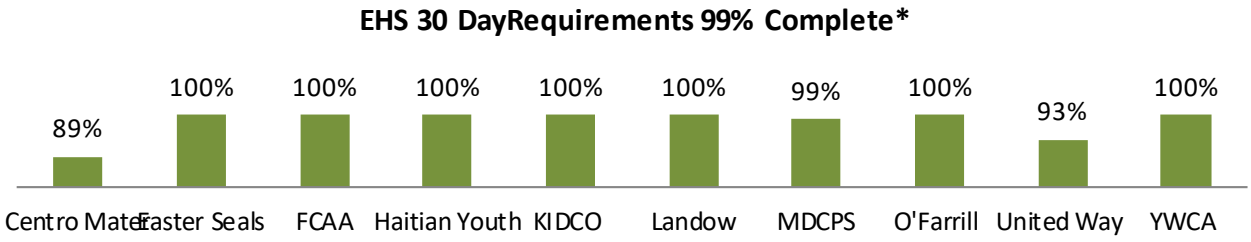


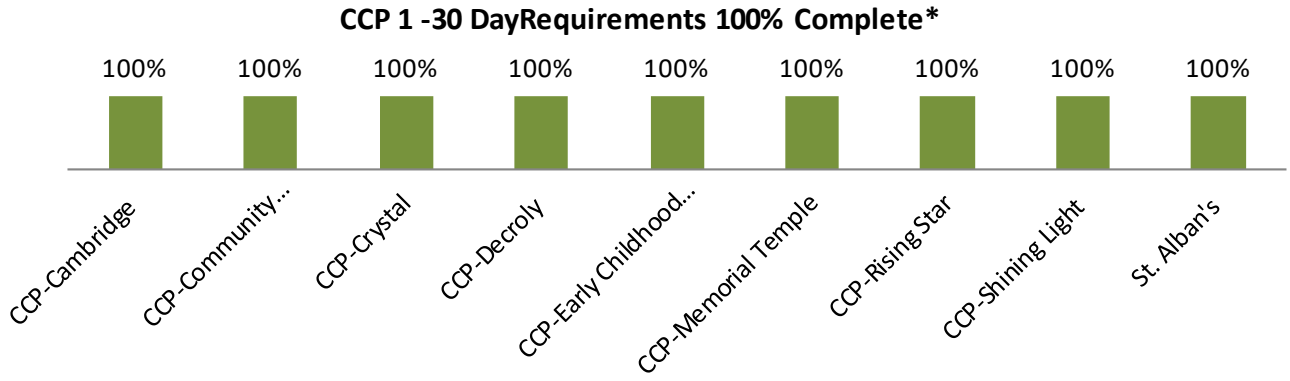
NOTE: Program Term 2019-2020 Applications in the "Term-Waitlist/Waitlist Statuses"

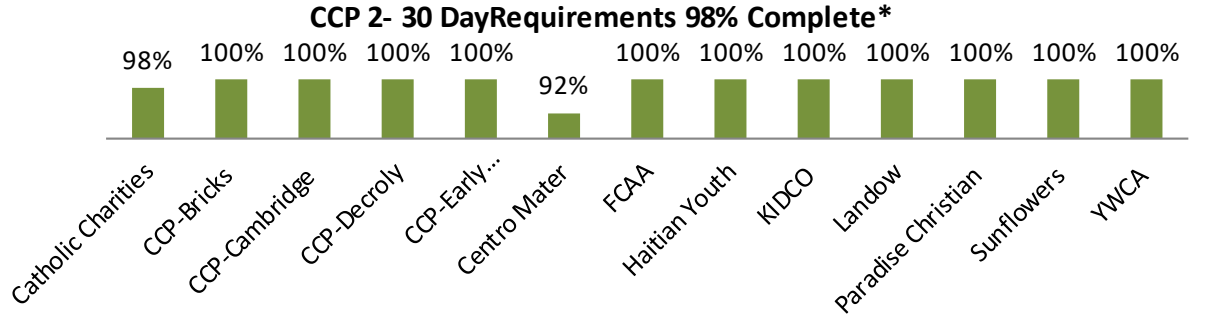
HEALTH SERVICES:

30-Day Screenings:



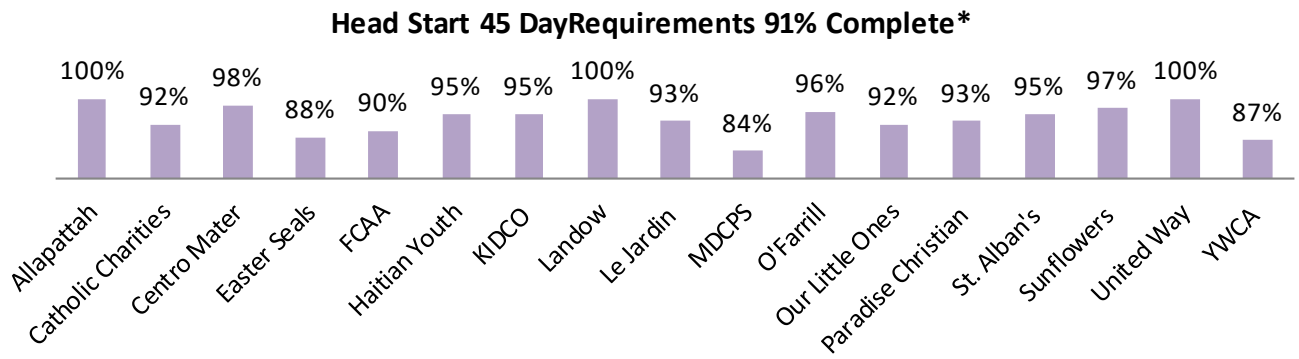


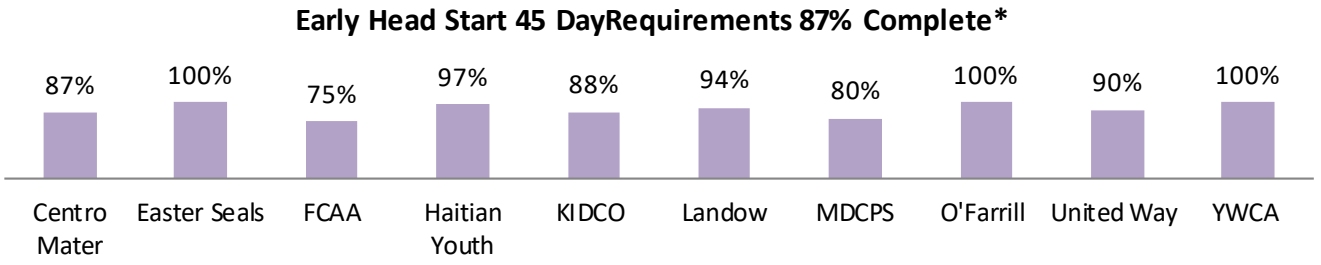


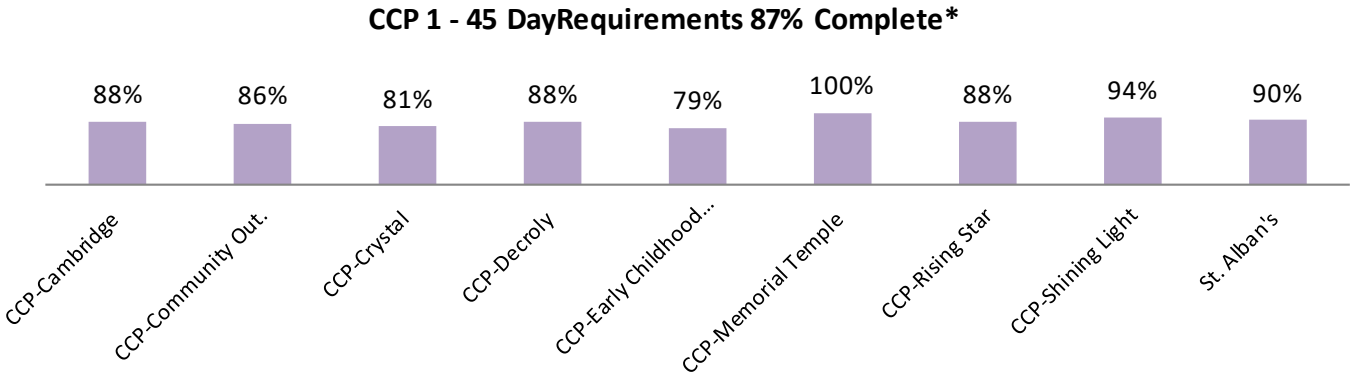


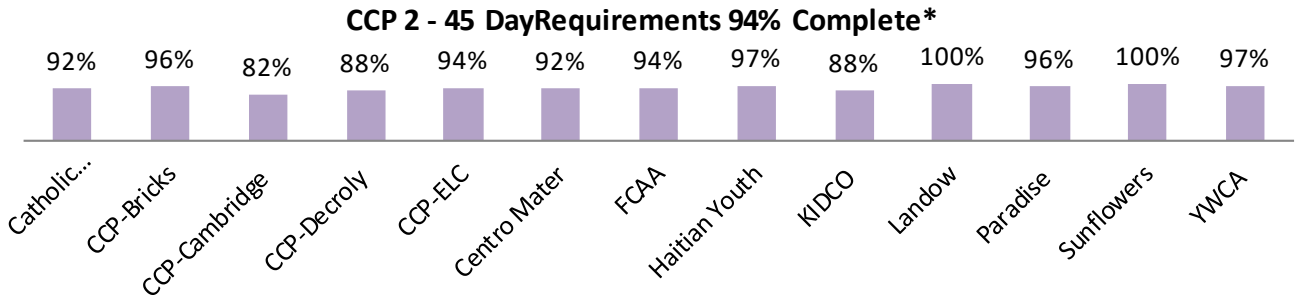
HEALTH SERVICES:

45-DayScreenings:





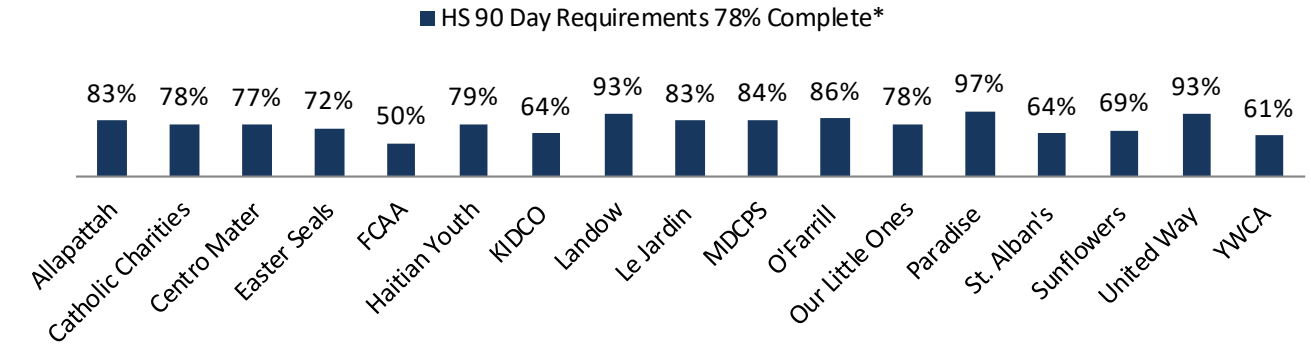


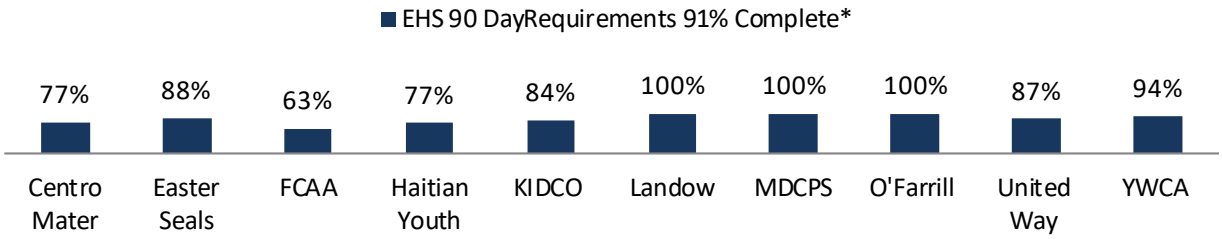


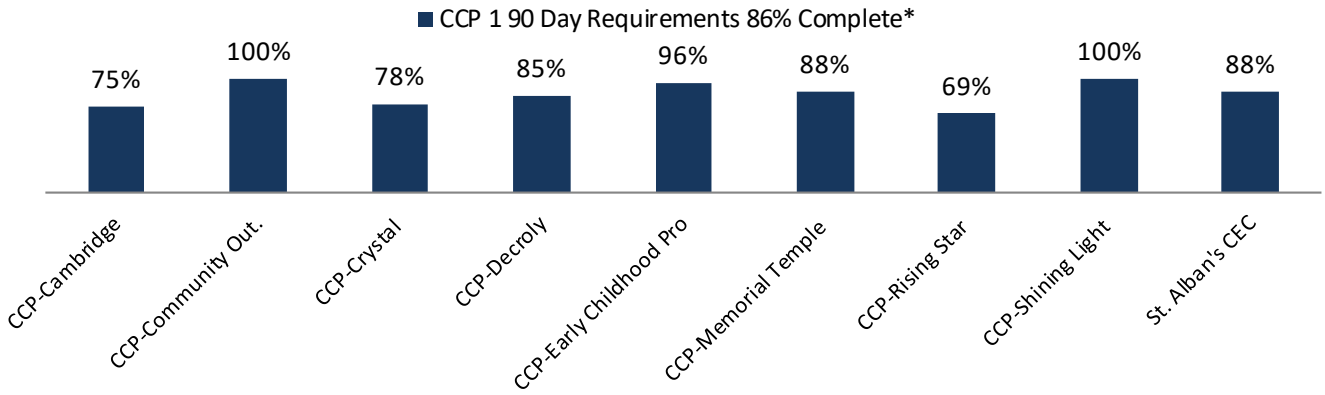
100% of **newly** enrolled children in the Head Start and Early Head Start Program must receive the 45-Day Screenings (Hearing, Vision, Developmental and Behavioral) within 45 calendar days of entry into the program.

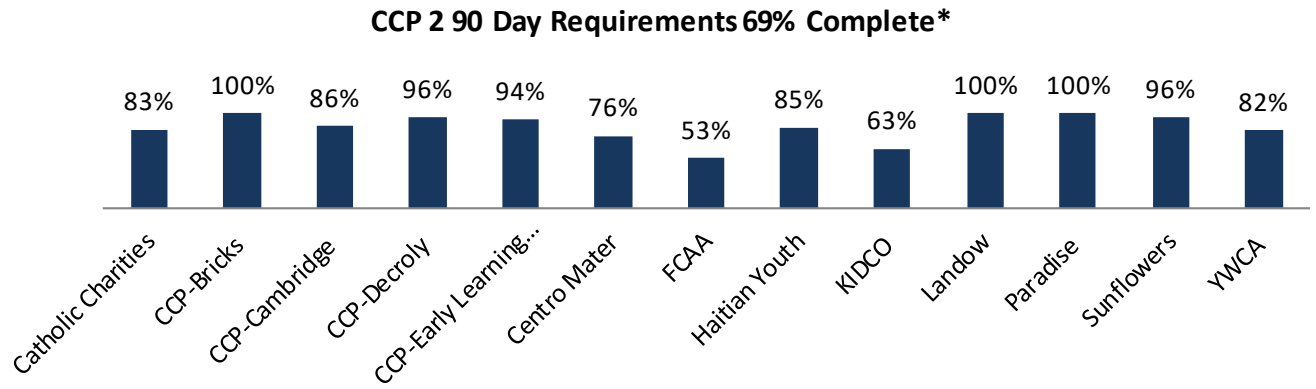
HEALTH SERVICES:

90-DayHealthRequirements:





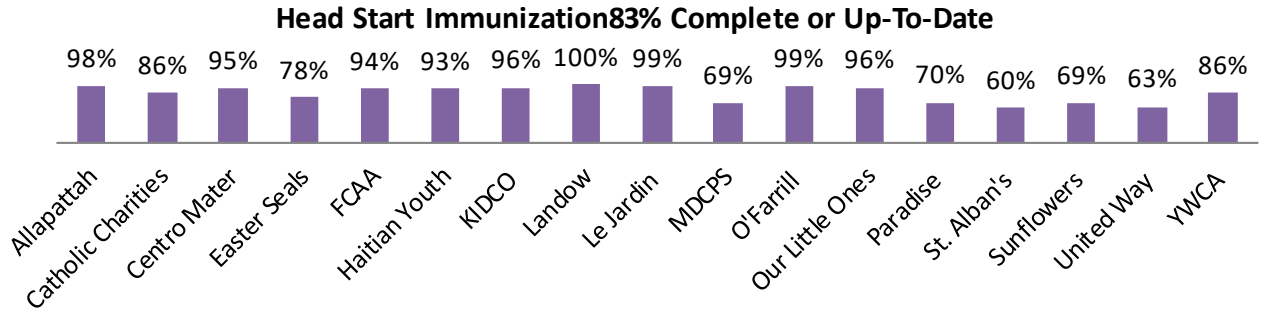


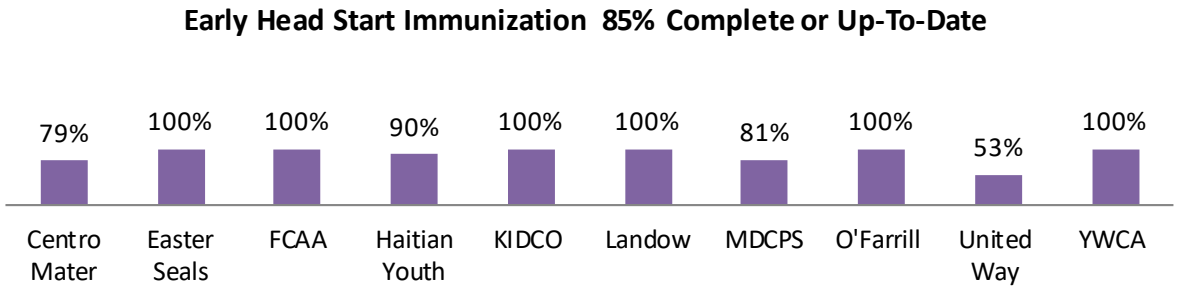


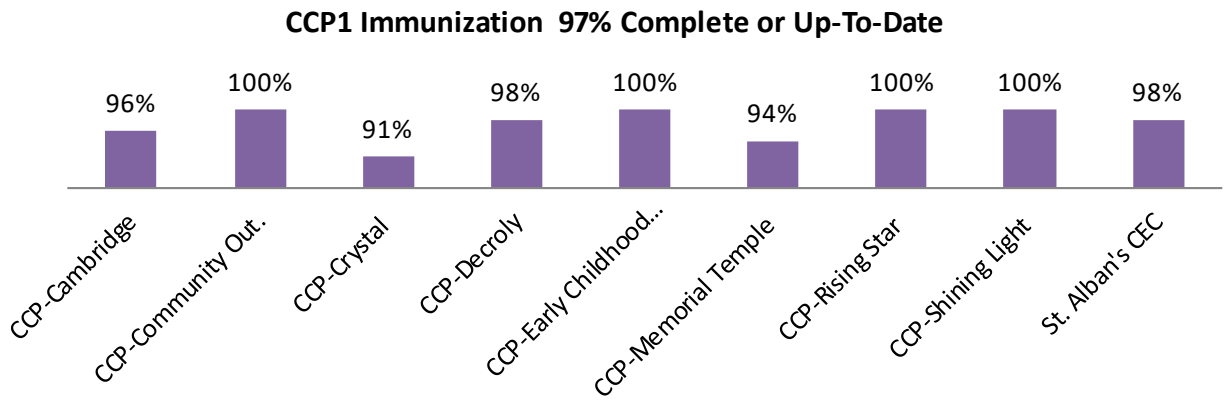
100% of the children must receive all Age Based Health Requirements (well baby check, Developmental/Behavioral screenings, Growth Assessment/Head Circumference, Health History, Hearing, Vision and Oral Health Screening) prior to the last day of the Early Head Start program term. An age equivalent well baby check is completed at various ages for each child from 2 months to 36 months. ***Percentages above reflect the children who has completed 90 day entry based requirements.**

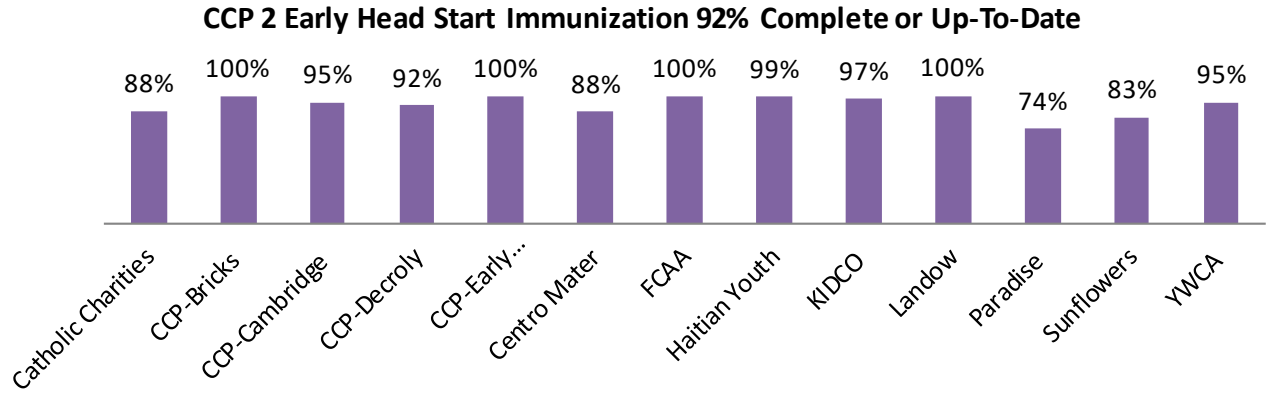
HEALTH SERVICES:

Immunization:









NOTE: 100% of all children must have a "complete" or "up-to-date" immunizations status within 90 calendar days of entry into the program.

COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 24, 2020

AGENDA ITEM NUMBER: 4A9

AGENDA ITEM SUBJECT: Information Memorandum: ACF-IM-HS-20-05 Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees

AGENDA ITEM TYPE: INFORMATION

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

Information Memorandum: ACF-IM-HS-20-05 Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees was released by the Office of Head Start on September 24, 2020. The Information Memorandum outlines the monitoring process for the 2021 Fiscal Year. Focus Area monitoring, beginning November 1, 2020, will continue to be via phone conference. Focus Area 2 monitoring, starting in January 2021, will be conducted virtually due to COVID-19. The CLASS monitoring is suspended for FY 2021.

FUNDING SOURCE:

U.S. Department of Health and Human Services

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-20-05	2. Issuance Date: 09/24/2020
	3. Originating Office: Office of Head Start	
	4. Key Word: Monitoring; CLASS®; COVID-19; FY 2021	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Grantees

SUBJECT: Fiscal Year (FY) 2021 Monitoring Process for Head Start and Early Head Start Grantees

INFORMATION:

Sec. 641A of the Improving Head Start for School Readiness Act of 2007 requires the Office of Head Start (OHS) to implement ongoing monitoring of all programs receiving federal funds. As a result of the coronavirus disease 2019 (COVID-19) pandemic and public health emergency, all monitoring reviews for the 2020–2021 school year will be conducted virtually. This decision was based on two principles that have driven OHS's decisions and guidance to programs throughout this period: (1) taking decisive actions to support each Program's success and (2) keeping the safety of children and staff paramount.

While prevalence or risk of COVID-19 varies from community to community, OHS recognizes that each Program's energies are focused on making innovative programmatic changes in a fluid environment to serve as many children and families as safely as possible. OHS does not wish to distract from those critical efforts by adding the burden of planning and accommodating an on- site federal review team. OHS believes a virtual monitoring protocol more appropriately balances the need for monitoring with the on-the-ground challenges to which programs are actively responding at this time. Secondly, and as important, OHS is committed to protecting the health and safety of children and staff in OHS programs. It understands that having outside monitors visit programs, in some locations, may increase the risk of exposure to COVID-19.

Limiting visitors to Head Start facilities is consistent with guidance on best practices from the U.S. Centers for Disease Control and Prevention on safely providing child care in group settings during the pandemic. Given the availability of a suitable virtual alternative, on-site OHS monitoring reviews as a general practice present an unnecessary risk at this unique time. However, OHS reserves the right to conduct special off-site or on-site reviews if they are determined to be necessary.

FY 2021 Monitoring Overview

Review Type	FY 2021 Implementation	Start Date
Focus Area 1 (FA1)	FA1 reviews will continue to be conducted using a virtual format.	November 2020
Focus Area 2 (FA2)	FA2 reviews will be conducted virtually for the 2020–2021 program year.	January 2021
Classroom Assessment Scoring System (CLASS®)	OHS plans to suspend CLASS® reviews for the 2020–2021 school year.	Not Applicable
Follow-up	Follow-up reviews will be conducted virtually by your Regional Office.	Start dates will coincide with the end of the corrective action period.
American Indian and Alaska Native (AIAN) Reevaluations	AIAN reevaluation reviews will be conducted virtually by the applicable Regional Office.	Start dates will coincide with the Tribal DRS Consultation process and Plan to Improve Quality.

OHS will begin virtual monitoring of grantees in November 2020. Grantees who will receive a monitoring review in FY 2021 will receive a notification letter at least 45 days prior to the start of their review event. Grantees can expect a planning call with their assigned review lead to discuss the virtual schedule. It will include conversations on:

- Program Design and Management.
- Education and Child Development.
- Health Program Services.
- Family and Community Engagement.
- Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA).
- Fiscal Infrastructure.

During the FA1 and FA2 review processes, grantees will be asked questions about the use of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding. They will also be asked about any adjustments made to program service delivery in response to the COVID-19 pandemic. OHS will request information regarding grantee service delivery model (e.g., in- person services, virtual services, or a hybrid of both) with the understanding that these operations may change throughout the program year.

If you have any questions or concerns regarding FY 2021 monitoring, please contact your Regional Office.

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

Dr. Deborah Bergeron
Director
Office of Head Start
Office of Early Childhood Development

COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 28, 2020

AGENDA ITEM NUMBER: 4A10

AGENDA ITEM SUBJECT: Program Instruction: ACF-PI-HS-20-06 Administrative Simplification for Consolidating Head Start Grants, Including Early Head Start-Child Care Partnerships

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

Program Instruction: ACF-PI-HS-20-06 Administrative Simplification for Consolidating Head Start Grants, Including Early Head Start-Child Care Partnerships was released by the Office of Head Start on October 28, 2020. The Program Instruction informed grantees with multiple Head Start grants of their ability to consolidate grants.

FUNDING SOURCE:

U.S. Department of Health and Human Services

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-20-06	2. Issuance Date: 10/28/2020
	3. Originating Office: Office of Head Start	
	4. Key Word: Administrative Simplification; Consolidating Grants; Combining Grants	

PROGRAM INSTRUCTION

TO: Head Start and Early Head Start Grantees

SUBJECT: Administrative Simplification for Consolidating Head Start Grants, Including Early Head Start-Child Care Partnerships

INSTRUCTION:
On December 19, 2019, the Office of Head Start (OHS) published ACF-PI-HS-19-02 Administrative Simplification for Consolidating Head Start Grants. That Program Instruction informed grantees operating multiple Head Start grants of their ability to request to consolidate all of their grants into one grant or, at a minimum, consolidate two or more grants. The goal of that Program Instruction was to reduce the administrative and financial burden associated with managing multiple grants. It also described the benefits and risks of consolidating multiple grants.

This instruction expands on ACF-PI-HS-19-02 by providing an additional option for consolidation. The option is intended primarily for grantees that have both a traditional Head Start or Early Head Start grant and an Early Head Start-Child Care (EHS-CC) Partnership grant.

Background
Prior to fiscal year 2020, grantees requesting to consolidate multiple Head Start grants were limited to consolidating those that shared the same project code. These project codes include CH, CI, or CM for grant award numbers that operate traditional Head Start or Early Head Start programs, and HI, HM, or HP for grant award numbers that operate EHS-CC Partnership and Early Head Start Expansion programs.

Since the inception of the EHS-CC Partnership and Early Head Start Expansion programs, each appropriation set aside funding specifically for these programs. This required accounting of the program funding separate from the grant award funding associated with traditional Head Start and Early Head Start programs. The Further Consolidated Appropriations Act, 2020 (Public Law 116-94) provided greater flexibility by not delineating all of the funding for the EHS-CC Partnership and Early Head Start Expansion programs separately. This appropriation only delineated new funding of $100 million specifically for EHS-CC Partnership and Early Head Start Expansion programs *for new awards scheduled to be made in the winter of 2021.*

Effective immediately, grantees may include multiple Head Start grants across all project codes in their consolidation requests. It is now possible for a grantee to have one grant for the operation of all of its programs, including Head Start, Early Head Start, and EHS-CC Partnerships. In these cases, the primary grant that assumes all approved funding, slot levels, service areas, and options will remain with the traditional Head Start grant or award number with project codes of CH, CI, or CM.

During the grant consolidation process, project period end dates are subject to change. The grant with the oldest project period — typically the grant scheduled to end the soonest — becomes the primary grant. If this grant is that of the EHS-CC Partnership, the traditional project will assume the project period end date of the EHS-CC Partnership grant, along with all approved funding, slot levels, service areas, and options included in the consolidation.

To further explain, take for example a consolidation between a CH project scheduled to end June 30, 2025, and an HP project scheduled to end June 30, 2024. During the consolidation, the CH project becomes the primary grant. However, the project end date will be adjusted to June 30, 2024, to prevent any component of the consolidated award from exceeding the five-year limit on a grant.

Early Head Start-Child Care Partnership Slots

If EHS-CC Partnership grants are consolidated with other grants, grantees will be required to document the number of EHS-CCP slots in the annual applications. For end-of-month enrollment reporting in the Head Start Enterprise System (HSES), grantees will continue to include partnership slots in the total count for Early Head Start.

Request to Consolidate Grants

Grantees interested in consolidating multiple Head Start or EHS-CC Partnership grants should contact their Regional Office to learn more about the options available. Along with the many benefits that come with consolidating multiple grants, grantees will continue to assume some risks that accompany the decision to operate under one award. These benefits and risks are further described in ACF-PI-HS-19-02.

Right of Refusal

The Administration for Children and Families continues to reserve the right to deny or delay approval of requests to consolidate Head Start or EHS-CC Partnership grants.

Please contact your Regional Office should you have questions about requesting to consolidate grants.

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

/ Dr. Deborah Bergeron /

Dr. Deborah Bergeron

Director

Office of Head Start

Office of Early Childhood Development

COMMUNITY ACTION AGENCY BOARD

DATE: DECEMBER 4, 2020

AGENDA ITEM NUMBER: 4A11

AGENDA ITEM SUBJECT: Program Instruction: ACF-PI-HS-20-07 Interim Final Rule on Flexibility for Head Start designation Renewals in Certain Emergencies

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY: The Office of Head Start released Program Instruction (PI) ACF-PI-HS-20-07-Interim Final Rule on Flexibility for Head Start designation Renewals in Certain Emergencies on December 4, 2020. This PI announces an interim final rule to the Head Start Program Performance Standards under 1304 Subpart B-Designation Renewal. This new section establishes parameters by which OHS may make designation renewal determinations when certain federally declared disasters and emergencies prevent the collection of all data normally required for making such determinations.

FUNDING SOURCE:

U.S. Department of Health and Human Services

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-20-07	2. Issuance Date: 12/4/2020
	3. Originating Office: Office of Head Start	
	4. Key Words: Designation Renewal System; DRS; Head Start Program Performance Standards; HSPPS; Revision; Interim Final Rule; Regulation; Head Start; Competition; Classroom Assessment Scoring System (CLASS®); Monitoring	

PROGRAM INSTRUCTION

SUBJECT: INTERIM FINAL RULE ON FLEXIBILITY FOR HEAD START DESIGNATION RENEWALS IN CERTAIN EMERGENCIES

TO: Head Start and Early Head Start Grantees and Delegate Agencies

INSTRUCTION:
The Office of Head Start (OHS) announced in the Federal Register an interim final rule (IFR) that adds a new section to the Head Start Program Performance Standards under 1304 Subpart B – Designation Renewal. This new section, 45 CFR §1304.17, establishes parameters by which OHS may make designation renewal determinations when certain federally declared disasters or emergencies prevent collection of all data normally required for making such determinations.

The Head Start Act (the Act) requires OHS to implement a Designation Renewal System (DRS) to determine which grants may be renewed noncompetitively and which grants will be subject to an open competition for the next five-year period. The Act stipulates the types of data OHS must consider as part of these designation renewal determinations, including the use of a valid and reliable research-based observational tool that examines the quality of teacher-child interactions. OHS uses the Classroom Assessment Scoring System (CLASS®), which was determined with input from experts to be the only tool that meets this statutory requirement. OHS typically uses CLASS® to conduct on-site reviews of the quality of teacher-child interactions in Head Start programs.

Due to the ongoing federally declared public health emergency (PHE) associated with the novel coronavirus disease 2019 (COVID-19), OHS has not been able to send observers on-site to conduct CLASS® reviews of Head Start grants since March 2020. OHS has also determined it cannot conduct CLASS® reviews during the 2020–2021 program year for two primary reasons. First, OHS aims to protect the health and safety of Head Start children and staff by limiting their exposure to outside individuals, whenever possible. Sending CLASS® observers into Head Start classrooms during the PHE would violate this principle. Second, OHS anticipates that interactions between teachers and children during the 2020–2021 program year will look very different than is typical, due to health and safety measures implemented in response to the PHE. This may include smaller class sizes, more distancing between children, use of masks by staff and children, and other measures. For these reasons, CLASS® may not capture a representative

picture of the grantee's teacher-child interactions across the five-year project period during this PHE.

In advance of grants ending, OHS must make determinations regarding whether grantees are subject to an open competition or can be renewed noncompetitively under the DRS. Except in very limited circumstances with special authority from Congress, OHS does not have authority to extend grants beyond five years to allow more time to collect data. To ensure the continuity of services for the vulnerable children and families Head Start serves, OHS must establish a process for making DRS determinations in the absence of all normally required data when the absence of such data is due to a federally declared disaster or emergency or PHE.

Effective Date
The new standard described at 45 CFR §1304.17 is effective December 7, 2020. Ensuring the health and safety of Head Start staff, children, and families is of utmost importance. This IFR directly supports that goal while establishing a process for OHS to meet the requirements of the Act to make designation renewal determinations during the COVID-19 pandemic and certain other federally declared disasters or emergencies or PHEs. It is critical that OHS implement this IFR as quickly as possible. Due to the ongoing PHE, we find good cause to waive the traditional notice and comment process because it would delay providing OHS the flexibility to make DRS determinations with the available data and potentially cause a gap in the availability of critical Head Start services in impacted communities.

Next Steps
Although this IFR is effective immediately, it is important for OHS to hear comments from the Head Start community about the addition of the new standard at 45 CFR §1304.17. Comments must be submitted between December 7, 2020, and February 5, 2021. The IFR, as well as the link to submit comments, are available on the Early Childhood Learning and Knowledge Center (ECLKC). OHS prefers to receive comments electronically via the Federal Register. However, if you cannot submit your comments electronically, you may send them by mail to:

Office of Head Start
Attention: Director of Policy and Planning
330 C Street SW, 4th Floor
Washington, DC 20201

All comments will be posted without change to www.regulations.gov, so please do not include any personal or sensitive information. If necessary, OHS will issue a revised final rule after considering public comments and making any needed adjustments to 45 CFR §1304.17.

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

/ Dr. Deborah Bergeron /

Dr. Deborah Bergeron
Director
Office of Head Start