

# CSNT Head Start Monthly Report

Program Year 04 2018

06CH7174/04

2018

CSNT HS Report  
Revised 2/21/17

## Attendance/Enrollment

	December	January	February	March	April	May	June	July	August	September	October	November
Funded Enrollment	516	516	516	516	516	529						
# additional students (partnerships)	11	12	12	13	14	13						
% with Special Needs	8%	8%	8%	10%	11%	11%						
ADA Funded Enrolled* (516)	92%	92%	93%	95%	97%	95%						
Enrollment (w/additional students)	90%	90%	91%	93%	95%	92%						
Present/ Absent	474/53	473/55	479/49	490/39	500/30	489/40						
* If below 85% (Why) -	NA	N/A	N/A	NA	NA	NA	NA	NA	NA	NA	NA	NA

## Non-Federal Share

\$941,446 **\$98,871** \$842,575 11% Needed

	December	January	February	March	April	May	June	July	August	September	October	November
<b>\$842,575</b>	\$ 126,784	\$ 153,367	\$ 150,591	\$ 146,748	\$ 133,034	\$ 132,051						

## Adimin Expenditures (including non-federal share)

*Should not be above 15%												
<b>13%</b>	\$ 43,518	\$ 101,577	\$ 171,656	\$ 230,464	\$ 279,334	\$ 321,876						

## Meals/Reimbursements

\$79,771	December	January	February	March	April	May	June	July	August	September	October	November
# of service days	14	17	20	16	20	19						
# of meals served	4,868	5,768	7,266	6,014	7,659	6,721						
CACFP Reimbursement	\$ 10,168	\$ 11,993	\$ 15,080	\$ 12,563	\$ 15,897	\$ 14,069	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## Program Monitoring

	December	January	February	March	April	May	June	July	August	September	October	November
# Child Files Reviewed	87	121	411	198	350	437						
# Classrooms Observed	54	42	64	77	61	46						
Incomes Verified	0	7	3	0	3	221						
# Parents Interviewed	5	5	5	5	5	5						
# of Staff interviewed	5	4	3	9	16	32						
# Bus Routes Observed	1	1	2	1	1	1						
# Staff Files Reviewed	15	8	0	0	0	8						
# Community Contacts	15	30	40	50	53	53						
# of Findings Corrected	25	55	37	23	23	55						

## Annual Detailed Monitoring Findings

Date: Week of 2/13/2017 Completed

	December	January	February	March	April	May	June	July	August	September	October	November
# of findings	11	11	12	12	12	13						
# findings corrected	11	11	1	1	2	4						
# findings remaining	0	0	11	11	10	9						

## Program Updates

Campus Summer Maintenance Activities Completed Completing Continuation Grant Application  
 Preparing for 2018-2019 School Year  
 PI - HS - 04-18 Full Enrollment and a Safety Notice on Preparing for Mudslides and Landslides



ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-PI-HS-18-04	2. Issuance Date: 06/05/2018
	3. Originating Office: Office of Head Start	
	4. Key Words: Full Enrollment; Enrollment Requirements; Chronically Underenrolled	

## PROGRAM INSTRUCTION

**TO:** All Head Start and Early Head Start Grantees, including Early Head Start-Child Care Partnership Grantees

**SUBJECT:** Full Enrollment Initiative

### INSTRUCTION:

The Office of Head Start (OHS) is committed to preparing America's most vulnerable children to succeed by providing grantees with resources needed to deliver services to children and families in core areas of early learning, health, and family well-being. To achieve this, Head Start programs must provide services to 100 percent of the children they are funded to serve. Section [642\(g\)](#) of the Head Start Act requires each Head Start agency to enroll 100 percent of its funded enrollment and maintain an active waiting list at all times with ongoing outreach to the community and activities to identify underserved populations.

This Program Instruction (PI) reiterates the importance of full enrollment. It also outlines the authority of OHS to designate an agency as Chronically Underenrolled and recapture, withhold, or reduce the base grant for programs that are not fully enrolled.

### Enrollment Requirements

All Head Start grantees are required to report monthly enrollment in the Head Start Enterprise System (HSES) by program within each grant ([641A\(h\)\(2\)](#)). Reporting for the previous month is due on the seventh of each month. Grantees can make edits to reported monthly enrollment until a new reporting period opens.

A grantee must maintain its funded enrollment level and fill any vacancy as soon as possible. Grantees may report any slots that were vacant for less than 30 days as enrolled for the month. After 30 days, the slot can no longer be counted as an enrolled slot ([45 CFR § 1302.15\(a\)](#)).

#### *OHS Enrollment Review*

Section [641A\(h\)\(3\)](#) of the Head Start Act requires the Secretary of the U.S. Department of Health and Human Services (HHS) to determine which agencies are operating with an actual enrollment in their Head Start and/or Early Head Start program that is less than the funded enrollment based on not less than four consecutive months of data. The count of consecutive

months underenrolled does not restart after a program has been closed, typically for the summer break, or after the agency begins a new noncompetitive project period. For example, if a program is underenrolled in April and May, closes June–August for summer break, and after opening remains underenrolled in September and October, October would constitute the fourth consecutive month.

Grantees with four or more consecutive months of underenrollment in any Head Start and/or Early Head Start program will receive an Underenrollment Letter from the Regional Office. Grantees must develop, in collaboration with the Regional Office, a plan and timetable for reducing or eliminating underenrollment. The 12-month period for determining chronic underenrollment starts 10 calendar days from the date the Underenrollment Letter is sent.

### **OHS Authority to Designate Grantee as Chronically Underenrolled**

#### *Achieve and Maintain 97 Percent Funded Enrollment*

If the grantee is meeting at least 97 percent enrollment after the 12-month period has concluded, OHS will continue to evaluate to ensure the grantee maintains at least 97 percent enrollment for six consecutive months. Where the grantee has achieved and maintained at least 97 percent enrollment for six consecutive months following the 12-month period, a Letter of Completion will be sent to the grantee. The Letter of Completion will serve as official notice of successful completion of the underenrollment plan.

#### *Fall Short of 97 Percent Funded Enrollment*

If the grantee is less than 97 percent of funded enrollment after the 12-month period has concluded, OHS has the authority to designate the agency as Chronically Underenrolled and take actions authorized under Section 641A(h)(5). These actions include recapturing, withholding, or reducing the annual funding and funded enrollment. OHS is committed to continuing to support such agencies in achieving and maintaining full enrollment. Any reduction in funding will adjust the funded enrollment to be consistent with the historical, actual enrollment level.

Agencies designated as Chronically Underenrolled will receive a Chronically Underenrolled Designation Letter. The Chronically Underenrolled Designation Letter will inform the grantee of their designation, any subsequent action, and an opportunity to appeal a recapture, withholding, or reduction in funding to the Administration for Children and Families (ACF) within 30 days of delivery of the Chronically Underenrolled Designation Letter.

### **Appeal Process**

Grantees who decide to appeal a recapture, withholding, or reduction in funding must submit a written appeal with supporting evidence to [OHS.Enrollment@acf.hhs.gov](mailto:OHS.Enrollment@acf.hhs.gov). Grantees may request a hearing with the written appeal. Failure to submit an appeal in the manner described in this PI will result in immediate implementation of the reduction in funding described in the Chronically Underenrolled Designation Letter.

If a grantee requests a hearing as part of their appeal, a hearing will be scheduled no later than 60 days following receipt of the written appeal and request for a hearing. The hearing will be by

telephone or web meeting and the grantee may present witness testimony or written witness statements to explain or support evidence previously submitted in the written appeal. Testimony at the hearing should be limited to no more than one hour.

Within 30 days following the date of the hearing, ACF will communicate its decision to the agency in writing and the decision will be immediately implemented. The appeal decision is final.

### **Removing the Chronically Underenrolled Designation**

Agencies designated as Chronically Underenrolled will maintain their designation until successfully demonstrating six consecutive months of enrollment not less than 97 percent of funded enrollment at its new funded enrollment level. When the grantee has achieved six consecutive months of at least 97 percent enrollment, a Chronically Underenrolled Designation Removal Letter will be sent to the grantee. The Designation Removal Letter will serve as official notice that the designation of Chronically Underenrolled has been lifted.

Should the grantee remain designated as Chronically Underenrolled, OHS may further recapture, withhold, or reduce the annual funding and funded enrollment. The agency will again have the opportunity to appeal.

Grantees are asked to review the Enrollment User Guide in HSES to assure accurate reporting.

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

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

/ Dr. Deborah Bergeron /

Dr. Deborah Bergeron  
Director  
Office of Head Start





## NATIONAL CENTER ON Early Childhood Health and Wellness

### Preparing for Landslides and Mudslides

**Landslides** occur when masses of earth, rock, or debris move quickly down a slope. They can accompany heavy rains or follow droughts, earthquakes, or volcanic eruptions. Debris flows, also known as mudslides, are a common type of fast-moving landslide that tend to flow in channels. Mudslides develop when water rapidly accumulates in the ground and results in a surge of water-saturated rock, earth, and debris. They usually start on steep slopes and can be activated by natural disasters like wildfires.

Landslides and mudslides cause health hazards that affect communities across the United States. Rapidly moving water and debris can lead to physical and emotional trauma. Broken electrical, water, gas, and sewage lines may result in injury or illness. Disrupted road and railways can endanger motorists and disrupt transport and access to health care. Find out what your program can do now to prepare for landslides and mudslides and to keep children and families safe.

#### Know Your Risk and Have a Plan

Programs most at risk are located near steep mountains or hills. **Landslides can happen anywhere**, but are more likely to occur in the Appalachian Mountains, the Rocky Mountains, the Pacific Coastal Ranges, and some parts of Alaska and Hawaii. Any area composed of weak or fractured materials resting on a steep slope can and likely will experience landslides.

The recommended response to a mudslide or landslide, if you are able, is to **evacuate to a secondary location**. Whether you work alone or in a center, all staff must know what to do in an evacuation response. Emergency plans are essential. Use this **tip sheet** to identify staff roles and responsibilities that fit the needs of your program and keep everyone safe.

#### Your Community Is There to Help You

An effective emergency plan covers three different phases: Preparedness, Response, and Recovery. While developing your emergency plan, gather community perspectives and recommendations around these efforts. These resources may include, but are not limited to:

- Child care health consultants (CCHCs)
- Child Care Resource and Referral Agencies (CCR&Rs)
- First responders (e.g., fire, health, safety, law enforcement, public works, and emergency medical services)
- State/Territory child care licensing agency
- Mental health consultants
- **Emergency Management Agencies (EMA)**
- Transportation partners (e.g., bus companies)
- Public health department
- **Early Childhood Disaster-Related Resources**



- Send an email to [ohsepr@acf.hhs.gov](mailto:ohsepr@acf.hhs.gov) to locate a Head Start Regional Emergency Management Specialist

## Practice Your Evacuation Plan

Determine the evacuation plan that is right for the children in your program.

- **Infants and toddlers:** Practice using an evacuation crib, a stroller with multiple seats, a wagon, or an infant vest/carrier
- **Preschoolers:** Practice having children line up and follow instructions while using a walking rope (or jump rope)
- **Children with special needs:** Refer to a child's **individual care plan** and **emergency information form** to ensure your evacuation response plan meets the needs of every child in your program. Designate a staff person to help children with special needs evacuate efficiently.
  - For more information, visit [cshcn.org/resources-contacts/emergency-preparedness-for-children-with-special-needs](https://cshcn.org/resources-contacts/emergency-preparedness-for-children-with-special-needs)

Use this [sample evacuation drill](#) to help your program practice.

## Resources

Learn more about landslides and mudslides and how your program can enhance related preparedness, response, and recovery efforts:

- **Landslides and Mudslides:** What landslides are, what causes them, what areas are most at risk, and what you can do to protect yourself
- **Landslide Safety:** How to prepare, respond, and recover from landslides
- **Landslide Preparedness:** Landslide warning signs and areas generally prone to them
- **Landslides and Debris Flow:** How to prepare, respond, and recover from landslides, as well as additional warning signs
- **Emergency Preparedness:** Resources for creating an emergency plan for your program, including the **Head Start Emergency Preparedness Manual: 2015 Edition**

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