San Bernardino County Head Start Shared Governance Board Meeting
Agenda for May 23, 2024

_____

JOE BACA, JR., CHAIR	**TED ALEJANDRE, VICE-CHAIR**
5th District Supervisor	County Superintendent
San Bernardino County Board of Supervisors	San Bernardino County Superintendent of Schools

JOSH DUGAS	**DR. GEORGINA YOSHIOKA**	**KEVIN ANDERSON**
DIRECTOR	DIRECTOR	INTERIM CHILDREN'S NETWORK OFFICER
SBC Public Health	SBC Behavioral Health	SBC Children's Network
KARI TURNER	**EVA GUTIERREZ**	**KRISTINA RODRIGUEZ**
HEAD START POLICY COUNCIL CHAIR	HEAD START POLICY COUNCIL MEMBER	HEAD START POLICY COUNCIL MEMBER
29 Palms Head Start	Boys & Girls Club Head Start	Hesperia Head Start
SGB Representative	SGB Representative	SGB Representative

_____

TIME: 2:00 P.M. to 4:00 P.M.
LOCATION: SBC Preschool Services Administration
          662 S. Tippecanoe Avenue
          San Bernardino, CA 92415

Interpreters for hearing impaired and Spanish speaking individuals will be made available with forty-eight hours' notice. Please call PSD at (909) 383-2078 to request the service. PSD will accept public comments in person, or in advance of the meeting by email to Sharmaine.Robinson@psd.sbcounty.gov, comments will be distributed to the SGB and read into the record at the Public Comment portion of the meeting. If you wish to address a specific agenda item, please identify the item number in your email. To ensure timely submission, please submit your comments by 12:00 p.m. on Wednesday, May 22, 2024.

1.	**CALL TO ORDER**	Supervisor Joe Baca Jr., Chair
2.	**WELCOME/INTRODUCTIONS**	Supervisor Joe Baca Jr., Chair
3.	**PUBLIC COMMENT**	Supervisor Joe Baca Jr., Chair
4.	**PRESENTATION OF THE AGENDA**	Shar Robinson, Secretary

Notice of minor revisions to agenda items, items removed or continued.

5. **EXECUTIVE REPORTS/PROGRAM UPDATES**
   5.1   Receive Office of Head Start Communication   Arlene Molina, Assistant Director
       5.1.1   Information Memorandum 24-01 – Strategies and Recommendations for Supporting Mental Health
       5.1.2   Program Instruction 24-02 – Fiscal Year 2024 Head Start Funding Increase

5.2   Receive Report of Program Updates (Oral Report)   Jacquie Greene, Director

5.3   Receive PSD Program Year 2023/24 Reports and Updates
    5.3.1   Enrollment Report   Sean Segal, Program Manager
    5.3.2   Attendance Report   Sean Segal, Program Manager
    5.3.3   Facilities Report   Debra Billings-Merlos, Deputy Director
    5.3.4   3rd Quarter FY 2024 Performance Measures   LaTrenda Terrell, Deputy Director

5.4   Receive 2023/24 School Readiness Comparison   Julia Chukumerije, Program Manager
    1st and 2nd Assessment Periods

5.5   Receive 2023/24 Annual PSD Self-Assessment Report   Arlene Molina, Assistant Director

5.6   Receive Fiscal Year Budget to Actual   Madeline Tsang, Administrative Manager

6.   SGB TRAININGS
6.1 Program Information Report   Debra Billings-Merlos, Deputy Director
6.2 Parent Family Community Engagement   Lashawn Love-French, Program Manager

7.   CONSENT ITEMS   Supervisor Joe Baca Jr., Chair
7.1   Approve SGB March 21, 2024 Minutes
7.2   Approve 2024/25 PSD Planning Road Map
7.3   Approve 2024/25 Governance Calendar of Activities
7.4   Approve 2024/25 SGB Calendar
7.5   Approve SGB Delegate Appointments

8.   DISCUSSION ITEMS
8.1 Approve PSD Selection Criteria Policy   Sean Segal, Program Manager
8.2 Approve Policy Council Bylaws 2023/24   Lashawn Love-French, Program Manager
8.3 Head Start/Early Head Start - Budget Transfer Request   Madeline Tsang, Administrative Manager
    Grant 09CH011719-04 Fiscal Year 2020-21

9.   INFORMATIONAL ITEMS   Supervisor Joe Baca Jr., Chair
9.1 Next Shared Governance Board Meeting – August 22, 2024

10. EXECUTIVE COMMENT   Supervisor Joe Baca Jr., Chair

11. ADJOURNMENT   Supervisor Joe Baca Jr., Chair

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No: ACF-OHS-IM-24-01	**2. Issuance Date: 05/09/2024**
	3. Originating Office: Office of Head Start	
	4. Key Words: Head Start, Early Head Start, Mental Health, Behavioral Health, Social and Emotional Development	

INFORMATION MEMORANDUM

TO: All Head Start Grant Recipients

SUBJECT: Strategies and Recommendations for Supporting Mental Health

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

BACKGROUND: Head Start programs, including preschool programs, Early Head Start programs, Migrant and Seasonal programs, and American Indian and Alaska Native programs, have a long history of providing comprehensive services alongside early education services. They support a program-wide culture that promotes children's mental health and social and emotional well-being. Children's mental health is foundational for family well-being, children's overall healthy development, and long-term success.[1] In recent years, Head Start programs have called for guidance on how to be more intentional in integrating mental health supports into programs. These calls stem from a reported rise in behavioral and developmental concerns, higher rates of staff turnover, and limited availability of specialized mental health services. This IM provides evidence-informed mental health strategies and associated resources that can help address these challenges as part of a renewed effort across federal early childhood funding agencies to integrate mental health supports into programs.

To integrate mental health supports effectively into Head Start programs, it is important to first understand and destigmatize what is meant by "mental health." Young children's mental health, often referred to as early childhood mental health (ECMH), is not mental illness. Rather, it is the same as social

---

[1] https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health

and emotional development and well-being. It is a child's capacity to express and regulate emotions, form trusting relationships, explore, and learn — all in the cultural context of family and community. ECMH approaches should support every child's development of social and emotional skills, in addition to providing specialized supports for the up to 20 percent of children under the age of 5 who experience social and emotional difficulties.[2]

Strengthening the focus on mental health is particularly appropriate given the Head Start program's mission to serve the most vulnerable children and families and break the cycle of poverty. Individuals living in high-poverty neighborhoods often have less access to high-quality resources and supports compared to individuals living in low-poverty neighborhoods, and are more likely to have worse mental health outcomes as a result.[3] Furthermore, Black, Indigenous, and People of Color (BIPOC) families[4] and families in remote or rural areas have less access to mental health and substance use services.[5] BIPOC families, including families in tribal communities, are disproportionately affected by chronic stress resulting from structural racism and historical trauma, which further narrows access to services they can trust.[6]

Head Start programs play a vital role in addressing ECMH and reducing disparities in ECMH, because they focus on the whole child as well as partner with families and communities. Family-focused efforts in particular ensure children's mental health continues to be supported in the long-term, after children transition to kindergarten. Many Head Start programs have already adopted diverse strategies to address ECMH. Programs support family well-being and staff-wellness, which ensures caregivers are well equipped to support ECMH. They directly support the child by strengthening relationships with responsive caregivers, such as parents and early childhood staff, which is the foundation of ECMH. They provide stable, nurturing environments in

---

[2] National Research Council and Institute of Medicine Committee. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: National Academies Press; 2009. Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. Public health reports, 121(3), 303-310.
[3] https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health
[4] Rafla-Yuan, E., Moore, S., Carvente-Martinez, H., Yang, P. Balasuriya, L., Jackson, K., McMickens, C., & Ropbles-Ramamurthy, B. (2022). Striving for equity in community mental health: Opportunities and challenges for integrating care for BIPOC youth. *Child and Adolescent Psychiatric Clinics of North America, 31(2),* 295-312.
[5] Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of clinical and translational science*, *4*(5), 463-467.
[6] Winters M-F. Black Fatigue: How Racism Erodes the Mind, Body, and Spirit. 1st ed. Berrett-Koehler Publishers; 2020. Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf (psychiatry.org)
Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual review of clinical psychology*, *8*, 131-160.

2

GUIDANCE: which children can safely learn and practice social and emotional skills, and partner with families to do the same at home. Head Start staff build trusting relationships with families and partner within the community to identify and leverage resources. These steps make it more likely that mental health supports will meet the needs of families and make a difference.

Although there are many ways mental health can be supported in Head Start programs, it is important for programs to develop a comprehensive, integrated early childhood mental health approach that promotes child and adult mental health, prevents concerns from developing, and supports early identification and referrals for treatment when needed. Using a continuum[7] of mental health supports ensures every child and family receives the appropriate level of care. This continuum includes:

   I.   **Mental health promotion** – An approach aimed at strengthening positive aspects of mental health and well-being and is focused on setting children and families up for success.
   II. **Prevention services and supports** – An approach aimed at reducing the likelihood of future disorders in the general population or for people who are identified as at risk of a disorder.
   III. **Access to mental health treatment** – Interventions are delivered to people who continue to be at risk after engaging in prevention services or have been diagnosed with a mental disorder.

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

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

Strategies and Recommendations to Support Mental Health

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

---

[7] Purgato M, Uphoff E, Singh R, Thapa Pachya A, Abdulmalik J, van Ginneken N (2020). Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach. Epidemiology and Psychiatric Sciences 29, e150, 1–8. https:// doi.org/10.1017/S204579602000061X

INCREASE MENTAL HEALTH PROMOTION

1. A focus on social determinants of health, or the conditions in which individuals are born, grow, live, work, and age, can lead to better mental health outcomes and prevent future mental illness. To promote social conditions that support family well-being, such as family safety, health, and economic stability, programs are encouraged to develop innovative two-generation approaches that leverage community partnerships and address prevalent needs of children and families (45 CFR §1302.50(a–b)). To achieve this, programs can:

   - Create authentic partnerships with families using the Building Partnerships with Families Series as a guide. Programs can support family mental health and well-being by using the family assessment and partnership process to help families with their biggest life stressors.
   - Update the program's intake process with families to include targeted discussions on mental health, such as the families' perceptions about mental health and addressing potential stigma. Include information on mental health supports in the program, such as mental health consultation services and resources and supports available in the community.
   - Establish formal and informal check-ins with families with the intent to support family mental health. For example, build in time during parent-teacher conferences to discuss how families are doing, create a drop-box for parents to discreetly communicate their needs to staff, and devote time in every parent meeting to wellness activities.
   - Invite the mental health consultant to introduce themselves at program events, such as an "Open House" to explain the Head Start program's commitment to supporting mental health. This is an opportunity to familiarize parents with the mental health services available to them, including the role of the mental health consultant and how consultation is used throughout the program.

2. To promote family well-being, programs must collaborate with parents by providing mental health education support services. These services include opportunities for parents to learn about healthy pregnancy and postpartum care that encompasses mental health and substance use treatment options (45 CFR §1302.46(a)). To achieve this, programs can:

   - Offer opportunities for families to connect to talk about their child's development, how they are coping with potential stressors, and what resources they are using. Create a parent group, either virtually or in person, that serves as a space for parents to express their emotions, thoughts, and feelings. For guidance on facilitating this activity, refer to Leading Online Parent Meetings and Groups.
   - Provide training and opportunities for parents to learn about children's health, well-being, and mental health (i.e., in person trainings, virtual trainings, resources/handouts, etc.), as well as developing safe, stable, and nurturing relationships and environments. For example:
     i. Use the mental health consultant to provide group wellness sessions with parents. In these sessions include information on resources in the community and how to access these resources.

4

ii. Invite speakers from mental health and substance use agencies to give talks about mental health and substance use.
- Regularly check in with families about providing supports for their own mental health and well-being, such as education materials on reducing stress and understanding depression.
- For pregnant women and expectant families enrolled in Early Head Start services, include a mental wellness check during the newborn visit that a program must provide to each mother and baby within two weeks after the infant's birth (45 CFR §1302.80(d)). These mental wellness checks are geared towards the parent or family members caring for the child and can be incorporated into a daily health check. Consider incorporating screenings for adult mental health, including depression, and substance use, with appropriate guidance from a mental health professional.

3. To promote staff well-being, programs must make mental health and wellness information available to staff regarding issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education (45 CFR §1302.93(b)). To achieve this, programs can:

- Implement identified policies, procedures, and strategies to support staff wellness that are informed by program data, such as those described in ACF-IM-HS-21-05 Supporting the Wellness of All Staff in the Head Start Workforce. It is important to gather feedback from staff on their well-being and job satisfaction, as well as wellness strategies, to determine if refinements or improvements are needed.
- Provide program leaders with foundational training in supporting workforce mental health such as through the National Child Traumatic Stress Network (NTCSN). The NTCSN offers resources and trainings on a wide range of topics, including strategies to prevent, recognize and address secondary traumatic stress, which may be experienced by Head Start staff caring for children affected by trauma.
- Consider establishing communities of practice or reflective supervision groups that help directors and managers focus on creating safe environments and communications that convey to staff that it is safe to disclose and receive support if and when they experience mental health challenges.
- Promote employee assistance services and build a culture to address the stigma of seeking help for mental health reasons. Raise employee awareness around free or low-cost mental health supports available, such as benefits included in health insurance plans.

4. To promote child well-being, a program must ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being (45 CFR §1302.90(c)(i)). To facilitate implementation of positive strategies, programs can:

- Train staff, consultants, contractors, and volunteers to have basic knowledge of developmentally appropriate strategies to support positive behaviors. Since developmental expectations and appropriate strategies may differ depending on a child's age and developmental skills, staff working with preschool-age children, may still benefit from a basic understanding of how to support infants and toddlers.

5

- Ensure staff understand that following children's lead in structured play activities is an impactful way to understand children's developmental skills, identify and offer positive attention to their strengths, and practice self-regulation skills in a controlled environment.
- Make sure learning environments are designed to support children's self-regulation. This could include creating "cozy spaces" that are clearly visible to adult supervision where children can go if they are feeling overwhelmed. Similarly, spaces can be created with activities or sensory materials as places to express energy. These types of spaces are designed so that teachers can still observe the child or children who are in them, while also providing them the needed supports to self-regulate.
- Partner with families to understand the development, communication style, strengths, and temperament of each child in order to establish predictable routines, transition strategies, and developmentally appropriate behavioral expectations for children in the program.

INCREASE PREVENTION SERVICES AND SUPPORTS

5. To support children's ongoing social and emotional development, programs must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns (45 CFR §1302.45(a)). To achieve this, programs can:

    - Implement an all-hands-on deck approach by creating a multidisciplinary team that works together in your program to support children's mental health. This team can be comprised of individuals that already work with the child or family across disciplines. The benefit of having a team of professionals with multiple perspectives (i.e., mental health, early childhood, special education, family service, health, nutrition, etc.) is that it ensures the most comprehensive approach to support the needs of a child and family.
        i. For example, consider ways to integrate prevention-focused approaches such as the Pyramid Model with mental health supports such as mental health consultation.
    - Seek direct guidance from a mental health or child development professional to ensure that findings from developmental screening and assessment required in 45 CFR §1302.33, including social and emotional screenings, are used when making a referral to determine if the child is eligible for services through IDEA or section 504 of the Rehabilitation Act. While programs wait for an eligibility evaluation and possible services, programs can consider an individualized approach to support positive behaviors and teach new skills.
    - Review your program's educational curriculum to ensure it offers appropriate social and emotional learning opportunities, including intentionally planned learning experiences to help practice self-regulation skills. If you notice that many children in the group need social and emotional development support, spend some time intentionally embedding more of the experiences and activities from your curriculum that support these skills. Work these activities and supports into your daily routines and revisit them as needed to ensure children are developing skills in this area.

6

- Implement a systems-level approach for adult regulation such as the "Tap-In/Tap-Out" system[8] when an education staff member is feeling frustrated, overwhelmed, or otherwise dysregulated. This strategy allows for education staff to engage another staff member from a predetermined list to "tap-in" and cover the class. The education staff member can then "tap-out" and engage in strategies for accessing a calm state before returning to the learning environment.

6. Infant and early childhood mental health consultation (IECMHC) is a prevention-based approach. Mental health consultants work with Head Start leaders, staff, and families to support children's healthy social and emotional development. Grant recipients have shared that it can be challenging to obtain mental health consultants, particularly in rural areas. A few strategies for building mental health consultation access include:

- Encourage existing staff to use educational benefits, such as tuition and fee support, to work towards mental health consultant qualifications. These and other strategies are described in ACF-IM-HS-22-06 Strategies to Stabilize the Head Start Workforce.
- Reach out to mental health organizations and other early childhood programs to identify potential partners for mental health consultation services. For example, ask other local Head Start or early childhood programs, home visiting programs, and state or tribal early care and education offices how they find mental health consultants. Ask local pediatricians, community health clinics, and hospitals where they refer children and adults for mental health services. After identifying possible partners, reach out to orient them to the role of mental health consultation in Head Start programs and explore potential collaborations.
- Prioritize finding a mental health professional who is familiar with the families in your program or community. Your Head Start program can help them learn about child development, group care, the culture of your program, relevant HSPPS, and IECMHC.
- Consider implementing approaches such as telehealth or remote consultation, especially in rural areas, while efforts to build capacity for in-person mental health consultation are underway.[9]
- Consult IECMHC.org's interactive map of consultants.

7. To ensure mental health consultants engage in prevention-focused activities, programs must ensure the mental health consultant assists, at a minimum, with the requirements listed in 45 CFR §1302.45(b). To achieve this, programs can:

- Provide professional development opportunities for staff during onboarding and periodically after. For example, the Foundations of Infant and Early Childhood

---

[8] Venet, A. S. (2019, September 13). *The evolution of a trauma-informed school*. Edutopia.
[9] Mental Health Services for Children Policy Brief | CSELS | Rural Health | CDC
Terry-Leonard et al (2022). Early childhood mental health consultation: Brief report of adaptations in the virtual learning environment. ECMHCvirtualAdaptations_v6.pdf (iecmhc.org)

Mental Health Consultation iPD Course can ensure that all staff understand that IECMHC is a way to grow the capacity of adults to support the child's social and emotional well-being, rather than a direct intervention or treatment approach.

- Use the expertise of the mental health consultant at a programmatic level, in addition to consulting at the level of specific children, families and classrooms. For example, the mental health consultant can help program leaders and staff explore strategies for enhancing systems that support staff well-being. They can also help design program-wide policies and procedures related to mental health supports, such as positive discipline or screening and assessment practices.

ACCESS TO MENTAL HEALTH TREATMENT

8. Programs must build community partnerships to facilitate access to additional mental health services as needed (45 CFR §§1302.45(a)(4), 1302.53(a)(2), 1302.80(c)). To achieve this, programs can:

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

These evidence-informed mental health strategies can support Head Start programs in intentionally integrating mental health supports across their program. They can address challenges programs face such as behavioral and developmental concerns, staff burnout, and the

8

limited availability of specialized mental health services. The accompanying appendix includes more specific resources to support these recommendations.

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

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

Sincerely,

/ Khari M. Garvin/

Khari M. Garvin
Director
Office of Head Start

APPENDIX: RESOURCES TO SUPPORT RECOMMENDATIONS

The Appendix includes a variety of resources that support the promotion of mental health and well-being of children, families, and the child care workforce. Examples include different funding streams and supports from initiatives, programs, and agencies that support early childhood development and family well-being.

The Appendix is by no means exhaustive but includes examples of best and promising practices that are research- and/or evidence-based. Specific mention of organizations does not imply endorsement by ACF, HHS, or the U.S. government.

MENTAL HEALTH PROMOTION

STRATEGY 1. A focus on social determinants of health, or the conditions in which individuals are born, grow, live, work and age, can lead to better mental health outcomes and prevent future mental illness. To promote social conditions that support family well-being, such as family safety, health, and economic stability, programs are encouraged to develop innovative two-generation approaches that leverage community partnerships and address prevalent needs of children and families (45 CFR §1302.50(a–b)).

- Resources on the ECLKC to support programs in understanding and addressing broader social conditions and events that impact mental health include:
    - The Mental Health and Wellness chapter of the Health Manager Orientation Guide describes the importance of social determinants of health and equity as it relates to mental health.
    - The Head Start Heals Campaign is a collection of resources on the ECLKC describing how to support the mental health of children and families, particularly when children and families are exposed to traumatic events or situations that overwhelm their ability to cope.
    - Family Support and Well-being is a collection of resources on the ECLKC for ensuring family members are safe, healthy, and have chances for educational advancement and economic mobility.
    - Building Partnerships with Families is a four-module learning series to enhance knowledge and practice about engaging families using strengths-based attitudes, relationship-based practices, and reflective practice. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
    - Family Engagement and Cultural Perspectives: Applying Strengths-based Attitudes tool, can be used as part of training and reflective practice and supervision.
    - Check In and Partner with Families offers relationship-based competencies to support family engagement, recognizing that partnering with families supports child and family well-being.
    - Challenges and Benefits of Making Parent Connections provides strategies for connecting with parents.
- Resources on the ECLKC to support partnerships with families around mental health include:

- o [Family Connections: A Mental Health Consultation Model](#) provides preventative, systemwide mental health consultation and training approach for staff. These resources and training modules support staff to work with families dealing with parental depression and related adversities, with children in classrooms and in the home, and to engage and support parents struggling with adversities.
  - o [Infant and Early Childhood Mental Health Consultation: Information for Families](#) provides an overview of mental health consultation for families.
  - o [Leveraging Sources of Resilience to Support Mental Health](#) webinar discusses the importance of finding, understanding, and elevating sources of resilience to support mental health, with a focus on racially and ethnically diverse and under-resourced communities.
- Other resources to support family relationships and partnerships include:
  - o [Information for Caregivers on Infant and Early Childhood Mental Health Consultation](#) is a one-page resource to help caregivers learn about the benefits of infant & early childhood mental health consultation.
  - o [ACF Video Series on Early Childhood Social Emotional Development and Mental Health and Caregiver Well-being](#) is a series of short videos spotlighting the importance of robust social emotional development and mental health support strategies within programs serving young children and their families.
- Potential partnership opportunities for Head Start programs include:
  - o [Healthy Start programs](#) are Health Services and Resources Administration (HRSA) grant recipients situated in many communities and can work as partners with Head Start programs. Healthy Start programs seek to improve health outcomes before, during, and after pregnancy. Local Healthy Start programs match families with a care coordinator, who then develops personalized plans that can include prenatal and post-partum care, mental health and substance use screening, intimate partner violence screening, and linkages to other services such as assistance with transportation and housing. Every Healthy Start project also has a Healthy Start Community Action Network to increase awareness of and partnerships with a wide range of programs offering health, behavioral health, and social supports. As of 2023, there were [111 Healthy Start projects](#); some Healthy Start grant recipients already collaborate with Head Start programs.

STRATEGY 2. To promote family well-being, programs must collaborate with parents by providing mental health education support services, including opportunities for parents to learn about healthy pregnancy and postpartum care that encompasses mental health and substance use treatment options (45 CFR §1302.46(a)).
- Resources on the ECLKC that support families during pregnancy, infancy, and the transition to parenthood can be found in the [Pregnancy](#) collection, including:
  - o [The Newborn Visit: Information for Early Head Start Staff](#) describes and provides tips for the newborn visit.
  - o [Head Start Services as a Maternal Health Intervention](#) webinar includes information on maternal depression and conversations on health equity in maternal health.
  - o [Connecting All Parents with Perinatal Mental Health Services](#) webinar addresses the unique needs of specific birthing people — such as LGBTQI+ people,

indigenous people, immigrants, and refugees — who may benefit from specialized or tailored mental health resources during and after pregnancy.
- o These resources support screenings for depression and substance use.
- Other resources to promote healthy pregnancy and postpartum care and support families experiencing perinatal mental health challenges include:
  - o The Perinatal Mental Health page provides basic information on perinatal mental health and links to a wide range of resources, webinars, and free trainings. It is developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Mental Health Technology Transfer Center Network. SAMHSA also has a webpage with Resources for Parents and Caregivers.
  - o The Mom's Mental Health Matters Initiative provides extensive information about depression and anxiety during pregnancy and postpartum, including signs and symptoms, risk factors, and treatment options. It is developed by the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health (NIH). They have materials (such as posters and postcards) that can be ordered and disseminated by Head Start programs.
  - o The Action Plan for Depression and Anxiety Around Pregnancy serves as a checklist to help identify and seek help for anxiety and depression from the NIH.
  - o Depression During and After Pregnancy provides information about perinatal depression and links to find effective treatment and community resources such as Postpartum Support International, the National Suicide Prevention Lifeline, and the National Alliance on Mental Illness. It is developed by the Centers for Disease Control and Prevention (CDC).
- Resources on the ECLKC that support family engagement activities include:
  - o Talking with Families about Their Child's Development provides strategies to partner with families in ongoing conversations about growth and development.
  - o Leading Online Parent Meetings and Groups resource offers examples to consider before, during, or after leading online parent activities.
  - o Family Engagement in Early Care and Education Learning Series modules guide early childhood professionals to consider how the relationships they build with families can support positive parent-child relationships, learn how to use reflective practice as one strategy to enhance work with families, and explore how larger systems and cultural contexts influence family engagement. This resource includes modules on understanding children's behavior as communication and responding with families to developmental concerns.
  - o Partnering with Families to Support Inclusion: Part 1 webinar offer strategies that program staff can use to support families to learn about and act on developmental concerns.
  - o Supporting Social and Emotional Well-being is a collection of resources that can inform professional and parental development.
- Other resources to help families understand their child's development and mental health include:
  - o Essentials for Parenting Toddlers and Preschoolers is an online resource for parents of 2- to 4-year-olds which provides information on positive parenting strategies. The website includes articles and FAQs answered by parenting experts, videos, and free print resources developed by the CDC.

12

- o "Learn the Signs. Act Early." is a CDC initiative that provides free materials and resources to help families and early childhood professionals promote developmental monitoring and screening activities, track developmental milestones, and recognize signs of developmental concerns. With family-friendly resources available in print, online, and via CDC's Milestone Tracker App, information can help families and professionals learn the signs of social-emotional development and encourage them to act early to access screening and additional services when they have any questions or concerns.
  - o The aRPy Ambassador Program identifies individuals who can help Head Start programs and families implement the Division of Early Childhood (DEC) Recommended Practices: a set of research-based best practices for working with young children with disabilities or delays, their families, and the personnel who serve them. The program is co-led by the Early Childhood Technical Assistance Center (ECTA) through a Department of Education Office of Special Education Programs cooperative agreement.
  - o Healthy Steps: Healthy Steps Should I be concerned? Understanding and talking about mental health with your child is a video about parenting and signs of mental health concerns in children. It features parents and caregivers from around the country who talk about how they noticed and responded to their child's mental health concerns. This video highlights federal resources about mental health and where to get help.

  - o Talking about mental health: Tips for parents and caregivers from young people is a tip sheet created by young people who have experienced mental health challenges. Youth share what has helped and what they wish parents and caregivers would say and do when talking about mental health. The tip sheet also includes links to additional resources. ACF also has a webpage dedicated to Mental Health Resources for Parents and Caregivers.
- Potential partnership opportunities for Head Start programs to promote healthy child development and mental health include:
  - o Healthy Steps Specialists in pediatric primary care practices offer developmental, social-emotional, and behavioral screening for all young children (birth to 3), screening for family needs, care coordination, parenting support, and consultation for children and families. Where applicable, Head Start programs can partner with Healthy Steps sites in their communities to coordinate care for families. There are currently Healthy Steps sites in 24 states and the District of Columbia, and more than 200 primary care practices.
- Resources on the ECLKC to support a family's own mental health include:
  - o Several materials designed for use with families, including materials on reducing stress, understanding depression, taking care of yourself, and coping with grief and loss.
  - o Fathers, Families, and Mental Health is a webinar that explores how to best support the family system by learning about the unique experiences of fathers, appropriate screening tools and interventions, and the impact of the father on the family.

- o [Understanding Addiction and Substance Use Stigma: What You can Do to Help](#) provides information on substance use disorders and how to support those impacted by substance use.
    - o [Strategies to Support Families Who May Be Experiencing Domestic Violence](#) provides resources for staff working with families who may be experiencing intimate partner violence.
    - o [Should I be concerned? Understanding and talking about mental health with your child](#)
    - o [Talking about mental health: Tips for parents and caregivers from young people](#)
    - o [Mental Health Resources for Parents and Caregivers](#).
- Various helplines have been developed to provide free and direct mental health support to individuals, including staff and families:
    - o HRSA funds the [National Maternal Mental Health Hotline](#) which provides free and confidential support (in English and Spanish) before, during, and after pregnancy.
    - o SAMHSA has a number of national helplines and free resources to help individuals access behavioral health treatment that can be made available to families. These include:
        - ▪ [Findtreatment.gov](#) offers a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.
        - ▪ [988 Suicide and Crisis Lifeline](#) offers free and confidential support for people in distress, 24/7.
        - ▪ [National Helpline](#) offers treatment referral and information
        - ▪ [Disaster Distress Helpline](#) offers immediate crisis counseling related to disasters, 24/7.
        - ▪ Programs can order free printed posters and other materials from [SAMHSA's store](#).
    - o [Stronghearts Native Helpline](#) 1-844-7NATIVE (762-8483) is a safe, anonymous, and confidential domestic and sexual violence helpline for Native Americans and Alaska Natives, offering culturally appropriate support and advocacy.
    - o [The Native Crisis Text Line](#) connects those seeking crisis support with a trained counselor by texting the word "NATIVE" to 741741.

STRATEGY 3. To promote staff well-being, programs must make mental health and wellness information available to staff regarding issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education ([45 CFR §1302.93(b)](#)).
- [Promoting Staff Well-being](#) is a collection of resources on the ECLKC website to support staff wellness and mental health, including:
    - o [Cultivating Wellness: 8 Dimensions of Staff Well-being](#) offers early childhood program staff strategies to cultivate their health and well-being. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
    - o [Managing Stress with Mindful Moments](#) offers resources such as breathing and movement exercises.

- o [You Make the Difference Posters](#) can be displayed to help staff find inspiration and practical strategies to reduce stress.
- o [Promoting Organizational Staff Wellness](#) webinar explores how to build an organizational and program-wide culture of wellness.
- o [Practical Strategies for Improving Staff Wellness](#) webinar discusses practical strategies for nurturing staff's well-being and hear about ideas and resources to build wellness into their everyday routines.
- o [Tips to Support Family Services Staff Wellness](#) is a resource that offers program strategies for leaders and supervisors and self-care tips for family services professionals and home visitors.
- o [Staff Wellness for Home Visitors](#) webinar explores the importance of staff wellness and professional boundaries in home-based settings.
- o [Strengthening Trauma-Informed Staff Practices](#) brief outlines different strategies to strengthen trauma-informed practices for staff.
- o [Promoting Healing and Resilience with Staff and Families](#) webinar offers ideas and strategies for creating trauma-informed and healing-centered interactions before, during, and after traumatic events.
- Resources on the ECLKC that focus on ensuring workforce job satisfaction and engagement include:
  - o [Improving Head Start Workforce Compensation, Wellness, and Career Advancement,](#) Office of Head Start staff discussed strategies related to compensation, benefits, and well-being.
  - o [Improving Staff Wellness and Job Satisfaction](#) webinar explores meaningful self-care strategies that improve wellness and job satisfaction and help staff perform their job with resilience.
  - o [Using Brain Science to Inspire and Motivate Education Staff](#) webinar explores how to create and sustain motivation and commitment to high-quality service, even when the work is challenging and at times stressful.
  - o [Tips on Becoming a Reflective Supervisor and a Reflective Supervisee](#) includes information sheets to support the workforce in using reflective supervision practices.
  - o [Using Reflective Supervision to Build Capacity](#) webinar outlines information for supervisors and staff on how reflective supervision can be used to build reflective capacity for education staff and improve program quality and practice.
- Other resources to support Head Start workforce well-being and mental health include:
  - o [Psychological First Aid](#) resources are designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Psychological First Aid is developed by The National Child Traumatic Stress Network and National Center for PTSD.
  - o [Infant/Toddler Workforce Wellness: Focusing on Wellness is Critical for Early Childhood Professionals](#) offers resources for child care providers looking to reduce stress and prioritize their own wellness, curated by Office of Child Care.
  - o [Mental Health and Wellness Resources](#) contains resources for child care providers to support both their own mental health and the mental health of the children they serve curated by the Office of Child Care.

- SAMHSA's National Child Traumatic Stress Initiative (NCTSI) raises awareness about the impact of trauma on children and adolescents. Through this initiative, the National Child Traumatic Stress Network (NCTSN) offers resources and trainings on a wide range of topics, including strategies to prevent, recognize and address secondary traumatic stress, which may be experienced by early childhood providers caring for children affected by trauma.
  - Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals, from NCTSN For example, Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals, describes how individuals experience secondary traumatic stress (STS), how to identify STS, and strategies for prevention and intervention. NCTSN was created through SAMHSA's National Child Traumatic Stress Initiative.
  - Trauma-Informed Care for Schools Before, During, and After Possible Emergency Events resources are created by the Department of Education's Readiness and Emergency Management for Schools (REMS) Technical Assistance Center.
  - Understanding Educator Resilience and Developing a Self-Care Plan is a webinar which provides educators with information on the concepts of resilience and compassion fatigue, and the impact of stress and burnout on the education environment, as well as ways to identify signs and symptoms of compassion fatigue and concrete steps for developing a professional self-care plan. It was developed by the Department of Education's Readiness and Emergency Management for Schools Technical Assistance Center.
  - Total Worker Health®: A Guide to Worksite Wellness and Safety in the Child Care Setting is a comprehensive toolkit based on CDC evidence for child care center leaders and staff to learn safe and healthy skills for themselves and learn how to be healthy role models for the children they see every day.
  - Supporting Mental Health in the Workplace is a CDC/NIOSH Science blog that discusses workplace strategies to support worker mental health and well-being and organizational success.

STRATEGY 4. A program must ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being and prevent and address challenging behavior (45 CFR §1302.90(c)(i)).

- Resources on the ECLKC on positive strategies to support children's behaviors include:
  - Infant/Toddler Positive Behavior Support and Preschool Positive Behavior Support from the Pyramid Model Framework are webinars from the Teacher Time series focused on building relationships, emotional literacy, problem-solving and relationship skills, responding to persistent challenging behavior, and more.
  - Engaging Interactions and Learning Environments in-service suites are a professional development resource that include several resources for social and emotional support, well-organized classrooms, and instructional interactions. Several suites have additional materials that have been specifically designed for programs with American Indian and Alaska Native populations.

16

- o Following Children's Lead is a webinar on social and emotionally intelligent ways in which teachers can engage children in learning.
  - o Understanding and Managing Children's Behavior Tip sheet offers information on supporting children who need more help managing strong emotions by developing and using an Individual Support Plan (ISP).
  - o Mindfulness Practices with Children provides audio recordings of mindfulness practices with the Sesame Street Muppets.
- Resources on the ECLKC to help families understand child development include:
  - o Introduction to Temperament is an ECLKC resource providing an overview of what temperament is, including the nine common traits that can help to describe a child's temperament and how they react to and experience the world. This form can be used by families to help understand where their child falls on the Temperament Continuum.
  - o Positive Solution for Families: Routine Guide is a resource for families of children 2-5 years old. It offers suggestions and strategies to prevent, teach, and respond, to the challenging behavior a child may be having.
- The National Center on Pyramid Model Innovation's resource library includes several resources on positive behavior supports, such as:
  - o Pyramid Model Practices Implementation Checklist for Preschool (2-5 years) Classrooms this checklist highlights high quality practices to support nurturing and responsive relationships; high quality, supportive environments; teaching social-emotional skills; and addressing challenging behavior.
  - o Taking a Break: Using a Calm Down Area at Home resource to support families in creating environments that support a child's self-regulation at home.
  - o Help Us Calm Down: Strategies for Children visual support that can be used in learning settings.
- Other programs that offer resources to support parenting and help families understand and promote their child's development include:
  - o Introduction to Temperament is an ECLKC resource providing an overview of what temperament is, including the nine common traits that can help to describe a child's temperament and how they react to and experience the world. This form can be used by families to help understand where their child falls on the Temperament Continuum.
  - o Positive Solution for Families: Routine Guide is a resource for families of children 2-5 years old. Parent Training and Information Centers (PTIs) serve families of children (birth to 26) and inclusive of all disabilities. These centers provide training and information that meets the needs of families of children with disabilities.
  - o Community Parent Resource Centers (CPRCs) are parent training and information centers operated by local parent organizations that help ensure underserved families of children with disabilities (including low-income families, parents of children who are English learners, and parents with disabilities) have the training and information they need to participate effectively in helping their children. CPRCs are required to establish cooperative partnerships with the parent training and information centers in their states.

- Parent Cafes: Many communities have implemented parent cafes with funding and other supports from state or local health and mental health departments, grants from SAMHSA (Project LAUNCH), or family resource centers and other community organizations. Learn more in the March 2020 Children's Bureau brief on approaches to strengthening protective factors in child welfare.
- The Grandfamilies & Kinship Support Network offers free technical assistance and resources to government agencies and nonprofit organizations in states, tribes, and territories to improve supports and services for grandfamilies and kinship families. For example, this tip sheet discusses starting grandfamily support groups. The network is funded through the Administration for Community Living (ACL).
- Thriving and Healthy Kids: We All Have a Role to Play in Promoting Positive Childhood Experiences is a resource website created by ACF and CDC in partnership with parent leaders and the American Academy of Pediatrics and Prevent Child Abuse America. The resources were developed to help individuals learn more about how they can use existing strategies and resources to play a role in preventing adversity and promoting positive experiences so children can thrive.

PREVENTION SERVICES AND SUPPORTS

STRATEGY 5. To support children's ongoing social and emotional development, programs must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns (45 CFR §1302.45(a)).

- Resources on the ECLKC to support multidisciplinary team approaches include:
  - All Hands-on Deck: Partnering with Infant and Early Childhood Mental Health (IECMH) Consultants to Implement the Pyramid Model is a resource from the National Center for Pyramid Model Innovations and highlights different ways an IECMH consultant can directly support Pyramid Model implementation.
  - The Crosswalk of Infant Early Childhood Mental Health Consultation and Pyramid Model Coaching: Building Capacity in Early Childhood for the Promotion of Social and Emotional Health supports visualization of the unique and complimentary aspects of IECMH consultation and the Pyramid Model.
- Resources on the ECLKC on individualizing approaches for children, include:
  - IDEA resource collection offers information related to the federal law that guarantees early intervention and early childhood special education services for children with disabilities from birth to age 5.
  - Section 504 of the Rehabilitation Act is a federal statute that prohibits discrimination based on disability in certain programs, including those that receive Federal financial assistance. Section 504 requires these programs to provide qualified individuals with disabilities, including preschool-aged children, equal opportunity to participate in the program. Programs that provide preschool education must also take into account the needs of qualified preschool-aged children with disabilities in determining the aids, benefits, or services to be provided.

- o Highly Individualized Practices Series is a webinar series that offers effective strategies for teachers, home visitors, and coaches to use when supporting children with disabilities or suspected delays.
- o The Inclusion Lab App is a mobile application designed to help disability service coordinators, education managers, and coaches support education staff to provide highly individualized instruction for young children with disabilities or suspected delays.
- o Understanding and Managing Children's Behaviors: Individual Support Plans (ISP) this ECLKC resource offers strategies, resources, and a process for developing an ISP.
- o Developing a Neutralizing Routine is a resource that supports a plan for how to address challenging behavior when it occurs to ensure responses to the behavior does not escalate it and aims to neutralize the effects of implicit bias on decision making.
- Social Emotional Learning is a collection of resources on the ECLKC such as webinars and 15-minute in service suites. Social and emotional learning begins with positive relationships, supportive learning environments, actively teaching social emotional skills, and understanding behavior including challenging behavior.

STRATEGY 6. Infant and early childhood mental health consultation (IECMHC) is a prevention-based approach. Mental health consultants work with Head Start leaders, staff, and families to support children's healthy social and emotional development. Grant recipients have shared that it can be challenging to obtain mental health consultants, particularly in rural areas.

- Resources on the ECLKC to support programs to access mental health consultants include:
    - o Infant and Early Childhood Mental Health Consultation and Your Program is a resource collection that includes information about how to choose and use an IECMH consultant, how to deliver effective IECMH consultation services.
    - o The ECLKC offers Tips for Offering Effective Mental Health Consultation in Ever-changing Contexts. This resource explores strategies and tips Head Start programs can use to build strong IECMH consultation services, including using technology as a substitute or supplement to in-person services.
- Early care and education offices are state or local entities that oversee early care and education programs and services. Programs can reach out to offices to identify potential partners for mental health consultation services.
- Resources to help identify mental health consultants developed by the Center of Excellence (CoE) for IECMHC include:
    - o Infant and Early Childhood Mental Health Consultation Hiring Guidance
    - o Infant and Early Childhood Mental Health Consultation Workforce Development Plan Overview
    - o Virtual Community interactive map of consultants who self-identify as infant and early childhood mental health consultants

STRATEGY 7. To ensure mental health consultants engage in prevention-focused activities, programs must ensure the mental health consultant assists, at a minimum, with the requirements listed in 45 CFR §1302.45(b).

- Resources on the ECLKC on mental health consultation activities include:

- o Foundations of Infant and Early Childhood Mental Health Consultation offers a detailed learning experience for mental health consultants and anyone who currently uses or wants to learn more about Infant and Early Childhood Mental Health Consultation. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
  - o The Infant and Early Childhood Mental Health Consultation section of the Health Managers Orientation Guide describes the role, services, and supports of a mental health consultant.
- The CoE for IECMHC has several resources to support mental health consultants to engage in prevention-focused activities, tailored to specific needs or early childhood populations, including:
  - o Racial Equity Toolkit is a collection of videos, tools, and resources that can help consultation systems, leaders, and practitioners in building capacity for understanding race and systemic racism, bias, and culturally responsive practices.
  - o Equity in IECMHC: Looking back, looking forward is a webinar that features a panelist of practitioners who are meaningfully advancing the work of equity in IECMHC, including an example how a community developed their own IECMH consultants
  - o Making a Difference: Maternal Depression: This video describes how maternal depression affects infants and toddlers, and how IECMH consultants can build the capacity of home visitors and early care and education staff to address maternal depression. This video includes highlights from a webinar presented on 3/27/18.
  - o Considerations for Providing Infant and Early Childhood Mental Health Consultation in Early Care and Education Settings to Support Children in Foster Care is a brief that explains how infant and early childhood mental health consultation can mitigate the challenges children in foster care face, as well as the challenges that early childhood education teachers and other program staff face in providing the best possible care for them.
  - o Family Engagement: Explore IECMHC Strategies for Enhancing Family Engagement webinar highlights the family engagement framework developed by the National Center on Parent, Family and Community Engagement. The webinar features examples of how IECMH consultants can support enhanced family engagement in early care and education programs.
  - o Beyond the 101: Providing IECMHC to Infant Toddler Caregivers is an e-learning module that explores the needed shifts in thinking and perspective when providing IECMHC in settings serving primarily infants and toddlers.

ACCESS TO MENTAL HEALTH TREATMENT

STRATEGY 8. Programs must build community partnerships to facilitate access to additional mental health services as needed (45 CFR §§1302.45(a)(4), 1302.53(a)(2), 1302.80(c))

- Resources on the ECLKC to support community engagement include:

- The Engaging Community Partners to Support Mental Health section of the Health Manager Orientation Guide describes mental health specific considerations for community engagement to support mental health.
    - Strategies and Examples for Community Partnerships is a resource that outlines how Head Start programs can work with community partners to support positive outcomes for children and families.
- Resources on the ECLKC relevant to culturally grounded mental health approaches include:
    - Mental Health and Equity webinars highlight the importance of understanding, affirming, and supporting nondominant ways of responding to mental health challenges and raise awareness about the effect of historical trauma on mental health and how to reduce barriers of bias.
    - Head Start Programs, Indigenous Families, and Addiction links to a video series that discusses the most important concepts and facts regarding addiction, explores the experience of many Indigenous people, and uncovers how to make substance use recovery support more responsive.
- Resources on the ECLKC that support access to mental health treatment information and referrals:
    - Finding a Mental Health Provider for Children and Families in Your Early Head Start/Head Start Program offers guidance in identifying mental health providers who best meet a family's needs, culture, and personality and ideas to overcome barriers.
    - Facilitating a Referral for Mental Health Services for Children and their Families is a brief that offers Head Start program staff guidance on special considerations for making and supporting successful referrals.
- Other resources to support engagement with community mental health partners include:
    - Certified Community Behavioral Health Clinics (CCBHCs) are designed to ensure access to coordinated comprehensive behavioral health care. This SAMHSA resource outlines the history and background of CCBHCs, offers information about expansion grants and certification criteria, as well as technical assistance and resources. Visit the CCBHC locator page to view an interactive map and downloadable PDF list of CCBHCs by state.
    - Visión y Compromiso offers information on the roles of promotores and community health workers.
    - The Find a HRSA Health Center tool provides information about where HRSA-supported health centers are located in each community. These centers provide comprehensive primary care services through permanent, fixed service delivery sites, temporary locations, mobile units, and service delivery sites located in or proximate to schools. Health center school-based service sites help to facilitate access to essential services for students, family members and other members of the community. Find a Health Center provides information about where health centers are located in each community. The Children's Health and Education Mapping Tool from the School Based Health Alliance enables health, education, and other partners to identify each other at a local level and develop new partnerships.

- o The HHS School-Based Health Services resource list (March 2022) is an expansive compendium of resources for educators grouped topically and including early care and education, emergency response, behavioral health and trauma, social determinants of health, and health care coverage.
  - o Regional Partnership Grants (RPG) are administered by the Administration for Children, Youth, and Families Children's Bureau (CB) to improve the well-being of children affected by parental substance use disorders. The projects support interagency collaborations and integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver's substance use disorder.
  - o National Center on Substance Abuse and Child Welfare (NCSACW) provides technical assistance to RPG grantees and community partners on cross-systems collaborative capacity; program sustainability; trauma-informed and culturally responsive evidence-based and evidence-informed services for children, parents, and family members; family-centered substance use and mental health disorder treatment and recovery support services; and lasting systems change.
  - o The Child Welfare Capacity Building Center for States is part of a collaborative funded by the CB at ACF to provide support to state and territorial child welfare agencies and their partners. The Center for States helps agencies to deliver services that are grounded in racial equity, follow evidence-based processes and practices, and keep children, youth, and families safe and thriving. There are 10 Child Welfare Capacity Building Collaborative Liaisons who serve as single points of contact for all Center activities within their regions.
  - o Infant-Toddler Court Program – National Resource Center grants change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families by expanding research-based infant toddler court teams.
- Resources relevant to providing culturally grounded and responsive mental health services from SAMHSA include:
  - o The Improving Cultural Competence Treatment Intervention Protocol guide helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations.
  - o Racial Equity and Cultural Diversity Resource Collection webpage includes a compilation of products and resources on cultural responsiveness, racial equity, and cultural diversity for the mental health workforce.
  - o Information on IECMHC and Tribal Nations is a web page created to support programs, local governments, and tribal nations in creating better services and systems for their infants, toddlers and young children and their families through Infant and Early Childhood Mental Health Consultation program.

	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
ACF Administration for Children and Families	1. Log No. ACF-OHS-PI-24-02	2. Issuance Date: 04/24/2024
	3. Originating Office: Office of Head Start	
	4. Key Words: Consolidated Appropriations Act; Appropriations; Fiscal Year 2024; Funding Increase; Cost of Living Adjustment; Quality Improvement	

PROGRAM INSTRUCTION

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

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

INSTRUCTION:

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

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

FY 2024 COLA

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

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

communities, including teachers and other staff of local elementary schools. A recipient must maintain documentation that justifies applying differential adjustments to its pay scale and ensure the process is approved by its governing bodies.

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

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

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

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

COLA Funding Notice of Awards

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

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

One-time Program Improvement Funding Requests

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

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

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

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

This page intentionally left blank.

County of San Bernardino Preschool Services Department Enrollment Report
April 2024

Head Start Sites	HS Funded Slots	Enrolled	ancies < 30 D	Total Vacancies	% Enrolled
Adelanto	76	31	0	45	41%
Apple Valley	79	45	3	34	57%
Arrowhead Grove	48	47	0	1	98%
Baker FLC	32	30	0	2	94%
Barstow Main	46	12	2	34	26%
Boys & Girls Club	64	32	5	32	50%
CA-Colton Bloomington JUSD	32	32	0	0	100%
CA-Colton San Salvador JUSD	112	111	4	1	99%
CA-Needles USD	52	27	1	25	52%
Chino	96	39	0	57	41%
Crestline	15	15	0	0	100%
Cucamonga	88	52	1	36	59%
Del Rosa	144	32	1	112	22%
DA-Easter Seals Montclair	63	61	1	2	97%
DA-Easter Seals Ontario Haven	32	32	0	0	100%
DA-Easter Seals Ontario Mills	84	70	0	14	83%
DA-Easter Seals Ontario Phillips	64	64	0	0	100%
DA-Easter Seals Upland	64	0	0	64	0%
Fontana Citrus	80	47	0	33	59%
Hesperia	112	80	2	32	71%
Highland	48	32	1	16	67%
Las Terrazas	32	0	0	32	0%
Mill CDC	140	80	3	60	57%
Northgate	31	16	2	15	52%
Ontario Maple	171	50	1	121	29%
Redlands Valencia	14	14	0	0	100%
Rialto Eucalyptus	92	55	0	37	60%
Rialto Renaissance	80	48	0	32	60%
Rialto Willow	24	23	3	1	96%
San Bernardino Parks & Rec	30	15	0	15	50%
South Redlands	48	16	0	32	33%
Twenty Nine Palms	15	15	4	0	100%
Upland	48	47	0	1	98%
Victorville	46	32	0	14	70%
Westminster	84	28	0	56	33%
Whitney Young	48	0	0	48	0%
Yucaipa	59	46	0	13	78%
Yucca Valley	48	16	0	32	33%
Total	**2441**	**1392**	**34**	**1049**	**57%**

Total Reserved Slots		**0**	
Toal Vacances 30 days or less		**34**	
End of Month Total Enrollment		**1426**	**58%**

County of San Bernardino Preschool Services Department Enrollment Report
April 2024

Early Head Start Sites	Funded Slots	Enrolled	cies < 30	Total Vacancies	% Enrolled
DA-Easter Seals Montclair (FD)	16	16	0	0	100%
DA-Easter Seals Ontario Haven	32	29	3	3	91%
DA-Easter Seals Ontario Mills	24	24	0	0	100%
DA-Easter Seals Valley View (FD)	32	32	0	0	100%
Apple Valley EHS	46	21	5	25	46%
Amethyst EHS	24	0	0	24	0%
Barstow Main EHS	27	12	1	15	44%
CA-Fontana USD Admin EHS (FD)	24	22	2	2	92%
Chino EHS	18	16	1	2	89%
Fontana Citrus EHS	30	16	1	14	53%
Hesperia EHS (HB)	22	10	1	12	45%
Mill St (FD)	16	8	0	8	50%
Ontario Maple (FD)	24	7	1	17	29%
Rialto Eucalyptus (FD)	16	7	1	9	44%
South Redlands (HB)	30	20	2	10	67%
Victorville *	71	16	1	55	23%
Whitney Young (FD)	18	0	0	18	0%
Yucaipa EHS (HB)	20	10	0	10	50%
Yucca Valley EHS	18	11	1	7	61%
Totals	**508**	**277**	**20**	**231**	**55%**

Indicates EHS Expansion Sites	Total Reserved Slots			
* Eight additional slots cannot be filled at this location	Total Vacancies 30 Da	20		
	End of Month Total E	297		58%

County of San Bernardino Preschool Services Department Enrollment Report
April 23, 2024

Early Head Start - CCP Sites	EHS CCP Funded Slots	Enrolled	Vacancies < 30	Total Vacancies	% Enrolled
Ana Brown Family	3	3	0	0	100%
Benavides Family	7	7	0	0	100%
Bennett Family	5	5	1	0	100%
Bouchey FCC	4	2	0	2	50%
Brown (Mayra) Family	5	5	0	0	100%
CA Gonzalez-Gannon FCC	3	1	0	2	33%
CA Honeybee CCC	0	0	0	0	0
CA Lily Bug's CCC 01	4	4	0	0	100%
CA Lily Bug's CCC 02	1	0	0	1	0%
Campos Family	6	6	0	0	100%
Caring Hearts CDC 01	5	4	1	1	80%
Caring Hearts CDC 02	4	4	0	0	100%
CA Robinson's CCC	4	4	0	0	100%
Castellanos Family	5	5	0	0	100%
Contrereas Family	6	6	0	0	100%
Crooms Family	0	0	0	0	0
Flores Family	2	2	0	0	100%
Gore Family	0	0	0	0	0
Griffin Family	2	2	0	0	100%
Guzman Family	6	6	0	0	100%
Harris Family	2	2	0	0	100%
Heartfelt Day Care 01	4	4	0	0	100%
Heartfelt Day Care 02	4	4	0	0	100%
Johnson Family	7	6	1	1	86%
Lanre-Orepo Family	8	7	1	1	88%
Matheu Family	5	5	0	0	100%
Oak Tree Learning Center	4	4	0	0	100%
Reyes Family	8	8	0	0	100%
Rodriguez (Cindy) FCC	6	6	0	0	100%
Simmons Family	2	2	0	0	100%
Wade Family	5	5	0	0	100%
Wallace Family	2	2	0	0	100%
Wright Family	6	5	1	1	83%
Yarber Family	5	5	0	0	100%
Zacarias Family	6	6	0	0	100%
Totals	**146**	**137**	**5**	**9**	**94%**

Total Reserved Slots	0			
Total Vacancies 30 Day	5			
End of Month Total En	142			97%

This page intentionally left blank.

Preschool Services Department
2301 - Average Daily Attendance
Program Term: Head Start 2023-2024, Attendance Date: 4/1/2024 - 4/30/2024

Preschool Services Department

	Attendance Records			Operating Days	ADA [1]	Funded Enrollment		Actual Enrollment	
	Present [5]	Absent [6]	Neither [7]			Count	% Attendance	Count [2]	% Attendance [3]
Adelanto	619	0	0	20.00 (avg)	31.00	31	100.00%	31.00	100.00%
Apple Valley	870	19	0	19.67 (avg)	44.12	46	96.03%	45.10	97.86%
Arrowhead Grove	912	0	0	19.00 (avg)	48.00	48	100.00%	48.00	100.00%
Baker FLC	650	2	0	21.00 (avg)	30.96	32	96.73%	31.04	99.69%
Barstow	259	17	0	21.00 (avg)	12.33	16	77.08%	13.14	93.84%
Boys & Girls Club	614	46	0	21.00 (avg)	29.24	32	91.37%	31.43	93.03%
CA-Colton Bloomington JUSD	576	0	0	18.00 (avg)	32.00	32	100.00%	32.00	100.00%
CA-Colton San Salvador JUSD	2,200	0	0	19.71 (avg)	111.56	112	99.64%	111.56	100.00%
CA-Needles USD	276	0	0	15.50 (avg)	18.53	21	88.46%	18.53	100.00%
Chino	718	0	0	16.33 (avg)	38.57	48	91.58%	38.57	100.00%
Crestline	313	1	0	21.00 (avg)	14.90	15	99.37%	14.95	99.68%
Cucamonga	781	26	0	15.50 (avg)	44.14	58	86.39%	45.59	96.78%
Del Rosa	633	0	0	20.00 (avg)	31.63	32	98.91%	31.63	100.00%
Fontana Citrus	888	13	1	19.67 (avg)	45.11	48	94.07%	45.77	98.56%
Hesperia	1,533	18	0	19.40 (avg)	79.04	80	98.78%	79.95	98.84%
Highland	671	0	0	21.00 (avg)	31.95	32	99.85%	31.95	100.00%
Mill CDC	1,647	29	20	21.17 (avg)	78.42	92	84.72%	79.80	98.27%
Northgate	326	10	0	21.00 (avg)	15.52	16	97.02%	16.00	97.02%
Ontario Maple	1,170	23	0	18.75 (avg)	62.32	64	97.50%	63.65	98.07%
Redlands-Valencia Grove	294	0	0	21.00 (avg)	14.00	14	100.00%	14.00	100.00%
Rialto Eucalyptus	1,109	4	0	20.50 (avg)	53.96	55	98.23%	54.16	99.64%
Rialto Renaissance	996	11	0	21.00 (avg)	47.43	48	98.81%	47.95	98.91%
Rialto Willow	454	34	0	21.00 (avg)	21.62	24	90.08%	23.23	93.03%
S.B. Parks & Rec	311	0	0	21.00 (avg)	14.81	15	98.73%	14.81	100.00%
Sth. Redlands	299	0	0	19.00 (avg)	15.74	16	98.36%	15.74	100.00%
Twenty-Nine Palms	251	33	0	19.00 (avg)	13.21	15	88.07%	14.95	88.38%
Upland	912	0	0	19.00 (avg)	48.00	48	100.00%	48.00	100.00%
Victorville	645	22	0	21.00 (avg)	30.71	32	95.98%	31.76	96.70%
Westminster	588	0	0	21.00 (avg)	28.00	28	100.00%	28.00	100.00%
Yucaipa	875	0	0	19.00 (avg)	45.94	46	99.89%	45.94	100.00%
Yucca Valley	302	2	0	19.00 (avg)	15.89	16	99.34%	16.00	99.34%
Preschool Services Department	**22,692**	**310**	**21**	**19.53 (avg)**	**1,148.65**	**1,212**	**95.77%**	**1,164.2**	**98.65%**
Report Totals	**22,692**	**310**	**21**	**19.53 (avg)**	**1,148.65**	**1,212**	**95.77%**	**1,164.2**	**98.65%**

1. ADA for each clasroom is the sum of statuses selected to count as 'Present' on the setup screen divided by the Operating Days for that classroom.

2. Actual Enrollment Count for each classroom is the sum of the Present and Absent columns divided by the Operating Days

3. Percent Attendance is the Present count divided by the sum of Present and Absent Count

4. Site totals for ADA, Funded Enrollment Count, and Actual Enrollment count are the sum of that count for each of the site's classrooms.

5. Statuses counted as Present: Excused(E), Present(P)

6. Statuses counted as Absent: Absent(A), Unexcused(U), Late Pickup(LP), Tardy and Late Pickup(TLP)

7. Statuses counted as Neither: No Class (-), Not Scheduled (N)

© ChildPlus

Preschool Services Department
2301 - Average Daily Attendance
Program Term: EHS 2023-2024, Attendance Date: 4/1/2024 - 4/30/2024

Preschool Services Department

	Attendance Records			Operating Days	ADA [1]	Funded Enrollment		Actual Enrollment	
	Present [5]	Absent [6]	Neither [7]			Count	% Attendance	Count [2]	% Attendance [3]
Apple Valley EHS	181	29	221	21.67 (avg)	8.52	28	29.77%	9.91	86.19%
Barstow EHS	188	0	89	21.50 (avg)	8.90	19	45.85%	8.90	100.00%
CA-Fontana USD Admin EHS	481	5	8	22.00 (avg)	21.86	24	91.10%	22.09	98.97%
Chino EHS	195	1	146	21.50 (avg)	9.22	18	50.26%	9.26	99.49%
Fontana Citrus EHS	179	6	125	20.50 (avg)	8.56	19	46.13%	8.85	96.76%
Hesperia EHS	51	0	190	22.00 (avg)	2.32	11	21.07%	2.32	100.00%
Mill CDC EHS	160	0	0	22.00 (avg)	7.27	8	90.91%	7.27	100.00%
Ontario Maple EHS	154	0	0	21.00 (avg)	7.33	8	91.67%	7.33	100.00%
Rialto Eucalyptus EHS	138	0	0	21.00 (avg)	6.57	8	82.14%	6.57	100.00%
Sth. Redlands EHS	77	2	325	22.00 (avg)	3.50	24	14.58%	3.59	97.47%
Victorville EHS	331	1	0	21.00 (avg)	15.76	16	98.51%	15.81	99.70%
Yucaipa EHS	35	0	185	22.00 (avg)	1.59	12	13.26%	1.59	100.00%
Yucca Valley EHS	182	0	63	21.00 (avg)	8.67	18	48.15%	8.67	100.00%
Preschool Services Department	**2,352**	**44**	**1,352**	**21.48 (avg)**	**110.07**	**213**	**51.33%**	**112.16**	**98.16%**
Report Totals	**2,352**	**44**	**1,352**	**21.48 (avg)**	**110.07**	**213**	**51.33%**	**112.16**	**98.16%**

1. ADA for each clasroom is the sum of statuses selected to count as 'Present' on the setup screen divided by the Operating Days for that classroom.

2. Actual Enrollment Count for each classroom is the sum of the Present and Absent columns divided by the Operating Days

3. Percent Attendance is the Present count divided by the sum of Present and Absent Count

4. Site totals for ADA, Funded Enrollment Count, and Actual Enrollment count are the sum of that count for each of the site's classrooms.

5. Statuses counted as Present: Excused(E), Present(P)

6. Statuses counted as Absent: Absent(A), Unexcused(U), Late Pickup(LP), Tardy and Late Pickup(TLP)

7. Statuses counted as Neither: No Class (-), Not Scheduled (N)

© ChildPlus

Preschool Services Department
2301 - Average Daily Attendance
Program Term: EHS CCP 2023-2024, Attendance Date: 4/1/2024 - 4/30/2024

Preschool Services Department

	Attendance Records			Operating Days	ADA [1]	Funded Enrollment		Actual Enrollment	
	Present[5]	Absent[6]	Neither[7]			Count	% Attendance	Count[2]	% Attendance[3]
Ana Brown FCC	63	0	0	21.00 (avg)	3.00	3	100.00%	3.00	100.00%
Benavides FCC	133	0	0	22.00 (avg)	6.05	7	86.36%	6.05	100.00%
Bennett FCC	88	0	0	22.00 (avg)	4.00	5	80.00%	4.00	100.00%
Brown (Mayra) FCC	110	0	0	22.00 (avg)	5.00	5	100.00%	5.00	100.00%
CA-Gonzales-Gannon FCC	21	0	1	22.00 (avg)	0.95	3	31.82%	0.95	100.00%
CA-Lily Bug's CCC	82	1	1	22.00 (avg)	3.72	5	74.55%	3.77	98.80%
Campos FCC	102	0	36	23.00 (avg)	4.43	6	73.91%	4.43	100.00%
Caring Hearts CCC	173	7	21	22.50 (avg)	7.59	9	84.39%	7.90	96.11%
CA-Robinson FCC	60	0	3	21.00 (avg)	2.86	4	71.43%	2.86	100.00%
Castellanos FCC	65	2	16	19.00 (avg)	3.42	5	68.42%	3.53	97.01%
Contreras FCC	119	0	10	22.00 (avg)	5.41	6	90.15%	5.41	100.00%
Flores FCC	44	0	0	22.00 (avg)	2.00	2	100.00%	2.00	100.00%
Griffin FCC	34	0	0	17.00 (avg)	2.00	2	100.00%	2.00	100.00%
Guzman FCC	119	0	0	22.00 (avg)	5.41	6	90.15%	5.41	100.00%
Harris FCC	44	0	0	22.00 (avg)	2.00	2	100.00%	2.00	100.00%
Heartfelt Day Care CCC	165	1	0	21.00 (avg)	7.85	8	98.21%	7.90	99.40%
Johnson FCC	148	0	0	22.00 (avg)	6.73	7	96.10%	6.73	100.00%
Lanre-Orepo FCC	154	0	0	22.00 (avg)	7.00	8	87.50%	7.00	100.00%
Matheu FCC	110	0	0	22.00 (avg)	5.00	5	100.00%	5.00	100.00%
Oak Tree Learning Center (New)	70	0	0	17.50 (avg)	4.00	4	100.00%	4.00	100.00%
Reyes FCC	155	0	0	22.00 (avg)	7.05	8	88.07%	7.05	100.00%
Rodriguez (Cindy) FCC	140	0	15	26.00 (avg)	5.38	6	89.74%	5.38	100.00%
Simmons FCC	34	0	0	17.00 (avg)	2.00	2	100.00%	2.00	100.00%
Wade FCC	90	0	0	18.00 (avg)	5.00	5	100.00%	5.00	100.00%
Wallace FCC	42	0	0	21.00 (avg)	2.00	2	100.00%	2.00	100.00%
Wright FCC	123	0	3	22.00 (avg)	5.59	6	93.18%	5.59	100.00%
Yarber FCC	139	0	48	29.00 (avg)	4.79	5	95.86%	4.79	100.00%
Zacarias FCC	140	0	39	30.00 (avg)	4.67	6	77.78%	4.67	100.00%
Preschool Services Department	**2,767**	**11**	**193**	**21.69 (avg)**	**124.90**	**142**	**87.73%**	**125.42**	**99.60%**
Report Totals	**2,767**	**11**	**193**	**21.69 (avg)**	**124.90**	**142**	**87.73%**	**125.42**	**99.60%**

1. ADA for each clasroom is the sum of statuses selected to count as 'Present' on the setup screen divided by the Operating Days for that classroom.

2. Actual Enrollment Count for each classroom is the sum of the Present and Absent columns divided by the Operating Days

3. Percent Attendance is the Present count divided by the sum of Present and Absent Count

4. Site totals for ADA, Funded Enrollment Count, and Actual Enrollment count are the sum of that count for each of the site's classrooms.

5. Statuses counted as Present: Excused(E), Present(P)

6. Statuses counted as Absent: Absent(A), Unexcused(U), Late Pickup(LP), Tardy and Late Pickup(TLP)

7. Statuses counted as Neither: No Class (-), Not Scheduled (N)

© ChildPlus

NEW - ESSC

2301 - Average Daily Attendance

Program Term: HS 2023-2024, Agency: NEW - ESSC, Attendance Date: 4/1/2024 - 4/30/2024

NEW - ESSC

	Attendance Records			Operating Days	ADA [1]	Funded Enrollment		Actual Enrollment	
	Present[5]	Absent[6]	Neither[7]			Count	% Attendance	Count[2]	% Attendance[3]
Montclair CDC	1,119	21	0	19.25 (avg)	58.10	63	92.40%	59.20	98.16%
NEW - Phillips North	1,328	0	0	21.00 (avg)	63.24	64	98.81%	63.24	100.00%
Ontario CDC (Haven)	672	0	0	21.50 (avg)	31.27	32	97.67%	31.27	100.00%
SBC Home-Based (Mills)	261	8	1,175	21.00 (avg)	12.42	72	17.26%	12.82	97.03%
NEW - ESSC	**3,380**	**29**	**1,175**	**20.63 (avg)**	**165.03**	**231**	**71.08%**	**166.53**	**99.15%**
Report Totals	**3,380**	**29**	**1,175**	**20.63 (avg)**	**165.03**	**231**	**71.08%**	**166.53**	**99.15%**

1. ADA for each clasroom is the sum of statuses selected to count as 'Present' on the setup screen divided by the Operating Days for that classroom.

2. Actual Enrollment Count for each classroom is the sum of the Present and Absent columns divided by the Operating Days

3. Percent Attendance is the Present count divided by the sum of Present and Absent Count

4. Site totals for ADA, Funded Enrollment Count, and Actual Enrollment count are the sum of that count for each of the site's classrooms.

5. Statuses counted as Present: Best Interest Day(B), Excused(E), Left Early(LE), Present(P), Present Offsite(PO), Tardy(T), Tardy and Left Early(TLE)

6. Statuses counted as Absent: Unexcused(U), Virtual(V), Late Pickup(LP), Tardy and Late Pickup(TLP)

7. Statuses counted as Neither: Not Scheduled (N)

© ChildPlus

NEW - ESSC

2301 - Average Daily Attendance

Program Term: EHS 2023-2024, Agency: NEW - ESSC, Attendance Date: 4/1/2024 - 4/30/2024

NEW - ESSC

	Attendance Records			Operating Days	ADA [1]	Funded Enrollment		Actual Enrollment	
	Present[5]	Absent[6]	Neither[7]			Count	% Attendance	Count[2]	% Attendance[3]
Montclair CDC	325	2	0	21.00 (avg)	15.47	16	96.73%	15.57	99.39%
Ontario CDC (Haven)	636	0	0	21.00 (avg)	30.28	32	94.64%	30.28	100.00%
SBC Home-Based (Mills)	95	5	398	21.00 (avg)	4.52	24	18.85%	4.76	95.00%
Valley View	656	2	0	21.00 (avg)	31.24	32	97.62%	31.34	99.70%
NEW - ESSC	**1,712**	**9**	**398**	**21.00 (avg)**	**81.51**	**104**	**78.39%**	**81.95**	**99.48%**
Report Totals	**1,712**	**9**	**398**	**21.00 (avg)**	**81.51**	**104**	**78.39%**	**81.95**	**99.48%**

1. ADA for each clasroom is the sum of statuses selected to count as 'Present' on the setup screen divided by the Operating Days for that classroom.

2. Actual Enrollment Count for each classroom is the sum of the Present and Absent columns divided by the Operating Days

3. Percent Attendance is the Present count divided by the sum of Present and Absent Count

4. Site totals for ADA, Funded Enrollment Count, and Actual Enrollment count are the sum of that count for each of the site's classrooms.

5. Statuses counted as Present: Best Interest Day(B), Excused(E), Left Early(LE), Present(P), Present Offsite(PO), Tardy(T), Tardy and Left Early(TLE)

6. Statuses counted as Absent: Unexcused(U), Virtual(V), Late Pickup(LP), Tardy and Late Pickup(TLP)

7. Statuses counted as Neither: Not Scheduled (N)

© ChildPlus

This page intentionally left blank.

PSD Facilities Project Status Updates
May 8, 2024

A. Work Order Status Analysis Report

Work Orders Categories	Work Orders Received	Percentage Completed
Completed	1,025	93.78%
Pending	68	6.22%
Total Work Orders	1,093	100%

TOP 5 MOST COMMON WORK ORDERS:

ALERTS/INSTALLATIONS
- o   Doorbells/Chimes (123)

FENCING IMPROVEMENTS
- o   Panic hardware installations (30)
- o   Self-Closing Hinges (60)

SECONDARY BARRIERS
- o   Installation of 4-foot-high fences in front of EXIT gates, leading to parking lots/outside.

GATE IMPROVEMENTS
- o   Ensuring there are no spaces are gaps that a baby/child can squeeze under or get stuck in any gaps (must be less than 2 inches).

FURNITURE
- o   Remove old furniture and replace with new furniture.
- o   3 feet high for observation.
- o   Eliminate children from having a straight path to EXIT doors.

B. CIP-Status Updates

Project	Purpose	Cost	Status	1303 Applications Status
1. Victorville Anacapa Relocation	Proactive step in case the landlord exercises 30-day notice.	$455,000	3/5/24: RESD is working on a response to questions about the lease terms and the CIP.	
2. Victorville Anacapa Acquisition	PSD has the opportunity to buy this site.	$1,742,250	5/6/24: CIP has been approved by Paul, DEO, and AEO. It now awaits review by the CIP Coordinator and then our County CFO.	Yes
3. Del Rosa FLC Renovation	This is the second of a two-part project. PSD to add four new classrooms	$ 513,200	3/22/24: Updated versions for CAO questions and CAO office is reviewing.	Yes
4. Chino Relocation	Relocate Chino PSD site to a nearby facility due to a lack of parking and issues with landlord responsiveness to building maintenance needs.	$705,000	3/22/24: Updated versions for CAO questions and CAO is reviewing.	
5. Mill Center Site Playground Area Improvements.	PSD is looking to add playground improvements.	$498,488	4/10/24: PMD waiting for two more prices from contractors to add to the budgetary FRP, once they are in, the FRP will be submitted	
6. Upland St. Mark's Church	PSD is proposing to lease a new location, with the necessary facility renovations.	$ 1,695,705	3/4/24: CIP in process	
7: Yucca Valley Roof Replacement	The Yucca Valley site. Old roof, frequent leaks, needs to be replaced.	TBD	4/30/24: Received FRP from PMD and CIP in process.	
8: Yucaipa Church New Site Renovation	Tenant Improvements and Elevator Addition	$ 1,039,646	2/24/24: CIP in process	Yes
9: Hesperia Repair Existing Fence and Wall	The existing fence is falling due to lose gravel. It is also needed to install concrete masonry unit (CMU) retaining wall to hold back soil to prevent erosion.	$91,754	3/5/24: CIP in process.	
10: Apple Valley ADA Ramp	This site is needed a path to travel from the EHS classroom to the playground with no obstructions and ensuring the path of travel is ADA compliant.	$63,145	4/11/24: Received questions from CAO office and working on revisions.	

11: Butler Warehouse - water intrusion to the building	The Butler Warehouse building has encountered water intrusion issues necessitating urgent remediation.	$105,876	4/9/24: PMD made revisions for RFP and CAO is reviewing.	
12: Victorville Amethyst (Acquisition)	Purchase existing private preschool at 12883 Amethyst Road, Victorville.	$698,000	CIP Approved.	Yes
13: Rancho Cucamonga (Acquisition)	Purchase Child Development Center/Administration Facility,	$14,182,000	4/14/24: Received questions from CAO office and working on revisions.	Yes

C. Other facility projects

Project	Purpose	Cost	Status
Easter Seals: 531 W. 8th Street, Upland, CA 91786	Easter Seals vacated the property in Oct. PSD is in the process of getting the modular appraised.	TBD	5/6/24: Received Appraisal Report for Easter Seals modular on 4/17/24.Working on the IOM for Modular Demolition quote.
Hesperia: 9352 "E" Street, Hesperia, CA 92345	Hesperia Signage installation	TBD	4/4/24: Working in a bid process.
Las Terrazas: 1176 West Valley Boulevard, Colton, CA 92354	Renovate kitchen to meet commercial standards	TBD	3/21/24: RESD in the process of drafting a formal permission letter for PSD to proceed with the work.
Ontario Westminster: 720 North sultana Ave., Ontario, CA 91764	Shade Structure	$42,380	4/16/24: RESD will contact the city Ontario for ADA assessment.

This page intentionally left blank.

County of San Bernardino

PRESCHOOL SERVICES DEPARTMENT

Performance Measures Report - FY 2024

COUNTY GOAL: IMPLEMENT THE COUNTYWIDE VISION		Measure	23-24 Target	23-24 Quarter 3	23-24 Quarter 4
OBJECTIVE	Strategically engage particular Vision Element Groups to support and expand the County's public facing Vision projects.	Percentage of children not meeting developmental expectations in literacy skills on the 1st assessment who subsequently meet the standard by the end of the program year, utilizing the Desired Results Developmental Profile (DRDP) 2015 assessment tool.	55%	18%	
STRATEGY	Promote school readiness.				
STRATEGY	Support the Countywide Vision Regional Implementation Goal: "Partner with all sectors of the community to support the success of every child from cradle to career."				
STRATEGY	Support the Vision2Read Initiative.				
STRATEGY	Identify the number of Head Start/State Preschool children ages 3 – 5 not meeting developmental expectations based on the Head Start Early Learning Outcomes Framework for their age in Literacy skills on the first quarter's assessment, and reduce this count by 55% by June 30,2024.				
EXPLANATION	Full day children are assessed three time a year. After the second assessment, 56% of the Head Start children did not meet developmental expectations in literacy skills. When compared to the baseline of 68% of children not meeting developmental expectations after the first assessment, 18% of those children now meet the developmental expectations after the second assessment. The department expects to meet its target of reducing the number of children who were not meeting developmental expectations in literacy skills after the first assessment by 55% by June 30, 2024.				

S:\GOVERNANCE - PC& SGB AGENDA PACKETS\SGB Agenda Items for DIRECTOR APPROVAL\Approved by Director\2023-2024 County Performance Measures 3rd Qtr-Draft May 23, 2024   1

Shared Governance Board Agenda Packet   Page 43 of 153

PRESCHOOL SERVICES DEPARTMENT

Performance Measures Report - FY 2024

COUNTY GOAL: IMPLEMENT THE COUNTYWIDE VISION		Measure	23-24 Target	23-24 Quarter 3	23-24 Quarter 4
OBJECTIVE	**Strategically engage particular Vision Element Groups to support and expand the County's public facing Vision projects.**	Percentage of children not meeting developmental expectations in social emotional skills on the 1st assessment who subsequently meet the standard by the end of the program year, utilizing the Desired Results Developmental Profile (DRDP) 2015 assessment tool.	30%	17%	
STRATEGY	Promote school readiness.				
STRATEGY	Support the Countywide Vision Regional Implementation Goal: "Partner with all sectors of the community to support the success of every child from cradle to career."				
STRATEGY	Identify the number of Early Head Start children ages 18 – 36 months not meeting developmental expectations based on the Head Start Early Learning Outcomes Framework for their age in social emotional skills on the first quarter's assessment, and reduce this count by 30% by June 30, 2024.				
EXPLANATION	Early Head Start children are assessed three time a year. After the second assessment, 38% of the children ages 18-36 months did not meet the developmental expectations for social emotional skills. When compared to the baseline of 46% set after the first assessment, 17% of those children now meet the foundation expectations in social emotional skills. The department expects to meet its target of reducing the number of children who were not meeting developmental expectations in social emotional skills after the first assessment by 30% by June 30, 2024.				

S:\GOVERNANCE - PC & SGB AGENDA PACKETS\SGB Agenda Items for DIRECTOR APPROVAL\Approved by Director\2023-2024 County Performance Measures 3rd Qtr-Draft May 23, 2024   2

Shared Governance Board Agenda Packet   Page 44 of 153

PRESCHOOL SERVICES DEPARTMENT

Performance Measures Report - FY 2024

COUNTY GOAL: PROVIDE FOR THE SAFETY, HEALTH AND SOCIAL SERVICE NEEDS OF COUNTY RESIDENTS		Measure	23-24 Target	23-24 Quarter 3	23-24 Quarter 4
OBJECTIVE	Partner with County and non-County agencies and maximize the use of Federal and State programs and funding to address the public health, safety and social service needs of County residents and move participants to self-sufficiency.	Number of foster children enrolled.	316	229	
STRATEGY	Increase the enrollment opportunities for foster children.				
STRATEGY	Enhance the referral process of enrollment with the Children and Family Services Department.				
EXPLANATION	Preschool Services did not meet its target in the third quarter 2023-24. The department enrolled an additional 41 foster children in its various programs during the third quarter. Recruitment efforts are ongoing, and the department expects to achieve the target by the fourth quarter.				

PRESCHOOL SERVICES DEPARTMENT

Performance Measures Report - FY 2024

COUNTY GOAL: PROVIDE FOR THE SAFETY, HEALTH AND SOCIAL SERVICE NEEDS OF COUNTY RESIDENTS		Measure	23-24 Target	23-24 Quarter 3	23-24 Quarter 4
OBJECTIVE	Partner with County and non-County agencies and maximize the use of Federal and State programs and funding to address the public health, safety and social service needs of County residents and move participants to self-sufficiency.	Percentage of children identified at the beginning of the year as In Excess of Healthy BMI or Over Healthy BMI whose BMI is reduced.	60%	60%	
STRATEGY	Identify In Excess of Healthy Body Max Index (BMI) and/or Over Healthy BMI children ages 2-5 years in an effort to promote a healthy lifestyle.				
STRATEGY	Promote nutrition education programs for parents at each school site.				
STRATEGY	Ensure that children receive both nutrition curriculum and physical activity daily within the classroom schedule.				
STRATEGY	Decrease the number of children who are identified as In Excess of Healthy BMI or Over Healthy BMI from the higher level of Body Mass Index (BMI) classification to the next lower level by children's height and weight.				
EXPLANATION	Year round, full day children are assessed four times a year. The department identified 69 Over Healthy BMI for whom we will provide nutrition counseling and education training throughout the program year; 35 children (60% of the children still enrolled) have improved their BMI classification to the next lower level. The department reached its target goal.				

SAN BERNARDINO COUNTY
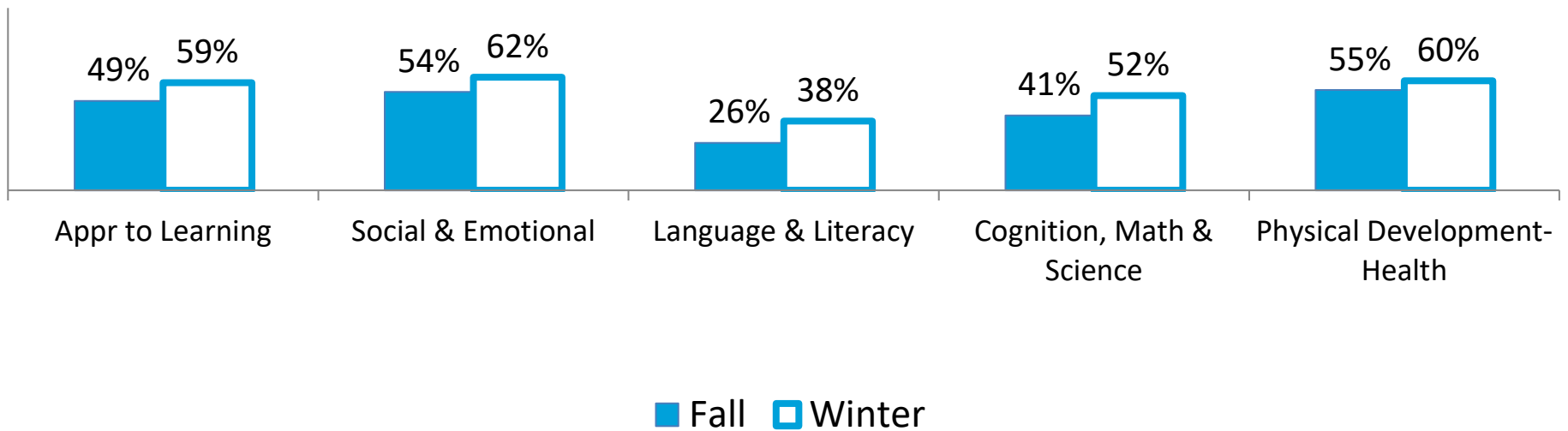
PRESCHOOL SERVICES DEPARTMENT

SCHOOL READINESS BASELINE OUTCOMES WINTER 2023-2024

DRDP Results for Infants & Toddlers

Domain Comparison for All Infants & Toddlers
Winter 2023-2024 Percentage of Children At or Above Foundation Expectations

Domain	Fall	Winter
Appr to Learning	49%	59%
Social & Emotional	54%	62%
Language & Literacy	26%	38%
Cognition, Math & Science	41%	52%
Physical Development-Health	55%	60%

■ Fall ☐ Winter

	Total
# of Children	338
Average Age (years)	2.0
% of English Language Learners	18%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

1 Yr Old (K in 2027) - DRDP Results

Domain Comparison for 1 Yr Old (K in 2027) Children

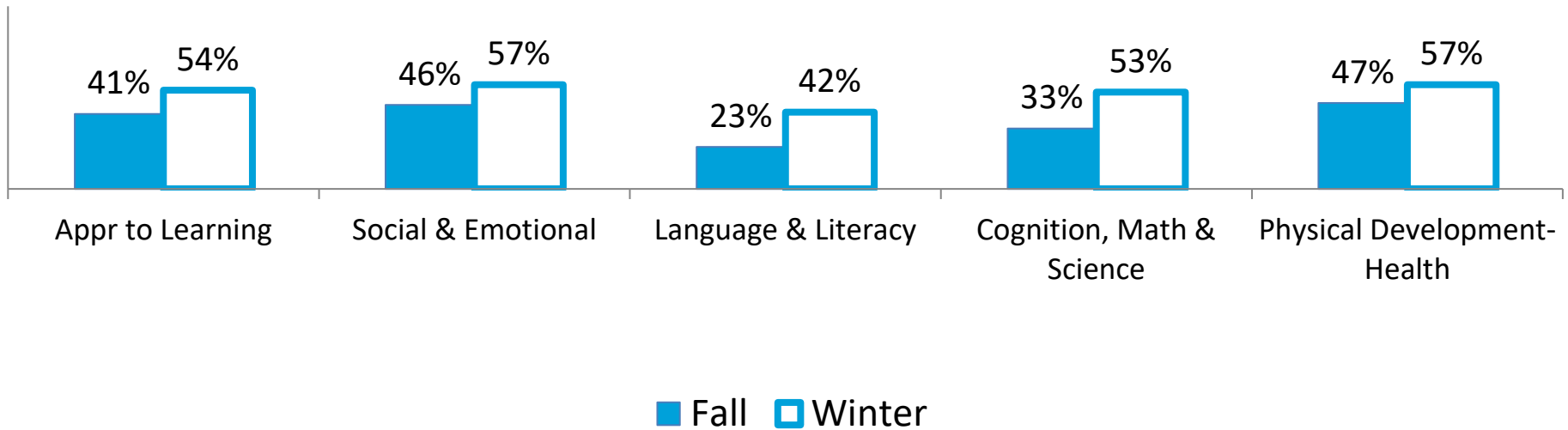Winter 2023-2024 Percentage of Children At or Above Foundation Expectations

Domain	Fall	Winter
Appr to Learning	51%	64%
Social & Emotional	59%	68%
Language & Literacy	24%	30%
Cognition, Math & Science	44%	49%
Physical Development-Health	58%	66%

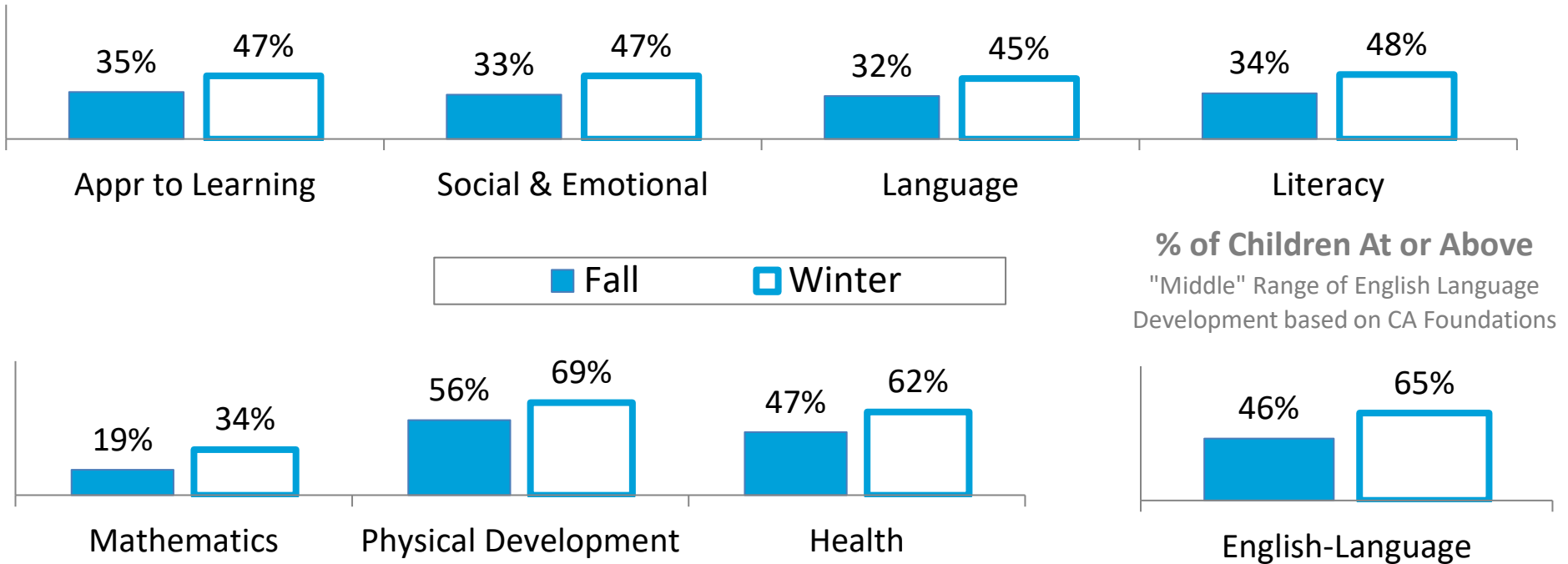■ Fall □ Winter
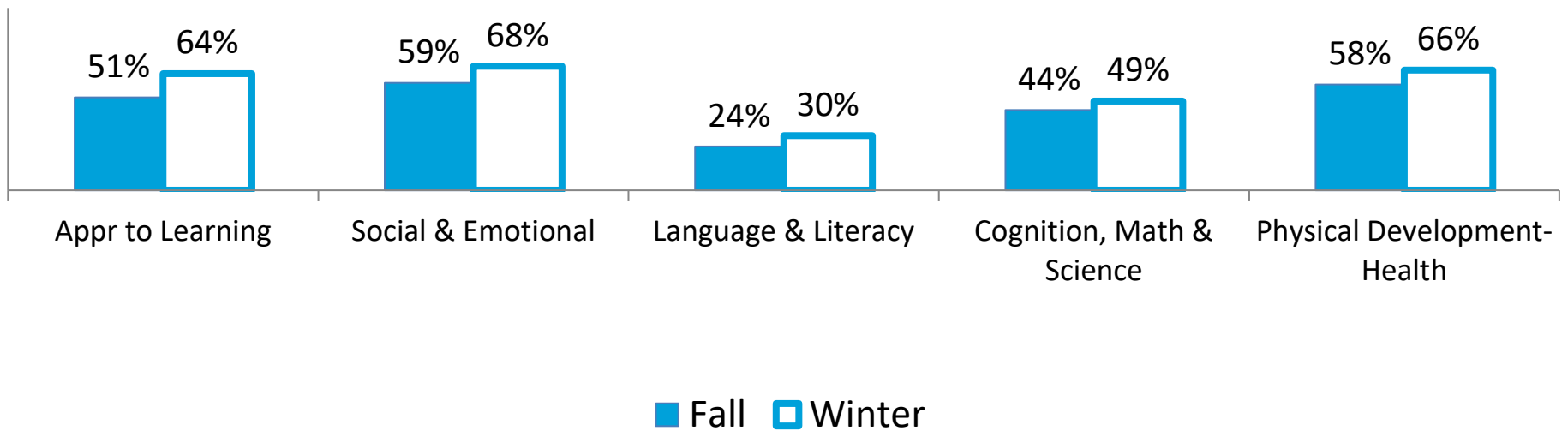
	Total
# of Children	123
Average Age (years)	1.7
% of English Language Learners	19%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

2 Yr Old (K in 2026) - DRDP Results

Domain Comparison for 2 Yr Old (K in 2026) Children

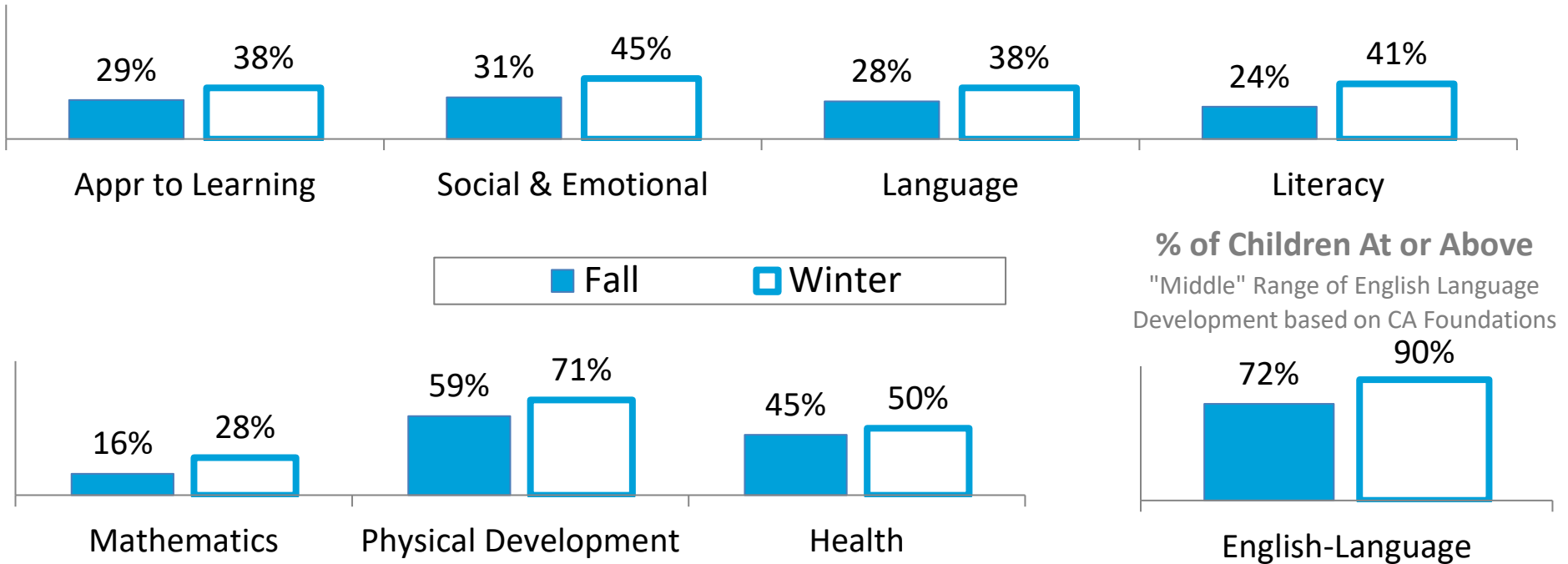Winter 2023-2024 Percentage of Children At or Above Foundation Expectations

Domain	Fall	Winter
Appr to Learning	41%	54%
Social & Emotional	46%	57%
Language & Literacy	23%	42%
Cognition, Math & Science	33%	53%
Physical Development-Health	47%	57%

■ Fall □ Winter

	Total
# of Children	159
Average Age (years)	2.6
% of English Language Learners	19%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

DRDP Results for Preschoolers

Domain Comparison for All Preschoolers

Winter 2023-2024 Percentage of Children At or Above Foundation Expectations
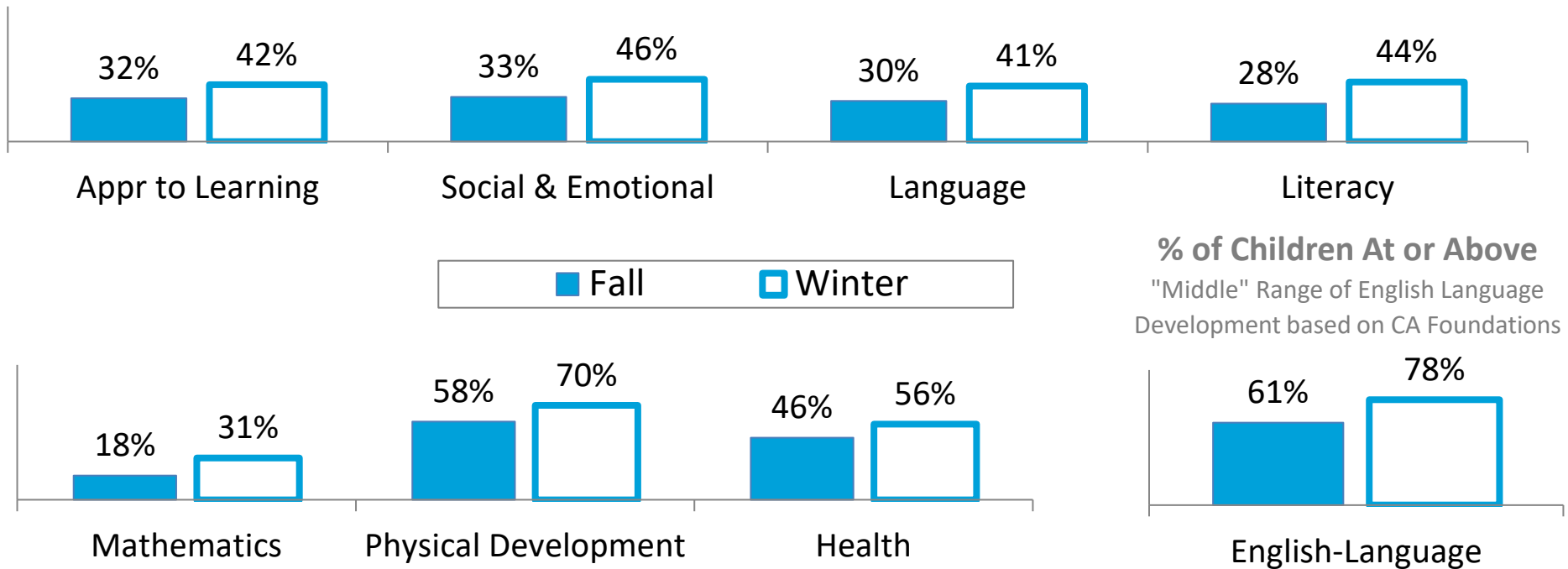
Appr to Learning	Social & Emotional	Language	Literacy
32% 42%	33% 46%	30% 41%	28% 44%

■ Fall   □ Winter

% of Children At or Above

"Middle" Range of English Language Development based on CA Foundations

Mathematics	Physical Development	Health
18% 31%	58% 70%	46% 56%

English-Language
61% 78%

	Total
# of Children	1,342
Average Age (years)	4.2
% of English Language Learners	24%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

3 Yr Old (K in 2025) - DRDP Results

Domain Comparison for 3 Yr Old (K in 2025) Children

Winter 2023-2024 Percentage of Children At or Above Foundation Expectations

Domain	Fall	Winter
Appr to Learning	35%	47%
Social & Emotional	33%	47%
Language	32%	45%
Literacy	34%	48%

■ Fall   □ Winter

% of Children At or Above

"Middle" Range of English Language Development based on CA Foundations

Domain	Fall	Winter
Mathematics	19%	34%
Physical Development	56%	69%
Health	47%	62%
English-Language	46%	65%

	Total
# of Children	606
Average Age (years)	3.7
% of English Language Learners	25%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

4 Yr Old (K in 2024) - DRDP Results

Domain Comparison for 4 Yr Old (K in 2024) Children

Winter 2023-2024 Percentage of Children At or Above Foundation Expectations

Appr to Learning	Social & Emotional	Language	Literacy
29% / 38%	31% / 45%	28% / 38%	24% / 41%

■ Fall   □ Winter

% of Children At or Above

"Middle" Range of English Language Development based on CA Foundations

Mathematics	Physical Development	Health
16% / 28%	59% / 71%	45% / 50%

English-Language
72% / 90%

	Total
# of Children	670
Average Age (years)	4.6
% of English Language Learners	22%

Not a CDE report. DRDP is a copyright of the California Department of Education. Report Format © 2015 CCR Analytics

THANK YOU!

Annual Head Start
Self-Assessment Report

Program Year 2023 - 24

March 31, 2024

Table of Contents

Preschool Services Department
Head Start Annual Self-Assessment Report
Program Year 2024

General Information on Self-Assessment	
Requirements	Head Start[1] grant recipients and their delegate agencies are required to conduct an annual self-assessment, as promulgated by regulation (45 CFR 1302.102(b)(2)(i)-(iii)). The purpose of the self-assessment process is to: - Assess the Head Start program's progress toward meeting its long-term goals and short-term objectives. - Assess the program's compliance with the Head Start Program Performance Standards (HSPPS). - Assess the effectiveness of professional development and family engagement systems in promoting school readiness.
Purpose	A self-assessment tests whether a Head Start agency is *"doing the right thing"* in its program design and delivery to meet the needs of children and families. It looks at an organization's processes and systems through a systemic lens. The County of San Bernardino's Preschool Services Department's (PSD) Program Year (PY) 2023-24 Annual Self-Assessment focused on its human resource system; specifically, its human resources recruitment strategies. To determine the effectiveness of the recruitment strategies and alternative methods to draw individuals into the workforce, PSD's leadership team posed the following question: *Have the PSD's recruitment strategies and organizational changes increased the number of viable applicants to support PSD's needs for serving children?*
Dates	The Self-Assessment lasted six weeks, beginning in February 2024. Before the start, the management team was provided with an overview of the process and general expectations.
Team Composition	The entire leadership and management team (Level 1 and Level 2) was included in the self-assessment process.

[1] The term Head Start is being used as the over-arching term to include Head Start Preschool, Early Head Start, and Child Care Partnerships.

Methodology

Area	Work Completed
SWOT Analysis	The key element of the self-assessment process was a SWOT analysis, which served to explore *What Could Be vs. What Is*. As such, the purpose of the SWOT was to identify the effectiveness of the current recruitment strategies and staffing changes; the challenges posed by the strategies, and the opportunities for the organization to implement new strategies. Through this process, PSD was able to identify its current reality and think broadly about its potential future strategic directions. The SWOT explored how the existing structure supported PSD's goals and objectives.
Meetings	Meetings were held with the Executive Director and Deputy Director to plan and highlight PSD's efforts over the past year. A subsequent meeting was held with key leadership, including human resources, to outline the strategies implemented and the challenges they experienced in implementing them.
Survey	The educational staff participated in a survey to provide input on their experiences with PSD's human resources process and to share strategies that they felt could effectively draw more individuals into the workforce. The survey included 12 questions and was sent to 196 educators; there was a 34% response rate, which according to survey methodology data, is considered a "good" response rate.
Document Review	PSD provided a list of past recruitment strategies. These strategies were reviewed and compared to strategies implemented by larger grantees with similar scope of responsibilities. The strategies were also researched to determine the type of audience drawn to the particular activity.

Head Start Management Systems

The Head Start Management Wheel was used as the guiding principle in the self-assessment process. The Head Start Management Wheel represents the twelve program management, planning, and oversight systems critical to sound program infrastructure and high-quality services. The twelve management systems include:

1. Program Planning & Service Systems Design
2. Data & Evaluation
3. Fiscal Management
4. Community & Self-Assessment
5. Facilities & Learning Environments
6. Transportation
7. Technology & Information Systems
8. Training & Professional Development
9. Communication
10. Record-Keeping & Reporting
11. Ongoing Monitoring & Continuous Improvement
12. Human Resources

The following systems were utilized for this self-assessment process.

Management System	Purpose of Management System
Human Resources	This system explores how the organizational structure supports staff in providing high-quality services to children and families. It also explores a program's ability to recruit, retain, and promote staff. For this self-assessment, PSD explored the efficiencies of its workforce recruitment and retention practices.
Program Planning	This system determines how programs are looking ahead to the program needs based on data trends and analysis and subsequently charting its direction and responses. For this self–assessment, planning was used to determine the frequency of recruitment events and application processing.
Communication	This system explores how the communication system addresses internal and external communication among and between program leadership and staff. For this self-assessment, PSD explored how the existing human resources process internally and externally communicates the vacant positions.
Ongoing Monitoring &	This system explores how ongoing monitoring informs program operations, planning, and continuous quality improvement.

Management System	Purpose of Management System
Continuous Improvement	For this self-assessment, PSD explored how the program monitored the implementation of strategies and modified them accordingly.

Overall Analyses of Data

- As of March 1, 2024, PSD is funded to serve 3,028 infants, toddlers, and preschoolers; the program is 58% enrolled. The grantee has 100 Teacher II (44%) vacancies and 63 Teacher Aide (52%) vacancies.

- The program is under-enrolled due to the number of teacher vacancies. There are 951 Head Start Preschool and 239 Early Head Start children waiting for a class to open.

- PSD held four hiring events from March 2023 to January 2024, expediting its hiring process by 4-6 weeks. 264 individuals were invited to the hiring events; 55% of the invited participants were scheduled to participate, 76% were interviewed, 75% were offered a position, and 71% were hired.

- In 2022, PSD increased staff salaries, which resulted in more candidates, particularly for the generalist positions (family services). A major change has been visible for the family services positions.

- The teacher aide position (which requires a Child Development Associate Teacher permit) is the lowest-paid position at $18.39 per hour, with a vacancy rate of 52%.

- The vacancy rate for a teacher position is 44%, and the hourly wage is $21.91. In July 2024, the teacher's hourly wage will increase by 2.5%, or $22.45.

- PSD has created a recruitment video to support drawing more individuals and expediting them through hiring.

- PSD reviewed job descriptions for the most challenging positions and modified them to the most basic requirements in the Head Start Program Performance Standards and Title 5 regulations.

- PSD utilizes the OHS waiver process to support new staff in meeting the associate degree requirement.

- There is an apprenticeship program for the generalist position. The program also allows employees to participate in PSD pathways to other positions within the county. This model does not exist for teaching positions.

- PSD participated in ten community college and university job fairs from April 2023 to February 2024.

- There is a partnership with Chaffey and Valley colleges to support current and former (less than two years) parents in obtaining employment with PSD as teachers, custodians, clerks, food service workers, or generalists. Parents are enrolled in coursework and receive on-the-job training. This is not a registered apprenticeship program.

- A similar project is implemented with the SBC Transitional Assistance Department (CalWORKs). Over 18 months, participants are placed in classrooms as extra support as they complete their coursework. There are currently 10-15 active participants.

- PSD has implemented the Ladders of Success Initiative, which focuses on various pathways for parents and teacher aides to become lead teachers. This is a cohort model in which participants enroll in coursework while receiving training in the classroom.

- PSD has developed a partnership with nearby high schools to encourage high school seniors to join the workforce. While they have considered hiring high school interns, the state law mandates that criminal background checks are obtained before working with minors. Additionally, there is a liability concern when working with underage individuals.

- The web page markets job openings. Immediately upon opening the PSD website, a message states, "We Are Hiring – Join our Team." This information is accessible and easy to navigate to the vacancy announcements. While the PSD website is accessible, the San Bernardino County (parent agency) website is not easy to navigate if an individual is unaware. The PSD information is buried.

Survey Responses

- There were 66 responses to the Survey Monkey questionnaire; 51% were teachers, 19% identified as Lead Teachers and 21% as Assistant Teachers. 82% of respondents have been with PSD for three years or more.

- 56% of respondents felt that PSD was very well known in the community, while 41% felt that PSD was "somewhat" to "not" known. The 41% is significant for a program as large as PSD.

- Most respondents heard of PSD through referrals from family and friends or online searches such as the SB County website and Ed-Join. Only 7% of the referrals were from job fairs. Of particular interest is that only two respondents are former parents working in the program's education component.

- When asked to rank from highest to lowest, the top reason that drew respondents to seek employment with PSD, working with children ranked the highest at five. Interestingly,

employer, salary, benefits, and stability were ranked "4". Convincing recruitment was ranked "1", the very lowest on the scale.

- According to the feedback received, 77% of the respondents stated that PSD was somewhat quick to respond to their employment application. The majority of the respondents also mentioned that the recruitment application packet had the right amount of information or requests for information. Additionally, most respondents found the process easy to navigate once they started it.

- About half of the respondents felt that the website was easy to navigate, and the other half indicated that it was "somewhat" to "not easy." PSD could address this as an opportunity.

- Respondents provided the following suggestions for new strategies.

    o Emphasize the benefits of working with children, which will help them parent their children.

    o Emphasize the degree of professional development opportunities.

    o Emphasize the competitive benefits, particularly with Tier 1 and 2 retirement.

    o Increase pay to make it more competitive.

    o One respondent summed it up well: *"The pay is decent, and working with families is not just about educating their children but also about making connections. Building relationships and helping families reach personal/professional/family goals. Seeing the growth and changes over the year with kids and families."*

Overall Findings

The self-assessment concluded that PSD is implementing effective strategies to attract and retain qualified staff. However, not enough viable candidates are entering the industry. Table 1 provides an overall summary of the SWOT analysis completed.

PSD will consider new strategies, such as updating San Bernardino County's website and contracting with vendors beyond Ed-Join. PSD will also focus on areas that threaten its ability to attract staff in a declining workforce, an issue most grant recipients face nationally.

In particular, the hourly wage of a teacher aide is not competitive compared to other non-educational fields. Prime examples include the food service industry, the lowest level of health care workers, and wholesale manufacturing. Since 2010, Amazon has spent more than $19.3 billion in the Inland Empire and $81 billion in California. The Seattle-based company

that revolutionized online shopping opened a new fulfillment center in Victorville, promising to bring over 1,000 full-time jobs to the region.[2] The average pay for entry-level associates in the United States at this company is $20.98 per hour, 30% above the national average.[3]

Similarly, a full-time McDonald's food service worker can earn as much as $35,152 per year without education. Fast-food workers in California are getting higher paychecks. From April 1, limited-service restaurant workers in the Golden State who work for chains with more than 60 locations nationwide will get a minimum wage of $20 an hour under AB 1228, signed by Gov. Gavin Newsom in September.[4] These positions do not have an educational requirement.

Another example of minimum salaries that will impact PSD is that of health care workers (medical technicians, nursing assistants, custodians, and other support staff). Organizations must implement a $21 minimum wage in 2024 and reach $25 by 2027.[5]

The proposed new Head Start Program Performance Standards will compound this, proposing a revision to 1302.90(e)(2)(i) "that requires programs to make progress towards pay parity for teachers with kindergarten through 3rd grade." The challenging question with this regulation is first, "Where will programs get the funding to support massive wage increases?" and "How will preschool teachers ultimately be defined?" Will the definition be based on the age of children served, or will it be based on industry titles?

The salary study is crucial for PSD. According to one manager working as a university professor, class participation has not declined significantly in the High Desert / Inland Empire. Many candidates are choosing Transitional Kindergarten (TK), which pays more than Head Start. PSD must modify its marketing approach to demonstrate that Head Start is preferable and pays comparable wages to TK. This threat is consistent across California. PSD could consider partnering with other large grant recipients facing the same challenge.

Another threat identified through this process was retaining staff. Many staff have expressed concerns regarding the increased number of children in the classroom who require special needs support. Staff feel overwhelmed by the increased number and need additional support to help address the children's needs. These supports include professional development opportunities and additional staff to reduce ratios.

According to the feedback from the staff members who participated in the Survey Monkey, PSD's services had some positive aspects and some challenges. The areas that need improvement include making the website easier to navigate, responding to applications more timely, and increasing the organization's visibility in the community. By doing so, PSD can establish a reputation for providing high-quality services to children and being a great place to work.

Table 1 Summary of SWOT

	INTERNAL	EXTERNAL
	STRENGTHS	**OPPORTUNITIES**
POSITIVE	✓ PSD held four hiring events from March 2023 to January 2024. 71% of applicants have been hired. ✓ PSD participated in job fairs from April 2023 to February 2024. ✓ Ladders of Success initiative - pathways to become a lead teacher. ✓ PSD has an accessible website and messaging stating, "We Are Hiring – Join our Team." ✓ Apprenticeship Models ✓ Colleges and Universities partner for coursework and on-the-job training. ✓ Parent focused partnerships	✓ **Modify the SBC website to include a targeted area for preschool hiring under " SB County Newsroom."** ✓ **Decrease the number of slots to increase salaries.** ✓ **Consider contracting with web-based employment services such as LinkedIn or Indeed.** ✓ **Conduct a wage compensation study that includes the age group teachers serve versus the position title.** ✓ **Increase presence in the community – make sure PSD is well known throughout its service area.** ✓ **Recruit and support more parents in career pathways.** ✓ **Consider working to make the website easier to navigate.**
	☐ **WEAKNESSES**	**THREATS**
NEGATIVE	✓ The San Bernardino County (parent agency) website is difficult to navigate and the preschool information is inaccessible. ✓ Limited ability to recruit high school students. ✓ PSD only uses Ed-Join to do web-based recruitment. ✓ Teacher Aide salaries are not competitive with those of the food service and Amazon workforce, which have no education requirements, and health care workers, which have minimal education requirements. ✓ Marketing to demonstrate why Head Start is a great place to work. ✓ 41% of Survey Monkey respondents indicated that PSD was somewhat unknown to not known in the community. ✓ Less than 1% of respondents were former parents.	✓ **Competitive salary for staff with no to low education requirements.** ✓ **Proposed new Head Start Regulations 1302.90(e)(2)(i).** ✓ **Amazon's strategic and aggressive expansion in California, particularly the Inland Empire.** ✓ **The number of qualified individuals in the early education industry.** ✓ **The increased number of children with special needs and staff feeling overwhelmed with their ability to meet the children's needs.** ✓ **ECE candidates choose Transitional Kindergarten over HS for employment.**

Plan of Action

To address the weaknesses and potential threats identified as part of the SWOT analysis, PSD has begun instituting the following:
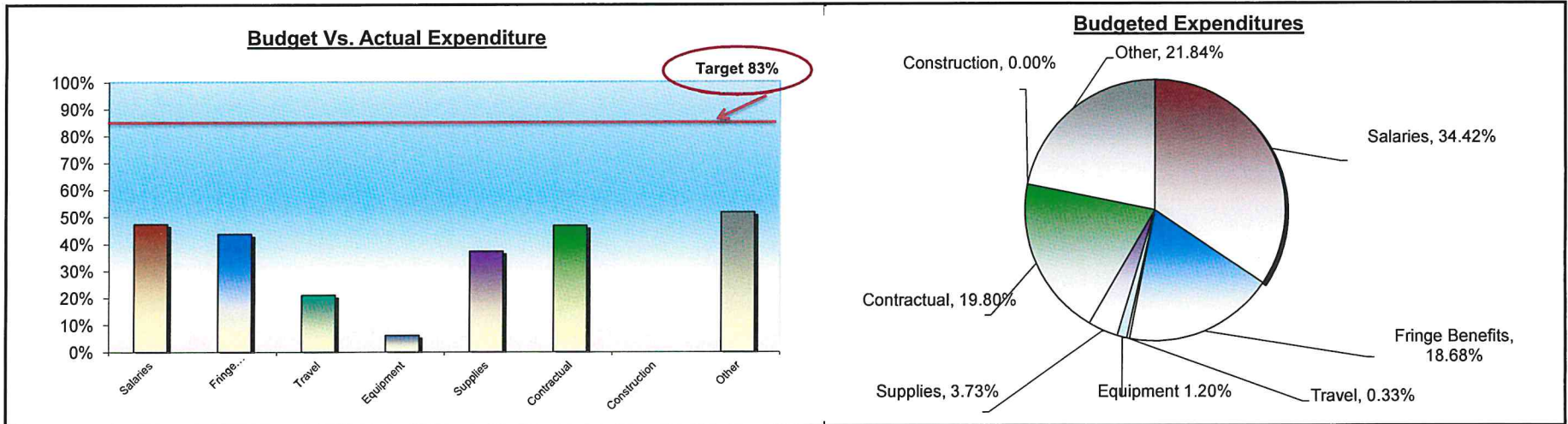
- Exploring renewed intern relations with CSU San Bernardino, working to resume the relationship in place pre-COVID-19 pandemic.

- Survey existing interns to determine what will encourage them to join the PSD family.

- Continue to work on re-establishing a relationship with the Transitional Assistance Department for job placement of CALWork recipients.

- Creating a calendar of recruitment strategies that place PSD in the community at least twice monthly.

This page intentionally left blank.

County of San Bernardino Preschool Services Department
Budget-To-Actual and Projected Expenditure Report
FY 2023-24
As of May 31, 2024

Combined

		(A)	(B)	(C)	(D)	(E)	(F)	(G) Budget Transfer		(G)	(G)
	Budget Categories	Modified Budget	Year-To-Date Actual	Available Budget (A) - (B)	Projected Expenditure	Total YTD + PRJ (B) + (D)	Budget Balance (A) - (E)	Transfer-In (i)	Transfer-out (ii)	Budget Balance II (F) - (G)	Budget vs. Actual Exp.% (B) / (A)
	Expenditures										
A	Salaries	22,212,193	10,533,002	11,679,191	4,436,259	14,969,261	7,242,932		(7,242,932)	-	47.4%
B	Fringe Benefits	12,052,845	5,263,809	6,789,036	1,953,739	7,217,548	4,835,297		(4,835,297)	-	43.7%
C	Travel	215,830	45,621	170,209	14,001	59,621	156,209		(156,209)	-	21.1%
D	Equipment	776,682	48,250	728,432	218,420	266,670	510,012	5,118,448		5,628,460	6.2%
E	Supplies	2,406,386	898,561	1,507,825	350,002	1,248,562	1,157,824	975,602		2,133,426	37.3%
F	Contractual	12,778,816	5,971,445	6,807,371	4,212,987	10,184,432	2,594,384		(2,594,384)	-	46.7%
G	Construction	-	66,328	(66,328)	4,000	70,328	(70,328)	10,346,733		10,276,405	0.0%
H	Other	14,091,090	7,272,335	6,818,755	1,454,619	8,726,954	5,364,136		(1,611,960)	3,752,176	51.6%
	Total Direct Costs	64,533,842	30,099,350	34,434,492	12,644,026	42,743,376	21,790,466	16,440,783	(16,440,783)	21,790,466	46.6%
	Percentage (%) Analysis	100.0%	46.6%	53.4%	19.6%	66.2%	33.8%	25.5%	-25.5%	33.8%	**36.69%**

Budget Vs. Actual Expenditure — Target 83%

Budgeted Expenditures — Construction, 0.00%; Other, 21.84%; Salaries, 34.42%; Fringe Benefits, 18.68%; Travel, 0.33%; Equipment 1.20%; Supplies, 3.73%; Contractual, 19.80%

Note: Year to date actual reflects expenditures as of April 30, 2024 in SAP accounting system

County of San Bernardino Preschool Services Department
Budget-To-Actual and Projected Expenditure Report
FY 2023-24
As of May 31, 2024

Carryover 23-24 Approved

	Budget Categories	(A) Modified Budget	(B) Year-To-Date Actual	(C) Available Budget (A) - (B)	(D) Projected Expenditure	(E) Total YTD + PRJ (B) + (D)	(F) Budget Balance (A) - (E)
	Expenditures						
A	Salaries		-	-	-	-	-
B	Fringe Benefits		-	-	-	-	-
C	Travel		-	-	-	-	-
D	Equipment	1,689,233.00	-	1,689,233	1,689,233	1,689,233	-
E	Supplies	749,118.14	-	749,118	749,118	749,118	-
F	Contractual		-	-	-	-	-
G	Construction	21,145,745.00	-	21,145,745	21,145,745	21,145,745	-
H	Other	3,032,620.00	-	3,032,620	3,032,620	3,032,620	-
	Total Direct Costs	**26,616,716**	**-**	**26,616,716**	**26,616,716**	**26,616,716**	**-**

Preschool Services Department

Head Start
Shared Governance Board
Program Information Report Training

May 23, 2024

www.SBCounty.gov
May 23, 2024

Background and Purpose

- PIR is designed to collect and make public program information of every Head Start recipient in the nation

- PIR has no identifiable information and can be accessed by the public upon request

- It is not intended to be used for compliance monitoring

- All recipients are required to collect all necessary information and submit to the Office of Head Start by August 31 of each program year

- PIR is not a tool to measure Continuous Quality Improvement

- PSD uses a diverse variety of metrics

- These are tied to program, child, and family goals and reported out at various times throughout the year, school readiness, County measures, etc

- PIR gives us a starting point for asking more in depth questions regarding program components, delivery systems, and efficacy

A. Program Information

B. Program Staff and Qualifications

C. Child and Family Services

D. Grant Level Questions

- General Information
- PIR Reporting Timeframes
- Funded Enrollment
  - Funding source
  - Program option
  - Child care partners
- Classes in Center Based
- Cumulative Enrollment
  - Age
  - Transition
  - Attendance
  - Language
  - Race and Ethnicity
- Record Keeping- title of system

- Total Staff/ Volunteers
  - By type- Head Start/Non Head Start Parents
  - Contractors/ Non Contractors
- Education and Child Development Staff
  - Classroom/ Non Classroom Staff
  - HS/EHS
  - Staff Qualifications
  - Salary
  - Language
  - Race/Ethnicity
- Staff Turnover
  - All staff/ Educational Staff

Child and Family Services

- Health Services
  - Health Insurance
  - Medical/Dental Home-at enrollment/completion
  - BMI/ Immunizations
  - Chronic Conditions
  - Mental Health Services

- Disabilities Services
  - IDEA Eligibility
  - Part B Services (10 % service goal)
  - Part C Services (10 % service goal)
  - Primary Disability

- Education and Development Tools/Approaches
  - Screening
  - Assessment
  - Curriculum
  - Classroom and Home Visit Observation Tools
- Family and Community Partnerships
  - Descriptive Guardian Information- one/two parent, kinship care, foster
  - Guardian Education, Employment, Military, SSI, TANF, WIC, SNAP Family Services Received
  - Father Engagement
  - Homeless Services
  - Foster care

- Intensive Coaching
  - Received/Provided

- Management Staff Salaries
  - Directors, Content Areas Managers, Fiscal Officer (CFO)

- Education Management Staff Qualifications

- Family Services Staff Qualifications

- Formal Agreements for Collaborations
  - LEAs
  - Child Care Partners

Preschool Services Department

Preschool Services Department

Parent, Family, Community Engagement PFCE

La Shawn Love-French
May 23, 2024

www.SBCounty.gov
May 23, 2024

Parent, Family, and Community Engagement involves all stakeholders invested in children's growth and well-being, participating in planning and delivering supportive services.

❖ **1302.50 (a)** *Purpose-* A program must integrate parent and family engagement strategies into all systems and program services to support family well-being and promote children's learning and development. Programs are encouraged to develop innovative two-generation approaches that address prevalent needs of families across their program that may leverage community partnerships or other funding sources.

❖ **1302.51 (a)** A program must promote shared responsibility with parents for children's early learning and development, and implement family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development
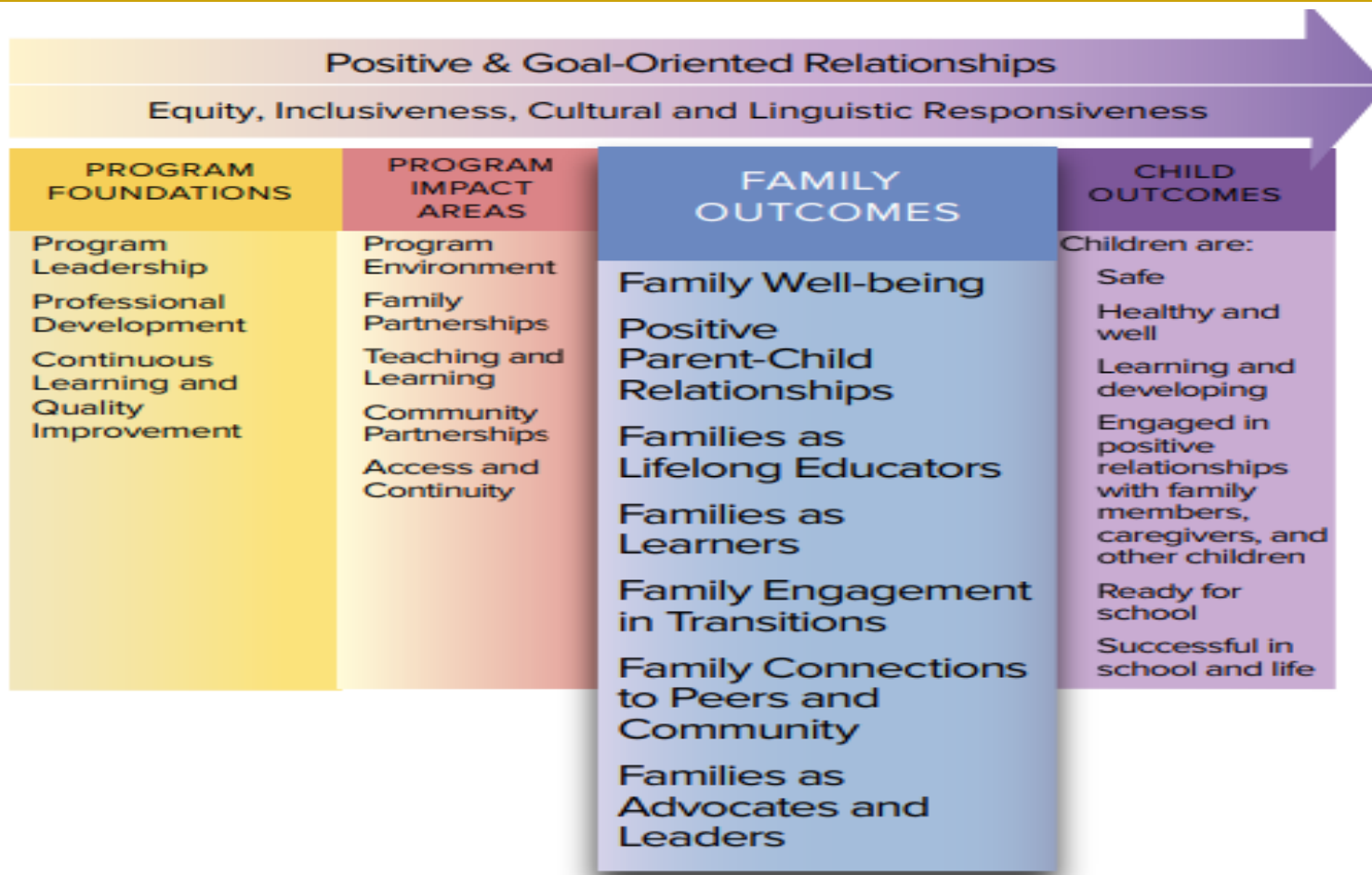
FAMILY OUTCOMES

Family Well-being

Positive Parent-Child Relationships

Families as Lifelong Educators

Families as Learners

Family Engagement in Transitions

Family Connections to Peers and Community

Families as Advocates and Leaders

The FSA helps the family identify needs and interests. The FPA is a tool to establish strategies, goals, and outcomes.

Partner with the parent/guardian to strive for:

Goals: A desired result the parent/guardian envisions, describes, and commits to by stating:

- Who will take action to achieve the result?
- A realistic accomplishment date for the family.

Strategies: A list of specific actions which:

- Are set by the family
- Are obtainable during the program year.
- Lead to a desired result.

Strategies may include support services for shelter, food, health, education, or other services.

OUTCOMES: The measurable effect that benefits the family is due to their vision, commitment, actions, and support received.

Offer parent the opportunity to gain valuable job-related skills and knowledge that makes them more marketable in their chosen profession.

- Center Clerk
- Custodial
- Food Service Worker
- Teacher Aid

They were designed to assist in developing a career path leading to stability and growth.

- 13-week cohort with fathers where they can connect, bond, and feel empowered.

- Embrace healthy father engagement
- Evidence-based practices from the Nurturing Fathers Curriculum
- Enables father/father figures to promote or sustain a healthy marriage, support child and family wellbeing
- Supports responsible parenting and increases economic stability

Provides parents with education to obtain a certified credential to be a family service worker.

Program Objectives

- Equip individuals with knowledge and skills to support families
- Enhance capacity to engage with families in a strengths-based, culturally sensitive manner

It is earned by:

- Attending 80 hours of classes
- Completing 10 hours of portfolio work
- Passing the FDC exam

Preschool Services Department

PSD Governance Board Agenda Packet

May 23, 2024

SBCounty.gov

SAN BERNARDINO COUNTY

Preschool Services Department
Administration

Jacquelyn Greene
Director

Head Start Shared Governance Board
March 21, 2024

Attendance Sheet

Present:
1. Joe Baca, Jr., San Bernardino County Board of Supervisor, 5th District, Shared Governance Board Chair
2. Josh Dugas, Director, San Bernardino County Department of Public Health
3. Myrlene Pierre, Assistant Superintendent, Student Services, San Bernardino County Superintendent of Schools
4. Kevin Anderson, Interim Children's Network Officer, San Bernardino County Children's Network
5. Kari Turner, Policy Council Chair, SGB Representative, 29 Palms Head Start
6. Eva Gutierrez, Policy Council SGB Representative, Boys & Girls Club

Absent:
7. Ted Alejandre, County Superintendent, San Bernardino County Superintendent of Schools, SGB Vice Chair
8. Dr. Georgina Yoshioka, Director, San Bernardino County Department of Behavioral Health
9. Dr. Michael Sequeira, Health Officer, San Bernardino County Department of Public Health
10. Kristina Rodriguez, Policy Council SGB Representative, Hesperia Head Start

Head Start Shared Governance Board
Meeting Minutes

DATE: March 21, 2024
PLACE: Preschool Services Department
           Zoom Video/Teleconference Meeting

1. & 2. Call to Order & Welcome/Introductions

The Shared Governance Board (SGB) meeting commenced at 2:00 P.M.

San Bernardino County (SBC) Board of Supervisors (BOS) 5th District Supervisor Joe Baca, Jr., SGB Chair, called the meeting to order and welcomed everyone. Kevin Anderson, Interim Children's Network Officer, introduced himself and everyone welcomed him to the SGB.

3. Public Comment

There were no public comments.

4. Presentation of the Agenda

4.1 Modification to the Agenda
Shar announced that the agenda packet was updated with a revised 23/24 Budget to Actual.

5. Executive Reports/Program Updates

5.1 Administration for Children and Families - Office of Head Start Communications
Arlene Molina, PSD Assistant Director, updated the SGB members of the following Preschool Services Department update.

- Office of Head Start Program Instruction 24-01 – Federal Reporting Changes Financial Reports; SF-425; Expenditures; Tangible Personal Property Reports; SF-428

5.2 Program Updates
Jacquie Greene, PSD Director, updated the SGB members of the following Preschool Services Department updates.
Quality Improvement Action Plan Updates and Federal Review
Jacquie Greene, PSD Director, reported that the Federal Review audit went well. Seven PSD sites were visited. Interviews were conducted with all levels of staff as well as the Policy Council and the Shared Governance

Board members. Jacquie thanked the SGB for participating. The Federal reviewers has invited PSD Policy Council members do a presentation about the impacts of PSD services in their lives.

Supervisor Baca Jr., BOS 5ᵗʰ District, SGB Chair congratulated Jacquie on her leadership and on the great job of communicating with the Board through the process of the corrections. Supervisor Baca Jr. thanked Mr. Dugas, Public Health Director, SGB Board member for joining him in the Federal Review governance interview.

Program Operation Changes - 29 Palms
29 Palms is experiencing staffing shortages. PSD plans to bus 16 children enrolled at 29 Palms Head Start to Yucca Valley Head Start. The families and staff have been notified. The PSD Executive Team visited the 29 Palms location yesterday to meet with families and staff to answer questions.

PSD Staffing Update
Currently PSD has 702 funded Head Start positions.
- 204 total vacancies - 29% vacancy rate
- 55 vacancies of 136 funded Teacher Aide positions - 40% vacancy rate
- 76 vacancies of 196 funded Teacher positions – 38.7% vacancy rate

PSD is continuing to focus on improving staffing with ongoing recruitment, hiring events and job fairs.

5.3 Quarterly Performance Measures 2023-24 – Quarter 2
LaTrenda Terrell, Deputy Director, presented the following:

GOAL	23-24 Target	Quarter 1	Quarter 2
Identify the number of Head Start/State Preschool children ages 3 – 5 not meeting developmental expectations based on the Head Start Early Learning Outcomes Framework for their age in Literacy skills on the first quarter's assessment and reduce this county by 55% by June 30,2024.	55%	N/A	N/A
Identify the number of Early Head Start children ages 18 – 36 months not meeting developmental expectations based on the Head Start Early Learning Outcomes Framework for their age in social emotional skills on the first quarter's assessment and reduce this count by 30% by June 30, 2024.	30%	N/A	N/A
Increase the enrollment opportunities for foster children	316	122	147
Decrease the number of children who are identified as in excess of a healthy level of Body Mass Index (BMI) classification to the next lower level by children's height and weight.	60%	N/A	38%

5.4 PSD 2023-24 Monthly Reports
Debra Billings Merlos, Deputy Director, presented the following monthly reports:
- 5.4.1 Enrollment Report
- 5.4.2 Attendance Report
- 5.4.3 Facility Update
- 5.4.4 Program Information Report

Jacquie informed the SGB that she will be bringing a list of PSD Program Information data that the SGB can review and recommend data they would like presented at the SGB meetings.

5.5 PSD 2023-24 Community Assessment
Arlene Molina, Assistant Director, presented the 2023/24 Community Assessment and 4th annual update. Arlene highlighted the following:
- Purpose of the Community Assessment
- Statistics
  - Population
  - Dual Language Statistics
  - Education Levels
  - Homelessness
  - Poverty Level
- Demographics of Survey
- Income from Survey
- Assistance Programs
- Important Issues for Families
- Highest Concerns for Families
- Preschool Services Goals

Josh Dugas, Public Health Director, offered Public Health resources to PSD regarding health screenings. Debra Billings-Merlos will contact Mr. Dugas to discuss.

5.6 Finance Reports – Budget to Actual Reports Ending February 29, 2024
Madeline Tsang, PSD Administrative Manager, provided the Budget-to-Actual and Projected Expenditure Reports for the Combined Head Start/Early Head Start/Early Head Start-Child Care Partnership as follows:

Combined HS/EHS FY 2023-24	Budget/Balance	Percentage Analysis
Budget	64,533,842	
Projected Budget Balance	$4,769,905	7.4%

6. Consent Items

The following consent item was approved.
>   7.1 SGB Minutes – January 18, 2024

APPROVED
Motion/Second: Josh Dugas/Myrlene Pierre
AYES: Supervisor Baca Jr., Myrlene Pierre, Josh Dugas, Kevin Anderson
ABSENT: Superintendent Alejandre, Dr. Yoshioka, Dr. Sequeira
ABSTAIN: None

7. Discussion Items

7.1 Approval of Fiscal Year 2023-24 Submission of 1303 Application – Victorville Amethyst

Madeline Tsang, Administrative Manager, presented the request to submit a 1303 application to acquire a facility located at 12883 Amethyst Road, Victorville (2,600 SF). PSD leased the Victor Valley College (VVC) Preschool site at 18422 Bear Valley Road, Victorville, CA from 2010 to 2022 when VVC District, informed PSD that they would discontinue the lease contract. To maintain the preschool services for enrolled children and families, PSD split the preschool children (ages 3-5) previously enrolled at the VVC site between the Victorville site (Amargosa site) and other high desert preschool sites. An additional preschool facility is needed to serve approximately 24 Early Head Start children (ages 0- 3).

PSD identified a suitable facility that is currently operating as a licensed preschool at 12883 Amethyst Road, Victorville with 2,600 square feet of space to serve the 24 Early Head Start children noted above. The existing owner wishes to sell her facility as soon as possible. The county Real Estate Department has evaluated the property and confirmed that this site meets the acquisition requirements for the preschool program. PSD believes the purchase of this site will fulfill the needs of the students served at the closed site (VVC). Staff from VVC will be assigned to this new site as needed, no new positions are needed to staff this site. The proposed acquisition cost is $689,000, which exceeds the Office of Head Start $250,000 threshold for minor purchases; therefore, PSD is required to submit a 1303 application as a major renovation project per 45 CFR 1303 Subpart E.

This property acquisition was approved by the Administration for Children and Families through a carryover funding request (up to $500,000) on 11/23/2022 (grant award # 09CH11719-03-03). Due to the facility negotiations taking longer than expected, PSD resubmitted a carryover funding request on 12/21/2023 with an estimated cost up to $700,000 to reflect the market increases. This 1303 application is to support the carryover funding request submitted on 12/21/2023.

This application has been approved by the Parent Policy Council on 3/18/2024.

APPROVED
Motion/Second: Josh Dugas/Myrlene Pierre
AYES: Supervisor Baca Jr., Myrlene Pierre, Josh Dugas, Kevin Anderson
ABSENT: Superintendent Alejandre, Dr. Yoshioka, Dr. Sequeira
ABSTAIN: None

7.2 Approval of 2024-25 Grant Application Submission to Administration for Children & Families

Jacquie Greene, PSD Director, presented the Head Start Basic Grant Application Summary and highlighted the following:

- Preschool Services Department's (PSD) Federal Basic Grant Refunding proposal for Program Year 2024-2025 to be submitted April 1, 2024, to the Administration for Children and Families (ACF). This basic grant proposal is for continuation of Head Start services to be provided by PSD, PSD's contract partners: Colton Joint Unified School District, Fontana Unified School District, Needles Unified School District, Child Care Resource Center (CCRC), as well as PSD's delegate agency Easter Seals Southern California, Inc. PSD, with our partners and delegate agency will serve 2,143 (not including 1,418 state slots) eligible children and families at 38 sites countywide, with an additional 27 Family Child Care locations.

- Proposed Budget for 2024-2025 Program Year

Type of Grant	Amount
Federal Head Start	$52,086,668
Federal Early Head Start	$12,447,174
Total Federal Grant	**$64,533,842**
State	$7,249,395

- o Head Start $52,086,668
  - o Early Head Start $12,447.174
  - o **Total Federal Grant**   **$64,533,842**
  - o State $ 7,249,395
- Short Term Goals:
  - o Promote school readiness in language, literacy, social, and emotional development.
  - o Increase the enrollment opportunities for foster children.
  - o Enhance the referral process with partners to streamline enrollment of families.
  - o Promote nutrition education programs for parents at each school site.
  - o Identify the number of children with an unhealthy Body Mass Index (BMI) and help them move to the next lower level through family support and health education.
  - o Increase the education level of families using the Online High School Diploma Program.
  - o Enhance access to job opportunities for families.
- Long Term Goals:
  - o Increase Center-Based Child Development services for children zero to five in the areas of highest need, as identified by the community assessment.
  - o Increase the number of parents who are making progress to obtaining economic self-sufficiency.
  - o Increase quality of classroom services as evidenced by increase of teacher level efficacy scores in all program options.
  - o PSD will establish and maintain consistency of childcare partners by experiencing a
  - o an 16% annually to increase continuity of care to children.
- Changes and Highlights for 2024-2025 program year
  - o <u>Head Start Reduction/Conversion</u> – PSD had 2441 Head Start (HS) slots in the last program year. However, due to high demand and limited availability of Early Head Start (EHS) services, PSD is requesting to convert 96 existing HS part day slots to 24 EHS full day slots. In addition, Easter Seals is requesting to convert 46 slots of their Head Start Part Day slots into 32 EHS full day center- based slots. Beyond this, the agency has reduced 156 slots of Head Start Part Day to bring us in line with current agency capacity. The remaining total number of HS slots to 2,143.
  - o <u>Early Head Start Additions</u>–PSD Head Start classes, 56 additional EHS Full day slots were added into the program for the 2024-2025 program year to address the growing need of all day care for children 18 months to 3 years old. EHS home based services are less in demand and were reduced by 21 slots. This reduction supports the increase in center-based slots. Overall, the EHS program increased by 35 full day slots resulting in a total of 689 EHS slots for the 2024-2025 program year.

APPROVED
Motion/Second: Myrlene Pierre/Kevin Anderson
AYES: Supervisor Baca Jr., Myrlene Pierre, Josh Dugas, Kevin Anderson
ABSENT: Superintendent Alejandre, Dr. Yoshioka, Dr. Sequeira
ABSTAIN: None

8. Informational Items

8.1 Next SGB Meeting
The next SGB meeting is scheduled for May 23, 2024.

10. Executive Comment

Supervisor Baca Jr. thanked the PSD staff for participating in the Fishing Day with the Supervisor event. The event was successful with 150 children in attendance.

11. Adjournment

The meeting adjourned at 2:53 P.M.

This page intentionally left blank.

San Bernardino County Preschool Services Department - Planning Road Map
Program Year 2024/2025

July 2024

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
All Early Head Start Program Options begin	ED
PSD School begins for Full Day and 228	ED
State Quarterly Report (CSPP and CPKS)	FIN
SF-429 Annual Federal Financial Report - HS	FIN/FAC
SF-425 Federal Financial Report - HS(Annual) and Fire(QTR)	FIN
Additional Position Requests if applicable	FIN
BAI to Accept HS, EHS, and EHS-CCP grants	ASI
Policy Council Meeting	PC
Review OHS PIR Guidelines for upcoming year	MGMT
Review Draft Program Information report (PIR)	QA
Capital Improvement Projects Review for next PY	FIN/FAC/ED
Receive deadlines for Human Services Annual Report info	SP
Begin In-Service Planning	ED
Year-end Closing Packet due to CAO	FIN
4th Quarterly County Performance Measures due	ED
FFATA report if applicable	FIN
Fatherhood Fire Quarterly Performance Progress Report (PPR)	PFCE
Delegate Authority Approval for Submission of PPR	ASI
BAI to accept Fatherhood FIRE grant	ASI
Prepare BAI for CACFP Grant Application	ASI

August 2024

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
BAI CACFP Grant Application	ASI
Receive notice application due for CACFP	FIN
Send Refunding Information to DA & CA (GABI)	FIN
Final Program Information Reports Due	QA
Policy Council Meeting	PC
Begin PSD Annual Report	SP
Pre-Service Annual Preschool Services Conference	ASI
Shared Governance Board Meeting	DIR
PSD School Begins for 175 & 128 day	ED
PSD Section for the Human Services Annual Report due	SP
SGB Training - ERSEA	MGMT
FFATA report if applicable	FIN
CSAC Challenge Award Submission	SP
BAI to Accept State (CSPP) grant	ASI
State Reporting Regarding Site Closures	ED

September 2024

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
Policy Council Meeting	PC
Conduct Community Assessment	SP
Schedule & Plan Self-Assessment for November	SP
1st Quarter Budget Adjustment & Performance Measures (prep)	FIN
CACFP Site Self-Audit 1 of 3	NTR
Send out Community Assessment Parent Survey	SP
FFATA report if applicable	FIN
DRDP Outcomes - Update School Readiness Goals Overview	ED
Prepare BAI for State (CSPP) application	ASI
Annual Staffing Changes	FIN
Begin Matrix Planning for next Program Year	ERSEA
State Reporting Regarding Site Closures	ED

October 2024

Report or Task Name	Unit
New Policy Council Orientation Day 1 & 2	PC
Policy Council Agenda Setting Meeting	PC
1st Quarter Budget Adjustment and Performance Measures (due)	FIN
State 1st Quarterly Report (CSPP and CPKS)	FIN
SF-425 Federal Financial Report - Fatherhood Fire (QTR)	FIN
CDE Independent Audit of Grant Schedules	FIN
Fatherhood Fire Quarterly Performance Progress Report (PPR	PFCE
Delegate Authority Approval for Submission of PPR	ASI
BAI for State (CSPP) application	ASI
CACFP Base Count (Meal Forms)	ED
Management Review State Application	ED
Policy Council Meeting	PC
Shared Governance Board Meeting & Orientation	DIR
California Shakeout (Disaster Preparedness)	PM
Prepare application for State Preschool Contract	CON
SGB Training - Governance Responsibilities/School Readiness	DIR
Update Quarterly County Performance Measures - 1st qtr	ED
FFATA report if applicable	FIN
Health Services Advisory Committee	HE
Next PY Calendars for State CFA	ED

November 2024

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
CACFP Base Count due to State	FIN
Position Review for 2024-25 County Budget	FIN
Submit State Application	ED
Prepare BAI to accept CACFP grant	ASI
Conduct Self-Assessment	SP
Policy Council Meeting	PC
Start State DRDP Parent Surveys	ED
FFATA report if applicable	FIN
File CSPP Audit Report with State	FIN
State Reporting Regarding Site Closures	ED

December 2024

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
Receive Budget from DA and CA (GABI)	FIN
Capital Improvement Projects Review	FIN/FAC/ED
Submit - Position Request for 2024-25 County Budget	FIN/PSDP/ED
FFATA report if applicable	FIN
Classroom Matrix Planning (GABI)	ED
Policy Council Meeting	PC
Establish Recruitment - Selection Criteria	PM
Submit Final PSD Annual Report	SP
Community Assessment Reviewed/Approved	SP/MGMT
NACo Planning	MGMT
Start EHS/HS Parent Handbook Review	ED/SP
Next PY Program Calendars - all programs	ED
Start next PY Education Classroom Timelines	ED
DRDP Outcomes - Update School Readiness Baseline Data	ED
BAI to accept CACFP grant	ASI

January 2025

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
State Quarterly Report (CSPP and CPKS)	FIN
SF-425 Federal Financial Report - HS (Semi-Ann) and FIRE (QTR and A	FIN
T&TA Budget Plan - (GABI)	FIN/TTA
Next PY GABI and FIRE Budget Preparation	FIN
FFATA report if applicable	FIN
Policy Council Meeting	PC
Shared Governance Board Meeting	DIR
CACFP Site Self-Audit 2 of 3	NTR
State 2nd Quarterly Report (CSPP and CPKS)	FIN
Self-Assessment Corrective Action Plan	SP
PSD Annual Report - Governance Approval of Draft	SP
Begin Pre-service Planning	ASI
2nd Quarterly County Performance Measures due	ED

February 2025

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
Prepare BAI for ACF application (GABI)	ASI
PSD In-Service	ED
DRDP Outcome Update School Readiness Goals - 1st and 2nd assessment co	ED
Policy Council Meeting	PC
Prepare BAI for ACF application (Fatherhood FIRE)	ASI
FFATA report if applicable	FIN
Planning & Communication Meeting	DIR
Next PY Quarterly Performance Measures Template	ED
Next PY GABI & FIRE Budget due to Executive Review	FIN/Prog
State Reporting Regarding Site Closures	ED

Policy Council Approved 5/20/2024
Shared Governance Board Approved 5/23/24

San Bernardino County Preschool Services Department - Planning Road Map

SGB Training - PFCE & PC	MGMT
FIRE Quarterly and Annual Performance Progress Report (PPR)	PFCE
Delegate Authority Approval for Submission of PPR and SF425(annual)	ASI
Start Enrollment Packet Form review	ED/SP

March 2025

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
County Budget, HS Grant and FIRE Grant Submission	FIN
Complete Parent Survey Action Plan	ED
BAI HS/EHS & EHS-CCP Grant approvals (3 approvals)	ASI
Review of Planning Road Map for Next Program Year	DIR
Start State (CSPP & CCTR) Program Self-Evaluation	ED
Health Services Advisory Meeting	HE
Policy Council Meeting/approval of GABI	PC
Shared Governance Board Meeting/approval of GABI	DIR
Fatherhood FIRE Grant approvals (3 approvals)	ASI
SGB Training - Facilities	FAC/ED
Sensitive Equipment Inventory Count/report preperation	FAC
FFATA report if applicable	FIN
Mid-Year Staffing Changes	FIN

April 2025

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
Fixed Assets/Vehicle Inventory Count	FAC/CONT
3rd Quarterly County Performance Measures	ED
State 3rd Quarterly Report (CSPP and CPKS)	FIN
Licensing of Duration Sites	ED
Policy Council Meeting	PC
CACFP Site Self-Audit 3 of 3	NTR
Sensitive Equipment Inventory due to ITSD	FAC
Employees' Satisfaction Survey	SP
FFATA report if applicable	FIN
FIRE Quarterly and Annual Performance Progress Report (PPR)	PFCE
SF-425 Federal Financial Report - FIRE (QTR)	FIN
Delegate Authority Approval for Submission of PPR	ASI
Health Services Advisory Meeting	HE
NACo Submission	SP

May 2025

Report or Task Name	Unit
Policy Council Agenda Setting Meeting	PC
County Year-End Closing - Purchase Request Cut Off	FIN
County Year-End Closing - Employee Travel Request cut off	FIN
JOC Contract Commencement	FAC
State (CSPP & CCTR) Program Self-Evaluation Finalized	ED
Complete PSD Directory of Services	ASI
BAI - accept ACF award	ASI
PSD Planning Road Map approvals	PC/DIR
Policy Council Meeting	PC
Shared Governance Board Meeting	DIR
Begin final PIR Report	QA
Begin HSS Annual Report	SP
SGB Training - PIR	MGMT
Annual Fixed Asset Report due to ATC	FAC
FFATA report if applicable	FIN
Start CSAC Challenge Award Planning	SP
Prepare BAI for General Fund Loan	ASI

June 2025

Report or Task Name	Unit
State Program Self-Evaluation submission	ED
1st Quarter Position Review	FIN/Prog
BAI - accept State contract	ASI
Take State Contract & ACF Award to Policy Council	PC
Policy Council Meeting	PC
Review Prior Year Program Goals & Objectives - HSS Annual Report	MGMT
FFATA report if applicable	FIN
Prepare County Year-end Closing Accrual Packet	FIN
Sumit final budget transfer/NSF waiver in HSES if applicable	FIN
State Reporting Regarding Site Closures	ED
DRDP Outcomes Update School Readiness Goals review of 1st, 2nd, &	ED

Individual/Unit Responsible

ASI	Administrative Supervisor I over Contracts/Clerical/BAIs
CON	Contracts
DIR	Director
ED	Education
FAC	Facilities/Tech
FFATA	Federal Funding Accountability and Transparency Act
FIN	Finance
HE	Health
PSDP	PSD Personnel
MGMT	Management
NTR	Nutrition
PC	Policy Council Coordinator
PM	Program Manager
QA	Quality Assurance
SP	Special Projects
TTA	Training and Technical Assistance Unit

Projects/Agencies/Programs

ACF	Administration for Children & Families
BAI	Board Agenda Item
CACFP	Child & Adult Care Food Program Audit
CA	Contract Agencies
CSPP	California State Preschool Program
CPKS	California PreKindergarten & Family Literacy Support
DA	Delegate Agency
DRDP	Desired Results Developmental Profile
EHS	Early Head Start
EHS-CCP	Early Head Start-Child Care Partnership
FY	Fiscal Year
GABI	Grant Application Budget Instrument
HS	Head Start
HSS	San Bernardino County Human Services System
ITSD	Information, Technology & Support Division
NACo	National Association of Counties
PIR	Program Information Report

SBC PRESCHOOL SERVICES - GOVERNANCE CALENDAR OF ACTIVITIES
Program Year 2024 – 2025

MONTH	POLICY COUNCIL		SHARED GOVERNANCE BOARD
July 2024	**15th Meeting** 1. Update 4th Quarter County Performance Measures		No Meeting
August 2024	**19th Meeting** 1. Annual Training ERSEA 2. Strategic Planning 3. School Readiness Goals/Child Outcomes – Comparison of Assessment 1, 2 and 3 – Review (previous year data) 4. Child and Adult Care Food Program (CACFP) Application 5. Community Assessment – Overview/approve 6. Monitoring Report		**22nd Meeting** 1. ANNUAL TRAINING – ERSEA 2. School Readiness Goals/Child Outcomes – Comparison of Assessment 1, 2 and 3 – Review (previous year data) 3. Child and Adult Care Food Program (CACFP) Application *(Approval)* 4. *Health & Safety Screener and Governance Screeners – as needed for Year 1 of Grants* 5. *Update 4th Quarter County Performance Measures* 6. Monitoring Report
September 2024	**16th Meeting** 1. Nutrition Report 2. Approval of Community Representative(s) for the next Program Year		No Meeting
October 2025	**TBD - Policy Council Orientation Training** 1. New Policy Council Orientation Meeting 2. Training and Election of Officers 3. Exec. Board Planning/Agenda Setting Committee 4. Childcare Planning Council & Region 9 Rep. Election 5. Shared Governance Board Representatives 6. Policy Council Oath of Office & Code of Conduct 7. Policy Council Reimbursement Procedures 8. Classroom Matrix Planning (GABI) 9. Monitoring Report **21st Meeting** 10. Apprenticeship Program 11. CSPP Application 12. Update 1st Quarter County Performance Measures 13. ANNUAL TRAINING –Governance Responsibilities & School Readiness		**24th Meeting** 1. Introduction of newly elected Policy Council Representatives 2. SGB By-laws and policies – as needed Governing Bodies/Shared Decision Making; Governance Internal Dispute Resolution/Impasse; and Community Complaint Procedure – as needed 3. Final Program Information Report - Review 4. Program Self-Assessment Participation Notice/Invite 5. CSPP Application – *Approval* 6. ANNUAL TRAINING –Governance Responsibilities School Readiness 7. Update 1st Quarter County Performance Measures 8. Monitoring Report
November 2025	**18th Meeting** 1. Policy Council By-Laws 2. Self-Assessment Update		No Meeting
December 2025	**16th Meeting** 1. Overview of Standards of Conduct for staff 2. Personnel Rules (Excerpts & Standards of Conduct) 3. Attendance Procedure		No Meeting

SBC PRESCHOOL SERVICES - GOVERNANCE CALENDAR OF ACTIVITIES
Program Year 2024 – 2025

January 2025	**21st Meeting** 1. Administration for Children and Families Grant Application– Narrative and Budget to include Goals & Objectives – *Tentative* Plans Presentation 2. Preschool Services Annual Report – Review 3. Community Assessment - Overview & Analysis – Review 4. School Readiness Baseline Outcomes – Overview/Review 5. Update 2nd Quarter County Performance Measures 6. ANNUAL TRAINING – Parent Family Community Engagement & Policy Council 7. Prior Year Single Audit Results- Review 8. Monitoring Report		**23rd Meeting** 1. Policy Council By-Laws – Approval 2. Community Assessment - Overview & Analysis - Review 3. Self-Assessment Report – Review 4. Shared Governance Board Vice-Chair Election 5. Prior Year Single Audit Results- Review 6. Preschool Services Annual Report – Approval of Draft 7. ACF Grant Application– Tentative Plans Presentation 8. ANNUAL TRAINING – Parent Family Community Engagement & Policy Council 9. School Readiness Baseline Outcomes – Overview/Review 10. Update 2nd Quarter County Performance Measures 11. Monitoring Report
February 2025	**18th Meeting** 1. Self-Assessment Corrective Action Plan Update		No Meeting
March 2025	**17th Meeting** 1. ERSEA Selection Criteria Policy – Approval 2. Delegate Agency & Contract Agency contracts – Every 5 years (2025) 3. Administration for Children and Families Grant Application (GABI) – Narrative and Budget to include Goals & Objectives– Approval 4. School Readiness Goals/Child Outcomes – Comparison of Assessment 1 and 2 – Review 5. Next PY Quarterly Performance Measures -Review 6. Corrective Action Plans – Self-Assessment Approval and Federal and/or State reviews when needed 7. ANNUAL TRAINING – FACILITIES 8. Monitoring Report		**20th Meeting** 1. ERSEA Selection Criteria Policy – Approval 2. Delegate Agency & Contract Agency contracts – Every 5 years (2025) 3. ACF Grant Application (GABI) – Narrative and Budget to include Goals & Objectives– Approval 4. School Readiness Goals/Child Outcomes – Comparison of Assessment 1 and 2 – Review 5. Corrective Action Plans – Self-Assessment Approval and Federal and/or State Reviews - as needed 6. Next PY Quarterly Performance Measures -Review 7. ANNUAL TRAINING- FACILITIES 8. Monitoring Report
April 2025	**21st Meeting** 1. Update 3rd Quarter County Performance Measures Conduct Community Assessment		No Meeting
May 2025	**19th Meeting** 1. Planning Road Map - Approval 2. Governance Calendar of Activities – Approval 3. ANNUAL TRAINING –PIR 4. Monitoring Report		**22nd Meeting** 1. Next PY Planning Road Map Roadmap - Approval 2. Next PY Governance Calendar of Activities - Approval 3. Next PY SGB Calendar - Approval 4. Next PY SGB Delegate Appointments - Approval 5. ANNUAL TRAINING –PIR 6. Update 3rd Quarter County Performance Measures 7. Monitoring Report
June 2025	**16th Meeting** 1. Family Community Engagement (FCE) Training 2. Attendance Report		No Meeting

San Bernardino County Head Start Shared Governance Board Meeting
Program Year 2024-25

_____

JOE BACA, JR., CHAIR
SBC 5th District Supervisor

TED ALEJANDRE, VICE-CHAIR
SBC Superintendent of Schools

JOSH DUGAS
DIRECTOR
SBC Public Health

DR. GEORGINA YOSHIOKA
DIRECTOR
SBC Behavioral Health

KEVIN ANDERSON
INTERIM CHILDREN'S NETWORK OFFICER
SBC Children's Network

KARI TURNER
HEAD START POLICY COUNCIL CHAIR
29 Palms Head Start
SGB Representative

EVA GUTIERREZ
HEAD START POLICY COUNCIL MEMBER
Boys & Girls Club Head Start
SGB Representative

KRISTINA RODRIGUEZ
HEAD START POLICY COUNCIL MEMBER
Hesperia Head Start
SGB Representative

_____

Purpose

The Head Start Shared Governance Board meetings are scheduled to fulfill the purpose of the Board in the development, participation, and monitoring of Head Start shared decision making with the Head Start Policy Council.

Meeting Dates/Time

2:00PM to 4:00PM

October 23, 2024
January 23, 2025
March 20, 2025

May 22, 2025
August 21, 2025

Special meetings or emergency meetings shall be called in compliance with the Brown Act.

Meeting Location

San Bernardino County Preschool Services Department – Administration
662 S. Tippecanoe Avenue
First Floor – Training Room A
San Bernardino, CA 92415-0630

Attendees

Head Start Shared Governance Board Members
Head Start Policy Council Shared Governance Representatives
PSD Director and Assistant Director
PSD Deputy Directors
San Bernardino County Deputy County Counsel
San Bernardino County Administrative Office Legislative Analyst
PSD Finance Administrative Manager
PSD Management and Administration Staff as needed

This page intentionally left blank.

San Bernardino County (SBC) Head Start Shared Governance Board

JOE BACA JR., CHAIR SBC 5th District Supervisor	**TED ALEJANDRE, VICE-CHAIR** SBC Superintendent of Schools

JOSHUA DUGAS, DIRECTOR SBC Public Health	**DR. GEORGINA YOSHIOKA, DIRECTOR** SBC Behavioral Health	**KEVIN ANDERSON, INTERIM CHILDREN'S** **NETWORK OFFICER,** SBC Children's Network
KARI TURNER Head Start Policy Council Chair 29 Palms Head Start SGB Representative	**EVA GUTIERREZ** Head Start Policy Council Member Boys & Girls Club Head Start SGB Representative	**KRISTINA RODRIGUEZ** Head Start Policy Council Member Hesperia Head Start SGB Representative

Shared Governance Board Delegate Appointment Form

Mail to: PSD | Attn: Shar Robinson | 662 S. Tippecanoe Ave., San Bernardino, CA 92415-0630

Email to: Sharmaine.Robinson@psd.sbcounty.gov

The Head Start Shared Governance Member: Ted Alejandre

Title: County Superintendent

wishes to appoint: Myrlene Pierre to serve as Delegate for a one-year term beginning <u>July 1, 2024 through June 30, 2025</u> to represent the member in the event the member must be absent from a meeting. The designation must be renewed every twelve months and is subject to disapproval by a majority of the remaining SGB members.

Appointee Title: Assistant Superintendent, Student Services

By signing below, the Head Start Shared Governance Board Member authorizes the appointee to serve on the Head Start Shared Governance Board in the absence of the Member, and acknowledges the appointee shall act in the capacity of the member for purposes of that meeting, including full voting rights. The member further confirms by signing below that the appointee has consented to this appointment.

_____   5/9/24 _____
Head Start Shared Governance Board Member (signed)   *Date*

Ted Alejandre
_____
SGB Member (printed)

If you have any questions, please contact Preschool Services Department Administration at 909-383-2005 or Shar Robinson at Sharmaine.robinson@psd.sbcounty.gov . Thank you.

Rev. 4/2024

San Bernardino County (SBC) Head Start Shared Governance Board

JOE BACA JR., CHAIR
SBC 5th District Supervisor

TED ALEJANDRE, VICE-CHAIR
SBC Superintendent of Schools

JOSHUA DUGAS, DIRECTOR
SBC Public Health

DR. GEORGINA YOSHIOKA, DIRECTOR
SBC Behavioral Health

KEVIN ANDERSON, INTERIM CHILDREN'S NETWORK OFFICER, SBC Children's Network

KARI TURNER
Head Start Policy Council Chair
29 Palms Head Start
SGB Representative

EVA GUTIERREZ
Head Start Policy Council Member
Boys & Girls Club Head Start
SGB Representative

KRISTINA RODRIGUEZ
Head Start Policy Council Member
Hesperia Head Start
SGB Representative

Shared Governance Board Delegate Appointment Form

Mail to: PSD | Attn: Shar Robinson | 662 S. Tippecanoe Ave., San Bernardino, CA 92415-0630

Email to: Sharmaine.Robinson@psd.sbcounty.gov

The Head Start Shared Governance Member: Dr. Georgina Yoshioka

Title: Director, Department of Behavioral Health

wishes to appoint: Maribel Gutierrez to serve as Delegate for a one-year term beginning July 1, 2024 through June 30, 2025 to represent the member in the event the member must be absent from a meeting. The designation must be renewed every twelve months and is subject to disapproval by a majority of the remaining SGB members.

Appointee Title: Senior Program Manager, Office of Equity and Inclusion

By signing below, the Head Start Shared Governance Board Member authorizes the appointee to serve on the Head Start Shared Governance Board in the absence of the Member, and acknowledges the appointee shall act in the capacity of the member for purposes of that meeting, including full voting rights. The member further confirms by signing below that the appointee has consented to this appointment.

_____
Head Start Shared Governance Board Member (signed)

5/7/2024
Date

Dr. Georgina Yoshioka
SGB Member (printed)

If you have any questions, please contact Preschool Services Department Administration at 909-383-2005 or Shar Robinson at Sharmaine.robinson@psd.sbcounty.gov . Thank you.

Rev. 4/2024

San Bernardino County (SBC) Head Start Shared Governance Board

_____

JOE BACA JR., CHAIR
SBC 5th District Supervisor

TED ALEJANDRE, VICE-CHAIR
SBC Superintendent of Schools

JOSHUA DUGAS, DIRECTOR
SBC Public Health

DR. GEORGINA YOSHIOKA, DIRECTOR
SBC Behavioral Health

**KEVIN ANDERSON, INTERIM CHILDREN'S
NETWORK OFFICER,** SBC Children's Network

KARI TURNER
Head Start Policy Council Chair
29 Palms Head Start
SGB Representative

EVA GUTIERREZ
Head Start Policy Council Member
Boys & Girls Club Head Start
SGB Representative

KRISTINA RODRIGUEZ
Head Start Policy Council Member
Hesperia Head Start
SGB Representative

_____

Shared Governance Board Delegate Appointment Form

Mail to: PSD | Attn: Shar Robinson | 662 S. Tippecanoe Ave., San Bernardino, CA 92415-0630

Email to: Sharmaine.Robinson@psd.sbcounty.gov

The Head Start Shared Governance Member: _____

Title:_____

wishes to appoint: _____ **to serve as Delegate
for a one-year term beginning** <u>July 1, 2024 through June 30, 2025</u> **to represent the member in
the event the member must be absent from a meeting. The designation must be renewed
every twelve months and is subject to disapproval by a majority of the remaining SGB members.**

Appointee Title: _____

By signing below, the Head Start Shared Governance Board Member authorizes the appointee to
serve on the Head Start Shared Governance Board in the absence of the Member, and
acknowledges the appointee shall act in the capacity of the member for purposes of that meeting,
including full voting rights. The member further confirms by signing below that the appointee has
consented to this appointment.

Kevin Anderson

_____   _____

Head Start Shared Governance Board Member (signed)   _Date_

_____

SGB Member (printed)

If you have any questions, please contact Preschool Services Department Administration at
909-383-2005 or Shar Robinson at Sharmaine.robinson@psd.sbcounty.gov . Thank you.

San Bernardino County (SBC) Head Start Shared Governance Board

JOE BACA JR., CHAIR	**TED ALEJANDRE, VICE-CHAIR**
SBC 5th District Supervisor	SBC Superintendent of Schools

MICHAEL SEQUEIRA, MD, PUBLIC HEALTH OFFICER	**DR. GEORGINA YOSHIOKA, DIRECTOR**	**WENDY ALVAREZ, INTERIM CHILDREN'S NETWORK**
SBC Public Health	SBC Behavioral Health	**OFFICER,** SBC Children's Network

SHELLY THOMAS	**CHRISTINE DAVIDSON**	**ORETHA PAKPAHAN**
Head Start Policy Council Chair	Head Start Policy Council Member	Head Start Policy Council Member
Community Representative	Community Representative	South Redlands Head Start
SGB Representative	SGB Representative	SGB Representative

Shared Governance Board Delegate Appointment Form

Mail to: PSD | Attn: Shar Robinson | 662 S. Tippecanoe Ave., San Bernardino, CA 92415-0630

Fax to: (909) 383-2080 | Email to: Sharmaine.Robinson@psd.sbcounty.gov

The Head Start Shared Governance Member: Joshua Dugas

Title: Director

wishes to appoint: Dr. Michael Sequeira   **to serve as Delegate for a one-year term beginning July 1, 2023 through June 30, 2024 to represent the member in the event the member must be absent from a meeting. The designation must be renewed every twelve months and is subject to disapproval by a majority of the remaining SGB members.**

Appointee Title: Health Officer

By signing below, the Head Start Shared Governance Board Member authorizes the appointee to serve on the Head Start Shared Governance Board in the absence of the Member, and acknowledges the appointee shall act in the capacity of the member for purposes of that meeting, including full voting rights. The member further confirms by signing below that the appointee has consented to this appointment.

_____

Head Start Shared Governance Board Member (signed)

4/23/24

Date

Joshua Dugas

_____

SGB Member (printed)

If you have any questions, please contact Preschool Services Department Administration at 909-383-2005 or Shar Robinson at Sharmaine.robinson@psd.sbcounty.gov . Thank you.

San Bernardino County (SBC) Head Start Shared Governance Board

JOE BACA JR., CHAIR	**TED ALEJANDRE, VICE-CHAIR**
SBC 5th District Supervisor	SBC Superintendent of Schools

JOSHUA DUGAS, DIRECTOR	**DR. GEORGINA YOSHIOKA, DIRECTOR**	**KEVIN ANDERSON, INTERIM CHILDREN'S**
SBC Public Health	SBC Behavioral Health	**NETWORK OFFICER,** SBC Children's Network
KARI TURNER	**EVA GUTIERREZ**	**KRISTINA RODRIGUEZ**
Head Start Policy Council Chair	Head Start Policy Council Member	Head Start Policy Council Member
29 Palms Head Start	Boys & Girls Club Head Start	Hesperia Head Start
SGB Representative	SGB Representative	SGB Representative

Shared Governance Board Delegate Appointment Form

Mail to: PSD | Attn: Shar Robinson | 662 S. Tippecanoe Ave., San Bernardino, CA 92415-0630

Email to: Sharmaine.Robinson@psd.sbcounty.gov

The Head Start Shared Governance Member: Joshua Dugas

Title: Director

wishes to appoint: Dr. Michael Sequeira _____ **to serve as Delegate**
for a one-year term beginning July 1, 2024 through June 30, 2025 to represent the member in
the event the member must be absent from a meeting. The designation must be renewed
every twelve months and is subject to disapproval by a majority of the remaining SGB members.

Appointee Title: Health Officer

By signing below, the Head Start Shared Governance Board Member authorizes the appointee to serve on the Head Start Shared Governance Board in the absence of the Member, and acknowledges the appointee shall act in the capacity of the member for purposes of that meeting, including full voting rights. The member further confirms by signing below that the appointee has consented to this appointment.

_____   4, 23, 24

Head Start Shared Governance Board Member (signed)   *Date*

Joshua Dugas

_____

SGB Member (printed)

If you have any questions, please contact Preschool Services Department Administration at 909-383-2005 or Shar Robinson at Sharmaine.robinson@psd.sbcounty.gov . Thank you.

This page intentionally left blank.

Selection Criteria

Overview

Purpose   The purpose of the selection criteria is to comply with funding requirements, for age and income eligible children for Head Start (HS), Early Head Start (EHS), and Early Head Start - Child Care Partnership (EHS-CCP) programs.

Reference   The policies and regulations referenced are:
- Head Start Performance Standards: 1302.11- 1302.15, 1302.70,
- Head Start Act Section 645A,
- California Code of Regulations Title 17, Division 1, Chapter 4. Subchapter 8. Sections 6000-6075,
- California Department of Education:
  - Title 5, and
  - Attendance, Fiscal Reporting, and Reimbursement Procedures for Child Development Contracts (Greenbook) page 21.

HS/EHS/EHS-CCP

Policy Overview   When selecting an eligible child, application information is:
- Reviewed,
- Weighted, and the
- Selection is ordered.

Contents

Selection vs. Eligibility

Selection vs. eligibility

Eligibility is similar to selection because the same criteria is used, such as the child's age, homelessness status, disability status, or receiving public assistance.

The difference is what the regulations **decide**:
- **Eligibility** decision: Who is eligible to be on the waitlist?
- **Selection** decision: Who is enrolled first?

Example: selection vs eligibility

For this example, we are *only using age regulations*.

Example: Two children apply for EHS-CCP:
- Fred is 12 months
- Ethel is 24 months

Eligibility: Only using age regulations for this example.
- Question: Are Fred and Ethel eligible to be on the waitlist?
- Answer: Yes, they are no younger than 6 weeks and no older than 3 years.

Selection: Only using age regulations for this example.
- Question: Who is placed higher on the wait list?
- Answer: Fred is placed higher on the waitlist.
  - Fred, 12 mo. old: 125 points
  - Ethel, 24 mo. old: 100 points

The Waitlist & Eligibility Points

What is a waitlist?

A *Waitlist* is a report in ChildPlus (Report #2025) placing children in priority order for enrollment. A child at the top of the list is a priority for enrollment.

ChildPlus uses the family's situation from the application and the Community Assessment Report to identify criteria that gives the family eligibility points.

How eligibility points work

Eligibility Points are points based on selection criterion established by Federal and State regulations, and the Community Assessment. ChildPlus calculates eligibility points automatically.

Different situations receive higher or lower eligibility points; the highest total points prioritize the child as first on the waitlist.

Example: eligibility points

Eligibility points establish priority situations; for example, a homeless family receives a large amount of points to prioritize the child to the top of the list.

Example:
The two families below are applying for EHS. This example shows the possible totals of points based on each family's unique situation.

Family 1:EHS Application	Points		Family 2: EHS Application	Points
Child is 13 months	100		Child is 12 months	125
Single parent/guardian	25		Single parent/guardian	25
Parent in college FT	25		Parent did not finish high school	55
Child has an IEP	199		Child has a potential IEP/IFSP	25
Parent receives TANF	100		Parent receives TANF	100
			Parent speaks limited English	25
Total Points	**449**		**Total Points**	**355**

The Child in Family 1 is first on the waitlist with the highest total points of 449.

The Waitlist & Eligibility Points, Continued

Is #1 on the waitlist always the first choice?

Is #1 on the waitlist always the next child enrolled? Yes and No.

Yes: The waitlist assigns vacant slots based on HS Performance Standards. The child at the top of the list is a priority.

Exceptions: The ERSEA Manager may have to make agency-level decisions based on the priority of the child and the capability and needs of the sites.

Selection Priority & Criteria

High priority: The following children have high priority circumstances in the selection process, due to the higher likelihood that they need additional care and support.

- Homeless children
- Foster Care children
- Children at risk of abuse, neglect, or exploitation, or who are receiving child protective services.

HS Performance Standards 1302.14 (C) and the Community Assessment, support a 3% reservation of enrollment slots for homeless children.

Children with disabilities At least 10% of funded enrollment slots are given to children with disabilities. This target gives children with Individualized Education Programs (IEPs) and Individualized Family Service Plans (IFSPs) high enrollment priority.

Selection Priority & Criteria, Continued

Local priority
Based on the Community Assessment, some local priorities are:
- Parent/guardian who:
  - Has less than 12 years of education,
  - Didn't graduate from high school and has no high school diploma,
- Single parent households,
- Limited or Non-English speaking parents,
- Teen parents,
- Children with family members who are currently/formerly incarcerated,
- Families living in identified partnership housing,
- African American children, and
- Latin American immigrants.

Below is a list of all Latin American Countries.

North and Central America	South America		Caribbean
Belize	Argentina	Bolivia	Cuba
Costa Rica	Brazil	Chile	Dominican Republic
El Salvador	Colombia	Ecuador	Haiti
Guatemala	French Guiana	Guyana	Guadeloupe
Honduras	Paraguay		Martinique
Mexico	Suriname		Puerto Rico
Nicaragua	Uruguay		Saint-Barthelemy
Panama	Venezuela		Saint-Martin

Below is a list of all addresses of the identified partnership housing and their associated sites. Families living in identified partnership housing only receive points for the site associated with their address.

Arrowhead Grove	Las Terrazas	Northgate
Olive Meadow 610 E. Olive St., San Bernardino, CA 92410 Crestview Terrace 575 East Baseline San Bernardino, CA 92410 Valencia Vista 950 N. Valencia Ave San Bernardino, CA 92410	1176 W. Valley Blvd., Colton, CA 92324	17251 Dante St., Victorville, CA 92394

Continued on next page

Selection Priority & Criteria, Continued

Local priority, Continued

Identified Partnership Housing Continued		
Redlands Valencia	**Rialto Willow**	**Whitney Young**
1370 Orange St., Redlands, CA 92374	422 _through_ 482 Cascade Dr., Rialto, CA 92376	1561 _through_ 1698 Alturas St., San Bernardino, CA 92411
1360 Orange St., Redlands, CA 92374	1431 _through_ 1482 Clifford St., Rialto, CA 92376	907 _through_ 1025 Cabrera Ave., San Bernardino, CA 92411
1350 Orange St., Redlands, CA 92374	301 _through_ 371 Winchester Dr., Rialto, CA 92376	1596 _through_ 1684 Concord St., San Bernardino, CA 92411
1340 Orange St., Redlands, CA 92374	1423 _through_ 1471 Vista Ave., Rialto, CA 92376	1711 _through_ 1751 Maple St., San Bernardino, CA 92411
75 Horizon Ave., Redlands, CA 92374	1452 _through_ 1492 Willow Ave., Rialto, CA 92376	907 _through_ 998 Medical Center, San Bernardino, CA 92411
85 Horizon Ave., Redlands, CA 92374	1431 _through_ 1486 Millard St., Rialto, CA 92376	1007 _through_ 1013 N. Tiajuana St., San Bernardino, CA 92411
70 Delaware Ave., Redlands, CA 92374	1497 Lilac Ave., Rialto, CA 92376	1012 _through_ 1020 Ramona St., San Bernardino, CA 92411
80 Delaware Ave., Redlands, CA 92374		1588 _through_ 1717 Temple St., San Bernardino, CA 92411
90 Delaware Ave., Redlands, CA 92374		1715 _through_ 1760 Union St., San Bernardino, CA 92411
150 Delaware Ave., Redlands, CA 92374		1550 _through_ 1696 W. 10th St., San Bernardino, CA 92411
154 Delaware Ave., Redlands, CA 92374		1554 _through_ 1795 W. 9th St., San Bernardino, CA 92411
180 Delaware Ave., Redlands, CA 92374		848 _through_ 1012 Wilson St., San Bernardino, CA 92411
184 Delaware Ave., Redlands, CA 92374		

Continued on next page

Selection Priority & Criteria, Continued

Need

At this time, Head Start is wrapped with the Part Day State program. The Part Day State program and Head Start does not require families to verify the need for a full day program option. Families who request full day services that are Head Start and wrapped with Part Day state will be offered the program option that best serves their needs.

Selection for a full day program option at the beginning of the year will use selection criteria point values to determine placement. Once full day classes have been filled, Generalists will document part day families program preferences in ChildPlus by following the steps below:

Step	Action
1	Click: • Enrollment • Edit Enrollment History
2	Add **Location Preference**
3	Select: • **Site**, and • **Classroom** May select more than one site and classroom based on program options.
4	Click **Enroll**

Use the ChildPlus 2025 Enrollment Priority List to determine children eligible for full day placement. Select the following settings when running the report:

Status	Also include
Accepted/Enrolled	• Enrolled participants who have a location preference • Accepted participants who have a location preference
Waitlisted/Drop/Wait	Ineligible Applicants

Continued on next page

Selection Priority & Criteria, Continued

Location preference

A location preference is a list of site and classrooms the parent wants to enroll their child if the first choice is unavailable. To create a location preference in ChildPlus follow the table below.

Step	Action
1	Click on **Manage Location Preference** in the **Enrollment** section.
2	Add **Location Preference**.
3	Select **Site** and **Classroom** based on program option (May select more than one site and classroom based on program options).
4	Click **Save**.

Once a location preference is added, use the ChildPlus 2025 Enrollment Priority Listing report to fill a vacant slot based on the family's location preference.

HS/EHS/EHS-CCP

Definition: Income Eligible

Income Eligible refers to families with income who:
- Have a gross income equal to or below the Federal poverty line, or
- Are eligible for CalWORKs, or SSI, or
- In the absence of child care, are potentially eligible for CalWORKs.

Income selection priority

Income selection priority is:
- Low income participants are enrolled first.
- Over income enrollment is limited to 10% of total funded enrollment.

Last Priority

Request ERSEA Manager approval before selecting a family with income in the range of 101-130% of the poverty level and if the 10% over income limit is exhausted. These families are last in priority.

35% of enrollment may consist of families with income in this range. Only after all selection priorities and needs of eligible participants are met, can a family in this range be considered for enrollment.

Continued on next page

Selection Priority & Criteria, Continued

Re-enrollees & transitioning children priority

Children enrolled in the previous year in HS or EHS are a high priority because it is beneficial for children to maintain continuity of enrollment.

Other situations such as a homeless or Foster Care child, may take priority.

Children in transition classrooms may not remain in that classroom after the end of the program year. All transition classrooms must be empty at the end of the program year.

Age and licensing

The provider chooses a license covering certain age limits. Below is the HS age criteria; remember not all providers are licensed for all ages.

Continued on next page

Selection Priority & Criteria, Continued

Age

Use the following table to establish eligibility by age.

Program	Age Eligibility Policy
EHS Center Based	An infant or toddler 0-36 months old • According to Head Start Regulation • Site license may limit ages to children only 18-36 months and no young
EHS HB	• Infants or toddlers 0-36 months old • Pregnant woman any age • Pregnant teens and teen single mothers are a priority
EHS-CCP	An infant or toddler: • 0-36 months old according to Head Start Regulation however a site license may limit the ages of the children • Not younger than 6 weeks • No older than 3 years. (See Transitioning for EHS children over 3 years)
HS	**First priority:** • Low-income 4 year olds are a priority • A child who turns 3 by September 1st. (eligibility date used by public schools.) **Last priority: Younger 3 year olds** A 3-year old, who turns three *after* September 1st, is a younger child. Younger 3 year olds are enrolled only if *both* criteria below are met: 1. A high quality, full day, publicly funded pre-kindergarten is in the area *and* 2. There are no other priority children on the waiting list.
Co-Mingled HS and State CSPP	HS co-mingled with California State Preschool Program (CSPP) age criteria is: • 3 or 4 years old on or before the cutoff date which is used to determine eligibility for public school in the local school district, *and* • Not 5 years old before the same cut-off date.

About Funding

What are Co-Mingled classes?

Co-Mingled classes are classes which have children who receive funding only from Head Start along with children who receive funding only from State CSPP in the same classroom.

Funding for child from HS only

same classroom

Funding for child from CSPP only

What are Dual Enrolled classes?

Dual Enrolled classes are classes with individual children who receive part of their funding from Head Start and part from State CSPP.

Child has funding from both HS & CSPP

same classroom

Child has funding from both HS & CSPP

HS & CSPP

HS & CSPP

Children with Dual Enrolled funding are evaluated for selection with both Head Start regulations and State CSPP regulations.

Dual Enrolled selection criteria

HS and State CSPP selection regulations apply to Dual Enrolled children in the
areas of:
• Need,
• Income, ***and***
• Age.

These three factors affect selection eligibility points; but to be eligible, the family must meet ***all*** State criteria.

Continued on next page

About FundingHS/CSPP, Continued

Dual Enrolled age criteria

The age criteria for Dual Enrolled children is:

- 3 or 4 years old on or before the eligibility cut-off date used for local public school districts, *and*
- Not 5 years old before the same cut-off date.

Need and EHS-CCP

Applications with income for Dual Enrolled classes must meet Federal Guidelines in the Federal Register to be eligible for a State vacancy.
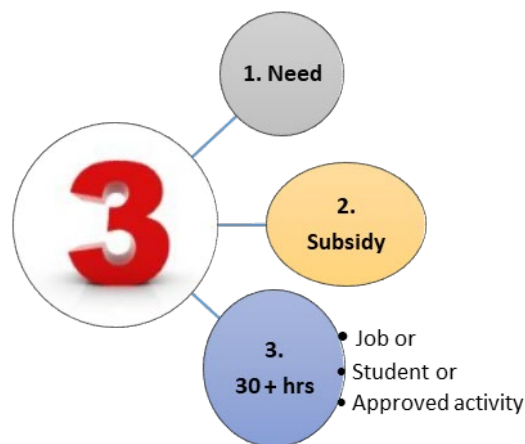
The parent/guardian has to meet requirements to enroll a child in EHS-CCP.

About subsidies
Receiving a subsidy is not required; however, due to funding limitations, only 30% of families may enroll in the program without a subsidy.

The parent/guardian:
1. Has a need,
2. Receives a subsidy, and
3. Does one of the following for 30+ hours a week:
1) Employed,
2) Student, or
3) In an approved activity.

About Funding, Continued

Dual Enrolled Income

Applications with income for Dual Enrolled classes must meet Federal Guidelines in the Federal Register to be eligible for a State vacancy.

Transitioning and Re-enrollees

Transitioning children

A *transitioning* child is an enrolled child that is moving to a different program or provider, such as transitioning from EHS to HS. In order to keep transitioning children enrolled, complete the transition process timely starting at 30 months.

Although there are higher priorities, transitioning children are a priority because continuous care in Head Start prepares the child to be school ready

When to start transitioning

The transitioning process begins six months before the child turns three allowing time for the parent/guardian and child to prepare for the next school experience.

Continued on next page

Transitioning and Re-enrollees, Continued

Transitioning to Head Start

Complete the following to enroll a child transitioning into the Head Start Program. Transitioning begins six months before the child turns three.

Step	Action
1	• Check the child's age. • Start the transitioning process at 30 months allowing time to adequatelytransition the child and family to a new program or provider.
2	Refer to the EHS Transition List for a child transitioning into Head Start. <table><tr><td>**If the child is transitioning into HS and out of...**</td><td>**Then they are already enrolled, no on the waitlist, and...**</td></tr><tr><td>EHS</td><td>First priority</td></tr><tr><td>EHS-CCP</td><td>Second priority</td></tr></table>
3	Review the Disability Certification List to ensure there is: • a completed HS application **and**, • supporting documentation to certify and enroll a child with an IndividualizedEducation Program (IEP) or Individualized Family Service Plan (IFSP).
4	Run the wait list report in ChildPlus for the enrolling site.
5	Enroll the child with the highest priority ranking (eligibility points).

Continued on next page

Transitioning and Re-enrollees, Continued

Over three in EHS

See Head Start Performance Standards 1302.70.

EHS children transition into Head Start or another program to maintain continuity of enrollment.

There are instances where a child may not be able to transition right away, i.e., a local program may not have a vacancy for the child.

When a transition is not completed within the six months after a child turns three, contact the ERSEA manager.

Re-enrollee

A Re-*enrollee* (formerly 'repeater') is a child enrolled in the last program year and expected to return the following year.

Re-enrollees are an enrollment priority. HS programs are most effective as continuous care education programs until the child is school ready.

In order to keep re-enrollees in the program, they are not on the waitlist and are rolled over for the next year.

Rollover

A ***Rollover*** data transfer is a program used to copy data from the prior year for the following program year, it is completed by the ChildPlus Help Desk.

ChildPlus Points

HS points   The following are the current point allocations in ChildPlus for Head Start:

Automatically Assign Points Based on Income

Foster	400
Homeless	500
Public Assistance	100

0-25%	100
26-50%	75
51-75%	50
76-99%	25

Number in Family	Maximum Annual Income
1	15,060
2	20,440
3	25,820
4	31,200
5	36,580
6	41,960
7	47,340
8	52,720
9	58,100
10	63,480
11	68,860
12	74,240

Automatically Assign Points Based on Class Age

0-48 months	50
49-60 months	100

Participant is not eligible if less than 36 months old on the school year cut-off date or at the time of enrollment.

Participant is not eligible if 60 months or older on the school year cut-off date.

HS points,
Continued

Other Eligibility Criteria

Family Status

Two Parent/Guardian 0

Single Parent Guardian 25

Disability Status

Yes 199

No 25

Transitioning from EHS to Head Start

Yes 195

No 0

Single Parent/Guardian in FT Education, Training, or Employment

Yes 25

No 0

Two Parent/Guardian in FT Education, Training, or Employment

Yes 15

No 0

Limited English or Non-English Speaking Parent

Yes 25

No 0

Parents/Guardians Education Level <Grade 12 (both)

Yes 55

No 0

Teen Single Parent

Yes 25

No 0

African-American/Latin American Immigrant

Yes 60

No 0

Incarceration of a Family Member

Yes 60

No 0

Families from Identified Partnership Housing

Yes 100

No 0

ChildPlus Points, Continued

EHS points

The following are the current point allocations in ChildPlus for Early Head Start:

Automatically Assign Points Based on Income

Foster	400
Homeless	500
Public Assistance	100

0-25%	100
26-50%	75
51-75%	50
76-99%	25

Number in Family	Maximum Annual Income
1	15,060
2	20,440
3	25,820
4	31,200
5	36,580
6	41,960
7	47,340
8	52,720
9	58,100
10	63,480
11	68,860
12	74,240

Automatically Assign Points Based on Class Age

0-12 months	125
13-24 months	100
25-36 months	100

Participant is not eligible if 36 months or older on the school year cut-off date

ChildPlus Points, Continued

EHS points,
Continued

<u>Other Eligibility Criteria</u>

<u>Family Status</u>

Single Parent/Guardian   25

Two Parent/Guardian   0

<u>Disability Concern</u>

IEP/IFSP   199

Potential IEP/IFSP   25

<u>Pregnancy for EHS</u>

Single Parent/Guardian   125

Two Parent/Guardian   0

<u>Single Parent/Guardian in FT Education, Training, or Employment</u>

Yes   25

No   0

<u>Two Parent/Guardian in FT Education, Training, or Employment (both)</u>

Yes   15

No   0

<u>Limited English or Non-English speaking Parent</u>

Yes   25

No   0

<u>Parent/Guardian Education Level <Grade 12</u>

Yes   55

No   0

<u>Teen Single Parent</u>

Yes   25

No   0

<u>African-American/Latin American Immigrant</u>

Yes   60

No   0

<u>Incarceration of a Family Member</u>

Yes   60

No   0

<u>Families from Identified Partnership Housing</u>

Yes   100

No   0

ChildPlus Points, Continued

EHS CCP points   The following are the current point allocations in ChildPlus for Early Head Start – Child Care Partnership:

Automatically Assign Points Based on Income

Foster	400
Homeless	500
Public Assistance	100
0-25%	100
26-50%	75
51-75%	50
76-99%	25

Number in Family	Maximum Annual Income
1	15,060
2	20,440
3	25,820
4	31,200
5	36,580
6	41,960
7	47,340
8	52,720
9	58,100
10	63,480
11	68,860
12	74,240

Automatically Assign Points Based on Class Age

0-12 months	125
13-24 months	100
25-36 months	100

Participant is not eligible if 48 months or older on the school year cut-off date.

ChildPlus Points, Continued

EHS CCP points, Continued

Other Eligibility Criteria

Family Status

Single Parent/Guardian	25
Two Parent/Guardian	0

Disability Concern

IEP/IFSP	199
Potential IEP/IFSP	0

Pregnancy for EHS

Yes	125
No	0

Single Parent/Guardian in FT Education, Training, or Employment

Yes	25
No	0

Two Parent/Guardian in FT Education, Training, or Employment (both)

Yes	15
No	0

Limited English or Non-English Speaking Parent

Yes	25
No	0

Parent/Guardian Education Level <Grade 12

Yes	55
No	0

EHS-Child Care Partnership Subsidy

Receiving subsidy for working 30+ hours	50
Receiving subsidy for training and/or schooling 30+ hours	50
Receiving subsidy for combination working, training, and/or schooling 30+ hours	25

Teen Single Parent

Yes	25
No	0

African-American/Latin American Immigrant

Yes	60
No	0

Incarceration of Family Member

Yes	60
No	0

ChildPlus Points, Continued

CSPP points
The following are the current point allocations in ChildPlus for the California State Preschool Program:

Automatically Assign Points Based on Income

Foster	0
Homeless	2000
Public Assistance	1000

-%

Automatically Assign Points Based on Class Age

Participant is not eligible if less than 36 months on the school year cut-off date or at the time of enrollment.
Participant is not eligible if 60 months or older on the school year cut-off date.

The·Income·Ranking·table·is·located·in·the·California·Dept.·of·Education·website·here:¶
Income·Ranking·Table·CDE¶

It·is·part·of·Management·Bulletin·17-10·located·here:·
http://www.cde.ca.gov/sp/cd/ci/mb1710¶

Other Eligibility Criteria

State Income Rating (# in family & Max $)

1	1/2-$65 3-$72 4-$83 5-$96 6-$110
1	7-$112 8-$115 9-$117 10-$120 11-$122 12-$125
2	1/2-$130 3-$145 4-$166 5-$193 6-$220
2	7-$225 8-$230 9-$235 10-$239 11-$244 12-$249
3	1/2-$196 3-$217 4-$249 5-$289 6-$329
3	7-$337 8-$344 9-$362 10-$359 11-$367 12-$374
4	1/2-$261 3-$290 4-$333 5-$386 6-$439
4	7-$449 8-$459 9-$469 10-$479 11-$489 12-$499
5	1/2-$326 3-$362 4-$416 5-$482 6-$549
5	7-$561 8-$574 9-$586 10-$599 11-$611 12-$624
6	1/2-$391 3-$435 4-$499 5-$579 6-$659
6	7-$674 8-$689 9-$704 10-$718 11-$733 12-$748
7	1/2-$456 3-$507 4-$582 5-$675 6-$768

Returning State Preschool Program Participant Who Turned 4

Yes	100
No	0

Child Protective Services (CPS) or At Risk

Active CPS	3000
At Risk for Abuse/Neglect/Exploitation (No CPS Case)	3000
Not Applicable	0

This page intentionally left blank.

COUNTY OF SAN BERNARDINO
PRESCHOOL SERVICES DEPARTMENT
662 SOUTH TIPPECANOE AVENUE
SAN BERNARDINO CA 92415-0630
Phone: (909) 383-2078

POLICY COUNCIL BY-LAWS

ARTICLE I

NAME OF ORGANIZATION

The name of this organization shall be the COUNTY OF SAN BERNARDINO PRESCHOOL SERVICES DEPARTMENT POLICY COUNCIL (Policy Council).

ARTICLE II

PURPOSE

The purpose of the Policy Council shall be the encouragement and promotion of parent participation in the process of making policy decisions about the nature, operation and implementation of Head Start, Early Head Start and Early Head Start Child Care Partnership programs in San Bernardino County.

The Policy Council shall exercise all such powers, duties and functions as granted by the San Bernardino County Board of Supervisors providing that:

A.   Actions of the Policy Council shall not be contrary to, or in conflict with, Federal or State, or local ordinances. The guidelines, regulations or policies are established by the Federal Department of Health and Human Services (HHS), Administration for Children and Families. (45 Code of Federal Regulations (CFR) Part 1301) Head Start Act of 2007 Section 642(C)

B.   The Federal Regulations outline the functions of the Policy Council as follows:

    1.   Must approve procedures for program planning.

    2.   Must approve the program's philosophy and long and short-range program goals and objectives.

    3.   Must approve the selection of Delegate Agencies, partners, and their service areas.

    4.   Must approve criteria for defining recruitment, selection, and enrollment priorities in accordance with the requirements of 45 CFR sections 1301.2, 1301.3 and 1301.4.

    5.   Must approve all funding applications and amendments to funding applications for Head Start, Early Head Start and Early Head Start Child Care Partnerships including administrative services, prior to the submission of such applications to Shared Governance, the County of San Bernardino, and HHS.

1

6.   Must approve Policy Council budget.

7.   Must approve Policy Council and Parent Committee Reimbursement for reasonable expenses incurred by the members.

8.   Must approve the annual self-assessment of the grantee's progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review.

9.   Must approve the composition of the Policy Council and the procedures by which policy group members are chosen.

10.   Must approve procedures describing how the governing body and the appropriate policy group will implement shared decision making.

11.   The Grantee and the Policy Council must jointly establish written procedures for resolving internal disputes, including impasse procedures, between Shared Governance and the policy group.

12.   Must approve program policies and subsequent changes to those policies, in accordance with 45 CFR Part 1301, including standards of conduct for program staff, consultants, volunteers, and Policy Council members.

13.   Must approve, with the County Board of Supervisors, and Shared Governance Board, the decision to hire or terminate the Head Start Director of the grantee agency.

14.   Must approve program personnel policies and decisions regarding the employment of any person who works primarily for Head Start or Early Head Start at the grantee agency.

      The Policy Council participates in the process by:

      a.   Participating in the interview panel

15.   The Parent Representative must report the actions taken by the Policy Council back to the Parent Committees at their individual sites.

16.   The function of screening and interviewing prospective applicants may be designated to the Policy Council Personnel Committee.

17.   Must serve on the Shared Governance Board. Representation shall consist of three (3) Policy Council members [Policy Council Chair and two (2) representatives].

18.   Must approve position duties for Policy Council members, Policy Council alternates, Policy Council Executive Board, and Shared Governance Board Representatives.

ARTICLE III

POLICY COUNCIL MEMBERSHIP

2

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

A.   Membership Composition

The membership of the Policy Council shall consist of:

a.   One representative selected from each Early Head Start site.

b.   One representative selected from each Head Start site.

c.   One representative selected from each Early Head Start Child Care Partnership region.

d.   One representative for each contract partner and Delegate Agency.

e.   Not more than five (5) representatives from the community (Community Representatives), including businesses and others who are familiar with resources and services for low-income children and families, as well as former Head Start and Early Head Start parents. (45 CFR section 1301.3 (a))

Parent representatives constitute majority of the members of the Policy Council membership. Parents from both home based and center based options are included in the parent meetings which elect the representatives. The elected representative must be an active member of the Parent Committee at the site he/she represents. Each site elects an alternate representative to serve on the Policy Council in the event that the Policy Council member cannot attend a meeting.

B.   Community Representative

An announcement seeking applicants for the position of Community Representative must be distributed at least three months prior to the first scheduled meeting of the Policy Council in October. Interested candidates must submit an application to the Grantee agency before the close of the recruitment period designated in the announcement. Applications shall be presented to an Ad Hoc committee established by the Chairperson for consideration and nomination to the Executive Board. The Executive Board shall determine which applicants are selected to participate as Community Representatives on the Policy Council.

C.   Term of Membership

The term of membership shall be for one (1) year from October to October of each year. The Policy Council must limit the number of one-year terms any individual may serve. Policy Council members may not be dissolved until successor Councils are elected and seated. Membership on the Policy Council is limited to no more than five (5) one-year terms.

D.   Conflict of Interest

No member shall:

1. Have a conflict of interest with the Grantee or any Delegate Agency; or

2. Receive compensation for serving on the Policy Council, with the exception of allowable reimbursement, or for providing services on behalf of the Grantee. This

3

does not include parents who occasionally substitute as staff for either the Grantee or Delegate Agency.

E.   Certification of Membership

The certification of membership establishes in writing the eligibility for membership. Appropriate documentation for membership includes:

1. The member's name, address, telephone number, and email address.

2. Minutes of the Parent Committee meeting at which the member was elected and a copy of the sign-in sheet of the committee members in attendance.

F.   Orientation

Policy Council members and Policy Council Alternates must participate in an annual Policy Council Orientation Training Session. Make-up Policy Council Orientation will be held monthly prior to the monthly Policy Council meeting. Newly elected members must attend the make-up orientation prior to attending the monthly Policy Council meeting

G.   Voting

Only members who have been certified and have attended orientation shall have voting rights. Each member shall be entitled to one (1) vote on each matter. An alternate, if he/she has attended orientation, may be seated as a voting member in the absence of the elected member if so designated by the Chairperson before the start of the meeting.

H.   Attendance

Policy Council members are expected to attend all regular Policy Council meetings. Any member who fails to participate and regularly attend Policy Council meetings in accordance with these Bylaws will be subject to removal.

I.   Absences

1. Policy Council members with three (3) absences from the regularly scheduled Policy Council meetings will be removed from the Policy Council. Exception: The three (3) absences should not include conducting other PC business such as attending conferences, etc. Absences may be considered excused for illness or family or personal emergency.

2. Policy Council Board members with three absences from the Executive Planning and/or other Executive meetings, may be removed from the Executive Board but may remain a member of the Policy Council. The three (3) absences from the Executive Planning and/or Executive meetings should not include conducting other PC business such as attending conferences, etc.

3. A written notice will be sent to the member, by the PSD Secretary, after the second absence, advising the member that a third absence will result in automatic removal from the Policy Council. The Policy Council Secretary must be notified of the

4

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

removal.

4. If the alternate representing the site attends the meeting, in the absence of the representative, it will not be considered an absence.

5. For attendance to be tracked, Policy Council members must sign-in on the Policy Council Sign-in sheet. If members have not signed in, they are counted as absent.

Policy Council members must contact the PSD Policy Council Coordinator or the PSD Receptionist to report the absence prior to the start time of the Policy Council meeting.

J. Resignation

If any member of the Policy Council wishes to resign, he/she may do so at any time. He/she *must* inform the Site Supervisor.

K. Vacancies

When a vacancy, resignation or termination occurs, the site for which the member served on behalf of shall conduct a Parent Committee meeting to select a new member for certification. The appropriate written documentation must be submitted to Preschool Services Department, and certification orientation and training will take place. *Vacancies that occur during the summer months shall be considered vacant in order to achieve a quorum.* The Policy Council member that vacates their position must return the Policy Council binder to the site.

Note: The previously elected alternate shall be given the first opportunity to become the new Policy Council Representative and the site must elect a new alternate.

L. Transfer of Membership

Membership in this Policy Council is not transferable.

M. Code of Conduct and Commitment

Policy Council members shall discharge faithfully their duties and demonstrate the highest standard of morality and ethics consistent with the requirements of their position. Refer to the Code of Conduct. All Policy Council members are required to comply with San Bernardino County policies and standard practices in fulfilling their role as members of the Policy Council.

PC members are required to notify recording secretary of any contact information changes as soon as they occur.

PC members may not be allowed to video record without prior authorization if the recording causes an unreasonable disruption of the proceedings.

A member may be terminated from Policy Council by a majority vote if the Code of Conduct is violated.

N. Disciplinary Action

Disciplinary action may be taken for Policy Council members who exhibit inappropriate

5

behavior such as but not limited to:

1   Personal misconduct when representing Policy Council.

2   Providing false information (oral or written).

3   Violation of confidentiality.

4   Slanderous or libelous remarks against Policy Council members or staff.

5   Correspondence sent on behalf of the Policy Council without Policy Council approval.

6   External reproduction of Policy Council and/or department documents without Policy Council prior approval

7   Violation of the Code of Conduct.

O.   Termination

All members who do not attend the regularly scheduled monthly Policy Council meetings in accordance with the provisions abovebelow shall be subject to termination. Termination will result from a member's excessive absences or in accordance with the Policy Council's disciplinary action.

Any Executive Board officer elected or appointed by the Policy Council may be removed from the Board by a two-third (2/3) vote of all members whenever the behavior of the officer violates the Code of Conduct or whenever the best interest of the Policy Council has been compromised. The office shall be notified by certified mail of pending action. (Refer to Disciplinary Actions Regarding Policy Council member.)

ARTICLE IV

ELECTIONS FOR SPECIAL ACTIVITIES

Elections will be held for formal representation from the Policy Council to meetings or conferences which would benefit the Head Start, Early Head Start, Early Head Start Child Care Partnership or State Preschool programs such as National Head Start Association, National Head Start Annual Parent Training, California Head Start Association, etc.

The dates and numbers of positions will be announced in the regular meetings. Candidates receiving majority of the votes will be elected to attend. In case of a tie, a run-off election will be held. Unsuccessful candidates will be placed on a waiting list.

In case of time constraints during a Policy Council meeting or a large number of Policy Council members volunteer to be considered to attend a special activity, the representatives may be selected via a drawing.

In the event there is insufficient time to conduct an election for a special activity, the Policy Council Executive Board may be selected to attend a special event. The order used for this selection is:

6

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

- Policy Council Chairperson
- Policy Council Vice Chairperson
- Policy Council Secretary
- Policy Council Treasurer

Members elected must conduct Head Start, Early Head Start, or Early Head Start Child Care Partnership business according to the travel protocol procedure. (Refer to Travel Protocol Procedure.)

ARTICLE V

OFFICERS OF THE EXECUTIVE BOARD OF THE POLICY COUNCIL

The Executive Board of the Policy Council shall consist of a Chairperson, Vice Chairperson, Treasurer, and Secretary. The Executive Board shall be elected by a plurality of votes at the first scheduled meeting conducted by the Policy Council following the orientation and training. Other positions may be elected by a plurality of the established quorum.

Elections will be conducted in accordance with the nominating and election procedures. All Policy Council elections for the Executive Board will be conducted by roll call and announced following the conclusion of the roll call.

The Executive Director of the Grantee and the PSD Policy Council Clerk shall serve as *ex officio* members of the Executive Board.

A.   **Duties of the Chairperson**: The Chairperson shall,

1. Conduct all meetings of the Policy Council.

2. Act as liaison between the Policy Council and Shared Governance Board of San Bernardino County.

3. Serve as representative to the Shared Governance Board of San Bernardino County.

4. Call meetings to order, clarify business at hand, and follow the agenda.

5. Ensure that personal comments are avoided.

6. Appoint members to temporarily assume duties of absent officers.

7. Attend monthly agenda setting, planning meetings and special events as needed.

8. Provide leadership to the overall Policy Council.

9. Remain calm and deal fairly with issues.

10. Work closely with the appointing authority of San Bernardino County Grantee/agency.

11. Assure that there is open communication between committees and the Policy Council.

12. Participate in the annual self-assessment of the program.

7

13. Serve as the chairperson of the Technology Committee, and Ad-Hoc Committee, and publish monthly parent newsletter..

B. **Duties of the Vice Chair**: The Vice Chair shall,

1. Assume duties in the absence of the Chairperson.

2. Receive and perform any duties assigned by the Policy Council Chairperson.

3. Attend any subcommittee meetings in the absence of the Chairperson.

4. Work closely with the Chairperson to ensure the end-of-year training is planned and completed in a timely manner.

5.4. Attend monthly agenda setting, planning meetings and special events as needed.

6.5. Participate in the annual self-assessment of the program.

7.6. Serve as the Chairperson for Quality Assurance Committee, Health Committee, and Parent Family and Community Engagement (PFCE) Committee

C. **Duties of the Secretary**: The Secretary shall,

1. Receive names of all committee and subcommittee members, including phone numbers.

2. Attend monthly agenda setting, planning meetings and special events as needed.

3. Call roll and maintain a list of attendance.

4. Communicate with the absent members who have missed two meetings and/or Orientation. Provide assistance to the recording secretary as requested.

5. Read all correspondence from Policy Council members and statements of absences and present to the Policy Council members at regular meetings.

6. Work closely with the PSD Secretary to notify members of possible termination and new members.

7. Participate in the annual self-assessment of the program.

8. Serve as the Chairperson for Early Child Development Committee and T/TA Committee

D. **Duties of the Treasurer**: The Treasurer shall,

1. Serve as Chairperson of the Finance Committee and the Personnel Committee.

2. Monitor and report to the Council the monthly expenditures of the Council.

3. Maintain copies of the budget submitted to the Policy Council for approval

4. Maintain copies of the monthly Budget Comparison Statement.

5. Attend monthly agenda-setting, planning meetings and special events as needed.

8

6.   Participate in the annual self-assessment of the program.

ARTICLE VI

OTHER ELECTED REPRESENTATIVES

A.   **Shared Governance Board**

The purpose of the Head Start Shared Governance Board is to develop, review and advise the Board of Supervisors on policies and procedures affecting the operation of the Head Start and Early Head Start programs. The Chairperson and two Policy Council members shall be seated as non-voting advisory members of the Shared Governance Board, to help facilitate a better understanding of issues. Policy Council shall elect a new member should a vacancy arise later in the year. More than one ~~Any~~ absence by a Shared Governance Board Policy Council ~~Shared Governance Board~~ Representative will result in dismissal from the Shared Governance Board and a new Representative will be elected by the Policy Council. Representatives of the Shared Governance Board shall,

1. Be elected by the Policy Council
2. Serve a term of one year, unless if eligible, by re-election of the Policy Council for another term
3. Attend all planned and special Shared Governance Board meetings as needed
4. Operate as a ~~representative of~~non-voting member of the Shared Governance Board ~~the Board of Supervisors~~ and be involved in the decision-making process prior to the point of final approval

B.   **Region IX Representative**

Region IX Head Start Association provides education, training, tools, and resources to Head Start Programs in California, Nevada, Arizona, Hawaii, and Trust Territories to ensure their ongoing viability and vitality. The Region IX Representative shall,

1. Be elected by the Policy Council and must be a parent of a currently enrolled child
2. Serve a term of one year, unless if eligible, by re-election of the Policy Council for another term
3. Must be able to attend the Region IX Conferences and report back to the Policy Council
4. Represent PSD and serve in leadership capacities in the various committees of the Association

C.   **Local Planning Committee (LPC)**

The primary mission of the LPC is to plan for childcare and development services based on the needs of families in the local community. LPCs are intended to serve as a forum

9

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

to address the childcare needs of all families in the community for all types of child care, both subsidized and non-subsidized (https://www.cde.ca.gov/sp/cd/re/lpc.asp). The LPC Representative shall,

1. Be elected by the Policy Council
2. Serve a term of one year, unless if eligible, by re-election of the Policy Council for another term
3. Attend all LPC scheduled meetings
4. Adhere to the LPC Council Member's Role and Responsibilities

ARTICLE VII

STANDING SUBCOMMITTEES

The standing subcommittees shall be:

1.	Finance	monthly meetings
2.	Personnel	biannually, and as needed meetings
3.	Health Advisory	biannually
4.	Early Child Development/Education	bimonthly meetings
5.	Quality Assurance	quarterly meetings
6.	Training and Tech Assistance	quarterly meetings
7.	Ad-Hoc	annual meetings or as needed
8.	Technology	quarterly meetings
9.	Nutrition/Menu planning	biannually
10.	PFCE	bimonthly

STANDING SUBCOMMITTEE STRUCTURE

FINANCE COMMITTEE

Meets monthly to review and make recommendations to the Policy Council, i.e., budget, (changes in budget) use of parent funds.

PERSONNEL COMMITTEE

Participate in in-person and virtual interviews. Interviews will not exceed seven (7) hours per panel under normal circumstances.

Training of these members will take place on a biannual basis, and as needed.

HEALTH ADVISORY

Meets biannually to plan, discuss, and evaluate health services. The committee is composed of Policy Council members, health services staff and other health professionals (County Public Health Department, pediatricians, Behavior Health, dieticians).

EARLY CHILDHOOD DEVELOPMENT/EDUCATION COMMITTEE

10

Meets bimonthly prior to the Policy Council meeting. The purpose of this meeting is to inform parents of the progress of the curriculum, help develop the curriculum and provide training as requested. Members receive updates on child outcome and literacy progress.

QUALITY ASSURANCE

Meets quarterly prior to Policy Council to review results of the ongoing monitoring process and the committee members serve on the Annual Self-Assessment Team. Training for the Self- Assessment process is required, and participation involves a commitment of several days.

TRAINING & TECHNICAL ASSISTANCE

Meets quarterly prior to the Policy Council meeting. This committee coordinates training needs for parents and staff, while raising their skill levels and knowledge.

AD-HOC

Meets as needed for a specific purpose, problem, or task. Typically to review Community Representative applications and review/revise the PC By-Laws.

TECHNOLOGY

Meets quarterly to develop and distribute the monthly Parent Newsletter and discuss department IT projects.

NUTRITION/MENU PLANNING

Meets biannually to gather parental input as to children's menus at the sites.

PARENT FAMILY & COMMUNITY ENGAGEMENT

Meets bimonthly to discuss the integration of parent and family strategies in order to promote family well-being and children's learning and development. The committee supports mutual respect between parents and the program staff and seeks to identify and establish new linkages for services to children and families. This committee also discusses ways to help increase the volunteer activity in the agency, while generating new ideas for volunteerism.

ARTICLE VIII

MEETINGS

Regular Policy Council meetings shall be held the third Monday of each month unless a legal holiday or changed by a two-thirds (2/3) vote of the Policy Council.

One regular day meeting shall be designated for recognition and training of Policy Council members.

A.   Special Meetings

1.   A special meeting is a meeting held outside the regular Policy Council schedule, which may be held in person or via teleconference.

11

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

2. Specials meetings may be called by the Chairperson in agreement with the PSD Executive Director.

B. Meeting Procedure

Meetings shall be conducted in accordance with Robert's Rule of Order. Policy Council meetings shall be limited to a maximum of three (3) hours, with the exception of the Orientation and Training.

C. Quorum

1. A quorum shall consist of at least 51% eligible Policy Council members (trained by PSD designee) to conduct business.

2. Reference Robert's Rules of Order, 9th Edition, Page 340.

3. Note: In an emergency and in order to meet quorum, the PC chairperson may elect to contact absent members to attend the meeting via conference call. Called in members must state to Madam/Mr. Chair that they seek recognition, obtain the floor and/or submit motions. The Chairperson determines the presence of a quorum, takes, and verifies votes.

ARTICLE IX

INTERNAL DISPUTE/RESOLUTION AND IMPASSE POLICY SAN BERNARDINO COUNTY HEAD START AND EARLY HEAD START

A. BACKGROUND: Effective November 2016, the revised Head Start Program Performance Standards required that each grantee and delegate agency establish written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group. This policy establishes the foundation for complying with this mandate.

B. PURPOSE: To resolve all differences between the Shared Governance Board as representatives of the San Bernardino County Board of Supervisors and the San Bernardino County Head Start and Early Head Start Policy Council through normal channels or the use of the formal procedures noted in this document. These differences are focused on, but not limited to, the Program Performance Standards regulations noted in 45 CFR section 1301.6.

C. GENERAL AGREEMENT: Commitment to Resolve Issues in Good Faith.

This standing agreement assumes the commitment of the Shared Governance Board and the Head Start and Early Head Start Policy Council to make every good faith effort to resolve differences on an amicable basis. This step includes using all internal agency communications systems available to reach agreement and avoid impasse.

If necessary, this includes the Shared Governance Board and Head Start and Early Head Start Policy Council commitment to fully cooperate in all aspects of the established internal dispute and impasse process in order to resolve issues in the best interest of the children and families being served.

12

When the Shared Governance Board and the Head Start and Early Head Start Policy Council cannot jointly approve proposed actions, the dispute will formally be referred to the Dispute Resolution Committee.

D. PROCEDURES

STEP 1. ESTABLISHMENT OF THE DISPUTE RESOLUTION COMMITTEE

PURPOSE: The purpose of the Dispute Resolution Committee is to resolve disputes between the Head Start Shared Governance Board and the Head Start Policy Council within the scope of their shared decision-making powers.

MEMBERSHIP: The Dispute Resolution Committee ("Committee") shall be made up of four (4) members comprised of the Chair and Vice-Chair from both the Head Start Shared Governance Board and the Head Start Policy Council.

STEP 2. FILING THE COMPLAINT

Within five (5) County business days of non-approval by either the Head Start Shared Governance Board and the Head Start Policy Council of any item within the scope of shared decision making, either the Head Start Shared Governance Board or the Head Start Policy Council may give written notice to the San Bernardino County Head Start Director ("Director") requesting that the Committee be convened, and the dispute resolution process commenced. At the time written notice is provided, the Head Start Shared Governance Board or Head Start Policy Council requesting dispute resolution, shall provide the Director and the other party with a written statement of the issue at dispute and a recommendation for resolution.

STEP 3. NOTIFICATION OF COMPLAINT

The Director shall have five (5) County business days from the date the written notice was officially filed to notify the members of the Committee of the notice and to provide the written statement of issue.

STEP 4. DISPUTE RESOLUTION COMMITTEE MEETING

The Committee shall convene a meeting within five (5) County business days of receipt of the statement of issue. The Committee shall first determine whether the subject falls within the scope of shared decision making. If it does, then the Committee may request additional information from the Director, the Head Start Shared Governance Board or the Head Start Policy Council.

STEP 5. TIME LIMITATION

The Committee shall have ten (10) County business days from the first meeting convened to determine the validity of the issue(s) and provide a written solution to the Head Start Shared Governance Board, Head Start Policy Council, and the Director.

STEP 6. PROPOSED DISPUTE RESOLUTION RECOMMENDATION

13

The written solution must be presented to:

(a)   The Head Start Policy Council for acceptance or rejection; and

(b)   The Head Start Shared Governance Board for acceptance or rejection, and then submitted to the Board of Supervisors for final acceptance or rejection.

Both parties must inform the other in writing of their determination to either accept or reject the written solution.

STEP 7.   FAILURE OF DISPUTE RESOLUTION COMMITTEE TO REACH CONSENSUS

If the Committee does not reach a consensus, the Committee so shall inform the Head Start

Policy Council, the Head Start Shared Governance Board, and the Director.

STEP 8.   FAILURE TO RESOLVE INTERNAL DISPUTE

If the Committee cannot reach a consensus, or if the written solution is rejected by either body, the dispute shall proceed to mediation.

A.   **MEDIATION:** This procedure requires the intervention into the dispute of an acceptable, impartial, and neutral third party who has no decision-making authority. The objective of this intervention is to assist both parties to voluntarily reach an acceptable resolution of the issue in dispute. The selected mediator will work with the Dispute Resolution Committee in order to make a final decision regarding the dispute issue(s).

Within fifteen (15) County business days from written notification that a consensus could not be reached, or rejection of the written solution, mediation shall be initiated by the Committee.

COMPOSITION: The mediation shall be conducted by the Head Start Director from a neighboring County.

TIME LIMITATIONS: The mediator shall work with the Committee to make a final decision. A written proposed resolution shall be provided within ten (10) County business days from the beginning of the mediation process.

The proposed resolution shall be presented to:

(a)   The Head Start Policy Council for acceptance or rejection; and

(b)   The Head Start Shared Governance Board for acceptance or rejection and then submitted to the Board of Supervisors for final acceptance or rejection.

Both parties must inform the other in writing of their determination to either accept or reject the written solution. If either body rejects the proposed resolution, the dispute shall proceed to arbitration for assurance of a binding decision in accordance with the Head Start Performance Standards.

14

B.   **ARBITRATION:** Requires the presentation of the dispute to an impartial or neutral arbitrator for issuance of a binding decision.

Within fifteen (15) County business days from written notification that the proposed solution was rejected by either body, binding arbitration shall be initiated by the Committee. The Shared Governance Board and the Policy Council agree that they will be bound by the decision made through arbitration.

COMPOSITION: The Committee shall utilize the services of a professional arbitrator in accordance with the County's procurement policy.

TIME LIMITATIONS: The arbitration must take place within fifteen (15) days of initiation of the process unless a greater time is needed to secure an arbitrator or arbitration location. A written resolution must be provided by the arbitrator to the Committee. The Committee shall present the resolution to their respective bodies. The written resolution shall be presented by the Head Start Shared Governance Board to the Board of Supervisors for final notification.

ARTICLE X

AMENDMENTS

These By-Laws may be changed or amended by a seventy-five percent (75%) vote of the current Policy Council members. The By-Laws must be reviewed and accepted annually by the new Policy Council.

_____   _____
Shelly Thomas, Chairperson   Date

15

PSD Policy Council By-Laws
PC Approved: May 20,2024
SGB Approved: pending

This page intentionally left blank.

Preschool Services Department
Administration

Jacquelyn Greene
Director

FY 2020-21 Head Start and Early Head Start Grant 09CH011719-04

Budget Transfer Request

Approval by Policy Council and Shared Governance Board

San Bernardino County Preschool Services Department (PSD) is requesting an approval of the following budget transfers within the Head Start (HS) & Early Head Start (EHS) programs for the fiscal year 2023-24.

The estimated expenditures by Program, CAN number, and Budget Category are as follows:

GABI Code	Budget Categories	Current Amount	Head Start CAN# G094122 Transfer In	Head Start CAN# G094122 Transfer Out	Early Head Start CAN# G094122 Transfer In	Early Head Start CAN# G094122 Transfer Out	Total Transfer	Revised Budget
A	Salaries	22,212,193		(6,736,927)		(506,005.0)	-	14,969,261
B	Fringe Benefits	12,052,845		(4,427,303)		(407,994.0)	-	7,217,548
C	Travel	215,830		(105,191)		(51,019.0)	-	59,620
D	Equipment	2,465,915	4,605,602		512,846	-	5,118,448	7,584,363
E	Supplies	3,155,504	828,667		146,935	-	975,602	4,131,106
F	Contractual	12,778,816		(2,594,384)	-	-	-	10,184,432
G	Construction	21,145,745	9,605,226		741,507	-	10,346,733	31,492,478
H	Other	17,273,710		(1,175,690)	-	(436,270.0)	-	15,661,750
Total		**91,300,558**	**15,039,495**	**(15,039,495)**	**1,401,288**	**(1,401,288)**	**16,440,783**	**$ 91,300,558**

The purpose of the above transfer is to adjust funds to be utilized in the highest areas of need for the HS/EHS programs that will be beneficial for program operations and eligible Head Start children and families. The transfers will allow the department to utilize the funds efficiently and effectively while carrying out the mission and the essential preschool services within San

BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)
Vice Chairman, First District

JESSE ARMENDAREZ
Second District

DAWN ROWE
Chair, Third District

CURT HAGMAN
Fourth District

JOE BACA, JR.
Fifth District

Luther Snoke
Chief Executive Officer

Shared Governance Board Agenda Packet   Page 151 of 153   May 23, 2024

Bernardino County. These budget adjustments reflect the budgetary needs on the approved program changes as required by the program compliance standards.

The total adjustment amount is $16,440,783 (Head Start $15,039,495; Early Head Start $1,401,288). The amount of Transfer Out ($1,401,288) is from various budget categories. The amount of $12,078,229 is the salary and benefit savings from unfilled positions due to labor market shortages. The remaining amount of $4,362,554 is reduced from Travel, Contractual and Other budget categories based on the projected annual expenditures and program option changes. The detailed projects related to the Transfer In is described in the tables below:

- Equipment - $5,118,448

Location	Descriptions	Estimated Cost
Admin	Audio and video equipment for training and meeting	10,000
All Sites	Hatch TV, Smart Board, etc.	87,500
18 Sites	Playground updates for all sites other than previously approved sites ($134,903.89 Per)	2,428,270
10 sites	Add additional funds for approved Carryover Projects for more than 10 locations.	1,450,338
EHS CCP Providers	EHS-CCP providers facility support (minor renovations)	680,000
Las Terrazas	Various kitchen equipment for new site	200,000
Needles USD	Needles playground equipment	110,000
	Needles Shade Structure	110,000
	2 Spot Vision and Hearing Screener	28,340
Upland	Upland HVAC	14,000
D - Equipment Total		**$ 5,118,448**

- Supplies - $975,602

Location	Descriptions	Estimated Cost
All HS employees	Cell phone, IPAD, Printer, Webcams, TV, etc.	400,000
All Sites	Computer hardware, monitors, projector, portable screens, etc.	451,204
Barstow	Furniture and supplies	124,398

E - Supplies Total	**975,602**

- Construction - $10,346,733

Location	Descriptions	Estimated Cost
Admin	Admin Building Renovations	2,000,000
Barstow	3 Modulars installation/purchase	2,500,000
	Lower Parking Surfacing	1,500,000
ESSC	2 Modular's Relocation	1,600,000
Ontario Maple, Whitney Young	Constructions & Major Renovations	2,746,733
G- Construction Total		**$10,346,733**

This Budget Transfer Request will be presented for approval to the Policy Council at their respective meeting on May 20, 2024, and will be presented for approval to the Shared Governance Board at their meeting on May 23, 2024.