



MIAMI-DADE COUNTY, FLORIDA
COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT

COMMUNITY ACTION AGENCY BOARD
OFFICERS:

701 NW 1st COURT, SUITE 1000
MIAMI, FLORIDA 33136
(786) 469-4600 /FAX: (786) 469-4703

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:

Elaine Adderly
Horacio Aguirre
Deena Albelto
Countess Balogun
Elizabeth Berenguer
Dr. Santarvis Brown
Charlotte Cassel
Janie F. Centeno
Alexander Chenault
Tiffany B. Crapp
Luis DeRosa
Gloria Joseph
Marissa Lindsey
Dr. Melissa Noya
Leah Shadle
Kelly Valle
Larry Williams

EMERITUS MEMBERS:

**James Fayson
**Rev. Wilfred McKenzie
**Lillie Williams

DEPARTMENT DIRECTOR:

Sonia J. Grice

** Deceased

MEMORANDUM

**TO: CAA JOINT FINANCE AND EXECUTIVE
COMMITTEE MEETING**

FROM: Sonia J. Grice Department Director 

DATE: September 23, 2021

SUBJECT: Meeting Notice

The Community Action Agency Joint Finance and Executive Committee Meeting will be held on Monday, October 4, 2021 at 3:00 PM. Please see details below:

**CAA JOINT FINANCE AND EXECUTIVE
COMMITTEE MEETING**

**Monday, October 4, 2021 at 3:00 PM
701 NW 1st Court, 10th Floor North Conference Room
Miami, Florida, 33136**

***If transportation assistance is needed kindly contact Matias
Buchhalter at (305) 310-4653 by close of business on September 30,
2021.**

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.

**COMMUNITY ACTION AGENCY BOARD
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Chairperson

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1st Vice Chair

DERRICK WILLIAMS
2ND Vice Chair

VACANT
3rd Vice Chair

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Secretary

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Carol A. Gardner
Gloria Joseph
Marissa Lindsey
Dr. Melissa Noya
Leah Shadle
Kelly Valle
Larry Williams

EMERITUS MEMBERS:

****James Fayson**
****Rev. Wilfred McKenzie**
****Lillie Williams**

DIRECTOR:

Sonia J. Grice

**** Deceased**

**COMMUNITY ACTION AGENCY
JOINT FINANCE AND EXECUTIVE COMMITTEE MEETING
MONDAY, OCTOBER 4, 2021 @ 3:00 P.M.**

AGENDA

CALL TO ORDER

INSPIRATIONAL MESSAGE

CAA MISSION STATEMENT

ROLL CALL/INTRODUCTIONS

Mission Statement

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

1. CHAIRPERSON'S COMMENTS

- A. Adoption of the Agenda
- B. Recommendation: Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – June 7, 2021 [pgs.4-9]
- C. Recommendation: Approval to Accept the Joint Finance and Executive Committee Special Call Meeting Minutes – July, 19, 2021 [pgs.10-12]
- D. Recommendation: Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – September 13, 2021 [pgs.13-14]

2. REASONABLE OPPORTUNITY TO BE HEARD

3. COMMITTEE REPORTS / ACTION ITEMS

A. Committee Reports

- 1. Head Start/ Early Head Start Policy Council Chairperson's Report for June-August 2021
 - *Recommendation: Approval to Accept: [pgs.15-18]
 - a. HS/EHS Financial Statement ending May 31, 2021 PY: 2020-21 [pgs.19-21]
 - b. EHS-CCP Financial Statement ending May 31, 2021 PY: 2020-21 [pgs.22-24]
 - c. EHS-CCP Expansion Financial Statement ending May 31, 2021 PY: 2020-21 [pgs.25-27]
 - d. HS/EHS Report ending June 30, 2021 PY: 2020-2021 [pgs.28-30]
 - e. EHS-CCP Report ending June 30, 2021 PY: 2020-2021 [pgs.31-33]
 - f. EHS-Expansion Report ending June 30, 2021 PY: 2020-2021 [pgs.34-36]
 - g. Miami-Dade County Public School Relocation: Olinda Elementary Head Start, Bunche Park Elementary Head Start, and South Pointe Elementary Head Start [pg.37]
 - h. Head Start University Partnerships: Building the Evidence Base for ECE Workforce Well-Being [pgs.38-39]
 - i. New CCP Provider: Universal Academy [pg.40]
 - j. 2021-2022 HS/EHS Self-Assessment Plan [pgs.41-44]
 - k. 2021-2022 EHS-CCP Self-Assessment Plan [pgs.45-48]
 - l. 2021-2022 EHS Expansion Self- Assessment Plan [pgs.49-52]
 - m. Haitian Youth Slot Relocation [pg.53]

4. DIRECTOR'S REPORT/DEPARTMENTAL UPDATES – INFORMATIONAL

- A. Divisional Updates/Content Area Reports [pgs.54-159]
 - 1. Elderly and Disability Services [pg.--]
 - 2. Energy, Facilities & Transportation [pgs.55-56]

**COMMUNITY ACTION AGENCY BOARD
OFFICERS:**

- | | |
|--|---------------|
| 3. Family and Community Services | [pg.57] |
| 4. Psychological Services | [pgs.58-59] |
| 5. Violence Prevention and Intervention | [pg.60] |
| 6. Greater Miami Service Corps | [pg.--] |
| 7. Rehabilitative Services | [pg.61] |
| 8. Head Start Early Head Start Content Area Report July 2021 | [pgs.62-91] |
| 9. ACF-IM-HS-21-03: Monitoring Process for Head Start and Early Head Start Grantee | [pgs.92-94] |
| 10. ACF-IM-HS-21-04: Terminology Changes | [pgs.95-96] |
| 11. Focus Area 1 Results | [pgs.97-104] |
| 12. Updated COVID-19 Protocols | [pgs.105-156] |
| 13. Focus Area 2 Notification | [pg.157] |
| 14. Head Start Summer Program | [pg.158] |
| 15. Award Letter | [pg.159] |

5. OTHER/NEW BUSINESS

6. ANNOUNCEMENTS

7. ADJOURNMENT

Next CAA Executive Committee Meeting:

**Monday, November 1, 2021
4:00 P.M.**

Next CAA Board Meeting

**Monday, November 8, 2021
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 JOINT FINANCE AND EXECUTIVE COMMITTEE MEETING MINUTES

Meeting Date: MONDAY, JUNE 7, 2021 @ 4:00 PM

Attendance					
Dr. Joyce Price, Chair	P	Regina Grace	P	Derrick Williams	P
Natalie Robinson-Bruner	EX	Dr. Michael G. Fresco, Sr.	P	Alvin W. Roberts (Attended meeting remotely via Zoom)	P
Twaquilla Eatman	P	Marjorie York	P	Dr. Cathia Darling	P
Dr. William Zubkoff (Attended meeting remotely via Zoom)	P				
* (10) Committee Members. Quorum was established, with (7) Committee members physically present for the meeting.					
P = Present (9)		E = Excused (1)		A = Absent (0)	
Attendance – Board Members/Staff/Visitors					
Wanda Walker, Family and Community Services Division Director	Richard Signori, CAHSD Fiscal Director		Matias Buchhalter, Staff		
Brenda Williams, Fiscal Administrator HS/ES	Cassandra Alexander, Staff		Jessica Mejia, Staff		
Alton Sears, Staff	Salvador Najarro, Assistant Director		Aleah Smith, Staff		
Rani Panchanathan, Nutrition Services Coordinator, Staff	Former State Representative Roy Hardemon, Visitor				
Eleven (11) staff/visitors in attendance					
CALL TO ORDER				ACTION NEEDED/TAKEN	
Call to Order Inspirational Message CAA Mission Statement	1 st Vice Chair, Ms. Regina Grace, called the CAA Joint Finance and Executive Committee meeting to order at approximately 4:16 P.M. Mr. Derrick Williams provided the inspirational message, and Dr. Cathia Darling recited the CAA mission statement.		N/A		
I. CHAIRPERSON COMMENTS				ACTION NEEDED/TAKEN	
Updates from the CAA Board:	• Deena Albelto was elected as the Florida City Target Area CAA Board representative, effective March 25, 2021.		N/A		

	<ul style="list-style-type: none"> • Sharon Frazier-Stephens was removed from the CAA Board, effective April 19, 2021. • Lis-Marie Alvarado resigned from the CAA Board, effective May 14, 2021 • Chairwoman Dr. Joyce Price to appoint a nominating committee to fill vacancies. Members must be able to meet in-person at least once to complete the process. 	
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 Dr. Cathia Darling. Motion passed unanimously.	N/A
B. Recommendation: Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – April 5, 2021	Ms. Grace asked for motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from April 5, 2021 which was moved by Dr. Joyce Price, and seconded by Ms. Marjorie York. Motion passed unanimously.	N/A
C. Recommendation: Approval to Accept the Joint Finance and Executive Committee Special Call Meeting Minutes – April 19, 2021	Ms. Grace asked for motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from April 19, 2021 which was moved by Dr. Fresco, and seconded by Dr. Price. Motion passed unanimously.	<u>Action Taken:</u> Staff has corrected the minutes with respect to agenda item 3A1a in regards to adding to the record the question posed by Dr. Fresco of the cost allocation of “other” funding.
D. Recommendation: Approval to Accept the Joint Finance and Executive Committee Meeting Minutes – May 3, 2021	Ms. Grace asked for motion to approve and accept the Joint Finance and Executive Committee Meeting Minutes from May 3, 2021 which was moved by Dr. Fresco, and seconded by Ms. Twaquilla Eatman. Motion passed unanimously.	N/A
II. REASONABLE OPPORTUNITY TO BE HEARD		
<ul style="list-style-type: none"> • Former State Representative, Roy Hardemon requested a reasonable opportunity to be heard. Ms. Grace provided the opportunity to Mr. Hardemon to speak to the Executive Committee. • Mr. Hardemon presented a series of concerns on behalf of the Liberty City, Brownsville, and Opa Locka Community Advisory Councils, such as the existing struggle to achieve quorum and outstanding vacancies on the CACs. • Ms. Grace directed Mr. Hardemon to direct his concerns in writing to the CAHSD Interim Director, and for CAHSD staff to utilize the upcoming summer recess to address these issues and provide support to the CACs. Mr. Hardemon also advised that CAHSD staff are working diligently to address these issues, and Ms. Grace articulated that the Executive Committee supports the efforts by staff to resolve these setbacks. 		
III. COMMITTEE REPORTS/ ACTION ITEMS		ACTION NEEDED/TAKEN

Finance Committee a. Recommendation: Approval to Accept the CAHSD Financial Statements from October 2020—March 2021	<p>At Ms. Grace’s request, Mr. Salvador Najarro, CAHSD Assistant Director, presented the CAHSD Financial Statements from October 2020—March 2021. The Community Action and Human Services Department FY 2020-21 Adopted budget is \$149,078,000. 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 \$66,297,000. The Year-to-Date expense through the month of march 2021 for these programs is \$36,816,252 or 56% of budget. Ms. Grace asked for a motion to approve and accept the CAHSD Financial Statements from October 2020—March 2021 which was moved by Dr. Fresco, and seconded by Mr. Williams. Motion passed unanimously.</p>	<p>N/A</p>
Head Start/ Early Head Start Policy Council Chairperson’s Report for April and May 2021	<p>At Ms. Grace’s request, Ms. Twaquilla Eatman, Head Start/Early Head Start Policy Council Chairperson’s, presented the Head Start/ Early Head Start Policy Council Chairperson’s Report for April and May 2021, 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 April and May 2021 which was moved by Dr. Price, and seconded by Dr. Darling. Motion passed unanimously.</p>	<p>N/A</p>
*Recommendation: Approval to Accept: a. Head Start/Early Head Start Financial Statements from March – April 2021 PY 2020-21	<p>At Ms. Grace’s request, Ms. Brenda Williams, Head Start/Early Head Start Fiscal Administrator, presented the Head Start/Early Head Start Financial Statements from March through April 2021 PY 2020-21. The financial report for the Head Start/Early Head Start program through April 30, 2021, pertains to the 9th month of the 12 month contract year. This includes the budgeted amount of \$66,060,042 which includes COLA & quality improvement of \$3,066,864 and a one-time supplemental of \$936,892. And an actual adjusted expenditures of \$32,507,648. Outstanding invoices in process of approximately \$6,609,409. The current funds utilization rate is 59.21%. Ms. Grace asked for a motion to approve and accept the Head Start/Early Head Start Financial Statements from March through April 2021 PY 2020-21 which was moved by Mr. Williams, and seconded by Dr. Price. Motion passed unanimously.</p>	<p>N/A</p>
b. Head Start/Early Head Start Financial Statements	<p>At Ms. Grace’s request, Ms. Williams presented the Head Start/Early Head Start Financial Statements from March 2021 PY 2020-21 One Time Activities COVID-19. The financial report for the Head Start/Early Head Start program</p>	<p>N/A</p>

from March 2021 PY 2020-21 One Time Activities COVID-19	<p>through March 31, 2021 includes the budgeted amount of \$5,937,224 and an actual adjusted expenditures of \$4,909,979. Outstanding invoices in process of approximately \$1,027,245. The current funds utilization rate is 100%. Ms. Grace asked for a motion to approve and accept the Head Start/Early Head Start Financial Statements from March 2021 PY 2020-21 One Time Activities COVID-19 which was moved by Dr. Fresco, and seconded by Mr. Williams. Motion passed unanimously.</p>	
c. Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY2020-21	<p>At Ms. Grace's request, Ms. Williams presented the Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY 2020-21. The financial report for the Childcare Partnership program through March 31, 2021 pertains to the 8th 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 an actual adjusted expenditures of \$1,942,622 and invoices in process of approximately \$132,642. The current funds utilization rate is 59.71%. Ms. Grace asked for a motion to approve and accept the Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY 2020-21 which was moved by Dr. Fresco, and seconded by Mr. Williams. Motion passed unanimously.</p>	<p>N/A</p>
d. Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY 2020-21 One Time Activities COVID-19	<p>At Ms. Grace's request, Ms. Williams presented the Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY 2020-21 One Time Activities COVID-19. The financial report for the Childcare Partnership program through March 31, 2021 includes the budgeted amount of \$210,914 and an actual adjusted expenditures of \$210,914 and adjustment in process of \$310. The current funds utilization rate is 100%. Ms. Grace asked for a motion to approve and accept the Early Head Start Childcare Partnership Program Financial Statement for March 2021 PY 2020-21 One Time Activities COVID-19 which was moved by Dr. Darling, and seconded by Dr. Price. Motion passed unanimously.</p>	<p>N/A</p>
e. Combination – Early Head Start – Child Care Partnership Program Financial Statements from March –	<p>At Ms. Grace's request, Ms. Williams presented the Combination – Early Head Start – Child Care Partnership Program Financial Statements from March – April 2021 PY2020-21. The financial report for the Combination -Expansion Early Head Start-Child Care Partnership program through April 30, 2021 pertains to the 14th month of the 17th, month contract year. This includes the budgeted amount of \$12,809,076</p>	<p>N/A</p>

April 2021 PY2020-21	which includes the COLA and quality improvement of \$357,407, carryover of \$1,021,895 and five-month budget extension of \$3,466,818. Actual expenditures of \$7,564,534 and invoices in process of approximately \$1,575,406. The current funds utilization rate is 71.36%. Ms. Grace asked for a motion to approve and accept the Combination – Early Head Start – Child Care Partnership Program Financial Statements from March – April 2021 PY2020-21 which was moved by Mr. Williams, and seconded by Dr. Fresco. Motion passed unanimously.	
f. Combination – Early Head Start – Child Care Partnership Program Financial Statement from March 2021 PY2020-21 One Time Activities COVID-19	At Ms. Grace’s request, Ms. Williams presented the Combination – Early Head Start – Child Care Partnership Program Financial Statement from March 2021 PY2020-21 One Time Activities COVID-19. The financial report for the Combination –Expansion Early Head Start-Child care Partnership program through March 31, 2021 includes the budgeted amount of \$485,102 and actual expenditures of \$398,731 and estimated invoices in process of approximately \$86,371. The current funds utilization rate is 100%. Ms. Grace asked for a motion to approve and accept the Combination – Early Head Start – Child Care Partnership Program Financial Statement from March 2021 PY2020-21 One Time Activities COVID-19 which was moved by Dr. Fresco, and seconded by Dr. Price. Motion passed unanimously.	N/A
g. All Head Start, Early Head Start, Early Head Start - Child Care Partnership grantees eligible for the American Rescue Plan One-Time Supplement	At Ms. Grace’s request, Ms. Williams presented the All Head Start, Early Head Start, Early Head Start - Child Care Partnership grantees eligible for the American Rescue Plan One-Time Supplement as an informational item. The Community Action and Human Services Department Head Start-Start Program has been informed of its eligibility to apply for a funding amount of \$9,031,182 to carry out activities under the Head Start Act funded by the American Rescue Plan Act of 2021. The Budget Period is 04/01/2021 -3/31/2023 Non-Competing New. This grant includes funding for all grants based on the current funded enrollment. The allocations are as follows: Head Start \$7,546,974 Funded Enrollment to serve 6310 children and families. Early Head Start \$533,508 Funded Enrollment to serve 446 children and families. Expansion Early Head Start Child Care Partnership \$660,272 Funded Enrollment to serve 552 children and families. Early Head Start Child Care Partnership \$290,428 Funded Enrollment to serve 240 children and families. Application was due to the	N/A

	Regional Office of Head Start on May 18th, 2021 and was submitted on that date. Although this item was presented to the Executive Committee as an informational item, the Committee approved to acknowledge receipt of this important information from the Head Start Program, followed by discussion.	
IV. DIRECTOR'S REPORT/ DEPARTMENTAL UPDATES - INFORMATIONAL		
Mr. Salvador Najarro, CAHSD Assistant Director, informed the Executive Committee that the department is in good order, and there are no further updates to report.		
V. OTHER NEWS/BUSINESS		
Ms. Grace is requesting that staff address the concerns regarding the Community Advisory Councils and full representation, as it relates to quorum and community engagement.		
VI. ANNOUNCEMENTS		
<ul style="list-style-type: none"> Ms. Grace announced that the Richmond Heights Community will be hosting Juneteenth activities on Saturday, June 19th from 10 A.M. to 3 P.M. Dr. Price shared that South Miami will be celebrating Juneteenth on Saturday, June 19th from 2 P.M. to 6 P.M. at the Higher Praise Worship Center, located on 6610 SW 59th Pl, South Miami, FL 33143. Mr. Roberts wished all the father's a happy upcoming Father's day. Additionally, Mr. Roberts informed the committee of National Flag Day on Monday, June 14th. 		
VII. ADJOURNMENT		
Adjournment	Ms. Grace asked for a motion to adjourn the meeting which was moved by Dr. Price and seconded by Mr. Williams. Motion passed unanimously. Ms. Grace adjourned the meeting at approximately 5:46 P.M.	N/A
NEXT MEETING DATE	Monday September 13, 2021 3:00 P.M.	N/A

Dr. Joyce Price, CAA Board Chair

Date



Community Action and Human Services (CAHSD) Board

CAA EXECUTIVE COMMITTEE SPECIAL CALL MEETING MINUTES

Meeting Date: MONDAY, JULY 19, 2021 @ 4:00 P.M.

Attendance – Board Members					
Dr. Joyce Price, Chair	P	Regina Grace	P	Derrick Williams	P
Natalie Robinson-Bruner	A	Dr. Michael G. Fresco, Sr.	P	Alvin W. Roberts	P
Twaquilla Eatman	P	Marjorie York	P	Dr. Cathia Darling	P
Dr. William Zubkoff	P				

*** (9) Committee Members. Quorum was established with (9) Committee members physically present for the meeting.**

P = Present (9)

E = Excused (0)

A = Absent (1)

Attendance – Staff/Visitors		
Dr. Maria “Maite” Riestra-Quintero, HS/EHS Director	Matias Buchhalter, Staff	Thomas Yarosz, Visitor

Three (3) staff/visitors in attendance

CALL TO ORDER		ACTION NEEDED/TAKEN
Call to Order Inspirational Message CAA Mission Statement	1 st Vice Chair, Ms. Regina Grace, called the CAA Executive Committee Special Call meeting to order at approximately 4:16 P.M. Mr. Derrick Williams provided the inspirational message, and Ms. Grace recited the mission statement.	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. Joyce Price, and seconded by Ms. Marjorie York. Motion passed unanimously.	N/A
II. REASONABLE OPPORTUNITY TO BE HEARD		
• No requests received.		
III. ACTION ITEMS		ACTION NEEDED/TAKEN
Head Start/ Early Head Start	At Ms. Grace’s request, Dr. Maria “Maite” Riestra-Quintero, Head Start Early Head Start Director, presented the Miami-Dade County Head Start/Early Head Start Grant Non-	

<p>*Recommendation: Approval to Accept:</p> <p>a. Miami-Dade County Head Start/Early Head Start Grant Non-Federal Share Waiver request award No. 04CH010192-06</p>	<p>Federal Share Waiver request award No. 04CH010192-06, followed by discussion. The Community Action and Human Services Department Head Start/Early Head Start Program is requesting approval to submit a Non-Federal Share Waiver Request in the amount of \$1,623,768. The required amount of Non-Federal Share to be collected was \$16,515,011 and the interim amount collected to date is \$14,891,243. Dr. Michael Fresco posed a question on how volunteer hours are calculated within the Head Start grants. Dr. Riestra explained to the Board that parent's time falls under volunteer hours and is valued at a teacher's assistance rate. Ms. Grace asked for a motion to approve and accept the Miami-Dade County Head Start/Early Head Start Grant Non-Federal Share Waiver request award No. 04CH010192-06 which was moved by Mr. Williams, and seconded by Dr. Price. Motion passed unanimously.</p>	<p>N/A</p>
<p>b. Miami-Dade County Head Start/Early Head Start Grant Low-Cost Extension for award No. 04CH010192-06</p>	<p>At Ms. Grace's request, Dr. Riestra-Quintero presented the Miami-Dade County Head Start/Early Head Start Grant Low-Cost Extension for award No. 04CH010192-06. The Community Action and Human Services Department Head Start/Early Head Start Grant Program is requesting a Low-Cost Extension request estimate of \$1,871,302 from Program Year 6, 2020-2021. This grant Project period ends July 30th, 2021 which makes these funds ineligible for carryover to a new Program year. This \$1,871,302 amount represents the unobligated funds remaining to complete the outstanding projects. We are requesting the Low-Cost Extension for a period of nine months or until April 30, 2022. Ms. Grace asked for a motion to approve and accept the Miami-Dade County Head Start/Early Head Start Grant Low-Cost Extension for award No. 04CH010192-06 which was moved by Dr. Cathia Darling, and seconded by Dr. Fresco. Motion passed unanimously.</p>	<p>N/A</p>
<p>c. Miami-Dade County Combination Expansion Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP00015802</p>	<p>At Ms. Grace's request, Dr. Riestra-Quintero presented the Miami-Dade County Combination Expansion Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP00015802. The Community Action and Human Services Department Combination Expansion Early Head Start-Child Care Partnership Program is requesting approval to submit a Non-Federal Share Waiver Request in</p>	<p>N/A</p>

	the amount of \$1,243,316. The required amount of Non-Federal Share to be collected was \$2,946,795 and the interim amount collected to date is \$1,703,479. Ms. Grace asked for a motion to approve and accept the Miami-Dade County Combination Expansion Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP00015802 which was moved by Dr. William Zubkoff, and seconded by Ms. Twaquilla Eatman. Motion passed unanimously.	
d. Miami-Dade County Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP000219-02	At Ms. Grace's request, Dr. Riestra-Quintero presented the Miami-Dade County Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP000219-02. The Community Action and Human Services Department Early Head Start-Child Care Partnership Program is requesting approval to submit a Non-Federal Share Waiver Request in the amount of \$824,294. The required amount of Non-Federal Share to be collected was \$869,003 and the interim amount collected to date is \$44,709. Ms. Grace asked for a motion to approve and accept the Miami-Dade County Early Head Start Childcare Partnership Grant Non-Federal Share Waiver Request for Award No. 04HP000219-02 which was moved by Mr. Williams, and seconded by Mr. Roberts. Motion passed unanimously.	N/A
IV. OTHER NEWS/BUSINESS		
• N/A		
V. ANNOUNCEMENTS		
• Ms. York announced that the Miami Beach Botanical Garden will be hosting an International Day of Peace Celebration on September 20 th . The Miami Beach Botanical Garden is located at 2000 Convention Center Dr. Miami Beach, FL 33139.		
VI. ADJOURNMENT		
Adjournment	Ms. Regina Grace asked for a motion to adjourn the meeting which was moved by Dr. Price and seconded by Mr. Roberts. Motion passed unanimously. Ms. Grace adjourned the meeting at approximately 4:47 P.M.	N/A
NEXT MEETING DATE	Monday, September 13, 2021 4:00 P.M.	N/A


 Dr. Joyce Price, CAA Board Chair

7/27/21
 Date



Community Action and Human Services (CAHSD) Board

CAA JOINT FINANCE AND EXECUTIVE COMMITTEE MEETING MINUTES

Meeting Date: MONDAY, SEPTEMBER 13, 2021 @ 3:00 P.M.

Attendance – Board Members					
Dr. Joyce Price, Chair	P	Regina Grace	EX	Derrick Williams	EX
Natalie Robinson-Bruner, attended meeting via Zoom	P	Dr. Michael G. Fresco, Sr.	P	Alvin W. Roberts	P
Twaquilla Eatman	EX	Marjorie York	P	Dr. Cathia Darling	EX
Dr. William Zubkoff	P				
* (5) Committee Members. Quorum was not established with only (5) Committee members physically present for the meeting.					
P = Present (5)		E = Excused (4)		A = Absent (0)	
Attendance – Staff/Visitors					
Dr. Maria “Maite” Riestra-Quintero, HS/EHS Director	Matias Buchhalter, Staff			Thomas Yarosz, Visitor	
Sonia J. Grice, CAHSD Department Director	Sal Najarro, Assistant Director			Alton Sears, Staff	
Brenda Williams, HS/EHS Fiscal Administrator					
Seven (7) staff/visitors in attendance					
CALL TO ORDER				ACTION NEEDED/TAKEN	
Call to Order Inspirational Message CAA Mission Statement	Chairwoman, Dr. Joyce Price, welcomed everyone to the CAA Joint Finance and Executive Committee meeting at approximately 3:31 P.M.			N/A	
I. CHAIRPERSON COMMENTS				ACTION NEEDED/TAKEN	
A. New Department Director	Dr. Price welcomed the new CAHSD Department Director, Sonia J. Grice, to the Committee. Dr. Price yielded the floor to the Director, for the Director’s Report and Departmental updates, as quorum was not established.			N/A	
II. REASONABLE OPPORTUNITY TO BE HEARD					
• No requests received.					
III. DIRECTOR’S REPORT/ DEPARTMENTAL UPDATES - INFORMATIONAL					
Sonia J. Grice, Department Director provided the Director’s Report:					

- Director Grice introduced herself to the Committee and informed the committee of the recent passing of Mr. Corey Jones, who served as CAHSD's Energy and Facilities Programs Division Director.
- Dr. Price asked for a moment of silence to honor Mr. Jones, the victims of the Surfside Building collapse, the victims of the Earthquake in Haiti, and the 10th anniversary of September 11th, 2001.

IV. OTHER NEWS/BUSINESS

- **N/A**

V. ANNOUNCEMENTS

- **N/A**

VI. ADJOURNMENT

Adjournment	Dr. Price adjourned the meeting at approximately 3:41 PM	N/A
NEXT MEETING DATE	Monday, October 4, 2021 3:00 P.M.	N/A

Dr. Joyce Price, CAA Board Chair

Date



COMMUNITY ACTION AGENCY BOARD

DATE: JUNE 17, 2021

AGENDA ITEM NUMBER: 3A1

AGENDA ITEM SUBJECT: Policy Council Chairperson Report For June

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 Full Board and Executive Board met on May 6, June 3, and June 17, 2021, to review, discuss, and approve the following items:

- Planning and Budget Reports ending April 30, 2021
 - HS/EHS
 - EHS-CCP
 - Combination Expansion EHS-CCP
- ALL Head Start, Early Head Start, Early Head Start-Child Care Partnership Grantees eligible for AMERICAN RESCUE PLAN ONE- TIME Supplement
- MDCPS Slot Relocation
 - Agenoria S. Paschal/ Olinda Elementary
 - Bunche Park Elementary
 - Miami Beach South Pointe Elementary
- Head Start University Partnerships: Building the Evidence Base for ECE Workforce Well-Being

The following items were presented as information only:

- ACF-PI-HS-21-03 FY: 2021 American Rescue Plan Funding Increase for Head Start Programs
- ACF-PI-HS-21-04 Office of Head Start Expectations for Head Start Programs in Program Year 2021–2022
- Content Area Report: May

The Full Board Policy Council will be on summer recess until September.

The next Executive Board Policy Council meeting is July 15, 2021

FUNDING SOURCE: U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 15, 2021

AGENDA ITEM NUMBER: 3A1

AGENDA ITEM SUBJECT: Policy Council Chairperson Report F Ju

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: INFORMATIONAL

BACKGROUND/SUMMARY: This report is provided to the CAA Board as a verbal report.

The Head Start Policy Council Executive Board met on July 15, to review, discuss, and approve the following items:

- Planning and Budget Reports ending May 31, 2021 PY 2020-2021
 - HS/EHS
 - EHS-CCP
 - Combination Expansion
- Non-Federal Share Waiver Requests
 - Head Start Early Head Start Grant Non-Federal Share Waiver request award No. 04CH010193-06
 - Combination Expansion Early Head Start – Child Care Partnership Grant Non-Federal Share Waiver Request No. 04HP000158-02
- Head Start/ Early Head Start Program Fiscal Year 2020-2021 Low-Cost Extension
- New CCP Provider: Universal Academy

The Full Board Policy Council will be on summer recess until September. The next Executive Board Policy Council meeting is August 18, 2021

FUNDING SOURCE: U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: SEPTEMBER 2, 2021

AGENDA ITEM NUMBER: 3A1

AGENDA ITEM SUBJECT: Policy Council Chairperson Report for August

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 met on September 2, 2021 to review, discuss, and approve the following items:

- Planning and Budget Reports ending June 30, 2021: PY 2020-2021
 - HS/EHS
 - EHS-CCP
 - Combination Expansion
- New Hire:
 - Administrative Officer II Health Specialist: Rosenie Celestin
- 2021-2022 Self-Assessment Plans
 - Head Start/ Early Head Start
 - Early Head Start-Child Care Partnership
 - Early Head Start Expansion
- Relocation of Haitian Youth Slots

The following items were presented as information only:

- ACF-IM-HS-21-03: Monitoring Process for Head Start and Early Head Start Grantees
- ACF-IM-HS-21-04: Terminology Changes
- Focus Area 1 Results
- Updated COVID-19 Protocols
- Focus Area 2 Notification

- Head Start Summer Program
- Award Letters

The next Executive Board Policy Council meeting is September 16, 2021.

CAAB member representative in the Policy Council

- Head Start Policy Council is asking for a Board member to be a part of the 2021-2022 Head Start Policy Council. The Full Board meets in person the first Thursday of every month at 6:30 PM in the first-floor Training Room at OTV-N.

FUNDING SOURCE: U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 15, 2021

AGENDA ITEM NUMBER: 3A1a

**AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START
FINANCIAL STATEMENT FOR MAY 2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY JULY 15, 2021, AND IS TO BE REVIEWED BY THE HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021. THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD START PROGRAM THROUGH MAY 31, 2021, PERTAINS TO THE 10TH MONTH OF THE 12TH MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF \$66,040,042 WHICH INCLUDES COLA & QUALITY IMPROVEMENT OF \$3,066,864 AND ONE-TIME SUPPLEMENTAL OF \$936,892 AND ACTUAL

**ADJUSTED EXPENDITURES OF \$38,913,415. OUTSTANDING
INVOICES IN PROCESS OF APPROXIMATELY \$6,341,172.**

THE CURRENT FUNDS UTILIZATION RATE IS 67.85%.

FUNDING SOURCE: FEDERAL

PY:2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 30, 2021

CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Head Start/Early Head Start
Year-to-Date Financial Report as of
May 31, 2021

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021					
Expenditures					
SALARIES	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	5,415,930	397,003	4,114,573	1,301,357	75.97%
FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Fringe Benefits	2,302,942	148,493	1,518,722	784,220	65.95%
TRAVEL	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Staff Travel out of Town	153,249	-	-	153,249	0.00%
EQUIPMENT	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Other Equipment	762,892	-	-	762,892	0.00%
SUPPLIES	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Office Supplies	101,533	5,734	15,546	85,987	15.31%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	101,533		15,546	85,987	15.31%
CONTRACTUAL	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	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	-	18,442	32,745	36.03%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	1,701	265,069	328,317	44.67%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,820,129	146,362	1,466,262	353,867	80.56%
Landow COMMUNITY BASED OR	825,214	44,774	342,433	482,781	41.50%
Allapattah OTHER GRANTS/SERVI	568,649	42,252	400,655	167,994	70.46%
OUR LITTLE ONES CH	868,942	-	490,278	378,664	56.42%
PARADISE CHRISTIAN	1,323,776	201,771	1,060,017	263,760	80.08%
CATHOLIC COMMUNITY	9,318,753	1,053,372	3,965,472	5,353,281	42.55%
ST ALBANS DAY CARE	1,250,901	-	923,962	326,939	73.86%
KIDCO DAYCARE	2,303,318	176,477	1,522,175	781,143	66.09%
CHRISTIAN COMMUNIT	3,517,571	62,186	2,266,860	1,250,711	64.44%
LE JARDIN HEADSTAR	3,516,354	-	2,322,035	1,194,319	66.04%
CENTRO MATER CHILD	4,836,179	379,683	2,641,064	2,195,115	54.61%
SUNFLOWERS ACADEMY	296,006	25,730	201,767	94,239	68.16%
HAITIAN YOUTH & CO	1,718,591	124,991	996,345	722,246	57.97%
UNITED WAY OF MIA	682,504	29,804	376,680	305,824	55.19%
MIAMI DADE COUNTY PUBLIC	16,479,734	2,790,693	10,104,124	6,375,610	61.31%
YWCA	2,018,943	156,872	1,071,830	947,113	53.09%
EASTER SEALS SOUTH FLORIDA	3,415,365	292,675	1,924,536	1,490,829	56.35%
8f. Contracts	332,013	-	-	332,013	0.00%
8.1f. Other Contracts	171,301	-	4,455	166,846	2.60%
TOTAL CONTRACTUAL	56,103,234	5,529,344	32,364,462	23,738,771	57.69%
CONSTRUCTION	BUDGET	MONTHLY ACTUALS May 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Construction	174,000	-	-	174,000	0.00%
OTHERS	BUDGET		YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
1h. Depreciation/Use Allowance	-	-	-	0	0.00%
2h. Rent ****	30,000	-	30,687	-687	102.29%
3h. Mortgage	-	-	-	0	0.00%
4h. Utilities *****	51,390	16,588	48,737	2,652	94.84%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance (Includes One Time Facilities Supplement)	143,820	3,478	223,712	-79,892	155.55%
7h. Incidental Alterations	-	-	-	0	0.00%
8h. Local Travel & Field Trips	82,610	438	8,691	73,919	10.52%
9h. Nutrition Services	-	-	-	0	0.00%
10h. Child Services - Consultants	80,000	-	20,816	59,184	26.02%
12h. Substitutes (IF NOT PAY BENEFITS)	-	-	-	-	-
GRANTEE APPROVAL REQUIRED	48,721	-	84,496	-35,776	173.43%
13h. Parent Services (RESTRICTED)	20,053	-	550	19,503	2.74%
14h. Accounting & Legal Svcs	43,187	-	-	43,187	0.00%
15h. Publication/Adv/Printing	52,705	21,022	21,022	31,683	39.89%
16h. Training or Staff Development	82,781	-	8,957	73,824	10.82%
17h. Other:	337,238	90	301,829	35,409	89.50%
TOTAL OTHERS	1,046,262	41,617	749,498	296,764	71.64%
TOTAL PROGRAM EXPENDITURES	66,060,042	6,122,192	38,762,798	27,297,244	58.68%
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:	-		(0)	0	0.00%
CARRYOVER	640,590	150,653	150,653	489,937	23.52%
AMENDED TOTAL PROGRAM EXPENDITURES	66,700,632	6,272,845	38,913,451	27,787,181	

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	\$	16,515,010	24.76%
NFS Required based on YTD Expenditures	\$	9,690,699	25.00%
NFS YTD Recorded	\$	-	0.00%
In-Kind TO BE reported in FAMIS	\$	-	0.00%
Difference (+/-)	\$	(9,690,699)	-25.00%



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 15, 2021

AGENDA ITEM NUMBER: 3A1b

**AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE
PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR MAY
2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY JULY 15, 2021, AND IS TO BE REVIEWED BY THE HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021. THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH MAY 31, 2021 PERTAINS TO THE 10TH 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 ADJUSTED EXPENDITURES OF \$2,218,471 AND
INVOICES IN PROCESS OF APPROXIMATELY \$376,996.**

THE CURRENT FUNDS UTILIZATION RATE IS 74.67%.

FUNDING SOURCE: FEDERAL

PY: 2020-21

BUDGET PERIOD: AUGUST 1, 2020 TO JULY 30, 2021

CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021

Child Care Partnership Program
Year-to-Date Financial Report as of
MAY 31, 2021

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	YTD ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	726,088	54,773	489,240	236,848	67.38%

FRINGE BENEFITS	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
Fringe Benefits	340,329	22,291	197,133	143,196	57.92%

TRAVEL	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
Staff Travel out of Town	15,135	-	-	15,135	0.00%

EQUIPMENT	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
Other Equipment	-	-	-	0	0.00%

SUPPLIES	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
Office Supplies	12,010	-	28,286	-16,276	235.52%
Child & Family Serv. Supplies	10,700	-	10,649	51	99.52%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	22,710	-	38,935	(16,225)	171.44%

CONTRACTUAL	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	-	1,740	4,860	26.36%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	30,240	-	32,131	-1,891	106.25%
6f. Family Child Care	-	-	-	-	0.00%
PROVIDER AGENCIES: CHILD DEVELOPMENT	-	-	(0)	0	0.00%
Crystal Learning Center, Inc.	301,596	24,174	211,602	89,994	70.16%
Decroly Learning Child Care Center, Inc.	452,394	-	300,723	151,671	66.47%
Early Childhood Professional Services (Bethany)	226,198	18,130	164,008	62,190	72.51%
Memorial Temple Missionary Baptist Church, Inc.	150,798	26,456	92,779	58,019	61.53%
St. Alban's (Delegate/Provider)	452,395	-	168,507	283,888	37.25%
Rising Star Academy	150,798	27,833	139,214	11,584	92.32%
Cambridge Academy	226,197	-	128,758	97,439	56.92%
Shinning Light Childcare Dev Center	150,798	-	96,831	53,967	64.21%
Community Outreach Center (New)	150,799	11,430	86,978	63,821	57.68%
	-	-	-	-	0.00%
8f. Other Contracts	30,953	1,519	31,364	-411	101.33%
TOTAL CONTRACTUAL	2,329,766	109,542	1,454,635	875,131	62.44%

OTHERS	BUDGET	YTD ACTUALS MAY 2021		BALANCE	VARIANCE (-/+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	2,903	2,903	9,353	23.69%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	2,884	7,416	16,221	-13,337	562.46%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS)	-	-	-	-	-
GRANTEE APPROVAL REQUIRED	10,000	-	12,043	-2,043	120.43%
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	-	400	-200	200.00%
17h. Other:	11,493	-	6,961	4,532	60.57%
TOTAL OTHERS	41,983	10,319	38,528	3,455	91.77%

TOTAL PROGRAM EXPENDITURES	3,476,011	196,926	2,218,471	1,257,541	63.82%
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:	-	-	-	-	-
AMENDED TOTAL PROGRAM EXPENDITURES	3,476,011	196,926	2,218,471	1,257,541	

Non- Federal Share (NFS) Report	
NFS Requirement based on Grant	\$ 869,003
NFS Required based on YTD Expenditures	\$ 872,055
NFS YTD Recorded	\$ -
In-Kind TO BE reported in FAMIS	\$ -
Difference (+/-)	\$ (872,055)



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 15, 2021

AGENDA ITEM NUMBER: 3A1c

**AGENDA ITEM SUBJECT: COMBINATION -EARLY HEAD START-CHILD
CARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR MAY 2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY JULY 15, 2021, AND IS TO BE REVIEWED BY THE HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021. THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH MAY 31, 2021 PERTAINS TO THE 15TH MONTH OF THE 17TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF \$12,809,076 WHICH INCLUDES THE COLA AND QUALITY IMPROVEMENT OF \$357,407, CARRYOVER OF \$1,021,895 AND FIVE-MONTH BUDGET EXTENSION OF \$3,466,818. ACTUAL EXPENDITURES OF \$8,623,126 AND INVOICES IN PROCESS OF APPROXIMATELY \$1,354,175.

THE CURRENT FUNDS UTILIZATION RATE IS 77.90%.

FUNDING SOURCE: FEDERAL

PY: 2020-21

***BUDGET PERIOD: MARCH 1, 2020 TO JULY 31, 2021**

***CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021**

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
May 31, 2021

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 July 31st, 2021

Expenditures					
SALARIES	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	824,029	39,756	501,727	322,302	60.89%
FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Fringe Benefits	402,982	17,413	230,400	172,582	57.17%
TRAVEL	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Staff Travel out of Town	-	-	-	0	0.00%
EQUIPMENT	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Office Equipment	-	-	-	0	0.00%
Classroom/Outdoor/Homebased	-	-	-	0	0.00%
Vehicle Purchase	-	-	-	0	0.00%
Other Equipment	-	-	-	0	0.00%
SUPPLIES	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Office Supplies	21,967	-	-	21,967	0.00%
Child & Family Serv. Supplies	30,347	-	18,209	12,138	60.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	52,314	-	18,718	33,596	35.78%
CONTRACTUAL	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	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)	194,153	36,116	214,379	-20,226	110.42%
6f. Family Child Care	-	-	-	0	0.00%
DELEGATES:					
COMMUNITY BASED OR (LANDOW)	313,614	26,263	175,405	138,209	55.93%
PARADISE CHRISTIAN	630,188	141,006	519,478	110,710	82.43%
CATHOLIC COMMUNITY	2,352,110	376,632	1,879,380	472,730	79.90%
KIDCO DAYCARE	627,229	-	460,566	166,663	73.43%
CHRISTIAN COMMUNIT	627,229	37,145	368,519	258,710	58.75%
CENTRO MATER CHILD	1,411,266	241,561	845,519	565,747	59.91%
SUNFLOWERS ACADEMY	470,422	79,647	338,964	131,458	72.06%
HAITIAN YOUTH & CO & (LMW)	1,568,073	74,669	960,624	607,449	61.26%
YWCA	784,037	-	332,237	451,801	42.38%
	-	-	-	0	0.00%
PROVIDERS:					
Decroly Learning Child	310,702	44,187	249,246	61,456	80.22%
Cambridge Academy	310,702	17,751	212,832	97,870	68.50%
BRICKS Early Learning Center	310,702	73,106	290,206	20,496	93.40%
Early Learning Center	414,267	23,668	306,324	107,943	73.94%
8f. Other Contracts	1,071,895	570,355	591,151	480,745	55.15%
TOTAL CONTRACTUAL	11,404,089	1,759,050	7,761,773	3,642,316	68.06%
CONSTRUCTION	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
Construction	-	-	-	0	0.00%
OTHERS	BUDGET	MONTHLY ACTUALS MAY 2021	YTD ACTUALS MAY 2021	BALANCE	VARIANCE (-/+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	10,200	5,281	24,022	-13,822	284.29%
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	326	1,749	7,184	19.58%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00%
15h. Publication/Adv/Printing	23,747	2,119	47,119	-23,372	198.42%
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	58,585	-	35,905	22,680	61.29%
TOTAL OTHERS	125,662	7,726	110,507	15,155	87.94%
TOTAL PROGRAM EXPENDITURES	12,809,076	1,823,944	8,623,126	4,185,950	67.32%
Less/Add Adjustment reallocation of expenses	-	-	-	-	-
AMENDED TOTAL PROGRAM EXPENDITURES	12,809,076	1,823,944	8,623,126	4,185,950	-
Non- Federal Share (NFS) Report					
NFS Requirement based on Grant	\$		3,202,269		
NFS Required based on YTD Expenditures	\$		3,108,219		
NFS YTD Recorded	\$		572,402		
In-Kind TO BE reported in FAMS	\$				
Children Trust Cash Match	\$		44,368		
Difference (+/-)	\$		(2,491,449)		



COMMUNITY ACTION AGENCY BOARD

DATE: JUNE 30, 2021

AGENDA ITEM NUMBER: 3A1d

**AGENDA ITEM SUBJECT: HEAD START/EARLY HEAD START
FINANCIAL STATEMENT FOR JUNE 2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL-

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD
START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY
AUGUST 19, 2021, AND REVIEWED AND APPROVED BY THE
HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021.
THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY
THE COMMUNITY ACTION AGENCY BOARD FINANCE AND
EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE
COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

**THE FINANCIAL REPORT FOR THE HEAD START/EARLY HEAD
START PROGRAM THROUGH JUNE 30, 2021, PERTAINS TO**

**THE 11TH MONTH OF THE 12TH MONTH CONTRACT YEAR.
THIS INCLUDES THE BUDGETED AMOUNT OF \$66,060,040
WHICH INCLUDES COLA & QUALITY IMPROVEMENT OF
\$3,066,864 AND ONE-TIME SUPPLEMENTAL OF \$936,892 AND
ACTUAL ADJUSTED EXPENDITURES OF \$46,483,633.
OUTSTANDING INVOICES IN PROCESS OF APPROXIMATELY
\$2,032,562.**

THE CURRENT FUNDS UTILIZATION RATE IS 73.40%.

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
June 30, 2021

Head Start/Early Head Start Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	5,415,930	393,925	4,508,498	907,432	83.25%
FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Fringe Benefits	2,302,942	144,717	1,663,439	639,503	72.23%
TRAVEL	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Staff Travel out of Town	153,249	-	-	153,249	0.00%
EQUIPMENT	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Other Equipment	762,892	-	-	762,892	0.00%
SUPPLIES	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Office Supplies	101,533	2,624	18,170	83,363	17.90%
Child & Family Serv. Supplies	-	-	-	0	0.00%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	101,533	2,624	18,170	83,363	17.90%
CONTRACTUAL	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	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	-	18,442	32,745	36.03%
4f. Child Transportation Services	159,417	-	-	159,417	0.00%
5f. Training & Technical Assistance (RESTRICTED)	593,386	33,078	298,147	295,239	50.25%
6f. Family Child Care	-	-	-	0	0.00%
O'farrill COMMUNITY BASED OR	1,820,129	8,995	1,475,257	344,872	81.05%
Landow COMMUNITY BASED OR	825,214	258,383	600,816	224,398	72.81%
Allapattah OTHER GRANTS/SERVI	568,649	68,604	469,259	99,390	82.52%
OUR LITTLE ONES CH	868,942	165,029	655,307	213,635	75.41%
PARADISE CHRISTIAN	1,323,776	37,848	1,097,865	225,912	82.93%
CATHOLIC COMMUNITY	9,318,753	3,113,790	7,079,262	2,239,491	75.97%
ST ALBANS DAY CARE	1,250,901	40,321	964,283	286,618	77.09%
KIDCO DAYCARE	2,303,318	315,046	1,837,221	466,097	79.76%
CHRISTIAN COMMUNIT	3,517,571	113,355	2,380,215	1,137,356	67.67%
LE JARDIN HEADSTAR	3,516,354	163,754	2,485,789	1,030,565	70.69%
CENTRO MATER CHILD	4,836,179	487,154	3,128,218	1,707,961	64.68%
SUNFLOWERS ACADEMY	296,006	-	201,767	94,239	68.16%
HAITIAN YOUTH & CO	1,718,591	199,509	1,195,854	522,737	69.58%
UNITED WAY OF MIA	682,504	69,388	446,068	236,436	65.36%
MIAMI DADE COUNTY PUBLIC	16,479,734	1,330,449	11,434,573	5,045,161	69.39%
YWCA	2,018,943	328,892	1,400,722	618,221	69.38%
EASTER SEALS SOUTH FLORIDA	3,415,365	276,961	2,201,497	1,213,868	64.46%
8f. Contracts	332,013	-	-	332,013	0.00%
8.1f. Other Contracts	171,301	-	4,455	166,846	2.60%
TOTAL CONTRACTUAL	56,103,234	7,010,556	39,375,018	16,728,215	70.18%
CONSTRUCTION	BUDGET	MONTHLY ACTUALS June 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Construction	174,000	-	-	174,000	0.00%
OTHERS	BUDGET		YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
1h. Depreciation/Use Allowance	-	-	-	0	0.00%
2h. Rent ****	30,000	-	30,687	-687	102.29%
3h. Mortgage	-	-	-	0	0.00%
4h. Utilities *****	51,390	3,634	52,371	-982	101.91%
5h. Bldg & Child Liability Ins *****	73,759	-	-	73,759	0.00%
6h. Bldg Maintenance (Includes One Time Facilities Supplement)	143,820	7,288	231,000	-87,180	160.62%
7h. Incidental Alterations	-	-	-	0	0.00%
8h. Local Travel & Field Trips	82,610	992	9,683	72,927	11.72%
9h. Nutrition Services	-	-	-	0	0.00%
10h. Child Services - Consultants	80,000	-	20,816	59,184	26.02%
12h. Substitutes (IF NOT PAY BENEFITS)	-	-	-	0	0.00%
GRANTEE APPROVAL REQUIRED	48,721	-	84,496	-35,776	173.43%
13h. Parent Services (RESTRICTED)	20,053	-	550	19,503	2.74%
14h. Accounting & Legal Svcs	43,187	21,700	21,700	21,487	50.25%
15h. Publication/Adv/Printing	52,705	92,373	113,395	-60,690	215.15%
16h. Training or Staff Development	82,781	2,567	11,524	71,257	13.92%
17h. Other:	337,238	40,459	342,288	-5,050	101.50%
TOTAL OTHERS	1,046,262	169,013	918,511	127,751	87.79%
TOTAL PROGRAM EXPENDITURES	66,060,042	7,720,835	46,483,633	19,576,409	70.37%
LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:	-		(0)	0	0.00%
CARRYOVER	640,590	-	150,653	489,937	23.52%
AMENDED TOTAL PROGRAM EXPENDITURES	66,700,632	7,720,835	46,634,286	20,066,346	

Non- Federal Share (NFS) Report			
NFS Requirement based on Grant	\$	16,515,010	24.76%
NFS Required based on YTD Expenditures	\$	11,620,908	25.00%
NFS YTD Recorded	\$	-	0.00%
In-Kind TO BE reported in FAMIS	\$	-	0.00%
Difference (+/-)	\$	(11,620,908)	-25.00%



COMMUNITY ACTION AGENCY BOARD

DATE: JUNE 30, 2021

AGENDA ITEM NUMBER: 3A1e

**AGENDA ITEM SUBJECT: EARLY HEAD START CHILDCARE
PARTNERSHIP PROGRAM FINANCIAL STATEMENT FOR JUNE
2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY AUGUST 19, 2021, AND REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021. THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE CHILDCARE PARTNERSHIP PROGRAM THROUGH JUNE 30, 2021, PERTAINS TO THE 11TH 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 ADJUSTED EXPENDITURES OF \$2,618,727 AND
INVOICES IN PROCESS OF APPROXIMATELY \$39,402.**

THE CURRENT FUNDS UTILIZATION RATE IS 76.50%.

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
JUNE 31, 2021

Child Care Partnership -EHS Program Year: August 1st, 2020 July 31st, 2021

Expenditures

SALARIES

	BUDGET	YTD ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	726,088	60,136	549,376	176,712	75.66%

FRINGE BENEFITS

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
Fringe Benefits	340,329	22,672	219,805	120,524	64.59%

TRAVEL

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
Staff Travel out of Town	15,135	-	-	15,135	0.00%

EQUIPMENT

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
Other Equipment	-	-	-	0	0.00%

SUPPLIES

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
Office Supplies	12,010	-	28,286	-16,276	235.52%
Child & Family Serv. Supplies	10,700	594	11,243	-543	105.07%
Food Services Supply	-	-	-	0	0.00%
Other Supplies	-	-	-	0	0.00%
TOTAL SUPPLIES	22,710	594	39,529	(16,819)	174.06%

CONTRACTUAL

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
1f. Admn. Services (Legal,Accounting)	-	-	-	0	0.00%
2f. Health/Disability Services/Mental Health)	-	-	-	0	0.00%
3f. Food Service	6,600	7,755	9,495	-2,895	143.86%
4f. Child Transportation Services	-	-	-	0	0.00%
5f. Training & Technical Assistance (RESTRICTED)	30,240	-	32,131	-1,891	106.25%
6f. Family Child Care	-	-	-	-	0.00%
PROVIDER AGENCIES: CHILD DEVELOPMENT	-	-	(0)	0	0.00%
Crystal Learning Center, Inc.	301,596	32,476	244,077	57,519	80.93%
Decroly Learning Child Care Center, Inc.	452,394	46,291	347,015	105,379	76.71%
Early Childhood Professional Services (Bethany)	226,198	5,500	169,509	56,689	74.94%
Memorial Temple Missionary Baptist Church, Inc.	150,798	12,662	105,442	45,356	69.92%
St. Alban's (Delegate/Provider)	452,395	132,845	301,352	151,043	66.61%
Rising Star Academy	150,798	15,995	155,209	-4,411	102.93%
Cambridge Academy	226,197	17,751	146,508	79,689	64.77%
Shinning Light Childcare Dev Center	150,798	23,497	120,328	30,470	79.79%
Community Outreach Center (New)	150,799	16,074	103,052	47,747	68.34%
8f. Other Contracts	30,953	5,331	36,695	-5,742	118.55%
TOTAL CONTRACTUAL	2,329,766	316,178	1,770,813	558,953	76.01%

OTHERS

	BUDGET	YTD ACTUALS JUNE 2021		BALANCE	VARIANCE (-/+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	12,256	-	2,903	9,353	23.69%
5h. Bldg & Child Liability Ins *****	1,950	-	-	1,950	0.00%
6h. Bldg Maintenance	2,884	-	16,221	-13,337	562.46%
8h. Local Travel & Field Trips	-	-	-	0	0.00%
12h. Substitutes (IF NOT PAY BENEFITS) GRANTEE APPROVAL REQUIRED	10,000	-	12,043	-2,043	120.43%
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	270	671	-471	335.64%
17h. Other:	11,493	405	7,366	4,127	64.09%
TOTAL OTHERS	41,983	675	39,205	2,778	93.38%

TOTAL PROGRAM EXPENDITURES	3,476,011	400,256	2,618,727	857,285	75.34%
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LESS/ADD: ADJUSTMENT REALLOCATION OF EXPENSES:

AMENDED TOTAL PROGRAM EXPENDITURES	3,476,011	400,256	2,618,727	857,285	
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Non- Federal Share (NFS) Report

NFS Requirement based on Grant	\$	869,003
NFS Required based on YTD Expenditures	\$	654,682
NFS YTD Recorded	\$	-
In-Kind TO BE reported in FAMIS	\$	-
Difference (+/-)	\$	(654,682)



COMMUNITY ACTION AGENCY BOARD

DATE: JUNE 30, 2021

AGENDA ITEM NUMBER: 3A1f

**AGENDA ITEM SUBJECT: COMBINATION - EXPANSION EARLY HEAD
START-CHILD CARE PARTNERSHIP PROGRAM FINANCIAL STATEMENT
FOR JUNE 2021.**

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

THIS ITEM WAS REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL EXECUTIVE COMMITTEE THURSDAY AUGUST 19, 2021, AND REVIEWED AND APPROVED BY THE HEAD START POLICY COUNCIL THURSDAY SEPTEMBER 2, 2021. THIS ITEM IS RECOMMENDED FOR REVIEW AND APPROVAL BY THE COMMUNITY ACTION AGENCY BOARD FINANCE AND EXECUTIVE COMMITTEE AND FOR RATIFICATION BY THE COMMUNITY ACTION AGENCY BOARD.

BACKGROUND/SUMMARY:

THE FINANCIAL REPORT FOR THE COMBINATION -EXPANSION EARLY HEAD START-CHILD CARE PARTNERSHIP PROGRAM THROUGH JUNE 30, 2021, PERTAINS TO THE 16TH MONTH OF THE 17TH, MONTH CONTRACT YEAR. THIS INCLUDES THE BUDGETED AMOUNT OF \$12,809,076 WHICH INCLUDES THE COLA AND QUALITY IMPROVEMENT OF \$357,407, CARRYOVER OF \$1,021,895 AND FIVE-MONTH BUDGET EXTENSION OF \$3,466,818. ACTUAL EXPENDITURES OF \$9,976,721 AND INVOICES IN PROCESS OF APPROXIMATELY \$283,096.

THE CURRENT FUNDS UTILIZATION RATE IS 80.1%.

FUNDING SOURCE: FEDERAL

PY: 2020-21

***BUDGET PERIOD: MARCH 1, 2020 TO JULY 31, 2021**

***CLOSEOUT PERIOD: AUGUST 1, 2021 TO OCTOBER 30, 2021**

Combination Early Head Start Expansion Program
Year-to-Date Financial Report as of
June 31, 2021

COMBINATION EHS EXPANSION GRANT Program Year: March 1st, 2020 July 31st, 2021

Expenditures

SALARIES	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Salaries Full Time	824,029	35,582	537,309	286,720	65.21%
FRINGE BENEFITS	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Fringe Benefits	402,982	16,348	246,748	156,234	61.23%
TRAVEL	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Staff Travel out of Town	-	-	-	0	0.00%
EQUIPMENT	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Office Equipment	-	-	-	0	0.00%
Classroom/Outdoor/Homebased	-	-	-	0	0.00%
Vehicle Purchase	-	-	-	0	0.00%
Other Equipment	-	-	-	0	0.00%
SUPPLIES	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Office Supplies	21,967	-	-	21,967	0.00%
Child & Family Serv. Supplies	30,347	66,132	84,341	-53,994	277.92% *1
Food Services Supply	-	-	-	0	0.00% *2
Other Supplies	-	-	509	-509	0.00%
TOTAL SUPPLIES	52,314	66,132	84,850	(32,536)	162.19%
CONTRACTUAL	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	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)	194,153	622	215,001	-20,848	110.74%
6f. Family Child Care	-	-	-	0	0.00%
DELEGATES:					
COMMUNITY BASED OR (LANDOW)	313,614	44,303	219,709	93,905	70.06%
PARADISE CHRISTIAN	630,188	34,896	554,375	75,814	87.97%
CATHOLIC COMMUNITY	2,352,110	233,873	2,113,253	238,857	89.84%
KIDCO DAYCARE	627,229	32,362	492,928	134,301	78.59%
CHRISTIAN COMMUNIT	627,229	80,156	448,675	178,554	71.53%
CENTRO MATER CHILD	1,411,266	240,835	1,086,354	324,912	76.98%
SUNFLOWERS ACADEMY	470,422	-	338,964	131,458	72.06%
HAITIAN YOUTH & CO & (LMW)	1,568,073	70,926	1,031,550	536,523	65.78%
YWCA	784,037	159,290	491,527	292,511	62.69%
PROVIDERS:					
Decroly Learning Child	310,702	46,798	296,044	14,658	95.28% *2
Cambridge Academy	310,702	50,600	263,432	47,270	84.79%
BRICKS Early Learning Center	310,702	-	290,206	20,496	93.40% *2
Early Learning Center	414,267	101,821	408,145	6,122	98.52%
8f. Other Contracts	1,071,895	129,070	720,221	351,674	67.19%
TOTAL CONTRACTUAL	11,404,089	1,225,553	8,987,326	2,416,763	78.81%
CONSTRUCTION	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
Construction	-	-	-	0	0.00%
OTHERS	BUDGET	MONTHLY ACTUALS JUNE 2021	YTD ACTUALS JUNE 2021	BALANCE	VARIANCE (-/+)
2h. Rent ****	-	-	-	0	0.00%
4h. Utilities *****	10,200	-	24,022	-13,822	284.29%
5h. Bldg & Child Liability Ins *****	4,500	-	-	4,500	0.00%
6h. Bldg Maintenance	11,583	9,980	11,693	-110	100.95%
8h. Local Travel & Field Trips	8,933	-	1,749	7,184	19.58%
13h. Parent Services (RESTRICTED)	8,114	-	-	8,114	0.00%
14h. Accounting & Legal Svcs	-	-	-	0	0.00% *3
15h. Publication/Adv/Printing	23,747	-	47,119	-23,372	198.42% *4
16h. Training or Staff Development	-	-	-	0	0.00%
17h. Other:	58,585	-	35,905	22,680	61.29%
TOTAL OTHERS	125,662	9,980	120,487	5,175	95.88%
TOTAL PROGRAM EXPENDITURES	12,809,076	1,353,595	9,976,721	2,832,355	77.89%
Less/Add Adjustment reallocation of expenses	-	-	-	-	-
AMENDED TOTAL PROGRAM EXPENDITURES	12,809,076	1,353,595	9,976,721	2,832,355	
Non- Federal Share (NFS) Report					
NFS Requirement based on Grant	\$		3,202,269		
NFS Required based on YTD Expenditures	\$		2,494,180		
NFS YTD Recorded	\$		572,402		
In-Kind TO BE reported in FAMIS	\$		-		
Children Trust Cash Match	\$		223,477		
Difference (+/-)	\$		(1,698,301)		



COMMUNITY ACTION AGENCY BOARD

DATE: MAY 6, 2021

AGENDA ITEM NUMBER: 3A1g

AGENDA ITEM SUBJECT: Miami-Dade County Public School Relocation:

- Olinda Elementary Head Start
- Bunche Park Elementary Head Start
- South Pointe Elementary Head Start

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

This item was approved by the Head Start/Early Head Start Policy Council on May 6, 2021. This item is recommended for review and approval by the Community Action Agency Board Finance and Executive Committee and for ratification by the Community Action Agency Board.

BACKGROUND/SUMMARY:

MDCPS has proposed to decrease enrollment at Olinda Elementary, Bunche Park, and South Pointe Elementary Head Start centers. Children served at these locations will continue to be served in the same zip code and community, at a different center.

FUNDING SOURCE:

U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: JUNE 17, 2021

AGENDA ITEM NUMBER: 3A1h

AGENDA ITEM SUBJECT: Head Start University Partnerships: Building the Evidence Base for ECE Workforce Well-Being

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

This item was approved by the Head Start/Early Head Start Policy Council Executive Board on June 17, 2021. This item is recommended for review and approval by the Community Action Agency Board Finance and Executive Committee and for ratification by the Community Action Agency Board.

BACKGROUND/SUMMARY:

Florida International University will evaluate the Devereux *Building Your Bounce Professional Development Learning Series* in 90 HS centers (30 per year for 3 years) over the course of five years of total funding. The *Building Your Bounce* series consists of four, 30-minute facilitated videos, participant handouts, and a facilitator's guide, led by Nefertiti Bruce Poyner.

FUNDING SOURCE:

Florida International University – Center for Children and Families

Head Start University Partnerships: Building the Evidence Base for ECE Workforce Well-Being
HHS-2021-CF-OPRE-Y-1967
Application Due Date: 07/06/2021
Project Start Date if Funded: 09/30/2021
Estimated Total Funding: \$2,000,000

Applicant: Florida International University (FIU) – Center for Children and Families (CCF)

Principal Investigator: Katie Hart, Ph.D.

Project Title: Building Resilient Early Childhood Professionals in Head Start

Project Description & Goals:

Teacher well-being is associated with their practices in the classroom (e.g., their responsiveness to children); the quality of children's relationships with their teachers; and ultimately, children's learning and academic success (e.g., Jeon, Buettner, & Snyder, 2014; Howes & Hamilton, 1992; Pianta & Stuhlman, 2004). There is increasing recognition in the field about the pressures facing the early childhood workforce that may influence well-being, such as low wages, challenging working conditions, and the need for supports to manage stressors that are beyond the control of the early childhood educator. Yet, to date, ECE workforce well-being and the factors that support it are areas that are still ripe for rigorous research and evaluation.

The overarching goals of this funding mechanism are to:

- 1) To identify and evaluate promising approaches to support education staff well-being within the context of Head Start (HS);
- 2) To encourage researchers to enter into mutually beneficial partnerships with HS programs to conduct research that informs HS at both the federal and local perspectives;
- 3) To encourage active communication, networking, and interdisciplinary collaboration among HS and early childhood researchers, technical assistance providers, practitioners, and policymakers;
- 4) To increase the dissemination of HS research at the local and national levels.

To that end, FIU is proposing to systematically evaluate the Devereux *Building Your Bounce Professional Development Learning Series* in 90 HS centers (30 per year for 3 years) over the course of five years of total funding. The *Building Your Bounce* series consists of four, 30-minute facilitated videos, participant handouts, and a facilitator's guide, led by Nefertiti Bruce Poyner. Sessions focus on understanding risk and protective factors and promoting adult resilience. Over the last two years, Miami-Dade County Head Start has incorporated elements of this series into programming to promote well-being in early childhood educators. Specifically, within the first 45 days of the school year, teachers are asked to complete the Devereux Adult Resiliency Scale (DARS) and develop an action plan for well-being for the year. However, little is done systematically after completion of the DARS to follow-up on the action plans developed or to systematically support continued professional development focused on teacher well-being. As such, this project will evaluate the extent to which the complete *Building Your Bounce* series enhances current supports for teachers' well-being and effectiveness in the classroom.

In the first year of the grant, we will refine and adapt the Building Your Bounce approach for HS, piloting, and developing a conceptual framework, measurement plan and other collaboration activities with fellow grantees. Then, over the course of three years, we will randomize centers (30 each year) to receive either 1) the *Building Your Bounce* series, or 2) business-as-usual. Teacher outcomes will be assessed pre-, post-, and six-months following completion of the professional development. Teacher outcomes assessed in this study will include teachers' feelings of burnout, self-efficacy, organizational climate, and their overall effectiveness in the classroom as measured by the Classroom Assessment Scoring System (CLASS).



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 15, 2021

AGENDA ITEM NUMBER: 3A1i

AGENDA ITEM SUBJECT: New CCP Provider: Universal Academy

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL

This item was approved by the Head Start/Early Head Start Policy Council Executive Board on July 15, 2021. This item is recommended for review and approval by the Community Action Agency Board Finance and Executive Committee and for ratification by the Community Action Agency Board.

BACKGROUND/SUMMARY:

Bethany Child Development Center, an Early Head Start-Child Care Partner provider, chose not to renew its contract with Miami-Dade County. The Program reviewed childcare centers in the Miami Gardens area that applied to become an Early Head Start CCP Provider. Program staff conducted site visits. The centers were scored based on classroom capacity, health and safety, DCF, and USDA reports. The Program selected Universal Academy.

FUNDING SOURCE:

U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 19, 2021

AGENDA ITEM NUMBER: 3A1j

AGENDA ITEM SUBJECT: 2021-2022 Head Start/ Early Head Start Self-Assessment Plans

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start Executive Board Policy Council on August 19, 2021.

BACKGROUND/SUMMARY:

The base grant self-assessment serves as a reflection to look for areas of improvement as well as the program's strengths. The process used measures the program's effectiveness in meeting program goals and objectives.

FUNDING SOURCE:

U.S. Department of Health and Human Services



2021-2022 Annual Self-Assessment Plan

Purpose:

Self-Assessment is an activity that looks at systems and how they support services. It is a vital component of the Head Start planning cycle and promotes continuous quality improvement. The Self-Assessment period is a time for the program to critically examine the data collected throughout the program year. The program uses this time to uncover data patterns or trends that may not be immediately evident during the regular ongoing monitoring process and to assess progress toward meeting goals/objectives. The results of the Self-Assessment 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 meets 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 this plan will allow the program to evaluate the effectiveness of the 12 Head Start key management systems. Those systems impact services delivered to children and families. Through the implementation of the Self-Assessment 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, related Program Improvement Plans and Training and Technical Assistance Plans by set due dates; present all Self-Assessment related documents (the plan, report, program improvement plan, and Training and Technical Assistance 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, Program Improvement Plans, and Training and Technical Assistance 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 2021 through February 2022. 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, the creation of the Program Improvement Plan, and the sections of the training and technical assistance plan.

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2021-2022 Annual Self-Assessment Timeline	
Task	Target Completion Date
Develop Self-Assessment Plan & submit to Head Start/Early Head Start Director.	7/30/21
Submit Self-Assessment Plan to Policy Council Executive Committee for approval.	8/19/2021
Submit Self-Assessment Plan to Policy Council for approval.	9/2/2021
Submit Self-Assessment Plan to CAA Board for approval.	10/4/2021
Initial Planning Meeting & Training	10/8/2021
Delegate Agencies submit Approved Self-Assessment Plans to Grantee	11/29/2021
Implementation Planning	11/30/2021-1/20/2022
Delegate Agencies submit Data Analysis Framework Due	1/21/2022
Grantee hosted Focus Groups	1/24/2022-1/28/2022
Delegate Agencies submit Final Self-Assessment Narrative Report	1/31/2022
Delegate Agencies submit Program Improvement Plan	2/4/2022
Delegate Agencies submit Training & Technical Assistance Plan	2/7/2022
Grantee Self-Assessment Team develops & submits Self-Assessment Report and Program Improvement Plan to Head Start/Early Head Start Director	2/11/2022
Submit Self-Assessment Report and Program Improvement Plan to Policy Council Executive Committee for approval.	2/17/2022
Submit Self-Assessment Report and Program Improvement Plan to Policy Council for approval.	3/3/2022
Submit Self-Assessment Report and Program Improvement Plan to CAA Board for approval.	4/11/2022
Implement Program Improvement Plan.	4/12/2022



COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 19, 2021

AGENDA ITEM NUMBER: 3A1k

AGENDA ITEM SUBJECT: 2021-2022 EHS-CCP Self-Assessment Plans

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start Executive Board Policy Council on August 19, 2021.

BACKGROUND/SUMMARY:

The EHS-CCP's grant self-assessment serves as a reflection to look for areas of improvement as well as the program's strengths. The process used measures the program's effectiveness in meeting program goals and objectives.

FUNDING SOURCE:

U.S. Department of Health and Human Services



2021-2022 Early Head Start - Child Care Partnership Annual Self-Assessment Plan

Purpose:

Self-Assessment is an activity that looks at systems and how they support services. It is a vital component of the Head Start planning cycle and promotes continuous quality improvement. The Self-Assessment period is a time for the program to critically examine the data collected throughout the program year. The program uses this time to uncover data patterns or trends that may not be immediately evident during the regular ongoing monitoring process and to assess progress toward meeting goals/objectives. The results of the Self-Assessment 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 meets 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 this plan will allow the program to evaluate the effectiveness of the 12 Head Start key management systems. Those systems impact services delivered to children and families. Through the implementation of the Self-Assessment process, we will focus on pertinent issues where we will ask and answer three questions:

4. How can we better serve children and families in our community?
5. Where are we at risk?
6. 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 delegate and child-care partners during the process;

- Ensure completion of Self-Assessment report and related Program Improvement Plan and Training and Technical Assistance Plan by the set due date;
- Present all Self-Assessment documents (the plan, report, program improvement plan, training and technical assistance plan) to the Policy Council and Governing Board for approval.

Self-Assessment Leadership Team

The grantee Self-Assessment Coordinator and 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 the grantee and child-care partners;
- Provide Self-Assessment focus groups all 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 the 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 levels of the organization, 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 November 2021 through February 2022. 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 child-care 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 child-care partners will identify all data sources available to evaluate the program's progress towards attaining goals and objectives. The Self-Assessment Leadership team will support groups as they access, aggregate, analyze, and evaluate data and utilize it to "tell the story" of the program's progress.

The Grantee and child-care partners will focus on Self-Assessment activities on the Head Start key management systems and how those systems support and 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 child-care 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.

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**2021-2022 Early Head Start-Child Care Partnership
Annual Self-Assessment Time Line**

Task	Target Completion Date
Develop a Self-Assessment Plan & submit to Head Start/Early Head Start Director.	7/30/2021
Submit the Self-Assessment Plan to Policy Council Executive Committee for approval.	8/19/2021
Submit the Self-Assessment Plan to Policy Council for approval.	9/2/2021
Submit the Self-Assessment Plan to CAA Board for approval.	10/4/2021
Initial Planning Meeting & Training	10/8/2021
Implementation Planning	10/11/2021 – 1/20/2022
Child Care Partners will submit Data Analysis Framework	1/21/22
Granted hosted Focus Groups	1/24/2022 – 1/28/2022
Grantee team develop and submits Self-Assessment Report and Program Improvement Plan to Head Start/Early Head Start Director	2/11/2022
Submit the Self-Assessment Report and Program Improvement Plan to Policy Council Executive Committee for approval.	2/17/2022
Submit the Self-Assessment Report and Program Improvement Plan to Policy Council for approval.	3/3/2022
Submit the Self-Assessment Report and Program Improvement Plan to CAA Board for approval.	04/11/2022
Implement the Program Improvement Plan.	4/12/2022



COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 19, 2021

AGENDA ITEM NUMBER: 3A11

AGENDA ITEM SUBJECT: 2021-2022 EHS Expansion Self-Assessment Plans

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start Executive Board Policy Council on August 19, 2021.

BACKGROUND/SUMMARY:

The EHS Expansion's grant self-assessment serves as a reflection to look for areas of improvement as well as the program's strengths. The process used measures the program's effectiveness in meeting program goals and objectives.

FUNDING SOURCE:

U.S. Department of Health and Human Services



2021-2022 Early Head Start Expansion and Child Care Partnership Annual Self-Assessment Plan

Purpose:

Self-Assessment is an activity that looks at systems and how they support services. It is a vital component of the Head Start planning cycle and promotes continuous quality improvement. The Self-Assessment period is a time for the program to critically examine the data collected throughout the program year. The program uses this time to uncover data patterns or trends that may not be immediately evident during the regular ongoing monitoring process and to assess progress toward meeting goals/objectives. The results of the Self-Assessment 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 meets 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 this plan will allow the program to evaluate the effectiveness of the 12 Head Start key management systems. Those systems impact services delivered to children and families. Through the implementation of the Self-Assessment process, we will focus on pertinent issues where we will ask and answer three questions:

7. How can we better serve children and families in our community?
8. Where are we at risk?
9. 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 delegate and child-care partners during the process;

- Ensure completion of Self-Assessment report and related Program Improvement Plan and Training and Technical Assistance Plan by the set due date;
- Present all Self-Assessment documents (the plan, report, program improvement plan, training and technical assistance 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 and management staff. The role of the Self-Assessment Leadership Team is to:

- Lead the Self-Assessment process for the grantee, delegate agencies, and child-care partners;
- Provide Self-Assessment focus groups all 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 the 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 are developed to include staff members from the Early Head Start Expansion and Early Head Start -Child-Care Partners, grantee staff, governing boards, parents, and community partners. Focus groups will be a combination of staff from all levels of the organization; 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. Delegate, Child-Care Partners, and grantee focus groups must include group members representing Early Head Start and Child-Care Partnerships.

Process:

The process will take place **from November 2021 through February 2022**. The Grantee, delegate agencies, and child-care providers will begin by closely examining various data sources to create a comprehensive picture of the program. The Grantee, delegate agencies, and child-care partners will focus on currently established School Readiness goals, program goals, and objectives. These goals and objectives will serve as the focal point of the Self-Assessment process.

The Grantee, delegate agencies, and child-care partners will identify all data sources available to evaluate the program's progress towards attaining goals and objectives. The Self-Assessment Leadership team will support focus groups as they access, aggregate, analyze, and evaluate all pertinent data. The results will be used to "tell the story" of the program's progress.

The Grantee, delegate agencies, and child-care 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, delegate agencies, and child-care 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.

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**2021-2022 Early Head Start Expansion and 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.	7/30/2021
Submit Self-Assessment Plan to the Policy Council Executive Committee for approval	8/19/2021
Submit Self-Assessment Plan to the Policy Council for approval	9/2/2021
Submit Self-Assessment Plan to the CAA Board for approval	10/4/2021
Initial Planning Meeting & Training	10/8/2021
Delegate Agencies submit approved Self-Assessment Plan to the Grantee	11/29/2021
Implementation Planning and Focus Group	11/30/2021 – 1/20/2022
Delegate Agencies submit Data Analysis Framework	1/21/2022
Grantee hosted Focus Groups	1/24/2022 – 1/28/2022
Delegate Agencies submit Final Self-Assessment Narrative Report	1/31/2022
Delegate Agencies submit Program Improvement Plan	2/4/2022
Delegate Agencies submit Training and Technical Assistance Plan	2/7/2022
Grantee Self-Assessment Team develops and submits Self-Assessment Report, Program Improvement Plan, and Training and Technical Assistance Plan to the Head Start/Early Head Start Director	2/11/2022
Submit Self-Assessment Report, Program Improvement Plan, and Training and Technical Assistance Plan to the Policy Council Executive Committee for approval.	2/17/2022
Submit Self-Assessment Report, Program Improvement Plan, and Training and Technical Assistance Plan to Policy Council for approval.	3/3/2022
Submit Self-Assessment Report, Program Improvement Plan, and Training and Technical Assistance Plan to CAA Board for approval	04/11/2022
Implement Program Improvement Plan	4/12/2022



COMMUNITY ACTION AGENCY BOARD

DATE: AUGUST 24, 2021

AGENDA ITEM NUMBER: 3A1m

AGENDA ITEM SUBJECT: Relocation of Haitian Youth Slots

AGENDA ITEM TYPE: APPROVAL

RECOMMENDATIONS: APPROVAL – This item was approved by the Head Start Executive Board Policy Council on August 24, 2021.

BACKGROUND/SUMMARY:

Haitian Youth is moving 80 slots to their new location, Early Steps II, while 15 slots will remain at the current center, Early Steps.

FUNDING SOURCE:

U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: OCTOBER 4, 2021

AGENDA ITEM NUMBER: 4

AGENDA ITEM SUBJECT: DEPARTMENTAL UPDATES

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: INFORMATIONAL

BACKGROUND/SUMMARY:

ENERGY, FACILITIES, AND TRANSPORTATION REPORT FOR AUGUST

FAMILY AND COMMUNITY SERVICES REPORT FOR AUGUST

PSYCHOLOGICAL SERVICES REPORT FOR AUGUST

VIOLENCE AND PREVENTION AND INTERVENTION DIVISION REPORT FOR AUGUST

REHABILITATIVE SERVICES DIVISION REPORT FOR AUGUST

HEAD START EARLY HEAD START CONTENT AREA REPORT FOR JULY 2021

ACF-IM-HS-21-03: MONITORING PROCESS FOR HEAD START AND EARLY HEAD
START GRANTEE

ACF-IM-HS-21-04 TERMINOLOGY CHANGES

FOCUS AREA 1 RESULTS

UPDATED COVID-19 PROTOCOLS

FOCUS AREA 2 NOTIFICATION

HEAD START SUMMER PROGRAM

AWARD LETTER

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FUNDING SOURCE: VARIOUS SOURCES



**Community Action and Human Services Department
August 2021 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	August 2021	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.	1 (Homes Completed)	55 (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)	47 (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,	0 (Homes Completed)	19 (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 7 th Avenue (East boundary), NW 32 nd Avenue (West boundary), SR112 (South boundary), and NW 79 th 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)	0 (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)	7 (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) 60 (Service Requests Completed)	469 (Service Requests) 445 (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.	2,517 (Trips Completed)	16,485 (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)	0 (Hours Completed)



**Community Action and Human Services Department
August 2021 Board Report**

FAMILY AND COMMUNITY SERVICES DIVISION

DIVISION HIGHLIGHTS

Youth Success After-School Program staff has successfully enrolled forty (40) participants for the upcoming 2021-2022 school year. Sessions began on August 24, 2021 at the Naranja Community Resource Center. During the first week of session, guest speaker Dr. Anthony Reed Sr. spoke positive affirmations to the participants. Curriculum includes the follow core components: Academic Support, Civic Engagement, Social Emotional Learning and Family Engagement.

CASHD's Computer Literacy Classes are back in session. Class sessions are sixteen (16) weeks and offered at the following Community Resource Centers: Joseph Caleb/Liberty City, Miami Gardens, Perrine, and Naranja. The curriculum includes Microsoft Office Suite, email set-up, creating memos, typing efficiency activities, and how to navigate the internet. Participants will receive a Certificate of Completion.

SERVICE HIGHLIGHTS

- 2,633 Low-income households experiencing financial difficulty with paying their utility bill were provided with utility assistance through LIHEAP and Care to Share.
- 93 households were provided a one-time annual financial payment of rent, mortgage, utility, clothing and/or food assistance through the following emergency assistance programs: Emergency Food and Shelter Program (EFSP), Housing Assistance Grant (HAG), and Community Service Block Grant (CSBG).
- 1,187 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.
- 137 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
August 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 Children – (Head Start- 2) Adults – (Elderly and Disability 6; Rehab 13; Violence Prevention and Intervention 13; Family and Community Services 0)	34 sessions
Group/Family Therapy Sessions Rehab – 12 Head Start – 0 Elderly and Disability- 1 Violence Prevention and Intervention- 0	13 sessions
Crisis Intervention	0
Case management	0
Consultation	7
Parent and Staff Trainings	15
Assessments, Intakes, Evaluations	1 Intakes 2 Assessments 1 Evaluations
Classroom intervention and strategies	0
Advocacy	0
Therapeutic Activities	3
Higher Education Institution Partnerships- Nova Southeastern University Albizu University- Miami and Puerto Rico campuses Florida International University Ponce Health Sciences University	4

- Psychology Interns complete internship on 8-30-21 and new Internship cohort starts on 8-30-21.
- New Practicum Students (total of 7) started in August.

**Community Action and Human Services Department
August 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 SSC-SSN-SSS-ITN-ITS-CW-CV-JW-DZ-ED	VPID
	September 2021
Court Orientation Workshops	0
Direct Relief Assistance	12
Dissolution of Marriage Assistance	13
Education and Training	18
Food Provision Number of Bags or Amount of Food Pounds	2382
Group Therapy Sessions	33
Individual Therapy Sessions	699
Helpline Calls (VPIS)	3379
Hotline Calls (Shelters)	314
Protective Order Assistance	12
Advocacy Services (Safety Planning, Crisis Intervention, Case Management)	4647
Outreach Advocacy Services (Legal Assistance, Referrals, HIV Testing, GED Pre Testing, etc.)	1545
Support Groups/House Meeting	9
Attorney General Relocation Cases	31
Attorney General Victims Compensation Cases	27
Vocational Rehabilitation Services	0

Ivon Mesa
Bureau Chief



**Community Action and Human Services Department
August 2021 Board Report**

REHABILITATIVE SERVICES DIVISION

PROGRAM SUMMARY	August	Program Year to Date
New Direction Residential Programs New Admissions	18	236
New Direction Residential Programs Active Clients during the month	58	690
Clients successfully completing New Direction Residential Treatment Programs	23	164
New Direction Residential Treatment Program percent of operating capacity	96%	75%
Clients in Employability Skills Training (Career Resources Van)	0	208
Treatment Alternatives to Street Crime (TASC) New Admissions	17	148
Treatment Alternatives to Street Crime (TASC) Active Clients during the month	126	1076
Clients successfully completing Treatment Alternative to Street Crimes (TASC)	14	89
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	97	860



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 31, 2021

AGENDA ITEM NUMBER:

AGENDA ITEM SUBJECT: July 2021 Head Start Content Area Report

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The July 2021 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

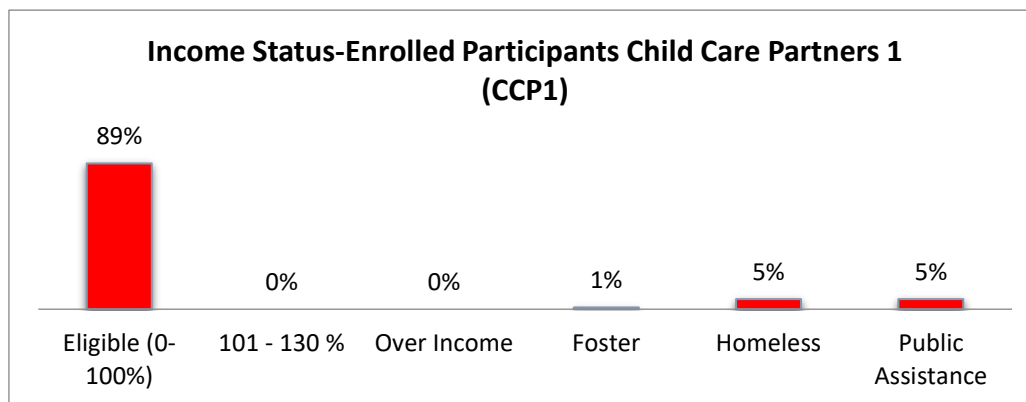
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Child Care Partners 1

Early Head Start Participants

As of July 31, 2021



Child Care Partners 1 Current Enrollment	Current Enrollment %/ Vacant slots99% 3 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	96% 2 of 48 slots vacant
CCP-Early Childhood ProfessionalSer/Bethany	100% 0 of 24 slots vacant
CCP-Memorial Temple Early Childhood	94% 1 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

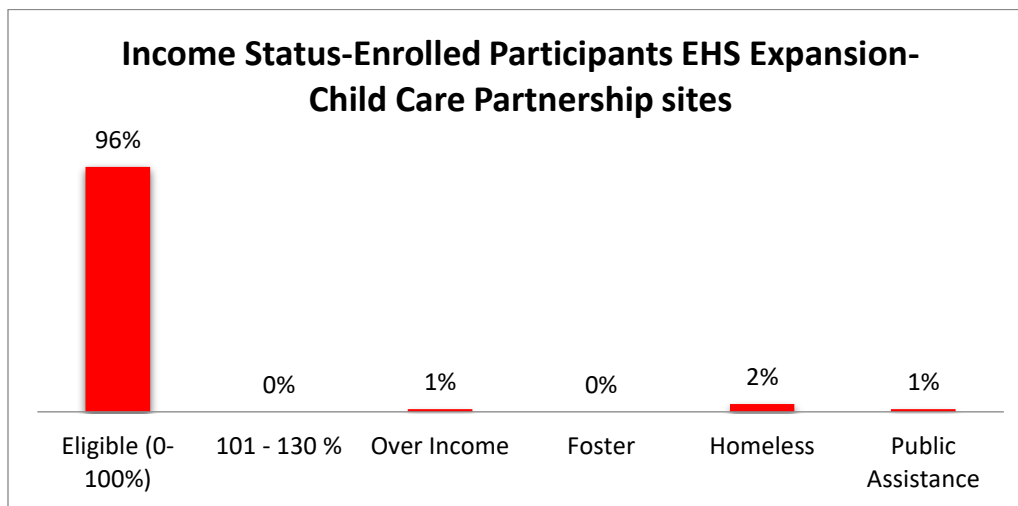
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled EHS Expansion - Child Care Partners

Participants

As of July 31, 2021



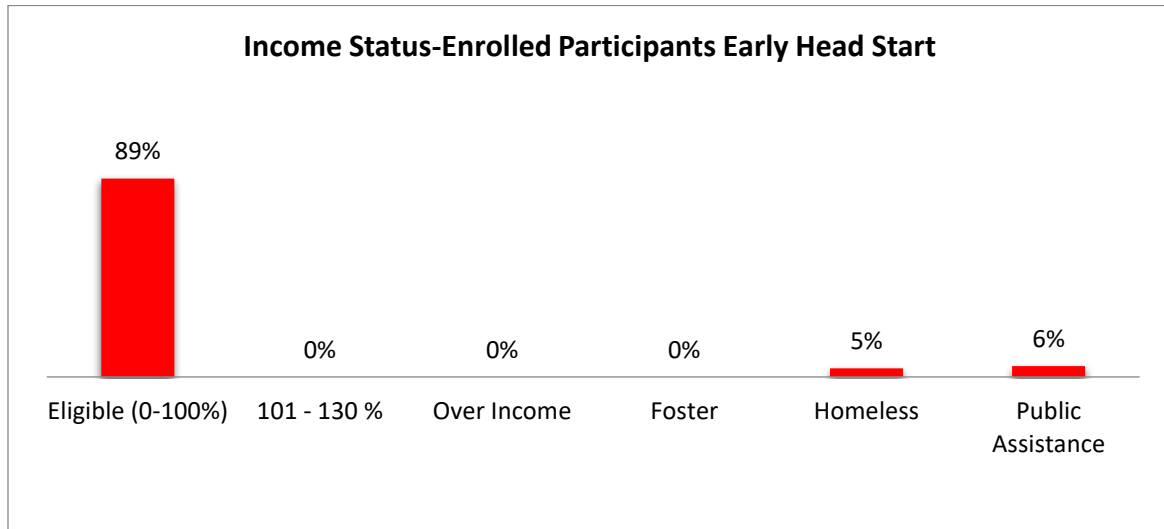
EHS Expansion CCP Current Enrollment	Current Enrollment %/ Vacant slots 99% 7 of 552 slots vacant
Catholic Charities	99% 1 of 120 slots vacant
CCP-Bricks Early Learning Center	100% 0 of 24 slots vacant
CCP-Cambridge Academy	100% 0 of 24 slots vacant
CCP-Decroly Learning Child Care Ctr	96% 1 of 24 slots 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
Ladow	100% 0 of 16 slots vacant
Paradise Christian School, Inc.	100% 0 of 32 slots vacant
Sunflowers Academy	100% 0 of 24 slots vacant
YWCA Of Greater Miami-Dade	88% 5 of 40 slots vacant

ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Enrollment:

Eligibility Statuses-Enrolled Early Head Start Participants

As of July 31, 2021

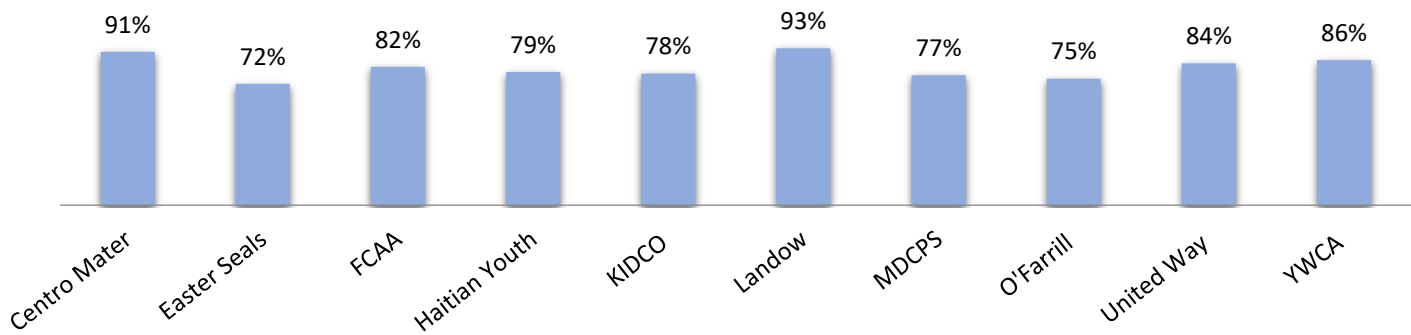


EARLY HEAD START Current Enrollment	Current Enrollment %/ Vacant slots 98% 7 of 446 slots vacant
Centro Mater	100% 0 of 70 slots vacant
Easter Seals	100% 0 of 8 slots vacant
FCAA	100% 0 of 24 slots vacant
Haitian Youth	100% 0 of 32 slots vacant
KIDCO Creative Learning	100% 0 of 32 slots vacant
Landow	100% 0 of 16 slots vacant
Miami Dade County Public Schools	96% 7 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

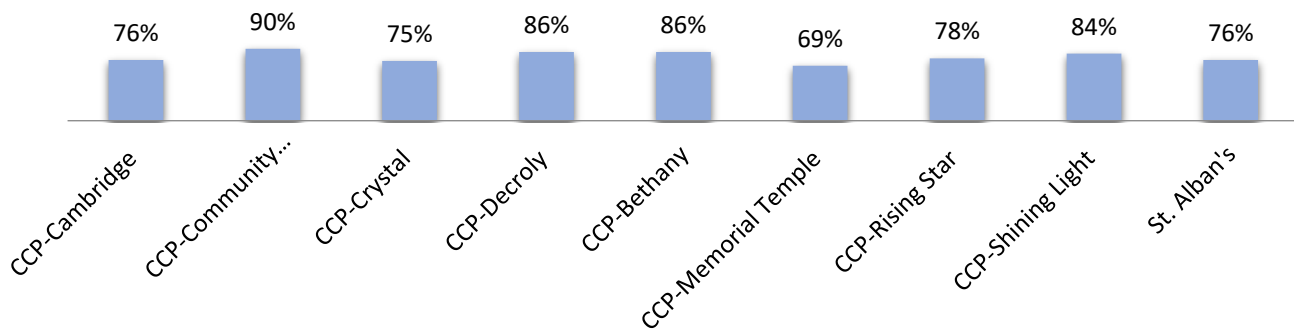
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:

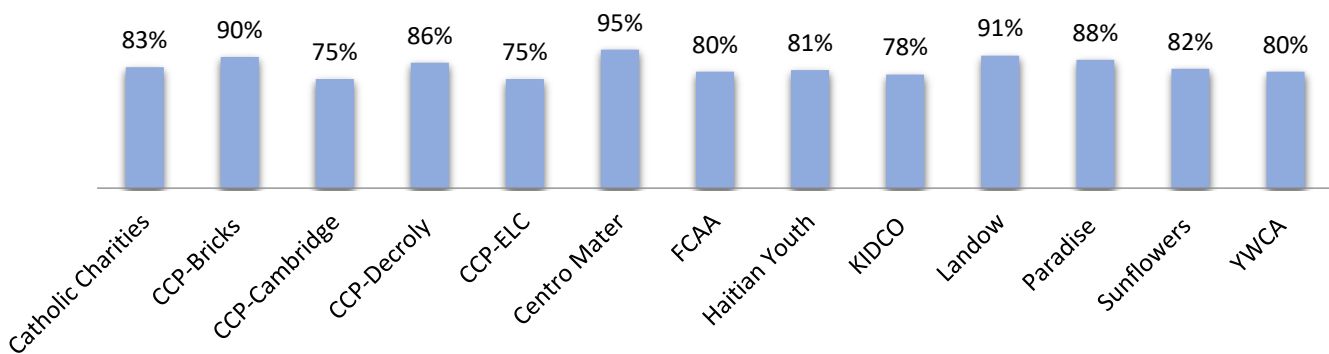
EHS Average Daily Attendance Overall Total 81% (19 Operating Days)



CCP 1 Average Daily Attendance Overall Total 80% (19 Operating Days)



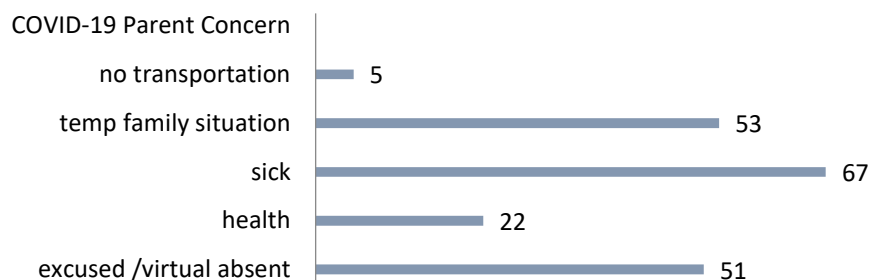
EHS Expansion CCP Average Daily Attendance Overall Total 82% (19 Operating Days)



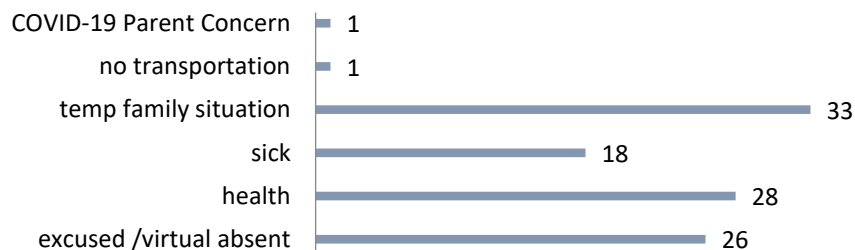
ELIGIBILITY RECRUITMENT SELECTION ENROLLMENT AND ATTENDANCE (ERSEA):

Attendance:

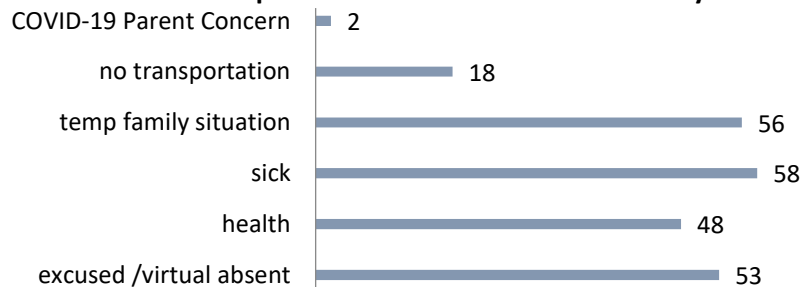
Early Head Start Reasons of Absence July 2021



Child Care Partners 1 Reasons of Absence July 2021



EHS Expansion CCP Reasons of Absence July 2021



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

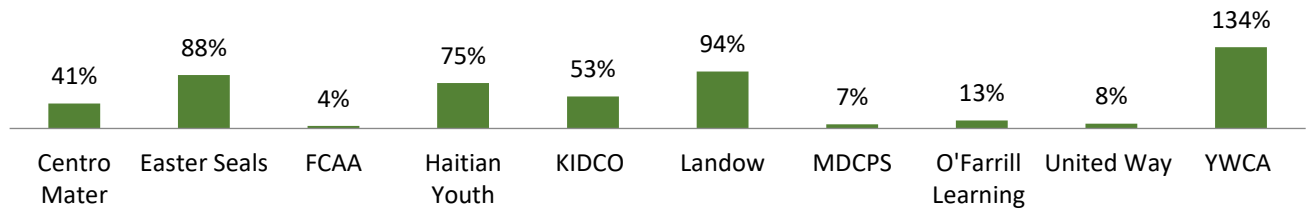
Health - related to expired health documentation, health alerts, and /or medical/dental appointments

Excused - staff is aware of child/family absence

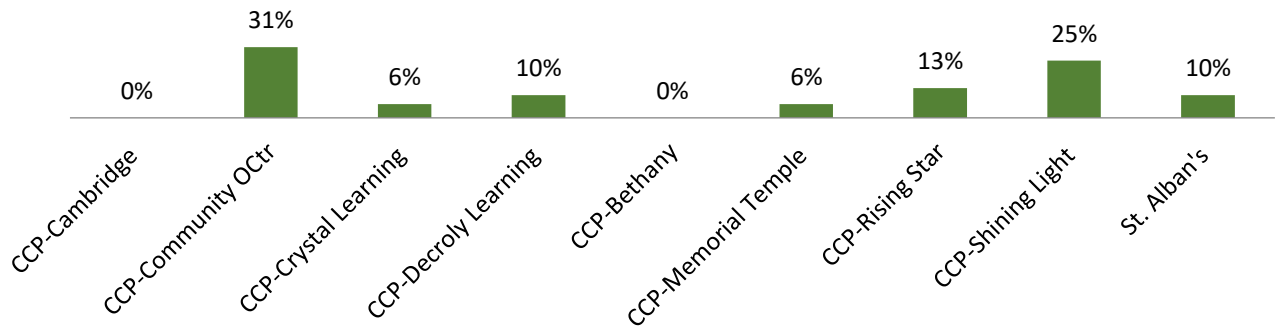
SELECTION

Waitlist Applications for the month ending

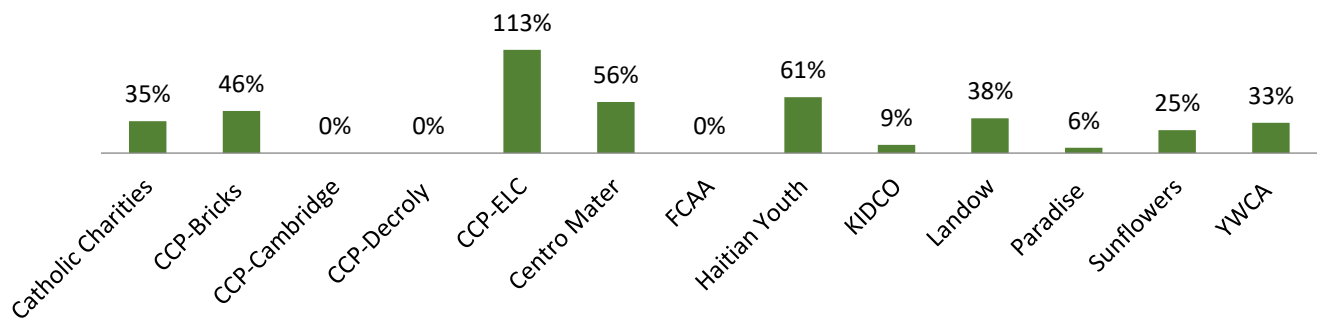
EHS Waitlist Applications for the month ending in July 2021



CCP 1 Wait List Application for the month ending in July 2021

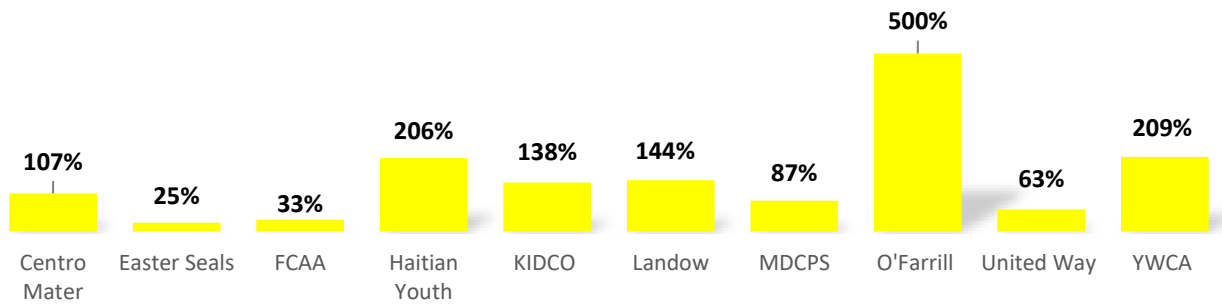


EHS Expansion CCP Wait List Application for the month ending in July 2021

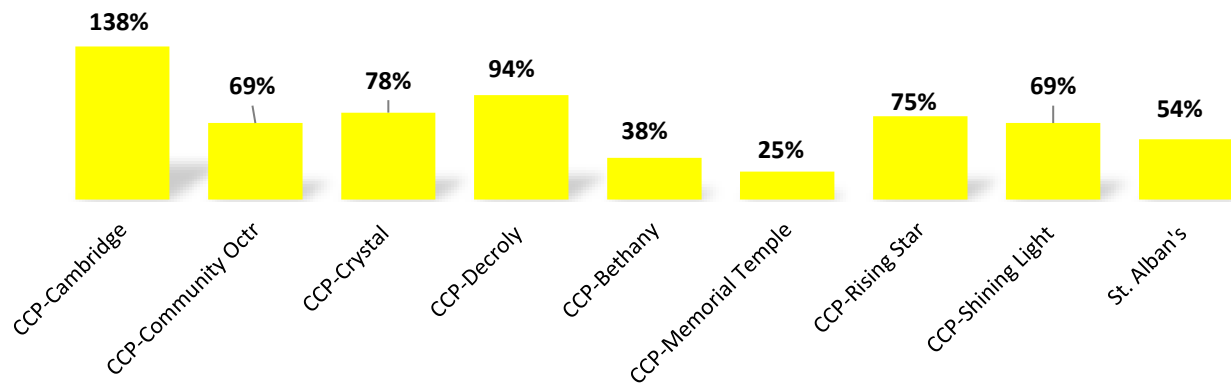


NOTE: Program Term 2020-2021 Applications in the "Term-Waitlist/Waitlist Status"

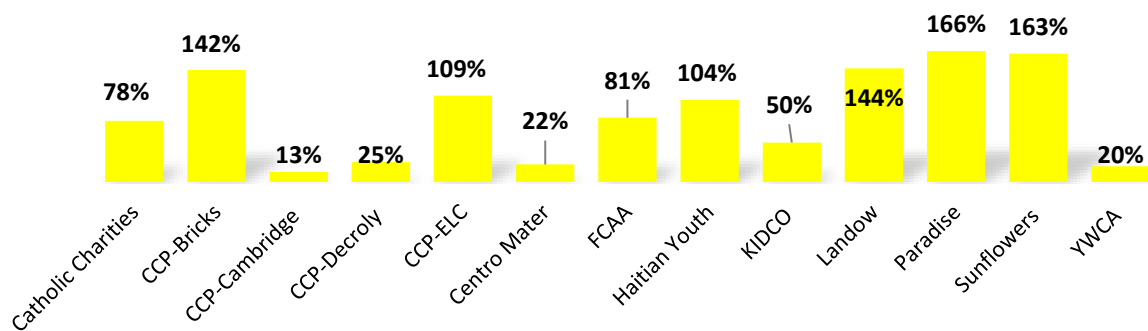
Early Head Start New Application Feb-July 2021



CCP 1 New Application Feb-July 2021



EHS Expansion CCP New Application Feb-July 2021

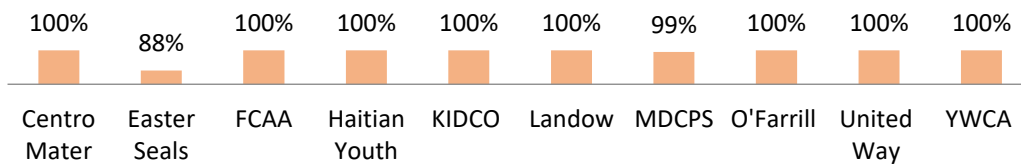


NOTE: Program Term 2021-2022 Applications in the "New/Accepted/Waitlist Status"

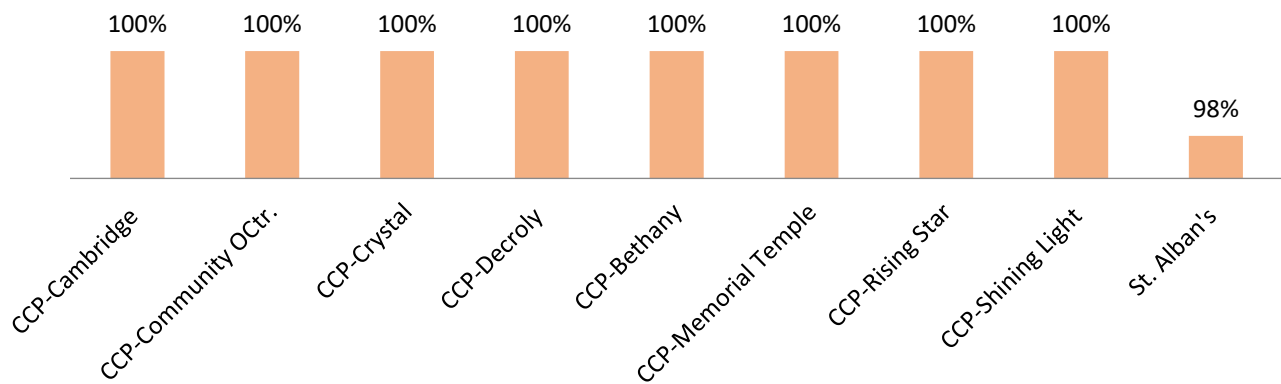
HEALTH SERVICES:

30-Day Screenings:

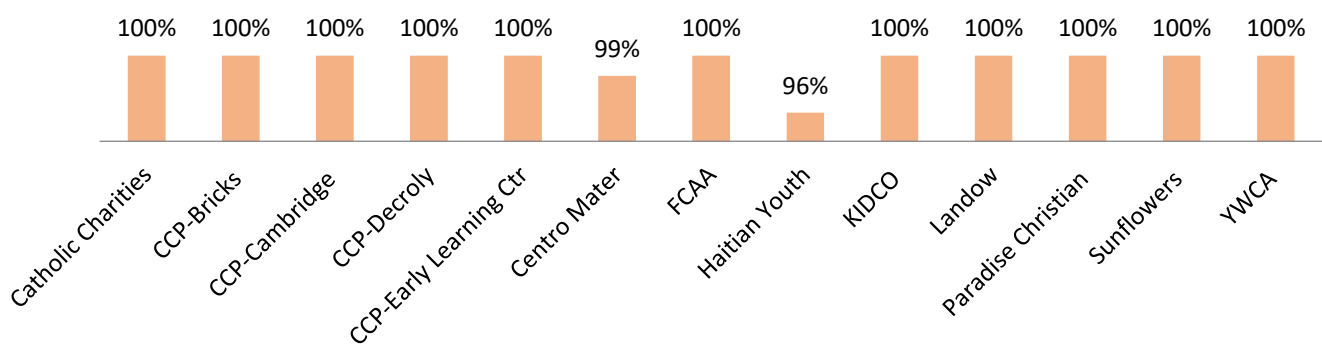
EHS 30 Day Requirements 100% Complete*



CCP 1 -30 Day Requirements 100% Complete*



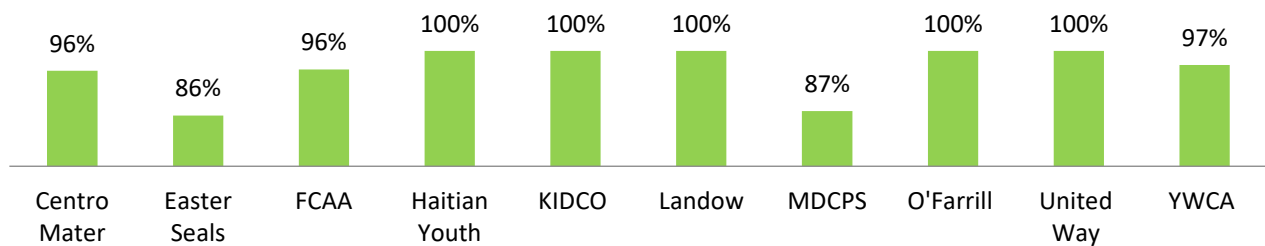
EHS Expansion CCP - 30 Day Requirements 98% Complete*



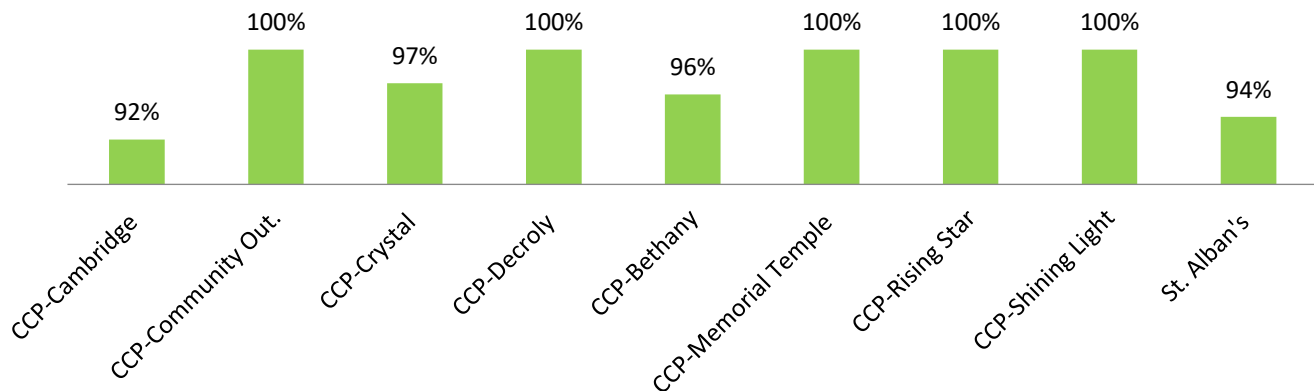
HEALTH SERVICES:

45-Day Screenings:

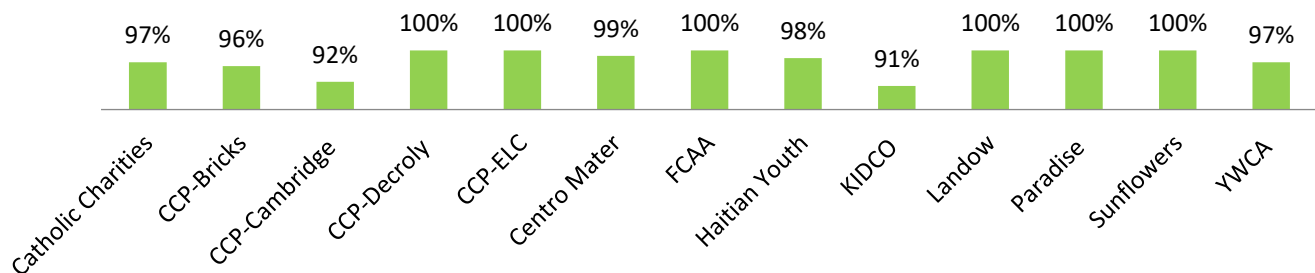
Early Head Start 45 Day Requirements 93% Complete*



CCP 1 - 45 Day Requirements 97% Complete*



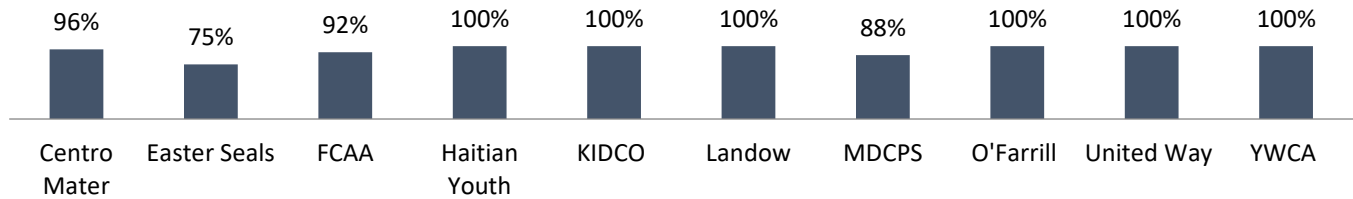
EHS Expansion CCP- 45 Day Requirements 98% Complete*



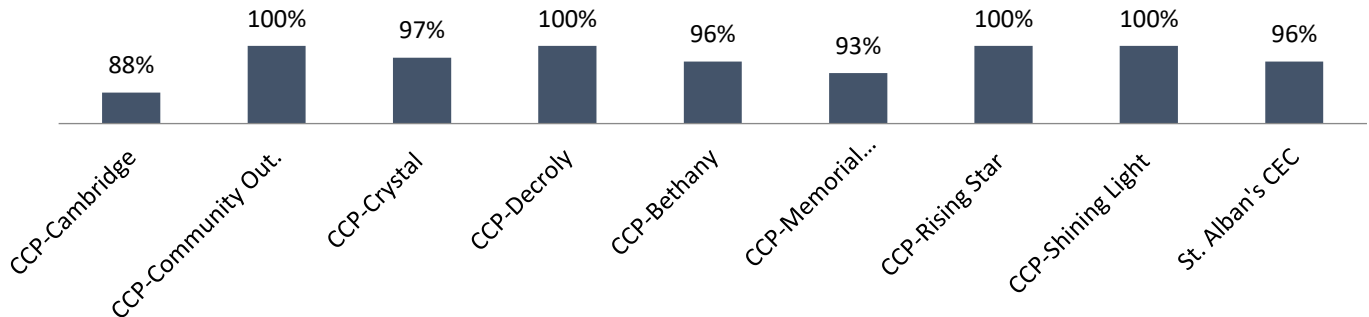
100% of **newly** enrolled children in the Head Start and Early Head Start Program must receive the 45-Day Screenings (Hearing, Vision, Developmental and Behavioral) within 45 calendar days of entry into the program.

HEALTH SERVICES:

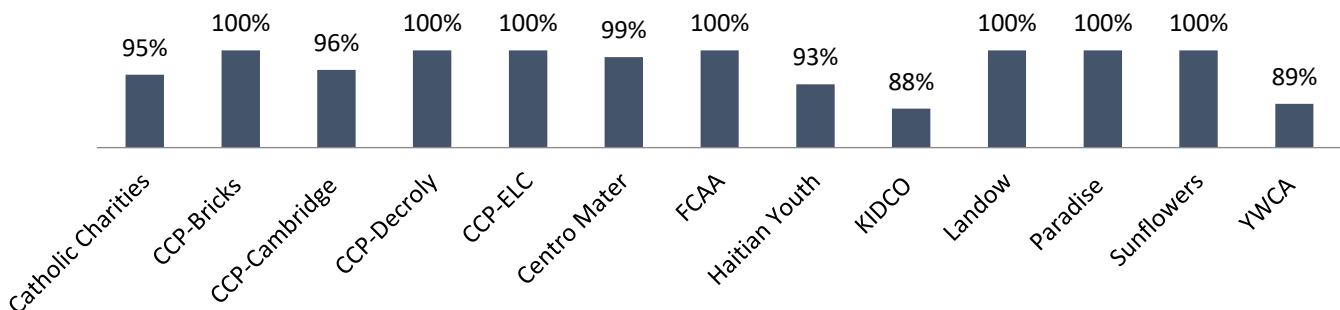
■ EHS 90 Day Requirements 93% Complete*



■ CCP 1 90 Day Requirements 97% Complete*



EHS Expansion CCP 90 Day Requirements 96% Complete*

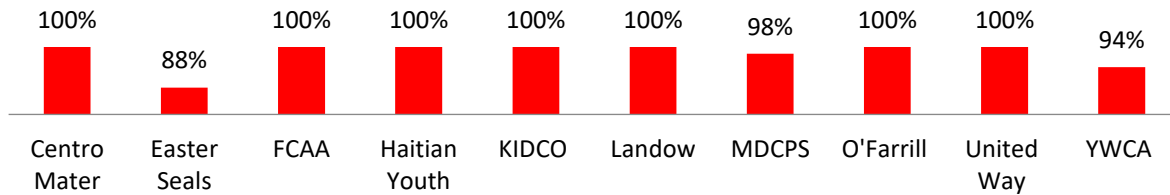


90-Day Health Requirements: 100% of the children must receive all Age Based Health Requirements (well baby check, Developmental/Behavioral screenings, Growth Assessment/Head Circumference, Health History, Hearing, Vision and Oral Health Screening) prior to the last day of the Early Head Start program 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.**

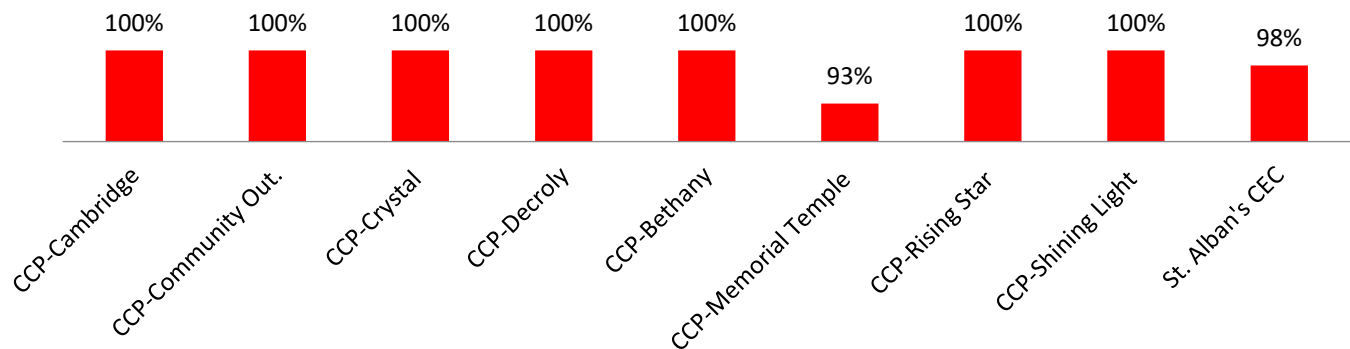
HEALTH SERVICES:

Immunization:

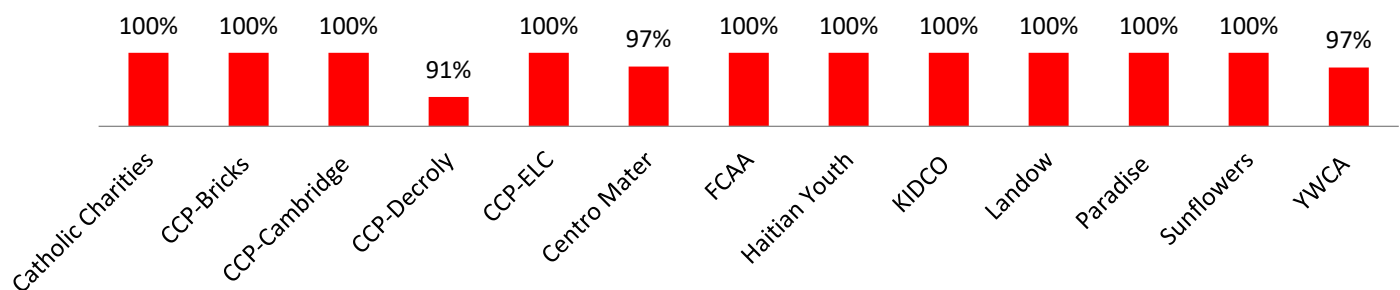
Early Head Start Immunization 99% Complete or Up-To-Date



CCP1 Immunization 99% Complete or Up-To-Date



EHS Expansion CCP Early Head Start Immunization 99% Complete or Up-To-Date

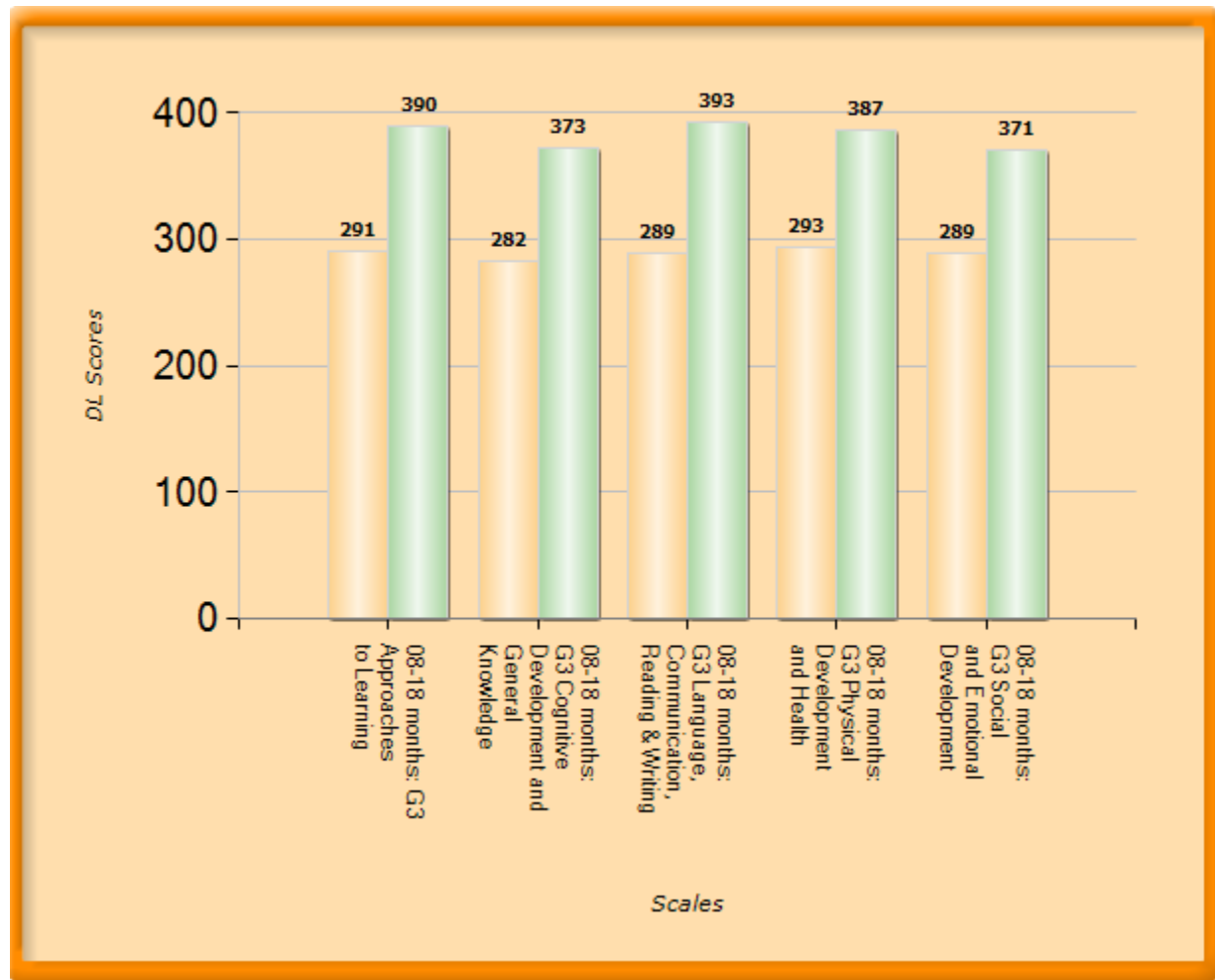


NOTE: 100% of all children must have a “complete” or “up-to-date” immunizations status within 90 calendar days of entry into the program.

EDUCATION

Early Head Start

8 – 18 months

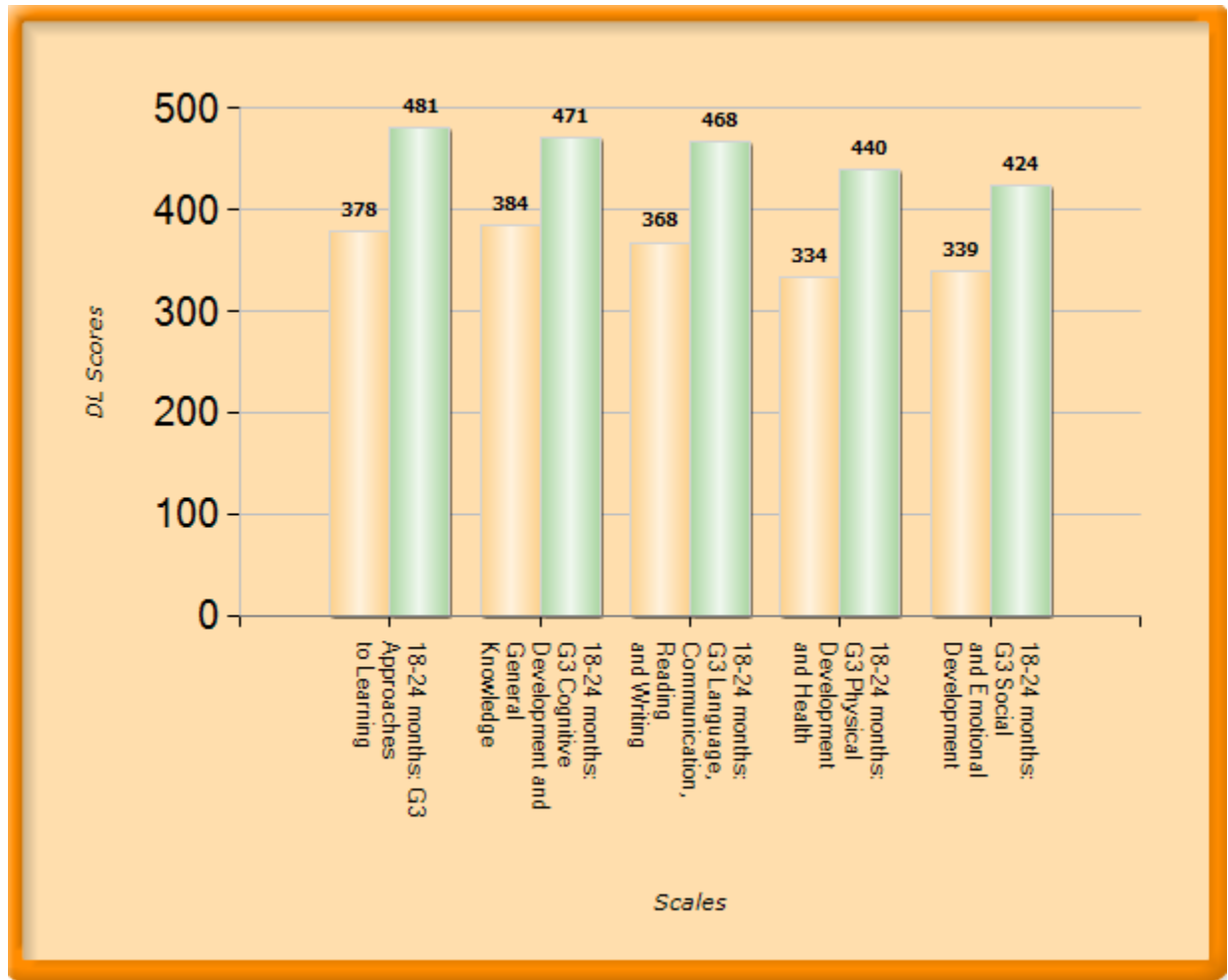


DL scores

		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 10/30/2020	291	282	289	293	289
Period 2	7/1/2021 7/30/2021	390	373	393	387	371
DL Gain		99	91	104	94	82

Early Head Start

18 – 24 months

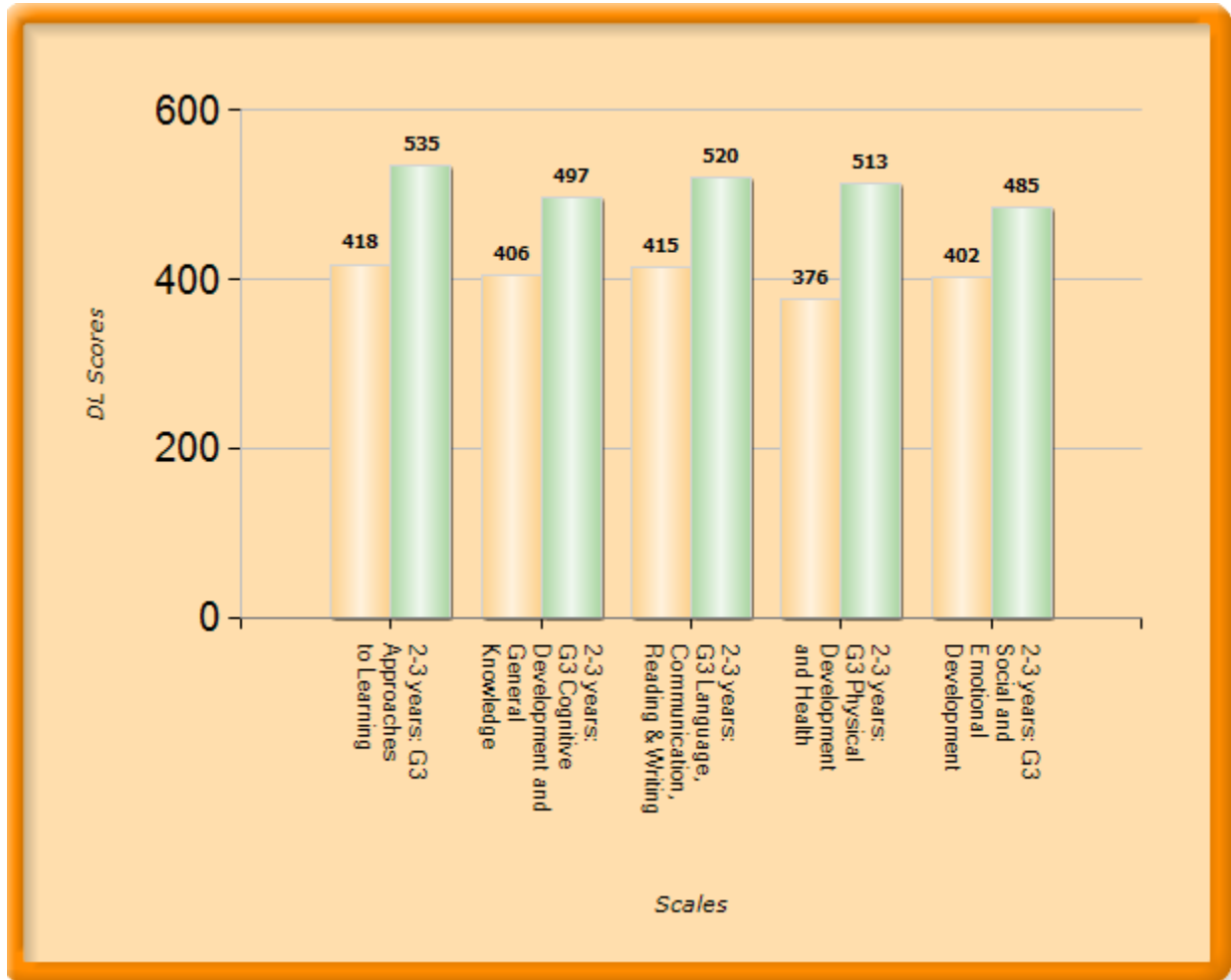


DL scores

		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 10/30/2020	378	384	368	334	339
Period 2	7/1/2021 7/30/2021	481	471	468	440	424
DL Gain		103	87	100	106	85

Early Head Start

2 – 3 year olds

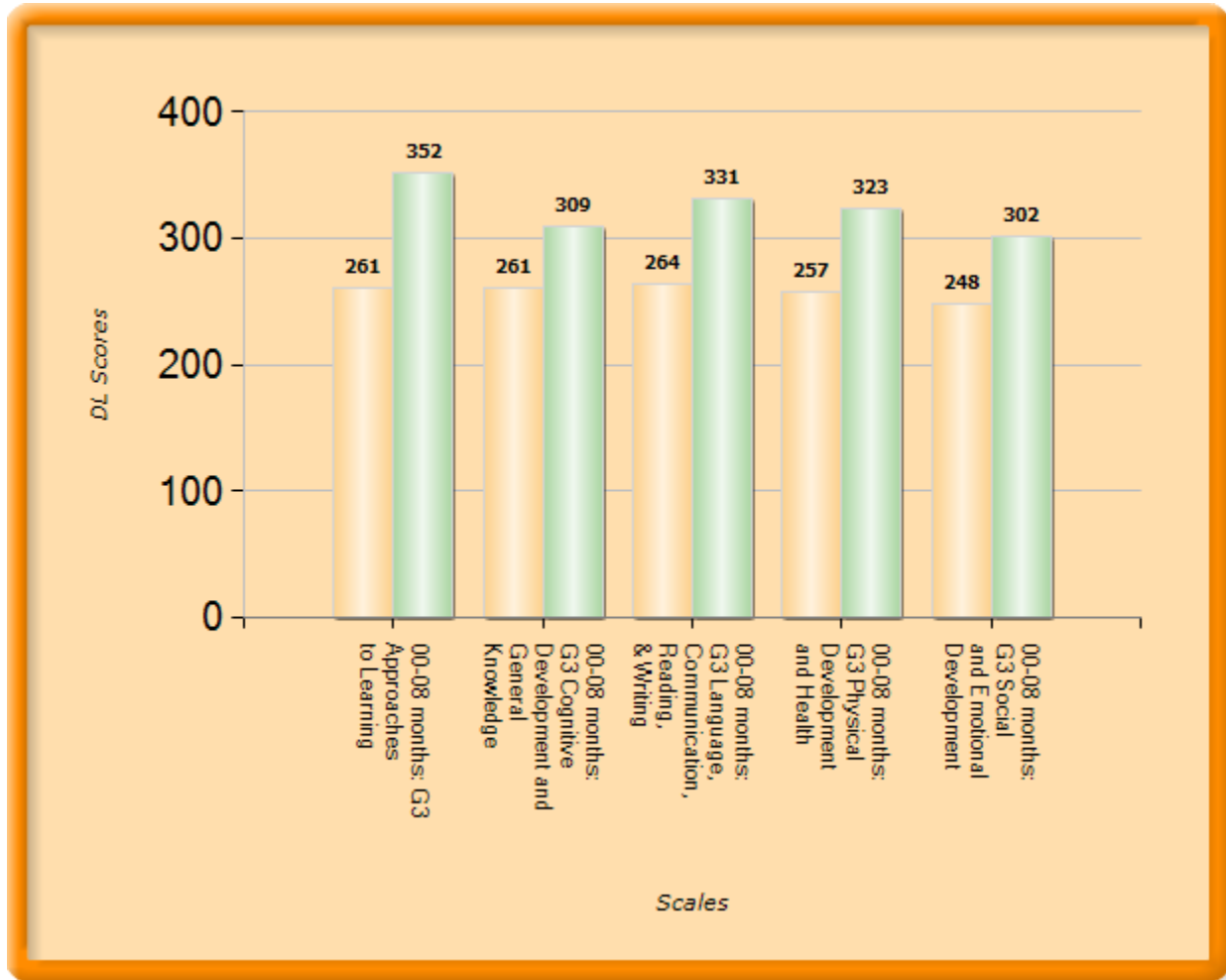


DL scores

		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 10/30/2020	418	406	415	376	402
Period 2	7/1/2021 7/30/2021	535	497	520	513	485
DL Gain		117	91	105	137	83

Early Head Start CCP

0 - 8 months

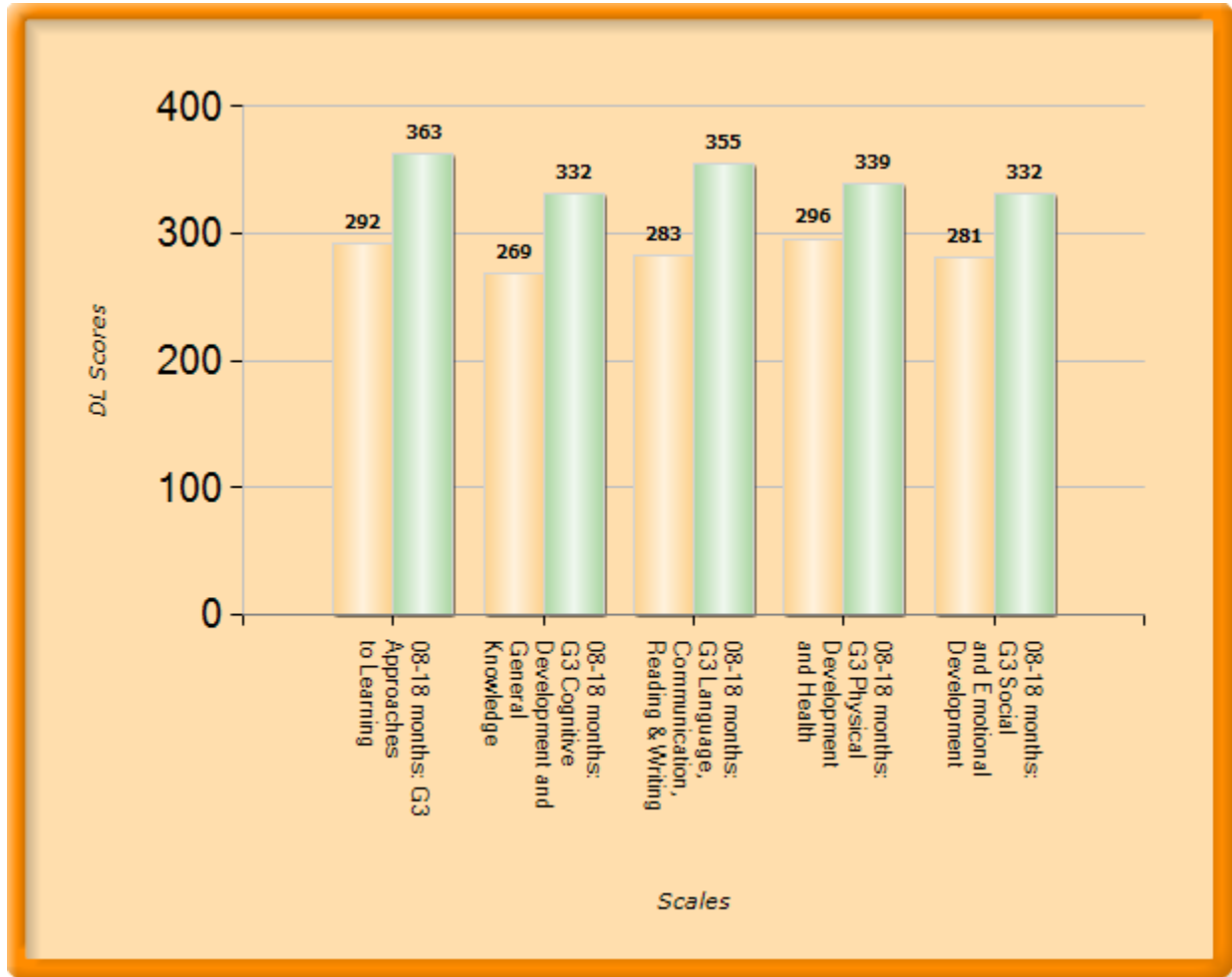


DL scores (# of children)

		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 10/30/2020	261 (1)	261 (3)	264 (3)	257 (3)	248 (3)
Period 2	7/1/2021 7/30/2021	352 (1)	309 (3)	331 (3)	323 (3)	302 (3)
DL Gain		91	48	67	66	54

Early Head Start CCP

8 - 18 months

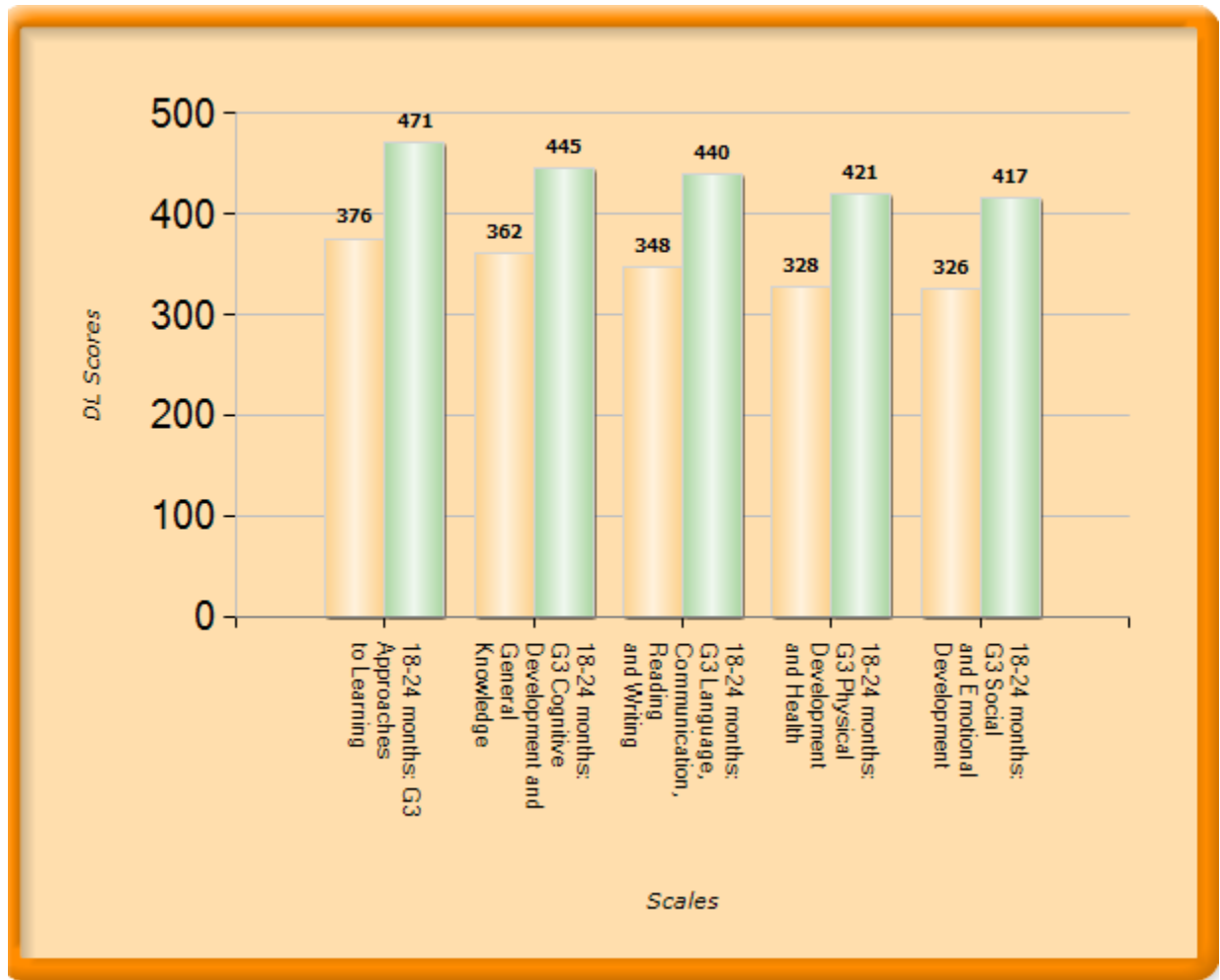


DL scores

		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 10/30/2020	292	269	283	296	281
Period 2	7/1/2021 7/30/2021	363	332	355	339	332
DL Gain		71	63	72	43	51

Early Head Start CCP

18 - 24 months

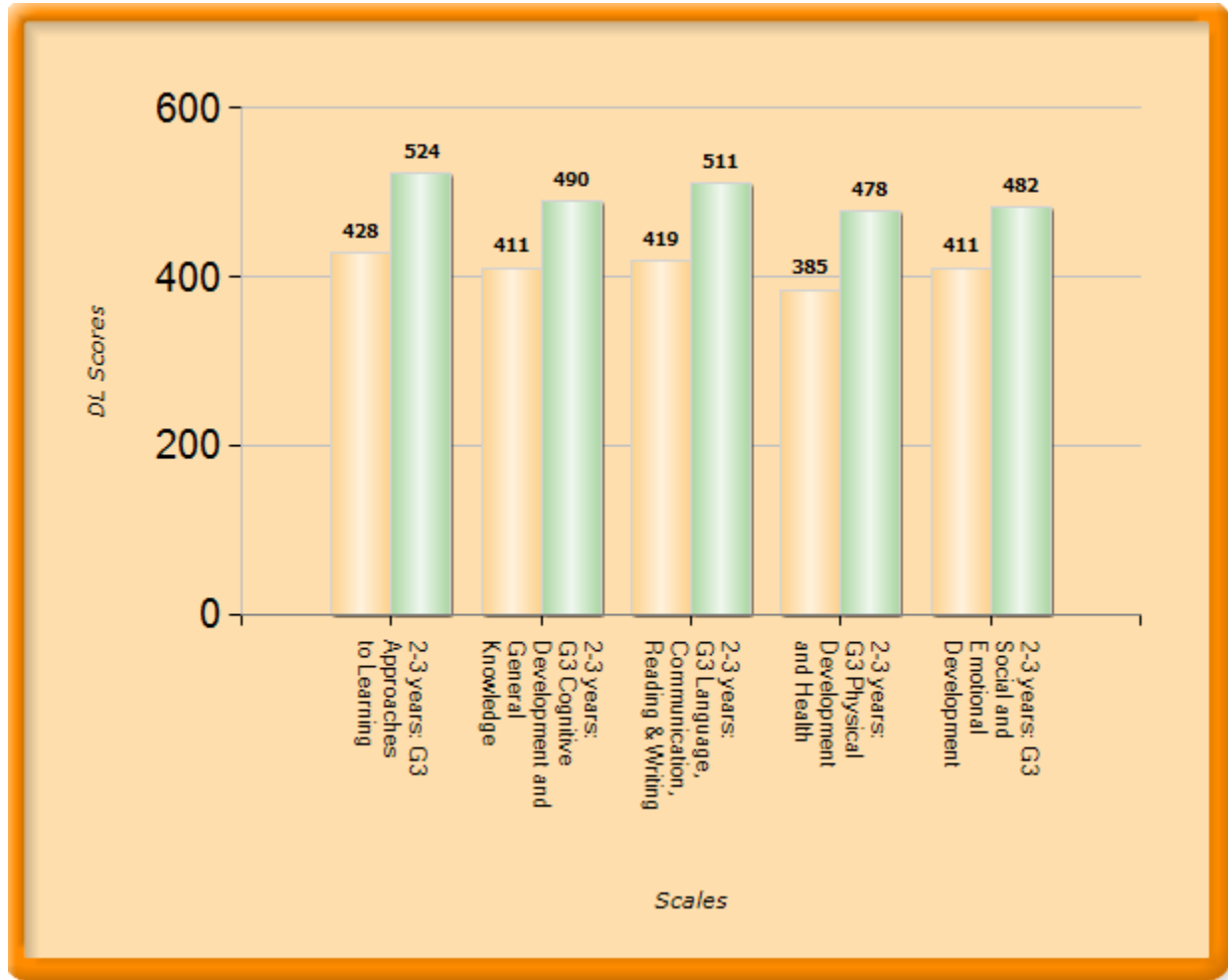


DL scores

		G3 Approaches to Development and 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 10/30/2020	376	362	348	328	326
Period 2	7/1/2021 7/30/2021	471	445	440	421	417
DL Gain		95	83	92	93	91

Early Head Start CCP

2 – 3year old

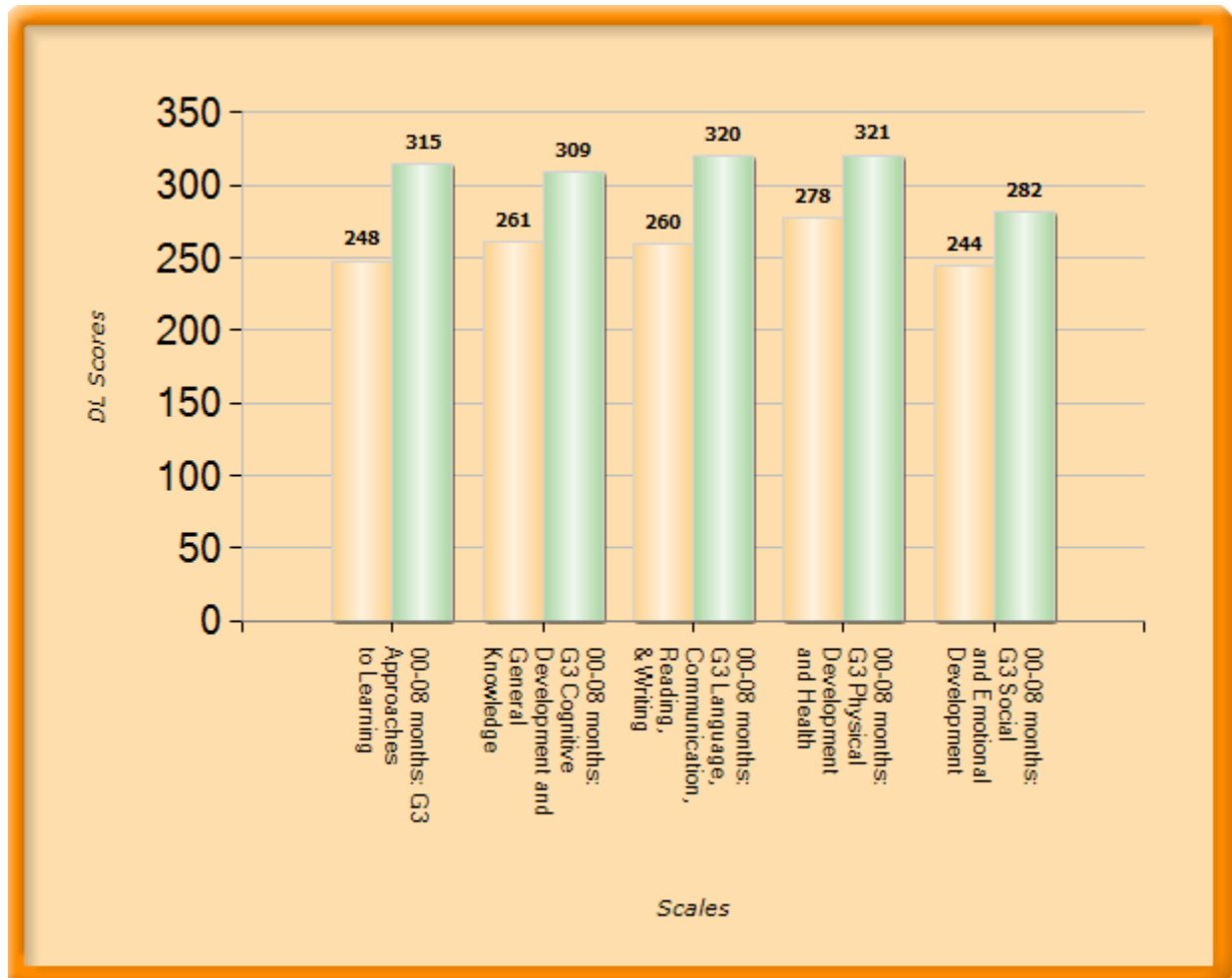


DL scores

		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 10/30/2020	428	411	419	385	411
Period 2	7/1/2021 7/30/2021	524	490	511	478	482
DL Gain		96	79	92	93	71

Early Head Start Expansion & CCP

0 - 8 months

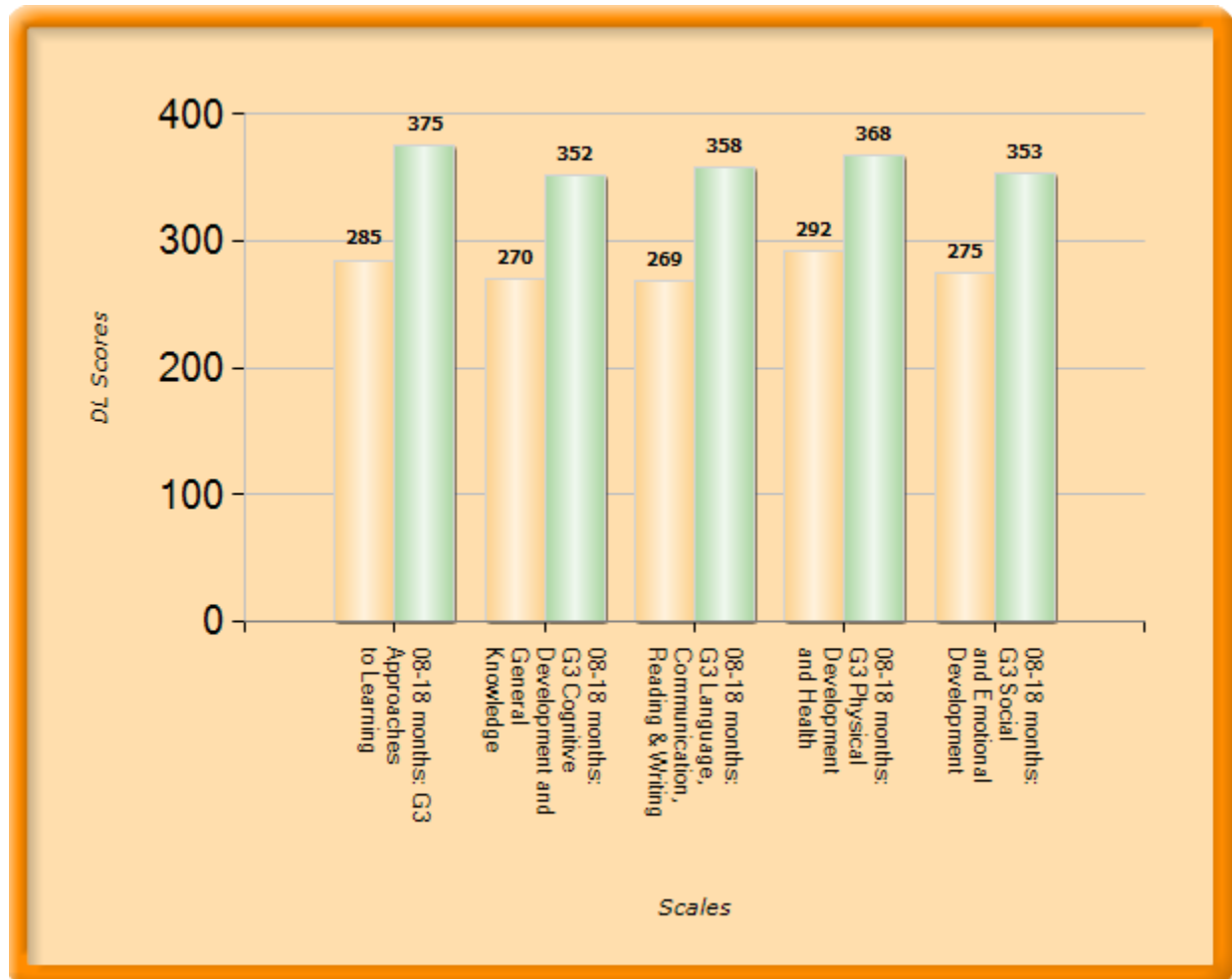


DL scores

		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 10/30/2020	248	261	260	278	244
Period 2	7/1/2021 7/30/2021	315	309	320	321	282
DL Gain		67	48	60	43	38

Early Head Start Expansion & CCP

8 - 18 months

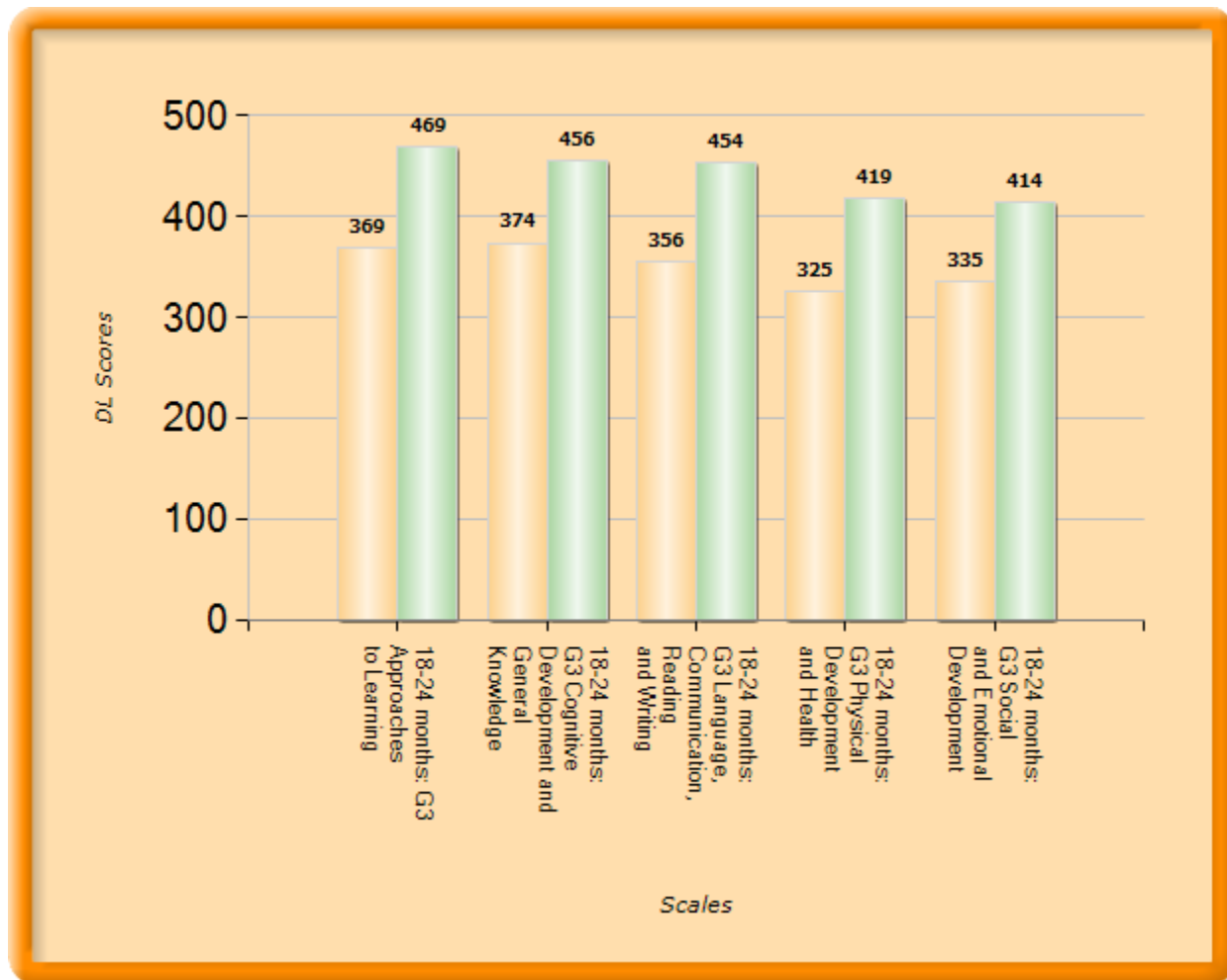


DL scores

		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 10/30/2020	285	270	269	292	275
Period 2	7/1/2021 7/30/2021	375	352	358	368	353
DL Gain		90	82	89	76	78

Early Head Start Expansion & CCP

18 - 24 months

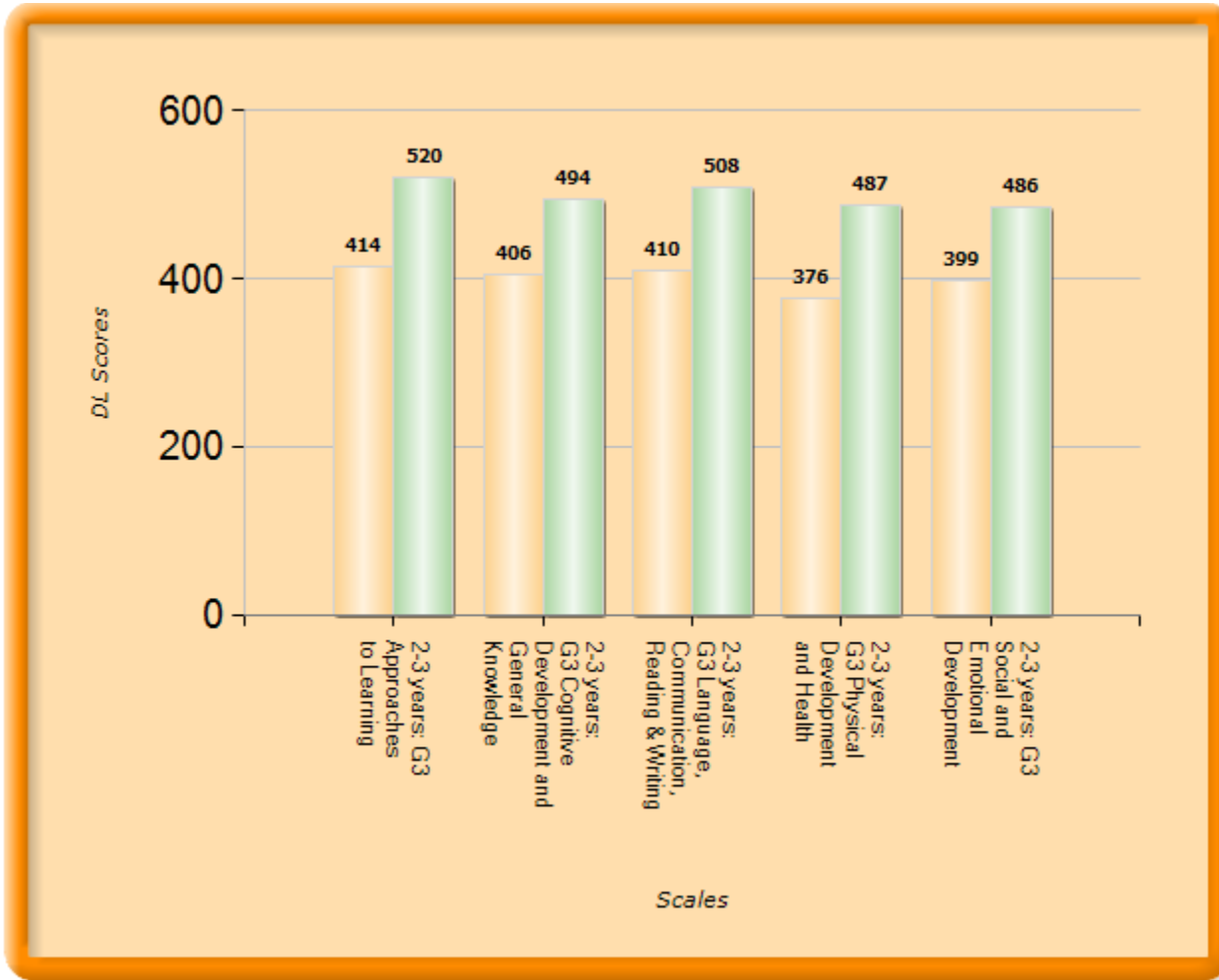


DL scores

		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 10/30/2020	369	374	356	325	335
Period 2	7/1/2021 7/30/2021	469	456	454	419	414
DL Gain		100	82	98	94	79

Early Head Start Expansion CCP

2 – 3 year-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 10/30/2020	414	406	410	376	399
Period 2	7/1/2021 7/30/2021	520	494	508	487	486
DL Gain		106	88	98	111	87

FAMILY AND COMMUNITY ENGAGEMENT (FCE)

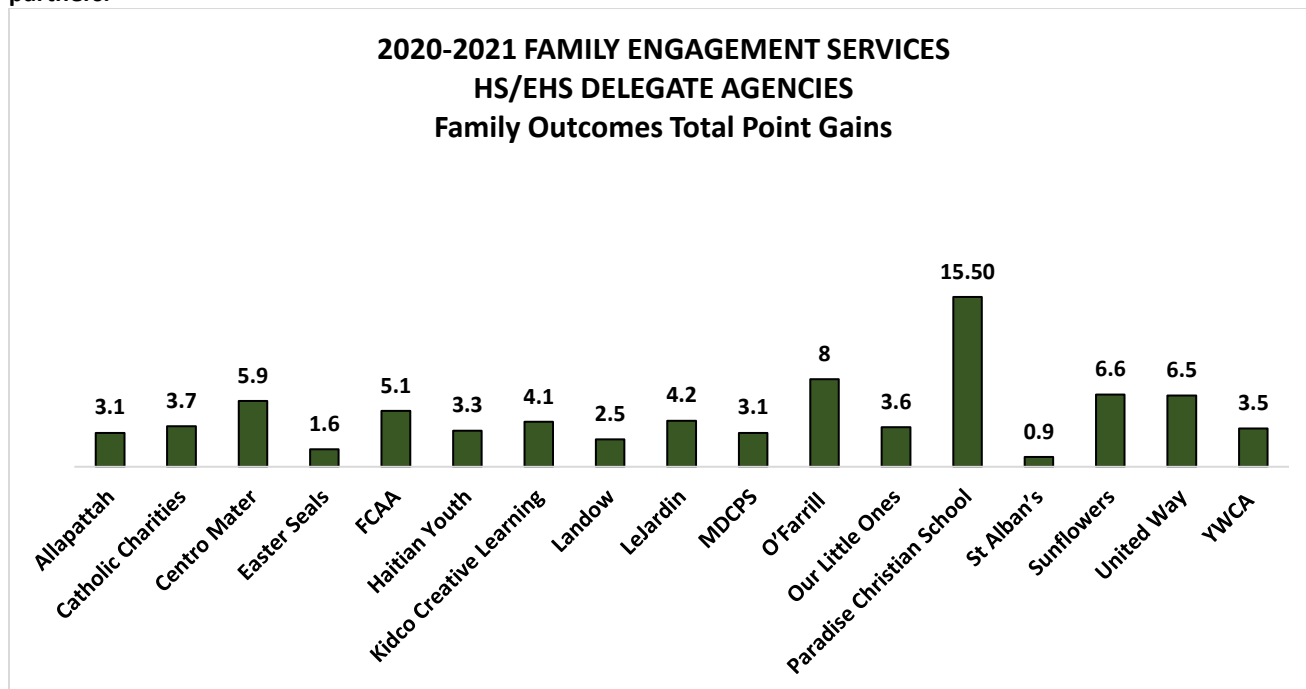
The Family Assessment Questionnaire (FAQ) measures each family on the 7 family engagement outcomes of the Parent, Family, and Community Engagement Framework (PFCEF). This FAQ is utilized to identify and address family needs, interests, strengths, goals, services, and resources and families are assessed twice during the program year.

The FAQ is divided into 7 family outcome areas:

- Family well-being
- Positive parent-child relationships
- Families as lifelong educators
- Families as learners
- Family engagement in transitions
- Families as advocates and leaders
- Family connections to peers and community

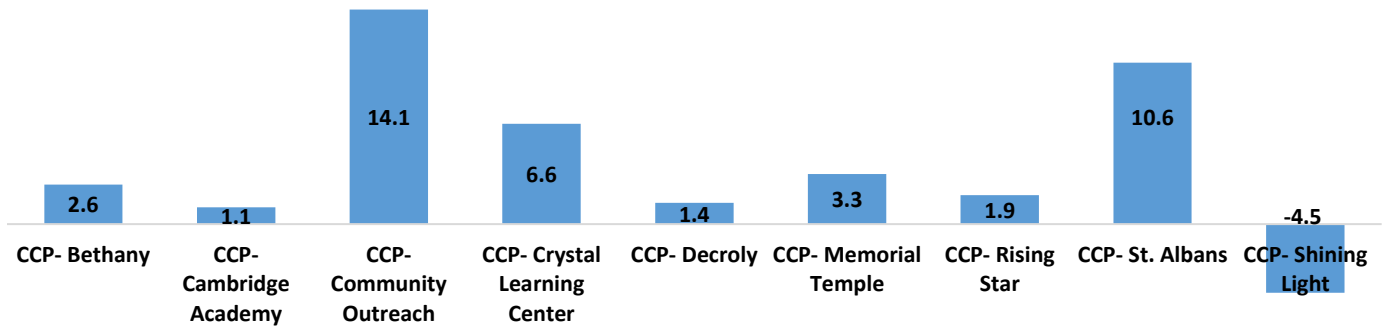
The assessment data is used to connect families to community resources, to address family needs and interests, and to partner with families to develop individual goals. The assessment is also used to determine the kinds of services and supports which need to be provided to families.

The graphs below describe the point gains for family outcomes during the 2020-2021 program amongst the agencies and partners.



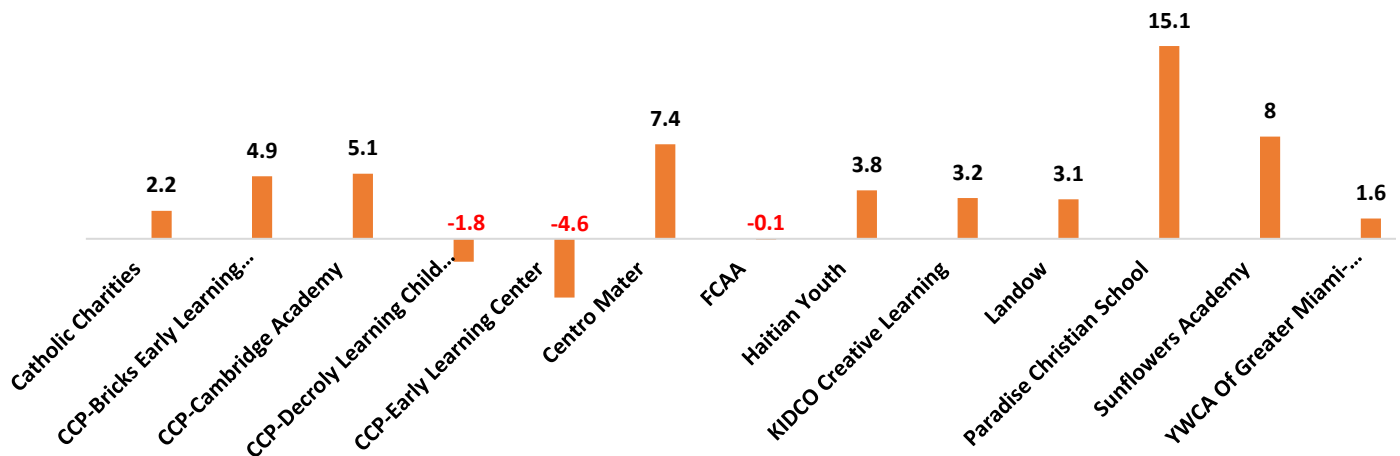
Source: ChildPlus Report 4240- Family Outcomes- Analysis as of 7/15/21

**2020-2021 FAMILY ENGAGEMENT SERVICES
EHS-CCP PARTNERS
Family Outcomes Total Gains/Losses**



Source: ChildPlus Report 4240- Family Outcomes- Analysis as of 7/15/21

**2020-2021 EHS-CCP PARTNERS EXP
Family Outcomes Total Gains/Losses**



Source: ChildPlus Report 4240- Family Outcomes- Analysis as of 7/15/21

Child Mental Health and Social and Emotional Well Being Board and Policy Council Report July 2021

In preparation for the **2020-21** program year, follow up planning efforts to improve efficiencies continued and included: the development of the **annual At-a-Glance** calendar of service area requirements with timelines and all related materials which were forwarded to all team members. Follow up administratively with eDECA administration regarding the availability to the eDECA classroom and **staff wellness** plans for availability to teachers prior to the program year beginning. In addition to the Pyramid model social and emotional certification services, reliability and coaching certification training is being planned to ensure the development of model classrooms for each of Service area planning and follow up addressed further refinement to strengthen efforts to engage teachers and parents **earlier** in the consultation process to more effectively address children with very **serious concerns as soon as concerns** are identified. In response to the new Head Start Program Performance Standards, program practices will continue to be further enhanced with a greater focus on **promotion and prevention**. Efforts will be increased in the area of timely and effective service provision in the area of teacher and family engagement in the mental health consultation process. Planning to address the prevention of **pre-school suspension and expulsion** requirements and **concerns identified in consultation with social services** for families who may require additional mental health supports and referrals. Additionally, the reporting process continues to be streamlined to better capture services in ChildPlus which are required to be provided to teachers and parents by mental health professionals.

The mental health service area team members Early Head final **Program Information Report** data validation process continued for Early Head Start. Validation reports and related ChildPlus data were reviewed and reconciled and forwarded with grantee approval for **6 of 14 delegate and partner** agencies.

Mental health service area team members assisted and participated in the annual Pre Service planning and training process in preparation for the new program year

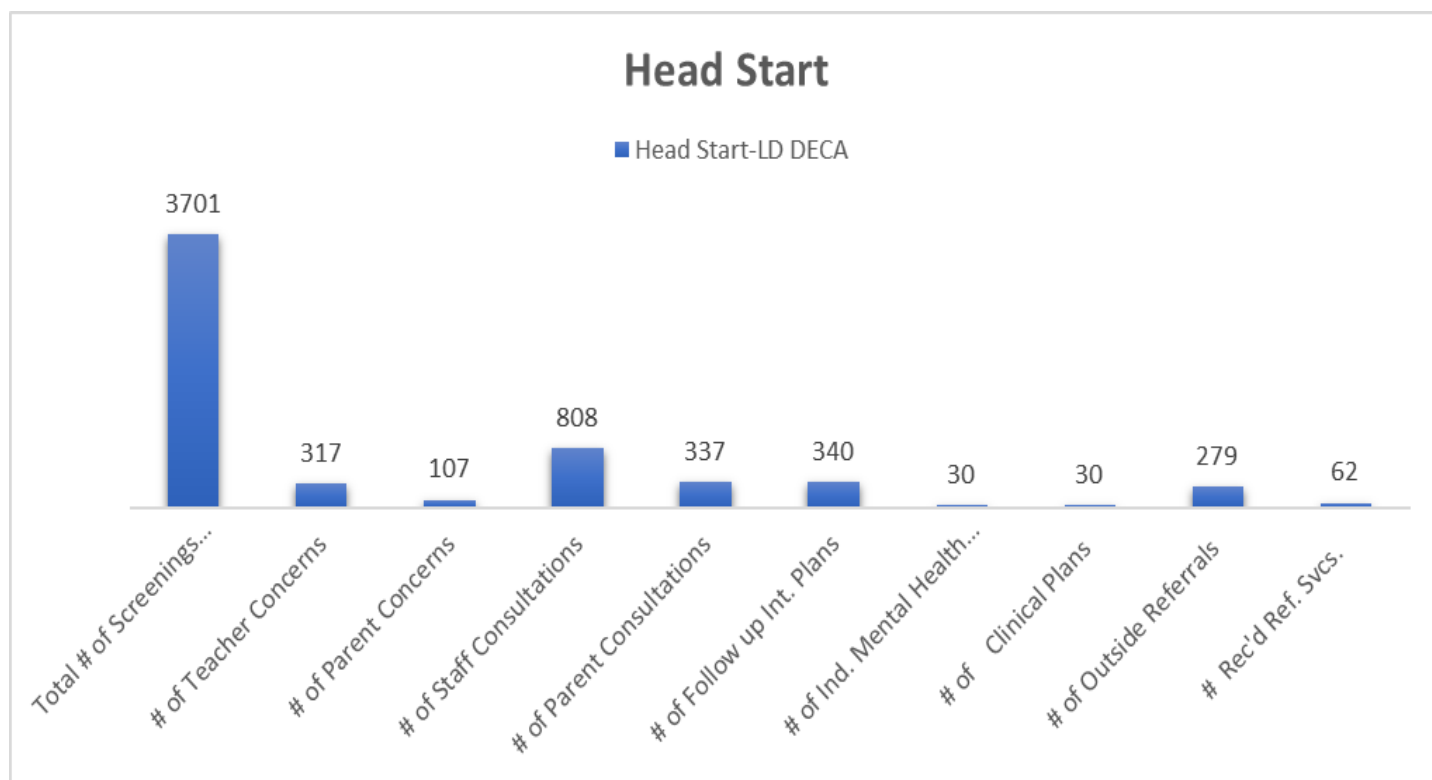
Other related activities for **July** are as follows:

Child Mental Health and Social and Emotional Well Being Service Area Report June 2021		2020-21 Program YR	Total to Date
Preschool Pyramid Model for Positive Behavior Support Train the Trainer Certifications		9 (completed on 12-21-20)	129
Teaching Pyramid Observation Tool Reliability and Coaching Certification Training (Preschool)		13 of 14 (completed on 6-23-21)	13
Infant and Toddler Pyramid Model for Positive Behavior Support - Train the Trainer Certification Series		Module 3 training concluded on 3-24-21 (8 completed) and 5-12-21 (2 completed)	54
Grantee Trainings and Technical Assistance Sessions Provided/Attended		Trainings: 0 TA: 0 Att. 6	
Co-consultations with Agencies for Children with Concerns		0	
CMH TA Summary Reports, 7 Day Data Review and Corrections -QA Guidance to Agencies		6 PIR Validation Review and 14 summary FU reports to agencies	
<input checked="" type="checkbox"/> Pre- Assessment DECA/ ASQ 45 Day Req.	<input type="checkbox"/> Mid Assessment DECA/ASQ/Consults/Plans/Ref	<input checked="" type="checkbox"/> Post Assessments DECA/ASQ/Consults/Plan/Ref	<input checked="" type="checkbox"/> Clinical Assessment for children non-responsive to Initial Plans
<input checked="" type="checkbox"/> 90 Day Cons.-Ind. Planning Req.	<input checked="" type="checkbox"/> Safety Plans	<input type="checkbox"/> 3015 MDT Review w-MHC	<input checked="" type="checkbox"/> Delegate LMHP Contracts
<input checked="" type="checkbox"/> Agency Monthly Reports Rev.	<input type="checkbox"/> Self-Assessment	<input type="checkbox"/> Quarterly Trainings	<input type="checkbox"/> Delegate Risk Assessments
<input type="checkbox"/> Community Part. Agreements FU	<input checked="" type="checkbox"/> Federal Review Preparation-Grant Planning	<input checked="" type="checkbox"/> FUIP Summer Plan	<input checked="" type="checkbox"/> Program Information Report (PIR)

The DECA and Ages and Stages initial screening and results data and consultation services provided by the program's licensed mental health professionals through *July 31st* for prevention, early intervention, assessments, clinical planning, referrals and follow up. Direct consultations with teachers and parents continued to be required. A review of the post assessment data reflected improvements for **79%** of Head Start children who were identified with initial DECA concern. The ASQ data is being aggregated. See details which follow:

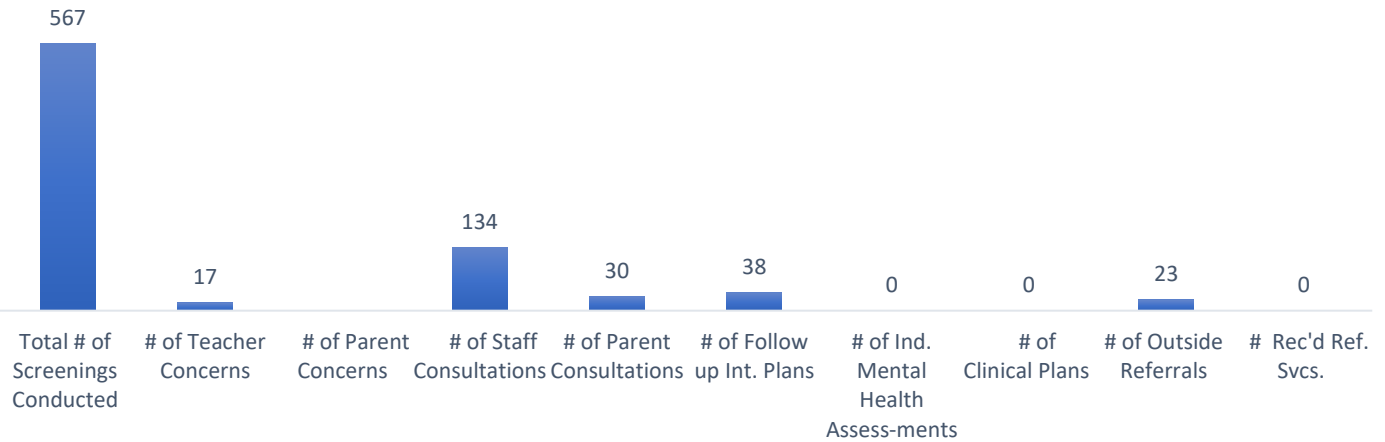
DECA PRE-POST END OF YEAR COMPARISON REPORT for HEAD START

ProgramName	DateBegin	DateEnd	PreRating	PreRatingI	PreNeeds	MidRating	MidRating	MidNoRa	PostRating	PostRating	PostNoRa	PreToMid	MidToPos	PreToPost
Selection Criteria: @ 8/24/2020 6/30/2021			Totals	NeedsCou	Percentage	Totals	Needs		Count	Needs		Comp.	Comp.	Comp.
Allapattah			50	0	0	0	0	0	3	0	0	0	0	0
Catholic Charities			702	29	0.04	16	9	15	8	6	22	0.69	0.33	0.79
Centro Mater			338	7	0.02	7	3	0	2	2	5	0.57	0.33	0.71
Easter Seals			223	47	0.21	28	13	22	18	8	31	0.72	0.38	0.83
FCAA			155	18	0.12	14	2	5	6	0	16	0.89	1	1
Haitian Youth			135	20	0.15	14	1	7	4	0	18	0.95	1	1
KIDCO Child Care			118	8	0.07	4	2	4	1	1	7	0.75	0.5	0.88
Landow			44	7	0.16	8	6	0	5	2	3	0.14	0.67	0.71
Lejardin Community Center, Inc.			310	9	0.03	7	6	3	8	5	3	0.33	0.17	0.44
Miami Dade County Public Schools MDC			1092	85	0.08	88	25	23	36	17	59	0.71	0.32	0.8
O'Farrill Learning Center			80	4	0.05	4	2	1	2	2	4	0.5	0	0.5
Our Little Ones			83	7	0.08	8	4	0	2	2	6	0.43	0.5	0.71
Paradise Christian School, Inc.			97	21	0.22	16	10	5	12	6	9	0.52	0.4	0.71
St. Albans			64	18	0.28	20	9	5	12	8	9	0.5	0.11	0.56
Sunflowers Academy			41	10	0.24	8	3	2	3	1	7	0.7	0.67	0.9
United Way Center Of Excellence			18	9	0.5	8	3	1	9	3	3	0.67	0	0.67
YWCA Of Greater Miami-Dade			151	18	0.12	19	8	4	11	5	8	0.56	0.38	0.72
Consortium Totals:			3701	317	0.09	269	106	97	142	68	210	0.67	0.36	0.79



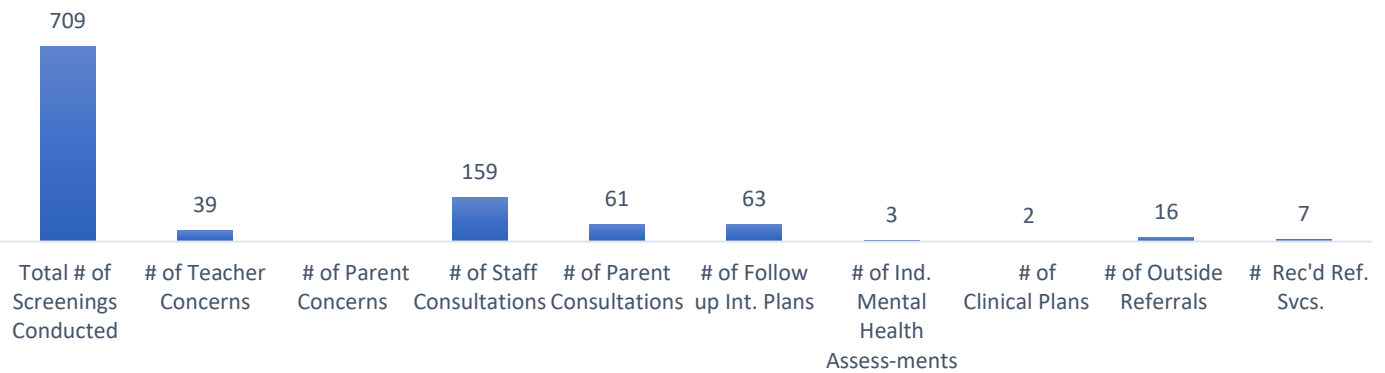
Early Head Start ASQ SE2

■ EHS ASQ SE2



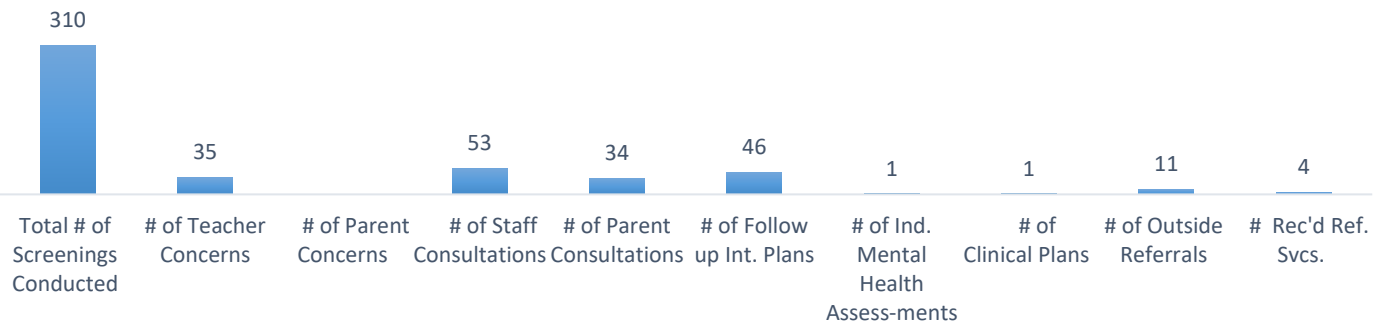
Early Head Start Expansion- ASQ SE2

■ EHS Expansion w-CCP ASQ SE2



Early Head Start- Child Care Partners ASQ SE2

■ EHS- CCP1 ASQ SE2



**Child Care Food Program Meal Count Worksheet Delegate Sites
Summer July 2021**

Delegate Sites	Number of HS Operating Days	Number of EHS Operating Days	Breakfast HS	Breakfast EHS	Total # of Breakfast Served	Lunch HS	Lunch EHS	Total # of Lunch Served	Snack HS	Snack EHS	Total # of Snack Served
Allapattah	0		0		0	0		0	0		0
Catholic Charities	0		0		0	0		0	0		0
Centro Mater	16	0	644	0	644	644	0	644	644	0	644
Easter Seals	0	0	0	0	0	0	0	0	0	0	0
Family Christian	19	0	1539	0	1539	1536	0	1536	1462	0	1462
Haitian Youth	0	0	0	0	0	0	0	0	0	0	0
Kidco	19	0	935	0	935	941	0	941	914	0	914
Landow	0	0	0	0	0	0	0	0	0	0	0
LeJardin	0	0	0	0	0	0	0	0	0	0	0
MDCPS	19	0	1790	0	1790	1791	0	1791	1791	0	1791
O'Farrill	0	0	0	0	0	0	0	0	0	0	0
Our Little Ones	19		823		823	832		832	607		607
Paradise Christian	0		0		0	0		0	0		0
St. Alban's	16		386		386	387		387	387		387
Sunflowers	0		0		0	0		0	0		0
United Way	0	0	0	0	0	0	0	0	0	0	0
YWCA	17	0	209	0	209	203	0	203	203	0	203
Total Number			6326	0	6326	6334	0	6334	6008	0	6008

**Child Care Food Program Meal Count Worksheet Delegate Sites
July 2021**

Delegate Sites	Number of HS Operating Days	Number of EHS Operating Days	Breakfast HS	Breakfast EHS	Total # of Breakfast Served	Lunch HS	Lunch EHS	Total # of Lunch Served	Snack HS	Snack EHS	Total # of Snack Served
Allapattah			0		0	0		0	0		0
Catholic Charities	0		0		0	0		0	0		0
Centro Mater	0	19	0	519	519	0	519	519	0	519	519
Easter Seals	0	19	0	35	35	0	35	35	0	35	35
Family Christian	0	19	0	332	332	0	332	332	0	316	316
Haitian Youth	0	19	0	354	354	0	354	354	0	354	354
Kidco	0	19	0	453	453	0	456	456	0	447	447
Landow	0	16	0	197	197	0	197	197	0	197	197
LeJardin	0	0	0	0	0	0	0	0	0	0	0
MDCPS	0	19	0	2128	2128	0	2128	2128	0	2128	2128
O'Farrill	0	19	0	100	100	0	100	100	0	98	98
Our Little Ones	0		0		0	0		0	0		0
Paradise Christian	0		0		0	0		0	0		0
St. Alban's	0		0		0	0		0	0		0
Sunflowers	0		0		0	0		0	0		0
United Way	0	19	0	306	306	0	306	306	0	306	306
YWCA	0	19	0	309	309	0	307	307	0	281	281
Total Number			0	4733	4733	0	4734	4734	0	4681	4681

**Child Care Food Program Meal Count Worksheet Early Head Start Child Care Partners
July 2021**

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	14	143	142	142
CCP Decroly Center	48	19	706	706	706
CCP Bethany Child Center	24	19	325	325	325
CCP Memorial Temple	16	17	141	141	141
CCP Comm. Outreach	16	19	257	257	257
CCP Cambridge Academy	24	12	207	207	207
CCP Rising Star Academy	15	22	150	150	150
CCP St.Albans	48	19	580	580	580
CCP Shinning Light Childcare	16	13	161	161	161
Total Number			2670	2669	2669

**Child Care Food Program Meal Count Worksheet EHS - CCP Expansion
July 2021**

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	19	330	330	330
Cambridge Academy	24	12	211	211	211
Catholic Charities	120	19	1185	1180	1173
Centro Mater	104	19	291	291	291
Decroly Learning	24	19	321	321	321
Early Learning Center	32	19	291	290	290
FCAA	32	19	450	454	434
Haitian Youth	48	19	437	437	437
Haitian Youth Edison CRC	32	19	289	289	289
KIDCO	32	19	386	387	365
Landow	16	17	189	189	189
Paradise Christian	32	19	344	339	338
Sunflowers	24	19	277	277	277
YWCA	40	19	492	486	451
Total Number			5493	5481	5396



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 27, 2021

AGENDA ITEM NUMBER: 4A9

AGENDA ITEM SUBJECT: ACF-IM-HS-21-03: Monitoring Process for Head Start and Early Head Start Grantees

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The Office of Head Start will resume on-site monitoring reviews and Classroom Assessment Scoring System reviews in FY 2022, as local conditions allow.

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-21-03	2. Issuance Date: 07/27/2021
	3. Originating Office: Office of Head Start	
	4. Key Words: Monitoring; FY 2022; CLASS®	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Grantees

SUBJECT: Fiscal Year (FY) 2022 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. In FY 2022, OHS will resume on-site monitoring reviews and Classroom Assessment Scoring System (CLASS®) reviews.

On-site reviews will begin in January 2022, as local conditions allow. While on-site, monitors will follow U.S. Centers for Disease Control and Prevention (CDC) health and safety guidelines. Further, OHS is committed to partnering with grantees when preparing for on-site reviews to maintain a safe environment for children, families, and staff within the program. If local conditions do not allow for an on-site review, OHS reserves the right to conduct an off-site review.

Upon request, grantees are required to submit an accurate calendar of availability. The availability information is used to schedule monitoring reviews and visits by Regional Office staff. As changes in program availability occur, grantees must update their calendars. OHS is unable to accommodate requests to reschedule reviews in program year 2021–2022.

In addition to outlining the status of monitoring reviews in FY 2022, this Information Memorandum reiterates updates to the CLASS® condition within the Designation Renewal System (DRS), including the creation of quality thresholds for each domain of the CLASS®.

Review Type	FY 2022 Implementation	Start Date
Focus Area 1 (FA1)	FA1 reviews will be conducted, as usual, through a virtual format.	October 2021
Focus Area 2 (FA2)	FA2 reviews will resume in-person for the 2021–2022 program year.	January 2022
CLASS®	CLASS® reviews will resume in-person for the 2021–2022 program year.	January 2022
Follow-up	Follow-up reviews will be conducted either in-person or 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 either in-person or virtually by the applicable Regional Office.	Start dates will coincide with the Tribal DRS Consultation process and Plan to Improve Quality.
Other	OHS reserves the right to conduct special off-site or on-site reviews	TBD, as needed

FY 2022 Monitoring Reviews

Grantees scheduled to receive a monitoring review in FY 2022 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 review schedule. The FA1 and FA2 reviews will include conversations on the following content areas:

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 funds received from the Coronavirus Aid, Relief, and Economic Security (CARES) and Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Acts, as well from the American Rescue Plan. Grantees will also be asked about changes made to service delivery in the above content areas within the last 12 months. 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, by January 2022, programs will have returned to in-person comprehensive services as local conditions allow. For additional details regarding expectations for Head Start programs in program year 2021–2022, please reference [ACF-PI-HS-21-04](#).

OHS recognizes that the COVID-19 pandemic has exposed persistent inequities within the early childhood education sector and is committed to advancing equity for all eligible individuals to support historically underserved communities. Based on this ongoing priority, grantees are expected to demonstrate how they create a workplace that reflects the diversity of the community served and promotes a culture of belonging. It is critical that programs create an inclusive and accessible environment for all enrolled children, families, and staff.

CLASS®

Effective November 2020, OHS published a final rule to update three of the seven conditions under the DRS. For the CLASS® condition, the final rule made three major changes. First, the final rule removed the lowest 10% criterion. Second, it raised the CLASS® competitive thresholds as follows: 5 for Emotional Support, 5 for Classroom Organization, and 2.3 for Instructional Support. Any grant that receives an average score from a CLASS® review below one or more of these thresholds will be required to compete at the end of their current five-year grant period. Last, the final rule established quality thresholds for each domain of the CLASS® as follows: 6 for Emotional Support, 6 for Classroom Organization, and 3 for Instructional Support.

The new CLASS® quality thresholds represent the expectations of OHS for the quality of teacher-child interactions and the learning environment in every Head Start classroom. The CLASS® quality thresholds do not relate to competition, but instead reflect an opportunity for grantees to focus on quality improvement in the area of teacher-child interactions. For any grantee that receives a score below one or more of the CLASS® quality thresholds, OHS will offer support for quality improvement efforts. The establishment of CLASS® quality thresholds is intended to build on existing program quality improvement efforts to enhance classroom interactions beyond any set floor and will include more intentional OHS support for such efforts through training and technical assistance. For additional details on the final rule, please reference [ACF-PI-HS-20-05](#).

If you have any questions or concerns regarding FY 2022 monitoring, please contact your Regional Office.

Thank you for the work you do on behalf of children and families.
Dr. Bernadine Futrell
Director
Office of Head Start



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 28, 2021

AGENDA ITEM NUMBER: 4A10

AGENDA ITEM SUBJECT: ACF-IM-HS-21-04: Terminology Changes

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The Office of Head Start (OHS) is updating terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. The four newest updated terms are: Notice of Funding Opportunity, Recipient, Sub recipient, and Opportunity.

FUNDING SOURCE:

U.S. Department of Health and Human Services

<p style="text-align: center;">ACF Administration for Children and Families</p>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-21-04	2. Issuance Date: 07/28/2021
	3. Originating Office: Office of Head Start	
	4. Key Words: Terminology Changes; Grants; Funding Opportunity	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Agencies and Delegate Agencies

SUBJECT: Terminology Changes

INFORMATION:

The Office of Head Start (OHS) is updating terms used in official documents, correspondence, and other communications to align with terminology used in 2 CFR Part 200 and 45 CFR Part 75. These changes are part of a concerted effort encouraging consistency across all U.S. Department of Health and Human Services agencies, where applicable. While the overall process will be gradual, recipients can anticipate seeing new terms immediately. The terminology changes are outlined in the table below.

Terminology Changes	
Previous Term	New Term
Funding Opportunity Announcement (FOA)	Notice of Funding Opportunity (NOFO)
Grantee	Recipient
Subawardee	Subrecipient
Announcement	Opportunity

If you have any questions regarding these terminology changes, please contact your Regional Office.

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

Dr. Bernadine Futrell
Director
Office of Head Start



COMMUNITY ACTION AGENCY BOARD

DATE: JULY 21, 2021

AGENDA ITEM NUMBER: 4A11

AGENDA ITEM SUBJECT: Focus Area 1 Results

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

Miami-Dade County Head Start received the Focus Area 1 Monitoring Review Report from the Office of Head Start conducted in June without any findings or areas of non-compliance. The report highlighted and summarized the services provided to the children and families during 2020 – 2021.

FUNDING SOURCE:

U.S. Department of Health and Human Services



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | 4th Floor – Switzer Memorial Building, 330 C Street SW, Washington DC 20024 edlkc.ohs.acf.hhs.gov

Program Performance Summary Report

To: Authorizing Official/Board Chairperson

Mr. Jose "Pepé" Diaz
Miami-Dade County
701 NW 1st Ct, 9th Floor
Miami, FL 33136 - 3923

From: Responsible HHS Official

Date: 07/21/2021

On behalf of Dr. Bernadine Futrell
Director, Office of Head Start

From June 22, 2021 to June 25, 2021, the Administration for Children and Families (ACF) conducted a Focus Area One (FA1) monitoring review of the Miami-Dade County Head Start and Early Head Start programs. This report contains information about the grantee's performance and compliance with the requirements of the Head Start Program Performance Standards (HSPPS) or Public Law 110-134, Improving Head Start for School Readiness Act of 2007.

The Office of Head Start (OHS) would like to thank your governing body, policy council, parents, and staff for their engagement in the review process. The FA1 review allows the OHS to understand how programs are progressing in providing services in the 5-year grant cycle. The report includes the performance measures used to understand grantee progress towards program goals. You can use this report to identify where your program was able to describe progress toward implementing program services that promote quality outcomes for children and families. Please contact your Regional Office for guidance should you have any questions or concerns. Your Regional Office will follow up on the content of this report and can work with you to identify resources to support your program's continuous improvement.

DISTRIBUTION OF THE REPORT

Ms. Maria Goss, Regional Program Manager
Ms. Annika Holder, Chief Executive Officer/Executive Director
Dr. Maria Riestra-Quintero, Head Start Director
Dr. Maria Riestra-Quintero, Early Head Start Director

Glossary of Terms

Opportunity for Continuous Improvement (OCI)	An OCI is identified when the grantee is determined compliant in an area; however, through intentional, continuous improvement strategies, the agency has the opportunity to enhance overall program quality.
Area of Concern (AOC)	An area for which the agency needs to improve performance. These issues should be discussed with the grantee's Regional Office of Head Start for possible technical assistance.
Area of Noncompliance (ANC)	An area for which the agency is out of compliance with Federal requirements (including but not limited to the Head Start Act or one or more of the regulations) in one or more areas of performance. This status requires a written timeline of correction and possible technical assistance or guidance from the grantee's program specialist. If not corrected within the specified timeline, this status becomes a deficiency.
Deficiency	<p>As defined in the Head Start Act, the term "deficiency" means:</p> <p>(A) a systemic or substantial material failure of an agency in an area of performance that the Secretary determines involves:</p> <ul style="list-style-type: none"> (i) a threat to the health, safety, or civil rights of children or staff; (ii) a denial to parents of the exercise of their full roles and responsibilities related to program operations; (iii) a failure to comply with standards related to early childhood development and health services, family and community partnerships, or program design and management; (iv) the misuse of funds received under this subchapter; (v) loss of legal status (as determined by the Secretary) or financial viability, loss of permits, debarment from receiving Federal grants or contracts, or the improper use of Federal funds; or (vi) failure to meet any other Federal or State requirement that the agency has shown an unwillingness or inability to correct, after notice from the Secretary, within the period specified; <p>(B) systemic or material failure of the governing body of an agency to fully exercise its legal and fiduciary responsibilities; or</p> <p>(C) an unresolved area of noncompliance.</p>



Program Design, Management, and Quality Improvement

Program Design

The grantee's program design and structure takes into account community strengths and needs.

Program Management and Quality Improvement

The grantee has an approach for providing effective management and oversight of all program areas and fiduciary responsibilities.

Program Governance

The grantee maintains a formal structure for program governance that includes a governing body, a policy council (or policy committee for delegates), and parent committees.

Program Design, Management, and Quality Improvement Summary

Miami-Dade County served diverse communities in South Florida with 3 grants, including 17 delegates and 11 Early Head Start-Child Care Partners. The grantee completed a community assessment as part of its strategic planning process to ensure responsive services. Subcommittees and focus groups engaged stakeholders in analyzing data to inform program design, selection of partners and location of centers, selection criteria, staffing, and schedules. In response to that data, the program coordinated with local schools to locate centers in targeted urban areas identified as underserved communities. In addition, more than half of the program's participants were dual language learners. All participants were encouraged to speak their home language. The program used staffing and technology to support dual language families by offering information in their home languages and using digital learning platforms that accommodated multiple languages. When the program identified increased mental health needs through multi-year data trends, it implemented the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children and made mental health consultants available when needed. Through data analysis, the program tailored services to meet the needs of its diverse communities.

The grantee used a three-tiered approach in all content areas to monitor performance, progress, risk, and inform continuous improvement. First, tier-1 consisted of delegate agencies and child care partners responsible for developing their own policies and procedures, internal monitoring, and continuous improvement. Next, tier-2 focused on service area-specific support from the grantee, including coaching or mentoring and training and technical assistance to ensure program goals and objectives were met. Lastly, tier-3 included the grantee's 15-member quality assurance (QA) team providing monitoring for all delegate agencies and child care partners. The QA team's goal was to confirm compliance with Head Start Program Performance Standards and state and local licensing. The team developed a monitoring plan and implemented it with scheduled and unannounced monitoring events each year. The grantee engaged stakeholders in extensive monitoring procedures to verify programs met standards and regulations.

During the COVID-19 pandemic, families responded to surveys to share their needs, with many needing to return to work as essential workers. Based on the survey results, the program offered a hybrid model, providing services according to professional and regulatory guidance. The program was part of the mayor's office task force which included local experts and representatives. Reopening the program centers was a regular item on the agenda. Additionally, QA monitoring shifted from on site to virtual, with partners and delegates uploading documents and information into ChildPlus to be reviewed. Children and families remained engaged virtually through such mobile applications as Zoom, Class Dojo, Learning Genie, ABC Mouse, WhatsApp, and ReadyRosie. While COVID-19 made things more complicated, staff found a silver lining in simplified online access to training and peer support, as well as a push to move forward in their program goal of going paperless. Overall, the program continued to provide responsive services to children and families despite the COVID-19 pandemic.



Designing Quality Education and Child Development Program Services

Alignment with School Readiness

The grantee's approach to school readiness aligns with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and state early learning standards.

Effective and Intentional Teaching Practices

The grantee has strategies to ensure teaching practices promote progress toward school readiness.

Supporting Teachers in Promoting School Readiness

The grantee has an approach for ensuring teachers are prepared to implement the curriculum and support children's progress toward school readiness.

Home-based Program Services

The grantee has strategies to ensure home-based program services help parents to provide high-quality learning experiences.

Designing Quality Education and Child Development Program Services Summary

Miami-Dade County's approach to school readiness aligned with the expectations of receiving schools, the Head Start Early Learning Outcomes Framework (HSELOF), and Florida state early learning standards. Integral elements of its efforts included data-driven training, coaching, professional development, parent engagement, and utilizing research-based curricula. School readiness goals were developed in collaboration with the education manager, special project administrator, parents, and the school readiness committee. The goals were established across all learning domains outlined in the HSELOF and Florida Birth to Five Early Learning and Developmental Standards and aligned to child outcomes data. The child outcomes data was formally analyzed three times per year to track and ensure progress towards school readiness goals. As revisions were made, the staff were trained to use the goals in their planning. Using data and engaging in collaborative relationships, the program provided opportunities for all children to be ready for school.

The grantee facilitated individualized planning and transitions for all children based on their specific data and experiences. Transitions started with a collaboration between families, family service staff, and the education and child development team. Staff used child outcomes data to put together supportive and individualized transition plans. Strategies for ensuring teaching practices built upon the developmental progressions of children included Practice-Based Coaching, professional development, encouraging the pursuit of additional credentials and education, use of educational tools, curricula, and other resources. Program curriculum specialists held ongoing sessions with teaching staff and home visitors to identify strengths and needs. Along with 40 delegate curriculum specialists and 5 grantee education specialists, they offered support and coaching accordingly. In addition, technology allowed parents to be a part of the process. For example, parents had access to the Waterford Early Learning Software and could use it all year long, including during the summer months. This software was used to assess children at their developmental levels and provide personalized paths to their subsequent educational placement. As Florida kindergarteners are expected to use computers within the first 2 months of school, having access ahead of time gave prekindergarten students an advantage. Miami-Dade County used its education staff, a hierarchy of support, education tools, and partnerships with families to provide responsive education services.



Designing Quality Health Program Services

Child Health Status and Care

The grantee has an approach for ensuring the delivery of high-quality health services.

Safety Practices

The grantee implements a process for monitoring and maintaining healthy and safe environments and ensuring all staff have complete background checks.

Designing Quality Health Program Services Summary

Miami-Dade County used a three-tiered approach to ensure health services were timely and complete. The three-tiered process began with delegates and child care partners collecting information and entering it into ChildPlus while following up with families who needed assistance accessing health services. The second tier included health service staff examining the health data by generating reports to track goals and timelines to confirm the completion of required services. They reviewed the data daily, as staff uploaded new information regularly. Lastly, the third tier included the grantee's quality assurance team providing ongoing monitoring and creating action plans to resolve any systemic issues. Overall, the health coordinator stated the program's ChildPlus data showed immunization rates at 98 percent or higher, a 100 percent completion rate for 45/90-day requirements, and dental screening completion rates for all grants were at or over 96 percent. Mental health professionals observed children in the classroom, provided services, and participated in follow-up planning for families and staff. The program used the Pyramid Model for Promoting Social Emotional Competence in Infants and Young Children, with more than 120 certified trainers across child care partners and delegates promoting positive social-emotional engagement in all environments. The program also used the three-tiered approach to maintain safety practices, with training and ongoing monitoring ensuring staff complied with health and safety policies and procedures. The grantee's staffing, program-wide tiered approach to services and monitoring, and use of ChildPlus facilitated responsive health and safety practices.

In response to the COVID-19 pandemic, the grantee's Health Services Advisory Committee (HSAC) engaged with a world-renowned health specialist instrumental in the area's COVID-19 response. In addition, the HSAC was integral in developing COVID-19 protocol, keeping the centers open, and staff and participants healthy and safe. The Florida Head Start association and public school system used Miami-Dade County's COVID-19 protocol as its model for re-opening. Additionally, the health coordinator stated the program received calls from programs in other states asking for their expertise in responding to the pandemic. Miami-Dade County had an involved HSAC which played a large part in developing thorough COVID-19 protocols intended to keep children, families, and staff safe during the pandemic.



Designing Quality Family and Community Engagement Services

Family Well-being

The grantee has an approach for collaborating with families to support family well-being.

Strengthening Parenting and Parent-Child Supports

The grantee has an approach for providing services that strengthen parenting skills.

Designing Quality Family and Community Engagement Services Summary

Miami-Dade County's family and community engagement efforts were led by the Early Head Start administrator, family and community engagement coordinator, nutrition coordinator, and mental health coordinator. The program used its three-tiered monitoring approach and ChildPlus to support family goal setting, monitor progress, and track family strengths and needs. The program achieved success engaging participants in goal setting, with 100 percent reported as establishing at least one goal. Family assessment questionnaires (FAQs) were completed with families to gauge their service and resource needs based on the Parent Family and Community Engagement Framework domains. The FAQs were completed formally twice per year, each question was scored, and those scores informed the priority for support, services, and referrals. Referrals and resources were tracked using ChildPlus to assess family needs and the program's responsiveness to them.

Embedded in local government, the grantee was part of the largest social service and community action department in their catchment area resulting in multiple collaborative partnerships. Parent handbooks, service directories, and resource lists were regularly updated and distributed to families. The program supported parents in strengthening their parenting skills using parenting curricula, videos, webinars, family events, and socializations. Overall, the program's three-tiered approach and ongoing coordination with local service providers supported its responsive family and community engagement.

Miami-Dade County used innovative and creative programming to engage families. The program received awards from the Florida Head Start Association (FHSA) and National Association of Counties under the category of Children and Youth, and the Edward Zigler Innovation Award from the FHSA and the Office of Head Start's Region IV. The awards highlighted program achievements such as participation in a book club that provided books to participants each month until the child's fifth birthday. Focused on topics related to child development, the books were available in multiple languages and included guides for activities. The program held focus groups with families who gave feedback about the type of books, activities, and languages they would like to see. This feedback was used intentionally in program planning to enable families to have a voice. Survey observations indicated the children's book initiative help to elevate the program, the participants, and the community. As a result of the collaboration between enrolled families and staff, innovative programs were developed to enrich families' participation.



Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure

Eligibility, Recruitment, Selection, Enrollment, and Attendance

At least 10% of the grantee's total funded enrollment is filled by children eligible for services under IDEA or the grantee has received a waiver.

The grantee enrolls children or pregnant women who are categorically eligible or who meet defined income-eligibility requirements.

Enrollment Verification

The grantee maintains and tracks full enrollment.

Fiscal Infrastructure, Capacity, and Responsiveness

The grantee's fiscal staff have the qualifications needed to provide oversight of the grant.

The grantee has a budget development and revision process that includes stakeholders and appropriate approvals, and ensures continuous alignment with program design, goals, and objectives.

Developing Effective Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Strategies and Fiscal Infrastructure Summary

Miami-Dade County provided ERSEA oversight and support with an ERSEA specialist and four ERSEA advocates as part of the grantee team. The grantee team members offered training and support to delegates and child care partners and used ChildPlus to facilitate their monitoring efforts. Staff members were given training annually, with refresher eligibility training quarterly. As part of the grantee's move towards going paperless, delegates uploaded all documents into ChildPlus, ensuring each family had an electronic record. The staff made efforts to verify eligibility in-person, with phone or remote interviews occurring when necessary due to an emergency. Eligibility documents were obtained, and completed determinations were reviewed, verified, and approved by management. In addition, as part of the program's three-tiered approach, the quality assurance unit conducted an annual ERSEA review to verify accuracy. Waitlisted eligible applicants were ranked by selection criteria points in ChildPlus. Policies and procedures were also in place to collaborate with local education agencies and Early Intervention programs to make sure children with disabilities were referred and enrolled. Program staff exhausted all efforts to re-engage families, improve attendance, and document efforts with absent families before unenrolling them from the program. Systematic ERSEA policies and procedures led to the enrollment and participation of eligible children and families.

Miami-Dade County oversaw a complex budget of approximately \$150 million, with various Federal and state grants, including Head Start and Early Head Start. In operation for over 60 years, it benefitted from consistent practices and qualified and experienced staffing. Fiscal staff provided oversight, tracked payments, and managed fiscal operations, ensuring allowable support for each grant award following Federal and state regulations and procedures. A Head Start fiscal unit was a sub-unit of the grantee that explicitly tracked all grant management related to Head Start. Delegates and child care partners followed purchase request procedures. Procurement authorization forms went through seven staff members and layers of approval to verify there was proper segregation of duties and the expense was an allowable, allocable, reasonable, and necessary fiscal expenditure. The chief financial officer/fiscal administrator was responsible for developing and delivering the financial information used to inform the governing body and the policy council in their decision-making. Budget development processes engaged delegates, child care partners, grantee fiscal management staff, leadership team members, the policy council, governing body, executive committees, and subcommittees. Together, these groups looked at historical fiscal data, regulatory requirements, audit results, updated policy and procedures, and considered the ongoing mission and vision of the grantee and Head Start. Their main goal was ensuring they prioritized the needs of the families and communities served. The fiscal staff followed regulatory instructions, engaged stakeholders, and followed budget development and ongoing monitoring timelines to ensure the safeguarding and applicable use of Federal funds.

----- End of Report -----



COMMUNITY ACTION AGENCY BOARD

DATE: N/A

AGENDA ITEM NUMBER: 4A12

AGENDA ITEM SUBJECT: Updated COVID-19 Protocols

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The Health Services Advisory Committee aligned the protocols with the recommendations of the CDC and the Florida Department of Health. The rates are being monitored weekly. Adults, including staff, and children 2 years and older must wear a mask inside and outside.

FUNDING SOURCE:

U.S. Department of Health and Human Services

HEAD START AND EARLY HEAD START HEALTH AND SAFETY PROTOCOL IN RESPONSE TO COVID 19

This protocol provides guidance to Head Start and Early Head Start centers in preparation of center openings. Note: Centers must adapt their procedures based upon the most recently available guidance from the Center for Disease Control (CDC), The Florida Department of Health (FLDOH)



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Preparing Centers to Open

Supplies

1. Make sure that centers acquire all supplies needed to perform sanitizing and disinfecting practices in accordance to Center for Disease Control (CDC) and Caring for our Children guidelines.
2. Ensure that the sites and classrooms have enough supplies for at least 1 month. Supplies should be reordered with enough time to replenish prior to reaching critical lows. If supply inventory reaches levels that are below what is needed for 1 week, classrooms or centers may be required to close until such supplies are obtained.
3. At minimum, centers should plan to have the following supplies available:
 - a. Thermometers (Thermal No-Contact or Infrared Thermometers, preferred)
 - b. Bleach or other disinfecting solution
 - c. Air purifiers or other methods of ventilation
 - d. Gloves (Latex or Vinyl)
 - e. Adult face coverings (disposable face masks or reusable cloth face coverings)
 - f. Face shields, plexi-glass partition, safety glasses, or safety goggles (CDC **does not recommend** using face shields or goggles as a substitute for masks. Do NOT put a plastic face shield (or a mask) on newborns or infants)
 - g. Long sleeve button down shirts, gowns, protective aprons, or overalls/coveralls to protect clothes.
 - h. Hand Sanitizer with 60% alcohol and Alcohol wipes
 - i. Wipeable screen covers for iPads and other electronic devices
4. If you have difficulty in obtaining these supplies, please consider contacting your state child care office to see if additional resources are available through the [Federal Emergency Management Agency \(FEMA\)](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/extend-federal-support-to-governors-use-of-national-guard-to-respond-to-covid-19-and-to-increase-reimbursement-and-other-assistance-provided-to-states/). <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/extend-federal-support-to-governors-use-of-national-guard-to-respond-to-covid-19-and-to-increase-reimbursement-and-other-assistance-provided-to-states/> Additionally you may contact your local Child Care Resource and Referral (CCR&R) Agency to learn more about service organizations in your community who may have additional resources. Your local CCR&R Agency can be found under "[Resources icon](#)" at Child Care Aware of America.

Planning for Drop-Off and Pick-Up

1. Identify a centralized location that will serve as a single point of entry. Ensure the location has adequate spacing to minimize exposure and limit the parents/guardians from entering classrooms. Ensure that alternative plans are made for inclement weather.
2. Set up a Hand Hygiene station at the entrance of the facility, for children/adults to clean or sanitize their hands prior to entering. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol. Keep alcohol and sanitizer out of the

- reach of children. *(Provided signage with instructions must be posted)*. If possible, place sign-in stations outside, and provide sanitary wipes for cleaning pens between each use.
3. Set up a Health Check Station to include thermometer, daily health check form, health alert form, new sign in/out form with acknowledgements, pens, alcohol wipes, and appropriate Personal Protective Equipment (PPE) for center staff administering checks.
 4. Stagger arrival and drop off times and/or have childcare providers come outside the facility to pick up the children as they arrive. Plans for curb side drop off and pick up should limit direct contact between parents and staff members and adhere to social distancing recommendations.
 5. Create a schedule to stagger arrival and drop-off of children. Provide parents from each classroom with a 15-minute window for drop off/pick up.
 6. Place markers/labels on the floor to ensure families are standing 6 feet apart.
 7. **During moderate levels of community spread, centers should continue to limit the numbers of individuals that are entering the center. Center may allow up to one parent per child. Center should be mindful to minimize the amount of parents from the same classroom. Adults must wear face coverings (surgical masks, and N95 masks should be reserved to health care professionals).**
 8. Modify access to facility to prevent inadvertent interaction between arriving and departing adults and children. <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/child-care-guidance.html>

Training and Orientation

1. Ensure that staff is trained on the following:
 - a. Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
 - b. Develop policies for worker protection and provide training to all cleaning staff on site prior to assigning cleaning tasks.
 - a. Training should include when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE.
 - c. Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard (29 CFR 1910.120).
 - d. Review [Daily Health Checklist](#) Procedure and Health Alert Procedure. Ensure all pertinent staff are aware of the procedure and personnel involved.
 - e. Review ALL Health and Hygiene Procedures for ALL Staff to include COVID-19 language.
 - f. Train and support teaching staff on how to maintain groups and creating a balanced schedule of outdoor activities.
 - g. Prepare and distribute policy guidelines allowing staff to familiarize themselves with the material. Train staff on guidelines prior to reopening if possible.

- h. Provide training and educational materials, including this guide, to staff. Include information on everyone's responsibilities as they relate to COVID-19.
 - a. Verify that staff have read and understood the educational materials.
- 2. Allow time for staff to voice concerns, identify areas of needed support and training, and give input into ways to implement your new COVID-19 protocols in your facility.
- 3. Hold a virtual orientation to communicate the following information/expectations with families and staff, in the family's home language:
 - a. Stagger arrival and drop off times and plan to limit direct contact with parents as much as possible.
 - i. Have childcare providers greet children outside as they arrive.
 - ii. Designate a staff member to be the drop off/pick up person to walk all children to their classroom, and at the end of the day, walk all children back to their cars.
 - b. Have families identify a parent or designated person who must drop off and/or pick up the child every day. This person should serve as the primary pick-up and drop-off person. If possible, older adults (over the age of 65) or those with serious underlying medical conditions should not pick up children, because they are more at risk for [severe illness from COVID-19](#).
 - c. Persons who have an elevated temperature of 100.4 degrees Fahrenheit or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick.
 - d. Directors/staff will share specific scheduled drop off/pick up times with families.
 - e. Adult dropping child off must wear a mask, follow social distancing guidelines, and bring their own pen (for signing in). Face coverings are required at drop off and pick up, not adhering to this measure will result in not being able to drop off and pick up child.
 - f. Inform parents that children should leave toys and blankets and their comfort items at home to reduce the introduction of new objects. Accommodations should be made for children with disabilities or special needs.
 - g. Share with guardians the signs and symptoms of Kawasaki disease (Multisystem Inflammatory Syndrome) For Parents: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html>
 - h. Entry requirements: updated physicals and immunizations and daily temperature checks prior to entering the facility.
 - i. Adults/parents/caregivers must sign in and sign out children daily. Signing in children serves as an acknowledgement that they have not been in contact with any person that has tested positive for COVID-19.

- j. Children excluded from Head Start and Early Head Start Centers due to COVID-19 exposure or due to elevated temperatures will follow the sign in procedure for excluded children, which will include the completion of a “Health Alert Form”.
 - k. No persons other than staff members and enrolled children will be allowed to enter the classrooms unless CDC guidance permits additional persons into classroom settings (see COVID-19 Community Transmission Chart).
 - l. While limiting the number of people entering your facility, it is **important not to limit access for mothers who are breastfeeding** to meet the nutritional needs of their infants
 - m. In case of a positive COVID-19 exposure, plan for possible center closures and establish contingency plans for alternative care. [See Center Closures.](#)
4. Limit Parent Gatherings
- a. Continuing distance learning / distance virtual meetings / socialization for parents to reduce large gatherings unless CDC guidance permits large gatherings (see COVID-19 Community Transmission Chart).
 - b. Encourage staff to utilize virtual options for meeting with parents to the best extent possible or to implement prevention strategies (*masks, social distancing, hand hygiene, etc.*) when face to face meetings with parents are required.

Preparing Classrooms

1. Prepare classrooms and staff to meet the required ratios during the State of Emergency to include planning for required social distancing and spacing. Keep in mind the following requirements:
 - a. Childcare must be carried out in cohorted groups inclusive of childcare providers within the groups unless CDC guidance permits mixing of groups (see COVID-19 Community Transmission Chart).
 - b. Children and childcare providers must not change from one group to another unless CDC guidance permits mixing of groups (see COVID-19 Community Transmission Chart).
 - c. Classroom separation must be provided through barriers of at least six (6) feet.
 - i. The Department of Children and Families defines “Stable walls or barriers” as the boundaries that define a classroom space. Walls or barriers must be constructed in a sturdy manner and anchored together, or to the floor or walls. Walls or barriers must be stable and secure and must not pose a threat to falling over. The material for the barriers or walls must be non-hazardous and may not be made of materials such as see-thru or plastic curtains, fabric or mesh materials.
 - ii. Previously existing regulation requires that “stable walls or barriers” must be a minimum of 32 inches in height from the floor in classrooms for

- children ages birth through 2, and must be a minimum of four (4) feet in height from the floor in classrooms for children ages 3 years and older.
 - iii. An additional 2-3 feet of an impenetrable barrier must be added to any stable barrier of 4 feet or less in order to achieve a total barrier of 6 feet. Note that any added barrier must be constructed in a sturdy manner and anchored together, or to the floor or walls.
 - iv. All classrooms must continue to meet fire code requirements for entrance(s) and exit(s) of the classroom.
 2. Installation of permanent or portable touchless faucets, liquid soap dispensers, and paper towel dispensers with easy accessibility within facility is recommended (this is in addition to existing bathroom facilities).
 3. Change/upgrade air filters per OSHA guidance, and [ASHRAE Issues Statements on Relationship Between COVID-19 and HVAC in Buildings](#) to ensure well-ventilated classrooms/play areas.
 4. [The temporary shutdown or reduced operation of child care programs and reductions in normal water use can create hazards for returning children and staff. To minimize the risk of lead or copper exposure, Legionnaire's disease, and other diseases associated with water, when reopening facilities after prolonged closure, take steps](#) to ensure that all water systems and features (for example, sink faucets, drinking fountains, showers, decorative fountains) are safe to use after a prolonged facility shutdown, and [follow EPA's 3Ts, \(Training, Testing, and Taking Action\) for reducing lead in drinking water](#). It may be necessary for you to conduct ongoing regular flushing after reopening. For additional resources, refer to EPA's [Information on Maintaining or Restoring Water Quality in Buildings with Low or No Use](#). Ensure the safety of your occupants and building water system and devices. <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>
 - a. Drinking fountains should be cleaned and sanitized. Encourage staff and families to bring their own water to minimize use and touching of water fountains or consider installing no-touch activation methods for water fountains.

Ventilation

- Wearing a [well-fitting, multi-layer mask](#) helps prevent virus particles from entering the air or being breathed in by the person wearing a mask.
- Consider opening doors and windows when feasible without impacting indoor air quality in terms of humidity and airborne particulates levels.
- Bring in as much outdoor air as possible.
- If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat. Do not open windows

or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).

- Use child-safe fans to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.
- Consider having activities, classes, or lunches outdoors when circumstances allow
- Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
- Make sure your ventilation systems are serviced and meeting code requirements. They should provide acceptable indoor air quality, as defined by [ASHRAE Standard 62.1](#)^{external icon} [ASHRAE Standards and Guidelines](#), for the current occupancy level for each space.* Home-based childcare programs should meet requirements established by their state and local regulatory authorities.
- Set HVAC systems to bring in as much outdoor air as your system will safely allow. Reduce or eliminate HVAC air recirculation, when practical and with expert HVAC consultation.*
- Increase the HVAC system's total airflow supply to occupied spaces when you can. More air flow encourages air mixing and ensures any recirculated air passes through the filter more frequently.
- Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature. This way the air supply will remain constant throughout the day.
- For simple HVAC systems controlled by a thermostat, setting the fan control switch from "Auto" to "On" will ensure the HVAC system provides continuous air filtration and distribution.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied to refresh air before arrival and remove remaining particles at the end of the day.
- Filter and/or clean the air in your school or childcare program.
- Improve the [level of air filtration](#) [Ventilation in Buildings | CDC](#) as much as possible without significantly reducing airflow.
- Make sure the filters are sized, installed, and replaced according to manufacturer's instructions.
- Consider portable air cleaners that use [high-efficiency particulate air \(HEPA\)](#) [Ventilation in Buildings | CDC](#) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as a nurse's office or sick/isolation room.
- Consider using [ultraviolet germicidal irradiation \(UVGI\)](#) [Ventilation in Buildings | CDC](#) in schools and non-home-based childcare programs as a supplemental treatment inactivate the virus that causes COVID-19, especially if options for increasing ventilation and

filtration are limited. Consult a qualified professional to help design and install any UVGI system.

- Opening vehicle windows even a little bit can improve ventilation.
- Use exhaust fans in restrooms and kitchens.
- Inspect and maintain exhaust ventilation systems in restrooms and kitchens.
- Ensure restroom and kitchen exhaust fans are on and operating at full capacity while the school or childcare program is occupied and for 2 hours afterward (when feasible).
- Open windows in transportation vehicles.
- Ventilation is important on buses and vans servicing schools and childcare programs, along with other strategies such as mask use for people over 2 years old and physical distancing.
- Keep vehicle windows open when it does not create a safety or health hazard. Having more windows open is more helpful, but even just cracking a few windows open is better than keeping all windows closed.

Staff Policies

1. All staff, visitors, and children (2 years old and older) will be required to wear face coverings at all times; therefore, each staff member should have multiple face coverings to be used and changed as needed throughout the day.
2. Staff shall take their temperature prior to the start of each day (prior to contact with children and families). Any temperature of 100.4 degrees Fahrenheit or higher or any other signs of illness such as coughing, difficulty breathing, diarrhea, nausea, vomiting, rashes, sore throat, sneezing, watery eyes, runny nose, discolored eyes, chills, muscle pain, headache, loss of taste or smell, inability to wake or stay awake, bluish lips or face, and excessive crying or irritability (inability to be consoled or comforted) would be cause for exclusion.
3. Reduce risk to staff who are defined as COVID-19 vulnerable (e.g., age, pregnancy, pre-existing conditions, etc.), where possible, by redeploying to functions with less social proximity.
4. Establish Staffing Policies that identifies who will be asked to work, the number of staff assigned to classrooms, how breaks will be covered and what to do in case of staff sickness, etc. keeping in mind the following:
 - a. Substitute staff must be assigned to a particular group and only work with the same group of children to the greatest extent possible to reduce the possibility of transmitting any communicable disease to several groups of children and adults.
 - b. Cross-train your staff and create a roster of trained back-up staff that have successfully completed background checks

- c. Coordinate with other local child care programs and reach out to substitutes to determine their anticipated availability if your regular staff members need to stay home due to illness or ill family members.
5. Encourage staff to take [everyday preventive actions](#) to prevent the spread of respiratory illness.
6. Maintain good records of visitors and staff movements each day to facilitate investigation of potential COVID-19 cases.
7. Detailed records of daily health screenings should be maintained as well, following HIPPA compliance.
8. Designate at least one qualified person from staff to act as the primary contact for children, parents/legal guardians, employees and DOH. The designee(s) should be prepared to effectively address any questions and concerns related to the COVID-19 pandemic.
9. When necessary during program, hold small group orientations and trainings and demonstrations on behaviors and precautions children should abide by, to prevent the spread of COVID-19, including:
 - a. Remind children and staff that you have a "Safety-first" policy.
 - b. How, when, and where to effectively wash and sanitize hands.
 - c. How to practice physical distancing in various settings (cafeteria, classrooms, outside, etc.).
 - d. Which symptoms to look out for and when to report them and to whom.
 - e. When to stay home.
 - f. Coughing and sneezing etiquette.
 - g. [Cover cough and sneezes](#) with a tissue or in your elbow.
 - h. Cover your mouth and nose with a [cloth face covering](#) when you have to go out in public.
 - i. Other program specific policies or guidelines.

Daily Drop-Off Procedures

1. Staff, parents/guardians, and children must maintain social distancing, at all times, during drop off and pick up.
2. Signs must be posted to indicate social distancing spaces, procedures for hygiene station, and procedures for screenings.
3. Each adult and child will clean hands at hand hygiene sanitation station upon entering the center.
4. Each adult and child will have their temperature taken prior to entering centers in accordance with the selected social distancing protocol (see examples below). Each agency must select one of the three (3) examples to be implemented as their standard procedure, in accordance with CDC guidelines.

5. Make a visual inspection of the child for signs of infection, which could include flushed cheeks, fatigue, extreme fussiness, etc.
6. Staff responsible for walking children to and from their classroom during drop-off and pick-up should avoid handholding as much as possible.
7. For children who require handholding, staff responsible for walking children to their classroom, during drop-off and pick-up, must wash or sanitize their hands before and after each drop-off and pick-up.
8. Remember that children must wash their hands upon entering the classroom.
9. Complete the [Daily Health Checklist](#) for each child during screening
10. Complete the Health Alert Form for any child that will need to be excluded
11. Ensure that the staff person(s) assigned to complete screening procedures bring a change of clothing to be used upon completion of drop-off.
12. In case of inclement weather, parents will stay in their vehicles and staff will notify when the first station is available for them to start their drop off process.
13. Assign a designated area for strollers/car seats which are to remain outside classrooms, if needed.

Example 1 - Reliance on Social Distancing (Parent or guardian takes temperature while staff physically distance)

1. Maintain 6 feet distance from families and wear a mask.
2. Parents/guardians take their children's temperature upon arrival at the facility using a no-contact thermometer.
3. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
4. Parent/guardian confirms that the child does not have fever, shortness of breath, cough or other symptoms of COVID-19.

Example 2 - Reliance on Barrier/Partition Controls (Staff take temperature)

1. Stand behind a physical barrier (such as a glass or plastic window or partition) that can serve to protect the staff member's face, mouth, and nose from respiratory droplets that can be produced if the child being screened sneezes, coughs, or talks.
2. Make a visual check of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.

3. Conduct temperature screening (follow steps below) using a no-contact remote thermometer, while wearing disposable gloves. Always make sure your face stays behind the barrier during the screening. If you did not have physical contact with the child, you do not need to change gloves before the next check and you do not need to clean a no-contact remote thermometer with alcohol after each child.

Example 3 - Reliance on Personal Protective Equipment (PPE)

1. If social distancing or barrier/partition controls cannot be implemented during screening, personal protective equipment (PPE) can be used when within 6 feet of a child. However, reliance on PPE alone is a less effective control and more difficult to implement, given PPE shortages and training requirements.
2. Upon arrival, wash your hands and put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves. A gown could be considered if extensive contact with a child is anticipated.
3. Make a visual inspection of the child for signs of illness, which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness, and confirm that the child is not experiencing coughing or shortness of breath.
4. Take the child's temperature.
 - a. If performing a temperature check on multiple individuals, ensure that you use a clean pair of gloves for each child and that the thermometer has been thoroughly cleaned in between each check.
 - b. If you use disposable or non-contact (temporal) thermometers and did not have physical contact with an individual, you do not need to change gloves before the next check.
 - c. If you use non-contact thermometers, clean them with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each client. You can reuse the same wipe as long as it remains wet.
5. Use an alcohol-based hand sanitizer that contains at least 60% alcohol or wash hands with soap and water for at least 20 seconds.
6. If hands are visibly soiled, soap and water should be used before using alcohol-based hand sanitizer.
7. If your staff does not have experience in using PPE:
 - a. The procedure to put on and take off should be tailored to the specific type of PPE that you have available at your facility.
 - d. Follow the CDC recommended guidance for putting on and taking off PPE, [the CDC has recommended sequences for donning and doffing](#)

8. The person(s) responsible for completing drop-off procedures should change his/her clothes upon completion of drop off.

Elevated Temperatures and Other Symptoms

1. Children and/or adults presenting with a temperature of 100.4 degrees Fahrenheit or higher or any other signs of illness such as coughing, shortness of breath or difficulty breathing, diarrhea, nausea or vomiting, skin rashes, impetigo, itching or scratching of the skin or scalp, sore throat, drainage from eyes, congestion or runny nose, fever or chills, muscle or body aches, headache, new loss of taste or smell, fatigue, persistent pain or pressure in chest, new confusion, inability to wake or stay awake, pale, grey or blue colored skin, lips or nail beds, and excessive crying or irritability (inability to be consoled or comforted) will be excluded from entering the center. Staff will follow procedures for [Suspected COVID-19 Cases](#).
2. If there is a concern for an artificially elevated temperature at initial screening (driving in a car without AC or walking to facility). The adult and/or child should wait either in a separate room within the center or in the shade outside with the temperature check repeated after 10-15 minutes.
3. Delegate/Partner agency center staff will report to administration or designee, symptoms of COVID-2019 (an elevated temperature of 100.4 degrees Fahrenheit or any other signs of illness) by a child and/or adult.
4. Persons who have an elevated temperature of 100.4 degrees Fahrenheit or above or other signs of illness should not be admitted to the facility. Encourage parents to be on the alert for signs of illness in their children and to keep them home when they are sick

Center Operations:

Promoting vaccination

Head Start/ Early Head Start centers must:

1. Visit [vaccines.gov](https://www.vaccines.gov) to find out where staff and families can get vaccinated against COVID-19 in the community and promote COVID-19 vaccination locations near the ECE program.
2. Encourage staff and families, including extended family members that have frequent contact with children in the ECE program, to get vaccinated as soon as they can.
3. Identify potential barriers that may be unique to the workforce and implement policies and practices to address them. The [Workplace Vaccination Program](#) has information for employers on recommended policies and practices for encouraging COVID-19 vaccination uptake among workers.
4. Find ways to adapt [key messages](#) to [help families and staff become more confident about the vaccine](#) by using the language, tone, and format that fits the needs of the community and is responsive to concerns.

5. Use CDC COVID-19 [Vaccination Toolkits to educate](#) members of the ECE community and promote COVID-19 vaccination. CDC's [Workers COVID-19 Vaccine Toolkit](#) is also available to help employers educate their workers about COVID-19 vaccines, raise awareness about vaccination benefits, and address common questions and concerns.
6. Host information sessions to connect parents and guardians with information about the COVID-19 vaccine. ECE staff and health professionals can be trusted sources to explain the safety, efficacy, and benefits of COVID-19 vaccines and answer frequently asked questions.
7. Offer flexible, supportive sick leave options (e.g., paid sick leave) for employees to get vaccinated or who have [side effects](#) after vaccination. See CDC's [Post-vaccination Considerations for Workplaces](#).
8. Promote vaccination information as part of enrollment activities for families entering the ECE program.

Mealtimes

1. Given very low risk of transmission from food, food packaging, surfaces and shared objects, there is no need to limit food service operations to single use items and packaged meals.
2. During moderate, substantial, or high community spread of COVID-19, meals to children must be served individually.
3. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
4. Maximize physical distance as much as possible between people who are not fully vaccinated while eating (especially indoors). When possible, consider using additional spaces for mealtime seating, including eating meals and snacks outdoors or in well-ventilated spaces whenever possible.
5. As feasible, have children and staff eat meals outdoors or in well ventilated classrooms or spaces while maintaining distance as much as possible. Masks should be [stored](#) in a space designated for each child that is separate from others when not being worn (for example, in individually labeled containers, bags, or cubbies) and put back on when not eating.
6. Eating utensils must be disposable.
 - a. If using disposable items is not feasible or desirable, ensure that all non-disposable food service items and equipment are handled by staff with gloves and washed, rinsed, and sanitized to meet food safety requirement
7. Milk will be served in individual containers
8. Space children apart and/or serve meals outside, weather permitting, if indoor social distancing cannot be maintained. Consider staggering mealtimes based on age of children.
9. Children should be seated at arm's length from one another and not directly facing each other during mealtimes.

10. Food preparation should not be done by the same staff who diaper children.
11. Sinks used for food preparation should not be used for any other purposes.
12. Caregivers should ensure children wash hands prior to and immediately after eating.
13. Caregivers should wash their hands before preparing food and after helping children to eat.
14. Facilities should follow all other applicable federal, state, and local [regulations and guidance](#) related to safe preparation of food.
15. If a cafeteria or group dining room is typically used, serve meals in classrooms instead, if feasible. If meals are typically served family-style, plate each child's meal to serve it so that multiple children are not using the same serving utensils.
16. While limiting the number of people entering your facility, it is **important not to limit access for [mothers who are breastfeeding](#)** to meet the nutritional needs of their infants

Outdoor Times and Outdoor Play

1. It is important for children of all ages to have an opportunity for daily outdoor play, weather permitting. Even though outdoor spaces reduce risk of spreading COVID-19, the virus can still spread when young children touch contaminated objects, and then touch their eyes, nose, or mouth. Preventive behaviors such as wearing a mask, handwashing, and cohorting are needed unless CDC guidance states otherwise (see COVID-19 Community Transmission Chart). The following adjustments should be made to comply with COVID-19 mitigation procedures: :
 - a. Provide more time outside.
 - b. One classroom at a time (cohorted group) should use the playground.
 - c. Stagger your use of playgrounds and play spaces by reducing the group size in the play area at one time or remaining in cohorted groups while sanitizing shared objects and high touch surfaces between groups
 - d. If multiple cohort groups need to be in your play area at the same time, consider using fencing or another barrier to designate separate areas for each cohort.
 - e. Disinfect outdoor toys and materials (not equipment) between stable groups. Staff should wear gloves during disinfection.
 - f. Maintain distance between children at three (3) feet and six (6) feet between adults, when possible.
 - g. Plan activities that limit close physical contact, including sharing of equipment and waiting in line.
2. Ensure that outdoor materials children can use in open spaces are available.
 - a. Clean and disinfect utilized outdoor toys and materials (not equipment) after each use.
 - b. Keep readily available your supplies, such as hand sanitizer with at least 60% alcohol, disinfectant wipes, paper towels, tissues, and no-touch trash cans in outdoor areas for staff and children

- c. Staff, other than teaching staff, should be considered for sanitizing outdoor equipment.
3. Groups should not be mixed during outside time. It is suggested that groups rotate between the use of stationary outdoor equipment and outdoor play equipment (balls, hula-hoops, etc.).
4. Consider restricting your use of play structures or equipment that position children close by one another (for example facing each other on a tire swing, crawling close together in tunnels, or enclosed with one another in fort-type structures.)
5. Ensure that outdoor toys and materials are dry prior to use by children.
6. The targeted use of disinfectants can be done effectively, efficiently, and safely on outdoor hard surfaces and objects frequently touched by multiple children and staff (for example, handrails, benches); make sure disinfectant has thoroughly dried before allowing children to play.
 - a. High touch surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely (at a minimum daily)
 - b. Cleaning and disinfection of wooden surfaces (play structures, benches, tables) or groundcovers (mulch, sand) is not recommended.
 - c. Sidewalks and roads should not be disinfected.
 - d. Spread of COVID-19 from these surfaces is very low and disinfection is not effective.
7. Children must wash hands upon returning to the classroom from the playground.

Classroom Activities

1. All daily routine activities (circle time, small group and center time activities) will be held within established small groups. Once groups are established teachers and children will conduct activities with the designated group of children and staff ONLY. Groups will not comele at any time throughout the day.
2. Cots or cribs should be spaced out as much as possible, ideally three (3) feet apart. Placing children head to toe in order to further reduce the potential for viral spread.
3. During moderate, substantial or high levels of community spread, cancel all special events such as Kindergarten and EHS to HS transition activities, festivals, holiday events, and special performances until such time it is deemed safe to resume such activities (see COVID-19 Community Transmission Chart)
4. Plan materials accessibility for a maximum of 6 children in the play group in block area, house area, art area, and toy area)
5. Rotate interest area materials and books once per week.
6. During substantial or high levels of community spread, require that each child has their own set of materials. Prohibit sharing of items between children as much as possible. Clean and disinfect each item beforehand between each use.
7. Clean and disinfect **ALL** materials used in each interest area and used outside, daily.

8. Centers should suspend toothbrushing until instructed to resume by the Grantee (see COVID-19 Community Transmission Chart).
9. Teachers should plan developmentally appropriate activities to assist children in transitioning back to the classrooms. These activities should, at minimum, include supports for learning new classroom rules, review of daily routines and modified schedules, review of handwashing and other hygiene expectations, explanation of the use of face coverings and its purpose, and any modifications made to the classroom to facilitate social distancing.
10. Provide disposable cups or refillable water bottles and limit the use of water fountains.

Use of Facial Covering, Gloves and other PPE

1. Staff children, and adults should wear face masks or other facial coverings at all times.
2. At minimum, gloves should be worn during the following times:
 - a. Screening children and adults during drop-off
 - b. When cleaning and disinfecting
 - c. During diaper changing
3. Children who cannot remove face coverings independently should not use a face mask. Children 2 years old and under shall not use a face mask.
4. Children and youth >2 years will be encouraged to wear face coverings unless engaged in strenuous activities. Accommodations will be made for pre-school children and for children with disabilities or special needs.
5. Centers should follow the guidance from the American Academy of Pediatrics on the use of [Masks and Children During COVID-19](#)
6. Children should not use face masks or cloth face coverings during naptime or mealtimes.
7. Face masks should not be touched when on. Teachers should review this expectation with children.
8. Hand washing should take place before and after teachers and children remove a mask.
9. Cloth Face Coverings should be washed after each wearing. Remove the mask from behind without touching the front of the mask.
 - a. Wash your cloth mask whenever it gets dirty or at least daily.
 - b. You can store your mask temporarily to reuse later. Remove your mask correctly and wash your hands after touching a used mask.
 - c. Keep it in a dry, breathable bag (like a paper or mesh fabric bag) to keep it clean between uses.
10. When reusing your mask, keep the same side facing out. Disposable Face masks should be discarded at the after each wearing.
 - a. If you have a disposable face mask, throw it away after wearing it once.
11. Situations in which children should not wear a mask include:
 - a. Children under the age of 2 years, due to risks of suffocation.
 - b. If the only face covering available is a possible choking or strangulation hazard.

- c. If the child has difficulty breathing with the face covering or is unconscious, incapacitated or otherwise unable to remove the cover without assistance.
 - d. If wearing the face covering causes the child to increase risk of getting exposed to the virus because they are touching their face more frequently.
- 12. If a child is scared of wearing a mask, or too young to understand not to tamper with it, teachers and guardians should implement the following:
 - a. Parents and family members should wear face coverings at home so your child doesn't feel alone.
 - i. While wearing face coverings, look in the mirror and talk about it.
 - ii. Have your child practice wearing a mask at home first.
 - b. Put a mask on a favorite stuffed animal.
 - c. Decorate a mask so it's more personalized and fun.
 - d. Show your child pictures of other children wearing face coverings.
 - e. Draw a mask on their favorite book character.
- 13. Answer their questions simply in language they understand. If children ask about people wearing face masks or other face coverings, teachers and families can explain that sometimes people wear face coverings when they are sick, and when they are all better, they stop wearing the mask.
- 14. An important way to reassure children is to emphasize how you are taking steps to stay safe. Children feel empowered and less afraid when they know what to do to keep themselves safe.
- 15. Try focusing on germs when discussing the wearing of face coverings. Teachers and families can explain that germs are special to your own body and we need to make sure they stay within your body. The face coverings help keep your own germs to yourself. Some germs are good, some are bad – we can't always tell which are good or bad, which is why you need to wear a mask. Some germs can make you sick. We to make sure you keep those germs away from your own body.
- 16. One of the biggest challenges with having children wear face coverings relates to them "feeling different" or stereotyping them as being sick. If this becomes more of a norm, it will help children not to feel singled out or isolated, and they may feel strange not wearing something.

Monitor and Plan for Absenteeism

Review the usual absenteeism patterns at your center among both children and adults.

1. Providers are required to notify the Florida Department of Health - Miami at **305-324-2400**, immediately upon any suspected up break of communicable disease and follow the health department's direction.
2. Alert local health officials when two or more children or employees have the onset of similar symptoms within a 72-hour period, particularly if absences appear due to

respiratory illnesses (like the common cold or the “flu,” which have symptoms similar to symptoms of COVID-19).

3. Encourage children and adults to stay home when sick.
4. Use flexibility, when possible, to allow adults to stay home to care for sick family members.
5. Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.

Monitor and Plan for Absenteeism (Amongst Staff)

1. Develop plans to cover classes in the event of increased staff absences. Coordinate with other local childcare programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
2. If 2 or more staff members are absent from the same classroom (teaching staff and substitutes) – the classroom may need to be closed. Centers should assess the cause of the absences to determine next steps.
3. Recommend that individuals at higher risk for severe illness from COVID-19 (older adults and people that have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

Therapists, Volunteers and Visitors

1. Centers should limit nonessential visitors and postpone or cancel use of classroom volunteers during moderate, substantial, or high level of community spread unless CDC guidance states otherwise (see COVID-19 Community Transmission Chart).
2. Licensing, county, and other regulatory monitoring personnel should be permitted (during all phases) following your screening procedure.
3. For children with identified special needs, Direct Service Providers (DSPs), including personal care attendants, direct support professionals, paraprofessionals, therapists, Speech, Language, Occupational, Physical therapists or Infant and Toddler Development Specialists (ITDS) and/or other licensed health professional that enter the program, in accordance to the child's Individual Education Plan (IEP), Individual Family Services Plan (IFSP) and/or other intervention plans should **not** be excluded from the centers .
4. Applied Behavior Analysts engaged in one-on-one support with a child **in the classroom, throughout the day are allowed in Head Start and Early Head Start classrooms. The ABA therapist** must attest that he/she works exclusively with the child being served in the program and that he/she is not providing services to other children.
 - a. The attestation must be on the letterhead of the agency delivering services, signed and dated by the therapists and a supervisor of the therapists prior to delivering services.
 - b. Health and Safety procedures as outlined in 7 e and f below.
 - c. **Recommended ratio in classrooms with ABA therapists**

- i. 2 Teachers: 20 children: 2 ABA Therapists per classroom (Head Start)
 - ii. 2 Teachers: 8 children – 2 ABA Therapists per classroom (Early Head Start)
 - iii. The child receiving one-on-one therapy is counted with the child as one person for ratio purposes.
 - iv. Up to two (2) children in the class may have one-on-one supports per classroom.
- d. Direct Service Providers (DSP's) must follow prevention strategies including therapy services that are primarily delivered at the facility.
- e. Therapy services may be delivered in small groups, of up to 4 children from no more than two (2) cohorts and social distancing guidelines are able to be maintained, if possible. Designated space for therapies must be cleaned and disinfected between each use.
- f. Follow the same procedures as the childcare staff with regard to health assessments when entering the facility, sanitizing hands and wearing appropriate PPE when they enter and leave the building.
- g. Materials used during the provision of services must also be cleaned and disinfected after each use between groups of children. Therapists working with children individually, or in close contact, must utilize a face mask or cloth covering at all times.
- h. If there is potential that DSPs may be splashed or sprayed by bodily fluids during their work, they must use additional Personal protective equipment (PPE) including a facemask, eye protection, disposable gloves, and a gown.
- i. DSPs must wash their hands with soap and water: when entering and leaving the home or community setting; when adjusting or putting on or off facemasks; or before putting on and after taking off disposable gloves. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- j. DSPs must wear disposable gloves when touching children (e.g., dressing, bathing/showering, transferring, toileting, feeding), handling tissues, when changing linens or doing laundry. Safely dispose of gloves after use. If gloves are unavailable, wash hands immediately after touching the client or handling their belongings.
- k. DSPs should launder work uniforms or clothes after each use with the warmest appropriate water setting for the items and dry items completely.
- l. DSPs must monitor themselves for [symptoms](#). DSPs should not [go to work or care for others](#) if they develop symptoms.
- m. Any paperwork or home program type instructional information should be scanned and emailed rather than using hard copies, as much as possible.

- n. If necessary, to maintain social-distancing guidelines and limit exposure to classrooms DSPs may work with the child in the hallway directly outside of a classroom.
 - o. If possible, DSPs should only visit one program site each day. If not, use of a smock that can be changed is advisable, or having a place for decontamination by changing clothing prior to entering another program site.
5. Half-day services: and Walk-In Therapy Services
- a. Programs can implement a number of strategies to reduce the risk of transmission on buses:
 - i. Drivers should practice all safety actions and protocols as indicated above for other school staff (e.g., hand hygiene, masks). Similar to frequently touched surfaces, buses should be cleaned and disinfected at least daily using EPA-approved disinfectants icon.
 - ii. Drivers can create distance between children on school buses, including seating children one student per row facing forward and skipping rows between students. However, students who live in the same household may sit together if needed. Schools may consider alternative strategies to accommodate the reduced number of students in buses, such as staggered pick up and drop off times or additional bus routes.
 - iii. Schools should consider having spare, clean masks available to ensure all students wear masks on the school bus.
 - iv. Drivers can open bus windows to increase circulation of outdoor air but should ensure that doing so does not pose a safety or health risk (e.g., risk of falling).
 - v. Programs must follow screening procedures each time a child and/or adult enters a Head Start or Early Head start facility including when a child enters or returns to a center from a half-day program.
 - vi. If a child who attends a half-day program, is required to quarantine due to exposure to COVID-19 or has tested positive for COVID-19, the Head Start center must notify the Pre-K ESE program where a child attends of the requirement to self-isolate while maintaining HIPPA protected information, as much as possible.
 - vii. Centers must designate one staff person to assist with transportation to and from half-day programs. This designated person should remain the same, as much as feasible.

Cleaning and Disinfecting Procedures

Healthy Hand Hygiene Behavior

1. All children, staff, and volunteers should engage in hand hygiene at the following times:

- a. Arrival to the facility and after breaks
 - b. Before and after preparing food or drinks
 - c. Before and after eating or handling food, or feeding children
 - d. Before and after administering medication or medical ointment
 - e. Before and after diapering
 - f. After using the toilet or helping a child use the bathroom
 - g. After coming in contact with bodily fluid
 - h. After handling animals or cleaning animal waste
 - i. After playing outdoors or in sand
 - j. After handling garbage
2. Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty or if soap and water are not readily available, alcohol-based hand sanitizers with at least 60% alcohol can be used.
3. Supervise children when they use hand sanitizer to prevent ingestion.
4. Assist children with handwashing, including infants who cannot wash hands alone.
5. After assisting children with handwashing, staff should also wash their hands.
6. Place [posters](#) describing handwashing steps near sinks. Developmentally appropriate posters in multiple languages are available from CDC.

Daily Cleaning and Disinfecting

1. [Clean and disinfect frequently touched surfaces](#)
2. Centers must implement cleaning and disinfecting practices for most touch areas throughout the day (every 2- 3 hours) including bathrooms, common areas, door handles, light switches, copy machines, physical barriers, etc.
3. [Caring for Our Children](#) (CFOC) provides national standards for cleaning, sanitizing and disinfection of educational facilities for children. Toys that can be put in the mouth should be cleaned and sanitized (see below). Other hard surfaces, including diaper changing stations, doorknobs, and floors can be disinfected.
4. Intensify cleaning and disinfection efforts:
 - a. Facilities should develop a schedule for cleaning and disinfecting. An example can be found [here](#).
 - b. [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, cots, toilets, desks, chairs, tables, cubbies, and playground structures.
 - c. Use the cleaners typically used at your facility. Guidance is available for the selection of appropriate [sanitizers or disinfectants](#) for child care settings.
5. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A

list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.

6. If possible, provide EPA-registered disposable wipes to childcare providers and other staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).
7. All cleaning materials should be kept secure and out of reach of children.
8. Cleaning products should not be used near children, and staff should ensure that there is adequate ventilation (ie. open windows, use of fans, open doors, etc.) when using these products to prevent children and staff from inhaling toxic fumes.
9. Close off areas used by any sick person and do not use them until they have been cleaned. Wait 24 hours before you clean or disinfect to reduce risk to individuals cleaning. If it is not possible to wait 24 hours, wait as long as possible. Ensure safe and correct application of disinfectants and keep disinfectant products away from children.

Cleaning and Sanitizing Toys

1. Sanitization of classroom toys and materials will occur daily. Early Head Start must continue to follow sanitization procedure of mouthed toys, in addition to other toys used by children.
2. Toys that cannot be cleaned and sanitized should not be used.
3. Toys that children have placed in their mouths or are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
4. Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be [laundered](#) before being used by another child.
5. Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
6. Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
7. Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
8. Encourage kids to leave toys and blankets and their comfort items at home to reduce the introduction of new objects during moderate, substantial, or high level of community spread (see the COVID-19 Community Transmission Chart).

Cleaning and Disinfecting Bedding and Soft Surfaces

1. Use sheets that can be washed. Keep each child's sheets separate and store in individually labeled bins or cubbies. Cots and mats should be labeled for each child. Sheets should be washed weekly or before use by another child.
2. Clean soft surfaces such as carpeted floor, rugs, and drapes using soap and water or with cleaners appropriate for use on these surfaces. Consider replacing rugs with mats that are wipeable, when possible.
3. Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely OR Disinfect with an EPA-registered household disinfectant.
4. Do not shake dirty laundry.
5. Dirty laundry from an ill person can be washed with other people's items.
6. Clean and disinfect clothes hampers according to guidance above for surfaces.

Caring for Infants and Toddlers

Diapering

1. When [diapering](#) a child, [wash your hands](#) and wash the child's hands before you begin and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:
 - a. Prepare (includes putting on gloves)
 - b. Clean the child
 - c. Remove trash (soiled diaper and wipes)
 - d. Replace diaper
 - e. Wash child's hands
 - f. Clean up diapering station
 - g. Wash hands
2. After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection.
3. If reusable cloth diapers are used, they should not be rinsed or cleaned in the facility. The soiled cloth diaper and its contents (without emptying or rinsing) should be placed in a plastic bag or into a plastic-lined, hands-free covered diaper pail to give to parents/guardians or laundry service.
4. Download and display posters with [diaper changing procedures](#).

Washing, Feeding, or Holding a Child

1. It is important to comfort crying, sad, and/or anxious infants and toddlers, and they often need to be held. To the extent possible, when washing, feeding, or holding very young

children, Childcare providers can protect themselves by wearing an over-large button-down, long sleeved shirt and by placing long hair up off the collar in a ponytail or other updo but not required to.

2. Childcare providers should wash their hands, neck, and anywhere touched by a child's secretions.
3. Childcare providers should change the child's clothes if secretions are on the child's clothes. Childcare providers should change their button-down shirt, if secretions are on it, and wash their hands again.
4. Contaminated clothes should be placed in a plastic bag, out of the reach of children, and/or washed in a washing machine.
5. Infants, toddlers, and their providers should have multiple changes of clothes on hand in the childcare center or home-based childcare.
6. Childcare providers should wash their hands before and after handling infant bottles prepared at home or prepared in the facility. Bottles, bottle caps, nipples, and other equipment used for bottle-feeding should be thoroughly cleaned after each use by washing in a dishwasher or by washing with a bottlebrush, soap, and water.
7. School nurses in centers that have been re-purposed as emergency or temporary child care centers should use [Standard and Transmission-Based Precautions](#) when caring for patients with confirmed or possible COVID-19. See: [Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace | Occupational Safety and Health Administration \(osha.gov\)](#)

Suspected or Confirmed COVID-19 Cases

Suspected COVID-19 Cases

1. Plan to have an isolation room or area (such as a cot in a corner of the classroom) that can be used to isolate a sick child. Additional information about isolation in related settings can be found here: [isolation at home](#) and [isolation in healthcare settings](#).
2. Be ready to follow CDC guidance on how to [Cleaning and Disinfecting Your Facility | CDC](#) if someone is sick.
3. Only when the safety of a child and/or adult is in question, will the Delegate/Partner Center Director exclude the child and/or adult, and based upon the apparent degree of illness, the presence of other children, and the staff's ability to care for the ill child.
4. If a sick child has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick child has gone home.
5. Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
6. Children will be isolated If they exhibit symptoms of COVID-19 during the day, including an elevated temperature of 100.4 degrees Fahrenheit or higher or any other signs of illness such as coughing, difficulty breathing, diarrhea, nausea, vomiting, rashes, sore throat, sneezing, watery eyes, runny nose, discolored eyes, chills, muscle pain, headache,

loss of taste or smell, inability to wake or stay awake, bluish lips or face, and excessive crying or irritability (inability to be consoled or comforted). The following steps must be followed:

- a. Identify the staff member that will care for children while waiting for the child to be picked up.
- b. Contact the parent to pick up the child
- c. When a child is sent home by the Delegate/Partner Center Director, the Center Director or designee will complete the "Health Alert Form," with the following information:
 - (a) Child's Name and Date of Birth (DOB)
 - (b) Date
 - (c) Time parent/legal guardian was contacted
 - (d) Emergency Contact Information
 - (e) Description of signs observed by Center Director and staff (e.g., Temperature)
 - (f) Description of symptoms (feeling lethargic, sleepy, hot) reported by child
 - (g) Signs and symptoms reported to parent/legal guardian
 - (h) Parent/legal guardian response
 - (i) Reason for exclusion
 - (j) When parent arrives, maintaining privacy and demonstrating empathy, the parent will be informed of the reason for the exclusion.
- d. The Health Alert Form will be copied, and a copy will be provided to the parent/legal guardian or person authorized to pick-up the child.
- e. A copy of the Health Alert Form will be filed in the child's folder and uploaded into ChildPlus.
- f. Delegate/Partner Center Director will contact the parent and make recommendation to take the child to a healthcare provider for evaluation of suspected illness/infection.
- g. Delegate/Partner Center Director will advise parent that the center will require clearance from the health provider for the child to return.
- h. Delegate/Partner Center Director will request a clearance for the child to return to center from the healthcare provider/doctor, indicating the child's health status and return date.
7. Staff or other adults with symptoms of COVID-19 will be asked to obtain medical clearance prior to returning to work or any Head Start/Early Head Start center.
8. Delegate/Partner Center Director is responsible for contacting appropriate delegate/partner administrative staff for additional guidance.
9. Centers should inform parents/legal guardians and affected employees on same day about any potential contact their children (or the staff) may have had with suspected or confirmed cases. Privacy confidentiality policies must be followed when sharing this information.

10. Cohorted groups should be monitored but not isolated unless a child and/or staff tests positive.
11. Coordinate appropriate follow up measures with FLDOH in Miami Dade County
12. Consider providing distance-learning opportunities/options for ill children
13. Adults and/or children who are recommended to be tested for COVID-19 by their healthcare provider/doctor must obtain the results of testing prior to returning to the center.
14. If the results of such testing indicate that the adult or child is positive for COVID-19, center staff must follow the steps for [Confirmed Diagnosis](#) outlined below.

Confirmed Diagnosis

1. If a child or adult tests positive for COVID-19, he/she may not return until they have met CDC criteria to discontinue home isolation.
2. Inform anyone exposed to a person diagnosed with COVID-19 to stay home, self-monitor for symptoms, and to follow CDC guidance if symptoms develop.
3. In case of a confirmed diagnosis of contagious diseases or infection, the delegate/partner center director will:
 - a. Notify the Florida Department of Health - Miami at 305-324-2400 or through the Florida Department of Health dedicated call center for COVID-19 with questions and concerns at **1 (866) 779-6121**, or you can email COVID-19@flhealth.gov.
 - b. Notify staff and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
 - c. Immediately contact CAHSD's Health Coordinator.
 - d. Grantee Health Coordinator will immediately notify CAHSD Head Start Director.
 - e. Delegate/Partner Health Coordinator will provide a Fact Sheet on the illness to be provided to the families.
 - f. All families will be informed of a confirmed illness and the confidentiality policy will be followed. (*See Caring for Our Children, 4th Ed. - 3.6.4.1 Reporting Illness and Death*)
4. If COVID-19 is confirmed in a child or staff member:
 - a. Close off areas used by the person who is sick.
 - b. Open outside doors and windows to increase air circulation in the areas.
 - c. Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - d. Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - e. If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - f. Continue routine cleaning and disinfection.
5. Sick children and staff members should not return to centers until they have met the criteria to [discontinue home isolation](#).

6. Head Start and Early Head Start programs should work in close collaboration and coordination with Florida Department of Health - Miami.
7. If the affected person experiences an urgent health situation, seek medical care right away.
8. Restrict travel to private vehicle or medical transport (e.g. Ambulance). No public transportation while sick.

Quarantine

1. Quarantine if you have been in [close contact](#) (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, [fully vaccinated](#) or not.
2. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have [symptoms](#). However, fully vaccinated people should get tested 3-5 days after their exposure, even they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.
3. Stay home for 14 days after your last contact with a person who has COVID-19.
4. Watch for fever (100.4°F), cough, shortness of breath, or [other symptoms](#) of COVID-19.
5. If possible, stay away from people you live with, especially people who are at [higher risk](#) for getting very sick from COVID-19.

After Quarantine

1. Regardless of vaccination status, watch for symptoms until 14 days after exposure.
2. If you have symptoms, immediately self-isolate and contact the Florida Department of Health- Miami who will make the final decisions about how long quarantine should last, based on local conditions and needs.
3. Follow the recommendations of the Florida Department of Health- Miami if you need to quarantine. Options they will consider include stopping quarantine.
 - a. After day 10 without testing
 - b. After day 7 after receiving a negative test result (test must occur on day 5 or later)

Isolation

1. Isolation is used to separate people infected with COVID-19 from those who are not infected.
2. Everyone who tests positive for COVID-19 MUST isolate themselves, regardless of vaccination status.
3. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, stay in a specific "sick room" or area, and use a separate bathroom (if available).
4. Monitor your symptoms. If you have an [emergency warning sign](#) (including trouble breathing), seek emergency medical care immediately.
5. Stay in a separate room from other household members, if possible.

6. Use a separate bathroom, if possible.
7. Avoid contact with other members of the household and pets.
8. Don't share personal household items, like cups, towels, and utensils.
9. [Wear a mask](#) when around other people if able.

Discontinuing Quarantine and/or Isolation

1. Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.
 2. Anyone who has had [close contact](#) with someone with COVID-19 should stay home for 14 days after their last exposure to that person.
 3. However, anyone who has had close contact with someone with COVID-19 and who meets the following criteria does NOT need to stay home.
 - a. Someone who has been [fully vaccinated](#) and shows no symptoms of COVID-19. However, fully vaccinated people should get tested 3-5 days after their exposure, even they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.
- OR
- b. Someone who has COVID-19 illness within the previous 3 months and
 - c. Has recovered and Remains without COVID-19 symptoms (for example, cough, shortness of breath)
4. You can be around others after:
 - a. 10 days since symptoms first appeared and
 - b. 24 hours with no fever without the use of fever-reducing medications and
 - c. Other symptoms of COVID-19 are improving
 5. If you continue to have no symptoms, you can be with others after 10 days have passed since you had a positive viral test for COVID-19. For more information regarding quarantine and isolation, please visit COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

Center Closures

1. The Florida Health Department –Miami may recommend temporary school or center closures.
2. Head Start and Early Head Start Delegates and Child Care Partners should collaborate with the Florida Department of Health - Miami at 305-324-2400 to make decisions about extending the center closure. Temporarily closing Head Start or Early Head Start programs is a strategy to stop or slow the further spread of COVID-19 in communities.
3. When a confirmed case has entered a center, regardless of community transmission, centers may need to implement short-term closure procedures. If this happens, CDC recommends the following procedures regardless of the level of community spread:

- a. Coordinate with the Florida Department of Health. Once aware of a COVID-19 case of someone who has been in the center, immediately notify the Florida Department of Health - Miami at 305-324-2400. These officials will help administrators determine a course of action for their childcare programs or Head Start/Early Head Start centers.
 - b. Consult with Florida Department of Health's recommendations for the scope (e.g., a single center, multiple centers or all centers) and duration of center closures will be made on a case-by-case basis using the most up-to-date information about COVID-19 and the specific cases in the community.
 - c. During center closures, also cancel extracurricular group activities, school-based afterschool programs, and large events (e.g., assemblies, spirit nights, field trips, and sporting events).
 - d. Discourage staff, children, and their families from gathering or socializing anywhere. This includes group childcare arrangements, as well as gathering at places like a friend's house, a favorite restaurant, or the local shopping mall during substantial, moderate and high levels of COVID-19 transmission.
 - e. Communicate with staff, parents, and children. Coordinate with the Florida Department of Health to communicate closure decisions and the possible COVID-19 exposure.
 - f. This communication to the center community should align with the communication plan in the center's emergency operations Continuity of Operation Plan (COOP).
 - g. Plan to include messages to counter potential [stigma](#) and discrimination.
 - h. In such a circumstance, it is critical to maintain confidentiality of the child or staff member as required by the Americans with Disabilities Act and the Family Education Rights and Privacy Act.
 - i. Clean and disinfect thoroughly.
 - j. Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
 - k. Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
 - l. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
4. For disinfection, most common EPA-registered household disinfectants should be effective.

- a. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - b. Additionally, diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 - i. 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - ii. 4 teaspoons bleach per quart of water
 - c. Additional information on cleaning and disinfection of community facilities such as centers can be found on [CDC's website](#).
 - d. During center closures (after cleaning and disinfection), childcare programs and Head Start/Early Head Start centers may stay open for staff members (unless ill) while children stay home. Keeping facilities open: a) allows teachers to develop and deliver lessons and materials remotely, thus maintaining continuity of teaching and learning; and b) allows other staff members to continue to provide services and help with additional response efforts. Decisions on which, if any, staff should be allowed in the center should be made in collaboration with local health officials.
 - e. Childcare and Head Start/ Early Head Start center administrators should work in close collaboration and coordination with the Florida Department of Health to make Head Start and Early Head Start Center closure and large event cancellation decisions. Centers are not expected to make decisions about center closures or canceling events on their own. Center closures and event cancellations may be extended if advised by Florida Department of Health. The nature of these actions (e.g., geographic scope, duration) may change as the local outbreak situation evolves.
 - f. Administrators should seek guidance from Florida Department of Health to determine when children and staff should return to centers and what additional steps are needed for the community. In addition, children and staff who are well but are taking care of or share a home with someone with a case of COVID-19 should follow instructions from the Florida Department of Health to determine when to return to the center.
 - g. Implement strategies to continue education and related supports for children.
5. Ensure continuity of education.

- a. Review COOP and other continuity plans, including plans for the continuity of teaching and learning. Implement e-learning plans, including digital and distance learning options as feasible and appropriate.
 - b. Determine, in consultation with other relevant state or local partners:
 - i. If a waiver is needed for state requirements of a minimum number of in-person instructional hours or instructional days (seat time) as a condition for funding;
 - ii. How to convert face-to-face lessons into online lessons and how to train teachers to do so;
 - iii. How to triage technical issues if faced with limited IT support and staff;
 - iv. How to encourage appropriate adult supervision while children are using distance learning approaches; and
 - v. How to deal with the potential lack of children's access to computers and the Internet at home.
6. Ensure continuity of meal programs.
 - a. Consider ways to distribute food to children.
 - b. If there is community spread of COVID-19, design strategies to avoid distribution in settings where people might gather in a group or crowd. Consider options such as "grab-and-go" bagged lunches or meal delivery.
7. Consider alternatives for providing essential medical and social services for children.
 - a. Continue providing necessary services for children with special healthcare needs, or work with the state *Title V Children and Youth with Special Health Care Needs (CYSHCN) Program*.
 - b. Continue providing necessary comprehensive Head Start and Early Head Start services to children and families remotely, when possible.

Special Considerations

Vulnerable/High Risk Groups

1. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. To protect those at higher risk, it's important that everyone practices healthy hygiene behaviors.
2. If you have staff members or teachers age 65 or older, or with serious underlying health conditions, encourage them to talk to their healthcare provider to assess their risk and to determine if they should stay home.
3. Information about COVID-19 in children is somewhat limited, but the information that is available suggests that many children have mild symptoms. However, a small percentage of children have been reported to have more severe illness. If you have children with underlying health conditions, talk to their parents about their risk. Follow children's care plans for underlying health conditions such as an asthma action plan.

4. If you have children with disabilities, talk to their parents about how their children can continue to receive the support they need.
5. Encourage staff members or teachers age 65 or older, or with underlying medical conditions, to talk to their medical provider about assessing their risk and to determine if they should stay home.

Special Procedures for Home Based Programs

1. Prior to each home visit, home visitors will assess, using procedures under [Example 1 Reliance on Social Distancing](#), parents and children for signs and symptoms of COVID-19
2. If a child's parent or other person on a home visit is exhibiting any of the symptoms of COVID-19, the home visitor will contact the home-based supervisor to report the situation.
3. The home visitor should cancel the home visit and reschedule for a time when the family member has recovered and has received clearance from their physician.
4. The attempted home visit and illness will be recorded on the Home Visit Report and in ChildPlus.
5. If a participant comes to group socialization presenting symptoms of COVID-19, the home visitor and home-based supervisor will exclude them from the activities until they are well and have received clearance from a physician to return to normal activities.
6. In case of a confirmed diagnosis of contagious disease or infection, the delegate/ partner home visitor supervisor will:
 - a) Report infectious diseases to the Florida Department of Health-Miami 305-324-2400. (*see DCF CCFH - 6.1.2 Outbreaks*)
 - b) Contact with CAHSD's Health Coordinator.
 - c) The Grantee Health Coordinator will notify CAHSD Head Start Director.
 - d) The delegate and/or childcare staff will provide a Fact Sheet on the illness to the families.
 - e) All families will be informed of a confirmed illness that impacts the center and the confidentiality policy will be followed.
7. Health and Safety Procedures for Home Visitors:
 - a) Home Visitors should follow the same procedures as the childcare staff with regard to health assessments when entering the family's homes, sanitizing hands and wearing appropriate PPE when they enter and leave the homes.
 - b) Home Visitors working with families and children individually, in groups, or with close contact must utilize a face mask at all times.
 - c) Home Visitations and group socialization activities should be held outdoors to the maximum extent possible.
 - d) Any paperwork or home program type instructional information should be scanned and emailed rather than using hard copies.
 - e) Home Visitors should only visit one home each day.

- f) Home Visitors should alternate visits to homes weekly and utilize virtual options for home visitations on alternate weeks during substantial or high levels of community spread (see COVID-19 Community Transmission Chart).
- g) Use of a smock, overalls, or gowns that can be changed is advisable, or having a place for decontamination by changing clothing prior to entering another home.

Definitions

1. Cleaning refers to the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing some germs, it decreases their number and therefore any risk of spreading infection.
2. Disinfecting works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs however, killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.
3. Personal Protective Equipment (PPE) is required for staff welcoming families and taking health checks. PPE means face shield, mask, gown, booties, and gloves.
4. Symptoms of COVID-19 - Any temperature of 100.4 degrees Fahrenheit or higher or any other signs of illness such as coughing, difficulty breathing, diarrhea, nausea, vomiting, rashes, sore throat, sneezing, watery eyes, runny nose, discolored eyes, chills, muscle pain, headache, loss of taste or smell, inability to wake or stay awake, bluish lips or face, and excessive crying or irritability (inability to be consoled or comforted).

Appendix A – COVID-19 Vaccines



Vaccines (shots) are one of the tools we have to fight the COVID-19 pandemic.



To stop this pandemic, we need to use all of our prevention tools. Vaccines are one of the most effective tools to protect your health and prevent disease. Vaccines work with your body's natural defenses so **your body will be ready to fight the virus**, if you are exposed (also called immunity). Other steps, like wearing a mask that covers your nose and mouth and staying at least 6 feet away from other people you don't live with, also help stop the spread of COVID-19.

Studies show that COVID-19 **vaccines are very effective** at keeping you from getting COVID-19. Experts also think that getting a COVID-19 vaccine may help keep you from getting seriously ill even if you do get COVID-19. These vaccines cannot give you the disease itself.



The vaccines are safe. The U.S. vaccine safety system makes sure that all vaccines are as safe as possible. All the COVID-19 vaccines that are being used have gone through the same safety tests and meet the same standards as any other vaccines produced through the years. A system in place across the entire country that allows CDC to watch for safety issues and make sure the vaccines stay safe.



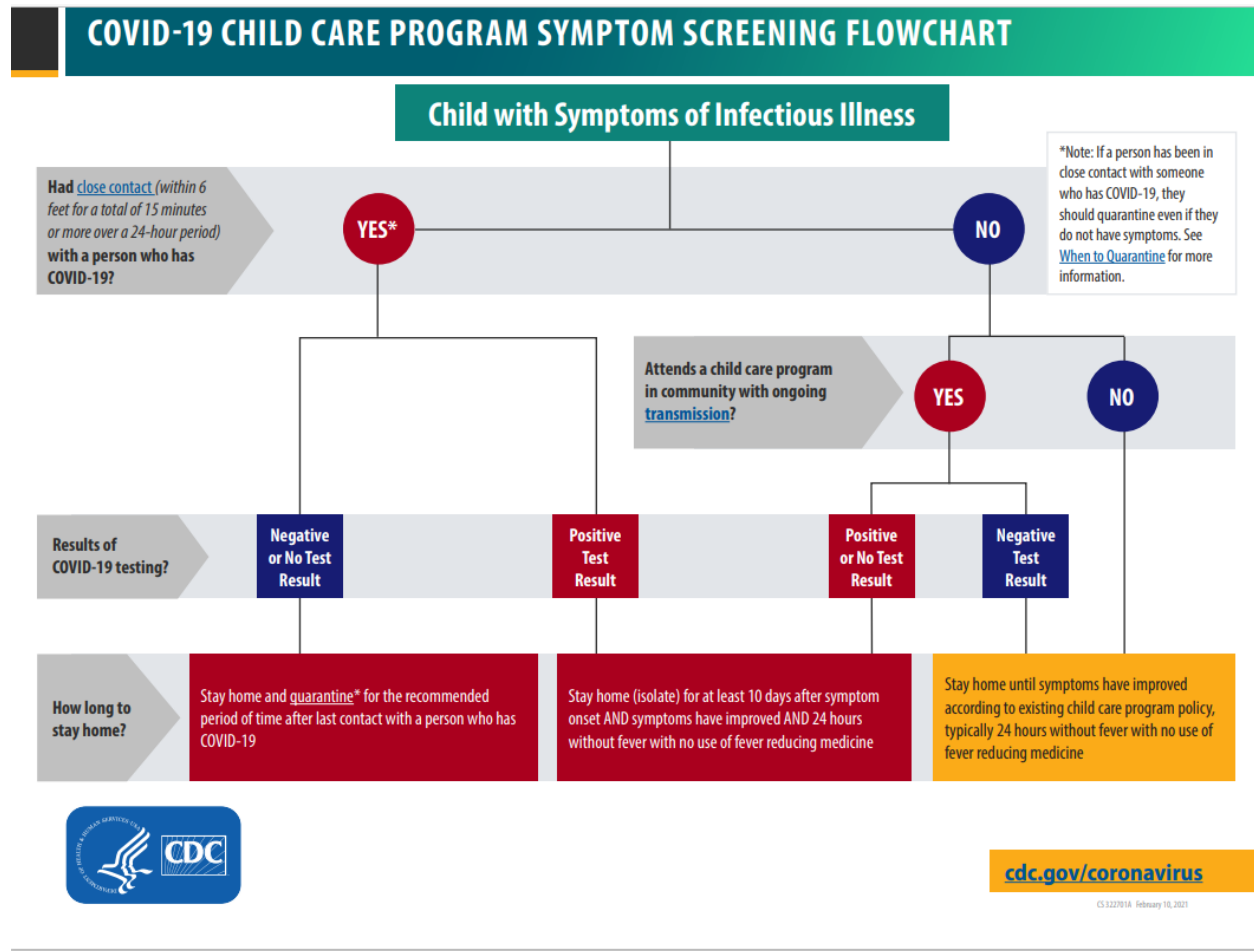
Different types of COVID-19 vaccines will be available. Most of these vaccines are given in two shots, one at a time and spaced apart. The first shot gets your body ready. The second shot is given at least three weeks later to make sure you have full protection. If you are told you need two shots, make sure that you get both of them. The vaccines may work in slightly different ways, but all types of the vaccines will help protect you.



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www.cdc.gov/coronavirus/vaccines

Appendix B – Symptom Screening Flowchart




Appendix C – Checklist for Staff and Parents


A Child in My Classroom is Showing Signs of COVID-19: What Do I Do?

Quick Guide for Child Care Providers


KNOW POSSIBLE SYMPTOMS OF ILLNESS




Cough




Fever



Headache



Diarrhea




Vomiting

OTHER SYMPTOMS INCLUDE:

Shortness of breath, chills, sore throat, loss of taste or smell, muscle pain, runny nose, feeling tired, and poor appetite. Symptoms may be very mild or more severe.


EMERGENCY WARNING SIGNS (CALL 911):

Trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, and bluish lips or face.




1. SEPARATE the Child

- Be discreet and calm.
- Make sure you and the child (if age 2 or older) are wearing a mask and standing at least 6 feet apart.
- Following the child care program protocol, have the child safely escorted from the classroom to a designated isolation area.




2. INFORM

- Contact designated staff responsible for COVID-19 concerns (e.g., program director).
- Let them know the child is being escorted to the isolation area and will need to be supervised (according to child care program protocol).




3. CLEAN and DISINFECT

- Close off the classroom and wait 24 hours before cleaning and disinfecting, if possible. This will allow more time for the virus to die off.
- The classroom should be cleaned and disinfected, especially items in the child's area and shared items the child may have touched (e.g., doorknob, bathroom, and supplies).
- Note: Disinfectants can trigger an asthma attack. Choose safer products if any children have asthma.
- Open outside door(s) and window(s) to increase ventilation in the room (if possible).




4. IDENTIFY Close Contacts

- Write down where the child was relative to other children in the room.
- Note the name of any person who was within 6 feet of an infected child for a total of 15 minutes or more over a 24-hour period. Work with child care administrator to inform close contacts in accordance with applicable privacy laws.



5. NOTIFY Administration about the Sick Child

- Assist child care administration with close contact assessment. Observe applicable privacy laws.
- Consider linking family of the sick child to any emergency services (such as a nutrition program) that the child might need while in quarantine* at home.



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* For more information on quarantine see
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

cdc.gov/coronavirus

Appendix D – Quick Guide: Protect Your Child Care

QUICK GUIDE: HELP PROTECT YOUR CHILD CARE CENTER FROM COVID-19

As an early care and education provider, you can help protect children, their families, and staff and slow the spread of COVID-19 by using CDC's updated COVID-19 [Guidance for Operating Early Care and Education/Childcare Programs](#). Using multiple prevention strategies together consistently can protect people who are not fully vaccinated, including children and staff. Tailor your COVID-19 plans and actions based on the unique needs of your center.

Actions like [promoting vaccination](#), [wearing masks correctly and consistently](#), physical distancing and cohorting, ventilation, [frequent handwashing](#), [staying home when sick](#), and following all rules on regular and consistent cleaning can help all types of early care and education programs prevent or slow the spread of COVID-19.

Refer to COVID-19 [Guidance for Operating Early Care and Education/Childcare Programs](#) for more in-depth information about preventing the spread of COVID-19 in the ECE setting. This CDC guidance is meant to supplement—not replace—any Federal, state, tribal, local, or territorial public health and safety laws, rules, and regulations with which early care and education programs must comply.



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cdc.gov/coronavirus



- A. Before Drop-off** Encourage families to monitor children at home for signs of infectious illness including COVID-19. Children and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care.
- B. Drop-off/Pick-up** Stagger child arrival, drop-off, and pick-up times or locations by cohort and prioritize outdoor drop-off and pick-up if possible.
- C. Masks** Everyone 2 and older who is not fully vaccinated should wear a well-fitted mask that covers the nose and mouth, except when eating or sleeping.
- D. Educate Families** Educate your families about [keeping their child home when sick](#), after close contact to a person with COVID-19, awaiting tests results, or after testing positive for COVID-19.
- E. Meal Times** Eat meals outdoors or in well ventilated areas while keeping physically distanced much as possible.
- F. Physical Distancing** Modify learning stations and in-classroom activities, use available space, and stagger schedules to have fewer children in each area as much as possible.
- G. Nap Time** At nap time, ensure that mats or cribs are spaced out as much as possible and have children sleep head to toe.
- H. Cleaning and Disinfecting** Clean frequently touched objects and surfaces such as toys, door handles, tables, faucets, and drinking fountains regularly. Disinfect if someone has suspected or confirmed COVID-19. Carefully follow rules for cleaning and disinfecting when diapering and feeding infants.
- I. Cohorting** Create cohorts by keeping small groups of staff and children together throughout the day, and across days if possible, and limit mixing between cohorts.
- J. Outdoor Play Spaces** Being outdoors reduces the risk of spreading COVID-19. Prioritize outdoor activities whenever possible. Maintain cohorts and avoid crowding. Follow routine cleaning of outdoor areas.
- K. Ventilation** Bringing fresh outdoor air into a building helps keep virus particles from concentrating inside. Consider maximizing the existing air circulation system, using child safe fans, opening doors or windows, and adding [HEPA air cleaners](#).
- L. Vaccination** All COVID-19 vaccines currently authorized in the United States are effective against COVID-19, including serious outcomes like severe disease, hospitalization, and death. [Encourage staff and families to get vaccinated as soon as they can.](#)
- M. Shared Objects** Keep each child's belongings including masks and tooth brushes separated.
- N. Hand Hygiene** Wash hands using soap and water for at least 20 seconds. Thoroughly dry hands after washing. Use [hand sanitizer](#) that contains at least 60% alcohol (over age 2) if soap and water are not available.
- O. Isolate a Sick Child** Plan to have an isolation room or an area you can use to isolate a sick child or staff member. Make sure isolated children still have adult supervision.

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Appendix D - COVID – 19 Child Daily Health Checklist

Child's Name		Date
Teaching Team		Center
SYMPTOM		OBSERVATION/COMMENTS
SKIN		
<input type="checkbox"/> Itching or rash**		
<input type="checkbox"/> Sores		
<input type="checkbox"/> Cuts or bruises		
<input type="checkbox"/> Pale		
<input type="checkbox"/> Dry		
<input type="checkbox"/> Moist		
<input type="checkbox"/> Spots		
<input type="checkbox"/> Yellow		
<input type="checkbox"/> Infected		
<input type="checkbox"/> Patches		
<input type="checkbox"/> Other		
HEAD		
<input type="checkbox"/> Red or runny ears		
<input type="checkbox"/> Pink or runny eyes**		
<input type="checkbox"/> Yellow eyes		
<input type="checkbox"/> Itchy scalp		
<input type="checkbox"/> Crust on eyelids or lashes		
<input type="checkbox"/> Fever**		
<input type="checkbox"/> Swollen neck**		
<input type="checkbox"/> Runny nose or Congestion**		
<input type="checkbox"/> Headache**		
<input type="checkbox"/> Other		
MOUTH AND THROAT		
<input type="checkbox"/> Difficulty swallowing		
<input type="checkbox"/> Red, swollen, sore throat**		
<input type="checkbox"/> Sores in mouth or on lips**		
<input type="checkbox"/> Severe cough**		
<input type="checkbox"/> Noisy breathing		
<input type="checkbox"/> Difficult breathing**		
<input type="checkbox"/> Loss of Taste or Smell**		
<input type="checkbox"/> Nausea, Vomiting, or Diarrhea**		
<input type="checkbox"/> Other		
ARMS AND LEGS		
<input type="checkbox"/> Sore (Muscle or body aches) **		
<input type="checkbox"/> Infected nail		
<input type="checkbox"/> Swelling		
<input type="checkbox"/> Lumps or knots		
<input type="checkbox"/> Scratches/ bruises		
<input type="checkbox"/> Other		
EMOTIONAL		
<input type="checkbox"/> Unusual behavior (fatigue or irritable)		

****NOTE: Items bolded are symptoms of COVID-19 and should be assessed carefully.**

Appendix E – COVID - 19 ADULT ACTIVE SCREENING QUESTIONNAIRE

Your health and well-being are of the utmost importance and we are taking measures to keep the facility a safe environment for employees as well as the children under our care and the public. Therefore, anyone coming into the facility will be screened and part of our screening process will include taking your temperature and answering following questions.


Child's Name	Date
Parent Name	Center

1. Within the last 14-days, have you experienced a new cough that you cannot attribute to another health condition?
☐ YES
☐ NO
2. Within the last 14-days, have you experienced a new sore throat that you cannot attribute to another health condition?
☐ YES
☐ NO
3. Within the last 14-days, have you experienced new muscle aches that you cannot attribute to another health condition or a specific activity such as physical exercise?
☐ YES
☐ NO
4. Within the last 14-days, have you had a temperature at or above 100.4° or the sense of having a fever?
☐ YES
☐ NO
5. Within the last 14 days, have you had close contact, without the use of appropriate PPE, with someone who is currently sick with suspected or confirmed COVID-19?* *(Note: Close contact is defined as within 6 feet for more than 10 consecutive minutes)*
☐ YES
☐ NO

Do not allow the individual or child in the facility if the adult answered YES to any of the questions or has temperature of 100.4°F.

This document will be updated as the Centers for Disease Control and Prevention (CDC) Florida Department of Health information on COVID-19 continues to change.

Appendix F – COVID – 19 Center Opening Checklist

 HEAD START AND EARLY HEAD START COVID-19 CENTER CHECKLIST PRIOR TO OPENING	
SUPPLIES (30 DAYS)	DROP-OFF / PICK UP AREA
<input type="checkbox"/> Thermometers (Thermal No-Contact or Infrared Thermometers, preferred)	<input type="checkbox"/> Centralized location to serve as single point of entry
<input type="checkbox"/> Bleach or other disinfecting solution	<input type="checkbox"/> Hand Hygiene station located at entrance with a sink and soap/water OR Hand Sanitizer with at least 60% alcohol
<input type="checkbox"/> Hand Soap for handwashing	<input type="checkbox"/> Signage for Hand Hygiene station
<input type="checkbox"/> Air purifiers or other methods of ventilation	<input type="checkbox"/> Health Check Station with thermometer, daily health check form, pens, alcohol wipes and PPE for staff administering screening.
<input type="checkbox"/> Gloves (Latex or Vinyl)	<input type="checkbox"/> Signage for Health Check Station
<input type="checkbox"/> Adult face coverings (disposable masks or reusable cloth masks)	<input type="checkbox"/> Markers/Labels are placed on floor to maintain social distancing
<input type="checkbox"/> Face shields, plexiglass partition, safety glasses, or safety goggles	<input type="checkbox"/> Access to facility is modified to limit interaction between arriving and departing adults and children.
<input type="checkbox"/> Long sleeve button down shirts, gowns, protective aprons, or overalls/coveralls to protect clothes	<input type="checkbox"/> Only one adult per child can enter the facility at a time to be screened
<input type="checkbox"/> Hand Sanitizer with 60% alcohol and Alcohol wipes	<input type="checkbox"/> Arrival and pick up time are staggered with 15-minute windows per classroom.
<input type="checkbox"/> Wipeable screen covers for iPads and other electronic devices	<input type="checkbox"/> Disinfecting materials (i.e. bleach solution or disinfecting solution) to sanitize between families.
	<input type="checkbox"/> Store chemicals and flammables safely, away from open flames and out of reach of children. Read all labels before using them and become familiar with warnings and safe disposal recommendations.


Reviewer _____ Date Completed _____

CLASSROOM SET-UP		FACILITIES	
<input type="checkbox"/>	Ratios are two adults to eight children (EHS) or two adults to twenty children (HS) and cohorting groups	<input type="checkbox"/>	Consider purchasing permanent or portable touchless faucets, liquid soap dispensers, and paper towel dispensers are accessible throughout the facility
<input type="checkbox"/>	Staffing patterns are set up so that only teachers will remain with their group	<input type="checkbox"/>	Air filters have been changed in accordance to OSHA guidance for COVID-19
<input type="checkbox"/>	Classrooms are separated with stable barriers of at least 6 feet tall.	<input type="checkbox"/>	Post COVID-19 Symptoms Posters throughout the facility
<input type="checkbox"/>	Classrooms are separated so that there is no mixing of children whatsoever	<input type="checkbox"/>	Post signs for handwashing at all handwashing stations
<input type="checkbox"/>	Toothbrushing is only conducted when there are low COVID-19 transmission	<input type="checkbox"/>	Post coughing and sneezing etiquette posters throughout facilities
<input type="checkbox"/>	Cots and cubbies are individually labeled with children's names and/or pictures	<input type="checkbox"/>	Post the COVID-19 Vaccines handout throughout the facility.
<input type="checkbox"/>	There are doors and windows that may be opened without impacting air quality (humidity and airborne particulates levels) – OPTIONAL and NOT required	<input type="checkbox"/>	For centers closed at least 2 weeks, flush plumbing and run water in sinks to eliminate stagnant water from the period of closure
<input type="checkbox"/>	Arrange classroom so that children can work in small groups to promote social distancing	<input type="checkbox"/>	Designate at least one qualified person from staff to act as the primary contact for children, parents/legal guardians, employees and DOH
<input type="checkbox"/>	Arrange chairs at tables so that children do not sit directly facing one another	<input type="checkbox"/>	Create a log to maintain good records of visitors and staff movements each day to facilitate investigation of potential COVID-19 cases
<input type="checkbox"/>	During naptime make ensure that cots are placed so that children are head to toe and/or three feet apart.	<input type="checkbox"/>	For centers with multiple classes sharing the same bathroom, stagger bathroom schedules to allow for disinfecting between groups
		<input type="checkbox"/>	Stagger Outdoor time so that two classes are not sharing playground spaces and to allow cleaning and disinfecting between groups
		<input type="checkbox"/>	Ensure DCF, Fire, and Occupational License are up to date
		<input type="checkbox"/>	Ensure liability insurance is up to date

Reviewer _____ Date Completed _____

PARENT TRAINING		STAFF TRAINING	
<input type="checkbox"/>	Conduct a virtual orientation with parents that includes all of the information below	<input type="checkbox"/>	Train all staff on the drop off and pick up procedures selected.
<input type="checkbox"/>	Staggered Drop-off and pickup times	<input type="checkbox"/>	Provide training to all cleaning staff on site prior to assigning cleaning tasks
<input type="checkbox"/>	Identifying a designated pick up and drop off person	<input type="checkbox"/>	Train staff completing screening procedures on when to use PPE, what PPE is necessary, how to properly put on, use, and take off PPE, and how to properly dispose of PPE
<input type="checkbox"/>	Daily Health Check Requirements as well as exclusion procedures.	<input type="checkbox"/>	Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard
<input type="checkbox"/>	Requirement for all persons to where masks including children over the age of two (2)	<input type="checkbox"/>	Review Daily Health Checklist and Health Alert Procedures. Ensure all pertinent staff are aware of the procedure and personnel involved.
<input type="checkbox"/>	Re-entry requirement – Children must have updated physical and immunizations if forms are expired	<input type="checkbox"/>	Train and support teaching staff on how to maintain groups.
<input type="checkbox"/>	Requirement to sign-in and out daily and to follow social distancing protocols during pick-up and drop-off	<input type="checkbox"/>	Provide training and educational materials, including this guide, to staff. Include information on everyone's responsibilities as they relate to COVID-19.
<input type="checkbox"/>	Requirement to consent to temperature checks daily for parent and child	<input type="checkbox"/>	Verify that staff have read and understood the educational materials.
<input type="checkbox"/>	Need to plan for possible center closure and establish contingency plans for alternative care if a child or adult tests positive at the center	<input type="checkbox"/>	Train food service staff on individual serving procedures.
<input type="checkbox"/>	Exclusion of any adult or child outside of the established group from entering classrooms	<input type="checkbox"/>	Educate workers performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
<input type="checkbox"/>	Attendance at virtual parent meetings and parent trainings	<input type="checkbox"/>	Train all teaching staff on center operations procedures
<input type="checkbox"/>	Review and sign COVID-19 Liability Waiver prior to returning to center		

Reviewer _____	Date Completed _____
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 HEAD START AND EARLY HEAD START COVID-19 CENTER AFTER OPENING ON-GOING PRACTICES CHECKLIST 2021-2022			
DROP-OFF/PICK UP AREA		DAILY ROUTINES	
<input type="checkbox"/>	1.1 Centralized location serves as single point of entry. Access to facility is modified to limit interaction between arriving and departing adults and children.	<input type="checkbox"/>	2.1 During naptime, cots are placed so that children are head to toe and/or six feet apart.
<input type="checkbox"/>	1.2 Only one adult per child can enter the facility at a time.	<input type="checkbox"/>	2.2 Disposable cups or refillable water bottles are used, and water fountains are NOT used, unless no other option is available and sanitizing after each use.
<input type="checkbox"/>	1.3 Signage is posted for Hand Hygiene station and Health Check station.	<input type="checkbox"/>	2.3 Staff and children (when appropriate) are wearing masks or facial coverings. Children's masks are removed during naps, meals, and strenuous outdoor activity. No child under the age of 2 is wearing a mask or facial covering.
<input type="checkbox"/>	1.4 Parents and children use the Hand Hygiene station located at entrance to clean their hands with soap/water OR hand sanitizer with at least 60% alcohol.	CLASSROOM SET-UP	
<input type="checkbox"/>	1.5 Adults and children stay 6ft apart and abide by the markers/labels placed on floor to maintain social distancing. Adults wear masks.		
<input type="checkbox"/>	1.6 Each adult (including parents and staff) and child have their temperature taken prior to entering. The Adult Active Screening Questionnaire is administered.	<input type="checkbox"/>	3.1 Ratios are two adults to eight (2:8) children for EHS and two adult to ten (2:20) children for HS.
<input type="checkbox"/>	1.7 Staff visually inspect each child for signs of infection. The Daily Health checklist is completed for children with signs of infection.	<input type="checkbox"/>	3.2 Teachers and children remain in cohorted groups and do not change from one group to another.
<input type="checkbox"/>	1.8 For temperature checks, staff following Example 1 of the protocol: Stand 6 feet away from parent/child, wear a mask, and ask the parent to take the temperature of the child.	<input type="checkbox"/>	3.3 Classrooms are separated with stable barriers of at least 6 feet tall.
<input type="checkbox"/>	1.10 For temperature checks, staff following Example 3 of the protocol: Wear face mask, goggles or face shield, and disposable gloves, and conduct temperature check. Thermometers must be cleaned between each client. If using a non-contact thermometer, and no physical contact has taken place, gloves do not need to be changed between clients.	<input type="checkbox"/>	3.4 Classrooms do not mix or interact with each other.
<input type="checkbox"/>	1.11 After drop-off procedures are completed, staff who performed screening procedures change their clothes or remove PPE.		



HEAD START AND EARLY HEAD START COVID-19 CENTER AFTER OPENING ON-GOING PRACTICES CHECKLIST 2020-2021

HAND HYGIENE	INFANTS & TODDLER PRACTICES
<input type="checkbox"/> Children and staff engage in hand hygiene during the following times: <i>a. Arrival to the facility</i> <i>b. Before and after eating or handling food, or feeding children</i> <i>c. After using the toilet or helping a child use the bathroom</i> <i>d. After playing outdoors or in sand</i> <i>e. After handling animals or cleaning animal waste (if applicable)</i>	<input type="checkbox"/> 6.1 Teachers follow safe diaper changing procedures
<input type="checkbox"/> Staff also engage in handwashing during the following times: <i>a. Before and after preparing food or drinks</i> <i>b. Before and after administering medication or medical ointment (if applicable)</i> <i>c. Before and after diapering</i> <i>d. After coming in contact with bodily fluid (if applicable)</i> <i>e. After handling garbage</i> <i>f. After breaks</i>	<input type="checkbox"/> 6.2 OPTIONAL Childcare providers are wearing an over-large long-sleeved shirt or PPE.
<input type="checkbox"/> If hand sanitizer is used, children are being supervised by an adult	<input type="checkbox"/> 6.3 Infants, toddlers, and their providers have multiple changes of clothes on hand in the childcare center or extra gowns.
CLEANING PRACTICES	
<input type="checkbox"/> 5.1 Toys and materials (NOT Books) are disinfected daily	<input type="checkbox"/> 6.4 Bottles, bottle caps, nipples and other equipment for bottle feeding are thoroughly cleaned after each use.
<input type="checkbox"/> 5.2 Toys that children placed in their mouths are placed in a separate bin to be washed after being used by a child	
<input type="checkbox"/> 5.3 Sheets are stored in individually labeled bins or cubbies. Sheets should be washed weekly or before use by another child	
<input type="checkbox"/> 5.4 Cleaning and sanitation schedule is posted in all classrooms	
<input type="checkbox"/> 5.5 For centers with multiple classes sharing the same bathroom, bathrooms are disinfected between groups	
<input type="checkbox"/> 5.6 All cleaning solutions and chemicals are stored out of reach of children.	



HEAD START AND EARLY HEAD START COVID-19 CENTER AFTER OPENING ON-GOING PRACTICES CHECKLIST 2020-2021

MEAL TIMES

- ☐ 7.1 Meals are served to children individually with disposable utensils, preferably
- ☐ 7.2 Children are seated at arm's length from one another not directly facing each other
- ☐ 7.3 Separate sinks are available for food prep separate from toileting (for infant room). If only one sink is available, teachers are sanitizing the sinks after each use
- ☐ 7.4 Caregivers and children wash their hands before and after eating
- ☐ 7.5 Meals are served in the classroom and not in cafeterias during moderate/substantial/high community transmission

OUTDOOR TIMES

- ☐ 8.1 One classroom is using the playground at a time, during moderate/substantial/high community transmission
- ☐ 8.2 Outdoor toys and materials used by a classroom are sanitized between groups

Center Name _____

Reviewer _____ Date Completed _____

Appendix G – Health Alert

Miami-Dade County
Community Action and Human Services Department
Head Start/Early Head Start Division

HEALTH ALERT NOTICE



To the Parents of: _____ Date: _____
Center: _____ D.O.B: _____
Classroom: _____

Your child was observed to have the following: _____

Please have your child evaluated by your Health Care Provider as soon as possible. The bottom part of this form must be completed and signed by the Health Care Provider.

Parent Signature: _____ Date: _____
Staff Signature: _____ Date: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER:

Diagnosis: _____

Treatment: _____

Is this child contagious at this time? Yes No
Does the child have a follow-up doctor's visit? Yes No
If "Yes" what date is the follow-up visit? ____/____/____ (Date)
Child may return to school on: ____/____/____ (Date)
Comments: _____

Name of Health Care Agency/Physician: _____


Address: _____ **Phone Number:** () _____ - _____

Physician/Licensed Medical Professional Signature: _____

Date: _____

Health Alert Notice-Revised 8/7/2019

Appendix H – HS/ EHS COVID-19 Transmission Chart

	HEAD START AND EARLY HEAD START COVID-19 TRANSMISSION CHART 2021-2022		
POLICY FOR:	SUBSTANTIAL /HIGH	MODERATE	LOW
Visitors/volunteer allowed to enter the centers	No	No	Yes
Parents allowed to enter centers	No	Yes – limited to no more than 1 parent per child	Yes
Changing of Shoes	No	No	No
Check-in Screening Procedures (Temperature checks and COVID-19 Questions)	Yes	Yes	Yes
Cohorting of Groups	Yes	Yes	No
Staggered Drop-Off Times	Yes	Yes	No
Masks for Outdoors	Yes	Yes	No
Jewelry allowed for staff	Yes	Yes	Yes
Toothbrushing in the classrooms	No	No	Yes
Long sleeve gowns and hair covering, for EHS Teachers/Caregivers	No	No	No
Mask indoors for everyone 2 years old and older	Yes	Yes	Yes
Testing for close contact if vaccinated without symptoms	Yes	Yes	No
Quarantine for close contact if vaccinated without symptoms	No	No	No
Quarantine & testing for close contact if vaccinated with symptoms	Yes	Yes	Yes
Isolation when testing positive, regardless of vaccination status.	Yes	Yes	Yes
Air Purifiers in all CRS (or) UVGI or MEZRF 13 plus other equivalent filter systems	Yes	Yes	Yes
Reduced Program Hours for Sanitation Head Start – <i>At least 8</i>	Yes	Yes	No

<i>Hours and Early Head Start at least 8.5 Hours</i>			
Children may bring items from home	No	No	Yes
EHS/HS service area staff and consultants may enter facilities with mask, physical distance, and hand hygiene	Yes	Yes	Yes
Preventative measures by all including social distancing, hand washing, masks, etc.	Yes	Yes	Yes
Carpet and rugs in the classrooms (Head Start and Early Head Start)	Yes, daily disinfect	Yes, daily disinfect	Yes, daily disinfect
Direct Service Providers (DSP) staff allowed with HSAC restrictions on number of children	Yes – Keeping small groups, of up to 4 children, from no more than two (2) cohorts and social distancing guidelines are able to be maintained, if possible.	Yes – Keeping small groups, of up to 4 children, from no more than two (2) cohorts and social distancing guidelines are able to be maintained, if possible.	Yes
Special Events (Field trips, Transition Activities, Holiday Shows, Performances, etc.)	No	No	Yes – With everyone wearing masks
In-Person Parent Committee Meetings, Parent Orientations, etc.	No	No	Yes – With everyone wearing masks
Individualized Materials in the Classrooms with no sharing of toys	Yes	Yes	No
Individualized Meals with staggered seating and physical distancing	Yes	Yes	No
In-Person Home Visits	Yes (alternating in-person and virtual)	Yes (alternating in-person and virtual)	Yes
DEFINITION:	SUBSTANTIAL/HIGH	MODERATE	LOW
Total new cases per 100,000 persons in the past 7 days (Monday- Sunday)	50-100 or more	10-49.99	0-9.99



COMMUNITY ACTION AGENCY BOARD

DATE: N/A

AGENDA ITEM NUMBER: 4A13

AGENDA ITEM SUBJECT: Focus Area 2 Notification

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

The Office of Head Start has notified Miami-Dade County Head Start of a Focus Area 2 review. Different content areas will be reviewed. During this process, the recipient will also answer questions regarding the distribution of funds.

FUNDING SOURCE:

U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: N/A

AGENDA ITEM NUMBER: 4A14

AGENDA ITEM SUBJECT: Head Start Summer Program

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

A total of 1372 children were served during the summer 2021 program throughout 9 agencies in 27 centers.

FUNDING SOURCE:

U.S. Department of Health and Human Services



COMMUNITY ACTION AGENCY BOARD

DATE: N/A

AGENDA ITEM NUMBER: 4A15

AGENDA ITEM SUBJECT: Award Letter

AGENDA ITEM TYPE: INFORMATIONAL

RECOMMENDATIONS: N/A

BACKGROUND/SUMMARY:

Miami-Dade County Head Start received the award letters for the renewal of the 5-year program cycle.

FUNDING SOURCE:

U.S. Department of Health and Human Services