



ADMINISTRATION FOR
CHILDREN & FAMILIES

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

March 13, 2020

Grant No. 06CH010172

Dear Head Start Grantee:

The Further Consolidated Appropriations Act, 2020, contains an increase of approximately \$550 million for programs under the Head Start Act for Fiscal Year (FY) 2020. The increase provides \$193 million for a cost-of-living adjustment (COLA) and \$250 million for Quality Improvement investments for Head Start. The COLA supports an increase of two percent for each grantee to increase staff salaries and fringe benefits, and offset higher operating costs. COLA funds are effective at the start of the FY 2020 budget period and are retroactive if this period has already begun. Quality Improvement funds are allocated proportionately based on federal funded enrollment, with additional consideration given to small grantees to allow for a meaningful investment, as permitted by the Act.

The following table reflects the COLA and Quality Improvement increases available for FY 2020.

Funding Type	Head Start
Cost-of-Living Adjustment (COLA)	\$32,230
Quality Improvement (QI)	\$63,574
Total Funding	\$95,804

The table provides projected amounts for each program, Head Start and/or Early Head Start. The Quality Improvement allocation above was calculated on Head Start and/or Early Head Start funded slots; however, grantees operating both programs have flexibility to use any amount of funding on either program, based on community needs, and not to exceed the total amount available. This flexibility does not extend to COLA allocations. Please note, allocations in the table are based on annual funding and enrollment levels by program as of February 2020, and may be subject to change if there are adjustments to these levels.

Submission Requirements

The supplemental application is due **May 15, 2020** and must be submitted in the [Head Start Enterprise System \(HSES\)](#). To apply, please select the **Financials** tab, **Grant Application** tab, **Fiscal Year 2020**, and add the **‘Supplement – COLA and Quality Improvement’** amendment type. No other application type for these funds will be accepted.

Content of ‘Supplement – COLA and Quality Improvement’ Application

Applications must include separate narratives and detailed budget justifications for each funding type, COLA and Quality Improvement, and by program, Head Start and/or Early Head Start. Each narrative must begin with a Table of Contents, use 12 point font, and not exceed 10 pages. All narratives, budget justifications, and other supporting documentation must be uploaded into respective folders within the **Documents** tab of the application.

COLA Narrative and Budget Justification

Grantees must demonstrate:

- An increase of no less than two percent of the current pay scale for Head Start/Early Head Start employees, including unfilled vacancies, subject to the provisions of Sections 653 and 640(j) of the Head Start Act;
- The rationale and documentation detailing agency policies and procedures if employees are receiving less than the two percent COLA or differential COLA increases;
- The provision of a no less than two percent increase to all delegate agencies and partners or justification if less than two percent or differential increases are provided to delegate agencies and partners;
- The planned uses for the balance of the COLA funds to offset higher operating costs.

Sections [653](#) and [640\(j\)](#) of the Head Start Act provide further guidance on the uses and limitations of COLA funds. Sec. 653 restricts compensation to a Head Start employee that is higher than the average rate of compensation paid for substantially comparable services in the area where the program is operating. Sec. 640(j) of the Act requires compensation of Head Start employees must 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. Grantees with concerns that staff salaries cannot be increased due to wage comparability issues should ensure public school salaries for kindergarten teachers are included in their considerations.

Quality Improvement Narrative and Budget Justification

Grantees must demonstrate:

- Investments are consistent with Sec. 640(a)(5) of the Act (except programs are not bound by the requirements that at least 50 percent of the funds be used for staff compensation or that no more than 10 percent of funds be used on transportation. For more information on allowable activities as outlined in the Act, please see Attachment A);
- Investments made in Quality Improvement will be ongoing;
- How investments support children, families, and staff impacted by trauma; or justify the reasoning for investing in an activity not directly related to addressing trauma (For specific examples, please see Attachment B or the following resource on [Implementing a Trauma-Informed Approach](#).)
- For programs using flexibility in the proportional share of the funding for Head Start and Early Head Start, justify how that approach fully supports the greatest needs of communities.

Grantees are strongly encouraged to invest this funding into program efforts and activities that help better incorporate a trauma-informed approach that will support children, families, and staff impacted by adverse experiences. **For more information on trauma and implementation of trauma-informed approaches in Head Start and Early Head Start programs, including specific examples, please see Attachment B or the following resource on [Implementing a Trauma-Informed Approach](#).** However, grantees do have the flexibility to use these Quality Improvement funds to meet grantees' most pressing local needs, consistent with Section 640(a)(5) of the Act. With this funding, grantees should plan for ongoing, sustained investments in quality improvements, while also acknowledging one-time investments in FY 2020 year may be necessary to sustain ongoing quality improvement.

Budget Requirements

The data entered on the budget tab within the application populates the SF-424A. Grantees are required to include funds for both COLA and Quality Improvement, and within the appropriate program, Head Start or Early Head Start.

Non-Federal Share

The budget and detailed budget justification must include each source of non-federal match, including estimated amount per source and the valuation methodology. A detailed justification that conforms with the criteria under Section 640(b)(1)-(5) of the Head Start Act must be submitted if the application proposes a waiver of any portion of the non-federal match requirement.

Supporting Documents

Signed statements of the Governing Body and Policy Council Chairs along with Governing Body and Policy Council minutes documenting each group's participation in the development and approval of the supplemental application for COLA and Quality Improvement must be provided.

The application must be submitted on behalf of the Authorizing Official registered in the HSES. **Incomplete applications will not be processed.**

Please ensure the application contains all of the required information. If you have any questions or need assistance, please contact Kim Chalk, Head Start Program Specialist, at 214-767-0164 or kim.chalk@acf.hhs.gov or Alma Cardenas, Grants Management Specialist, at 214-767-8853 or alma.cardenas@acf.hhs.gov.

For technical assistance in preparing the application, please contact the HSES Help Desk at help@hsesinfo.org or 1-866-771-4737.

Sincerely,
The Office of Head Start

Attachment A

Allowable Uses of Quality Improvement Funds

The language in this document comes directly from Sec. 640(a)(5) of the Head Start Act, except that language has been removed from no. 1 specifying that at least 50 percent of the funds must be used for staff compensation and language has been removed from no. 8 specifying that no more than 10 percent of the funds can be used on transportation to align with the FY 2020 enacted appropriation language.

1. To improve the compensation (including benefits) of educational personnel, family service workers, and child counselors, as described in Sections [644\(a\)](#) and [653](#) of the Head Start Act, in the manner determined by the Head Start agencies (including Early Head Start agencies) involved, to—
 - ensure that compensation is adequate to attract and retain qualified staff for the programs involved in order to enhance program quality;
 - improve staff qualifications and assist with the implementation of career development programs for staff that support ongoing improvement of their skills and expertise; and
 - provide education and professional development to enable teachers to be fully competent to meet the professional standards established under [Sec. 648A\(a\)\(1\)](#) of the Act, including—
 - providing assistance to complete postsecondary course work;
 - improving the qualifications and skills of educational personnel to become certified and licensed as bilingual education teachers, or as teachers of English as a second language; and
 - improving the qualifications and skills of educational personnel to teach and provide services to

children with disabilities

2. To support staff training, child counseling, and other services necessary to address the challenges of children from immigrant, refugee, and asylee families; homeless children ; children in foster care; limited English proficient children; children of migrant or seasonal farmworker families; children from families in crisis; children referred to Head Start programs (including Early Head Start programs) by child welfare agencies; and children who are exposed to chronic violence or substance abuse.
3. To ensure that the physical environments of Head Start programs are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.
4. To employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom and additional qualified family service workers to reduce the family-to-staff ratio for those workers.
5. To ensure that Head Start programs have qualified staff that promote the language skills and literacy growth of children and that provide children with a variety of skills that have been identified, through scientifically based reading research, as predictive of later reading achievement.
6. To increase hours of program operation, including—
 - conversion of part-day programs to full-working day programs; and
 - increasing the number of weeks of operation in a calendar year.
7. To improve communitywide strategic planning and needs assessments for Head Start programs and collaboration efforts for such programs, including outreach to children described in no. 2 above.
8. To transport children in Head Start programs safely.
9. To improve the compensation and benefits of staff of Head Start agencies, in order to improve the quality of Head Start programs.

Attachment B

Office of Head Start Guidance on Implementing a Trauma-Informed Approach

Trauma occurs when frightening events or situations overwhelm a child or adult's ability to cope or deal with what has happened. These kinds of experiences cause an extended stress response and lasting effects on the physical and mental health of the individual. Trauma can occur in the form of a single event (e.g., a natural disaster or death of a close family member) or as a series of events or chronic condition (e.g., substance misuse, domestic and community violence, child abuse and neglect, extended homelessness, or food insecurity). Exposure to trauma is more common than most people believe. It is also multi-layered, with individual, community, and historical experiences. In addition to enrolled children and families, Head Start staff may experience trauma as well, along with stress associated with their role in supporting children and families impacted by trauma. That said, not everyone exposed to adverse experiences is traumatized.

Head Start and Early Head Start programs play a critical role in buffering the impact of trauma by promoting resilience for children, families, and staff. The effects of trauma are lessened by protective factors such as strong parent-child relationships; relationships between staff, children, and families in Head Start and Early Head Start

programs; and through relationships and supports within the community. Supporting staff wellness is a critical part of any trauma-informed approach in Head Start programs.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as one that: 1) **realizes** the widespread impact of trauma and understands potential paths for recovery; 2) **recognizes** potential signs and symptoms of trauma; 3) **responds** by fully integrating knowledge about trauma into program policies, procedures, and practices; and 4) **resists** re-traumatization of impacted individuals. For more information, please see [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

Head Start Considerations for Funding Trauma-Informed Approaches

There are many ways Head Start and Early Head Start programs can use Quality Improvement funds to implement a comprehensive, ongoing trauma-informed approach. The following includes a limited, non-exhaustive list of examples:

Expand Mental Health Services

- Improve preventive mental health screening, assessment, and interventions
- Enhance mental health consultation for staff support and organizational improvement to help identify signs and symptoms of trauma and integrate supports and services to assist in healing
- Ensure mental health consultation and other related intervention services include a trauma-informed approach and are integrated at intake and orientation
- Build and/or enhance collaborative services with local substance abuse and mental health treatment programs, domestic violence service providers, disaster response programs, child welfare agencies, and others

Increase Classroom Quality

- Hire additional qualified education staff to lower classroom ratios, enhance caregiver-child relationships
- Provide ongoing coaching and support to education staff to address secondary stress and related turnover
- Hire behavioral specialists to support children, classroom staff, and parents
- Improve physical environments and learning spaces throughout the facility to help address the multiple domains of development and learning that are impacted by trauma
- Invest in professional development and staffing patterns that foster continuity of care, and consistent, predictable, and nurturing environments

Strengthen Family Services

- Enhance services that strengthen families, promote relationships, decrease parental stress, and improve family safety and financial security
- Strengthen service provision related to housing access and stability
- Provide enhanced job training, employment, education, and career services
- Help families better access healthcare and nutrition services
- Enhance transportation services to promote more regular participation by children and families in services designed to support development and learning and address trauma
- Improve collaboration efforts and alignment with family-serving agencies to lessen family confusion and stress in dealing with multiple agencies

Support a Trauma-Informed Workforce

- Provide training on trauma-informed approaches to all staff, governing boards, and Policy Councils, and ensure training is accompanied with coaching and opportunities for reflective practice and supervision
- Support staff capacity with salary increases and additional benefits, such as employee assistance services and break times
- Decrease family service staff and/or home visitor caseloads through hiring of additional qualified staff or other strategies

Create a Program-Wide Trauma-Informed Environment

- Ensure any trauma-informed training implemented at the management-, governing-, or policy-level includes oversight to examine how the approach is being implemented
- Conduct ongoing self-assessment to track program improvements related to integrating a trauma-informed approach over time
- Expand Health Services Advisory Committee efforts to better support health and mental health services for children and families by implementing trauma-informed approaches