



From the Desk of:
Patricia Salvarezza
Program Director
Head Start / Early Head Start

To: Policy Council and Board of Directors

From: Patricia Salvarezza

Date: 8/16/22

Re: Director's Report- July 2022 Program Report

I. Updates from Office of Head Start:

- **Focus Area 2 Review:** No information on the review as of yet.

II. Program Updates

1. **Notice of Retirement:** Head Start/Early Head Start Program Director's intent to retire effective February 2, 2023. After 35 years with the program, I have decided to retire on 2/3/23. I am submitting my notice to allow the agency time to recruit and hire a qualified replacement. Once a new Director is hired, the person can be trained as part of a leadership transition. We are working with Capital CFO Consulting Services to assist us in recruiting, interviewing and hiring a qualified Program Director. We have had several qualified applicants apply.
2. **Vacancies:** Head Start Program has 27 Vacancies Requiring Qualifications as of this report.

Center	Program Option	Lead Teacher	Assistant Teacher	Teacher's Aide/ Floater Aide	Home Visitor	Family Advocate	Mental Health Consultant	Nurse-RN	Transportation Aide	Total Vacancies
Cambridge	HS	1	1	2	1	0	x	x	x	5
	EHS	X	X	1	X	X	X	X	x	1
Dix	HS	2	1	2	1	x	x	x	x	6
River Street	HS	1	1	2	1	1	1	1	0	8
	EHS	X	1	1	X	X	X	x	x	2
Whitehall	HS	X	X	1	n/a	x	n/a	n/a	2	3
	EHS	x	1	x	X	x	X	x	x	1

Gra	HS	1	X	X	x	x	x	x	x	1
Total		5/14=	5/14=	9/23=	3/10=	1/7=	1/1=	1/1=	2/6=	27/109
Rate of Vacancy		36%	36%	39%	40%	14.3%	100%	100%	33.3%	Total # of Staff= 25% vacancy

3. Enrollment Plan – Based on Fully Staffed Classrooms

- Currently:
 - Dix Avenue Cloud Room: 1 HS Double Session Classroom: 15-17 in AM and 17 in PM,
 - River Street: 1 HS Full Day Classrooms at 18; All 3 EHS Classrooms at 8 each
 - Cambridge: 1 EHS Classroom with 8 slots 18 slots; 1 EHS Classroom with 8 slots
 - Granville: 1 HS Double Session Classroom with 17 in AM and 15 in PM
 - 140 Center-based Slots can be filled out of 238 funded slots.
 - 80 Slots will be waitlisted until vacancies can be filled.
 - 5 Head Start Classrooms are closed due to vacancies

4. Program Transportation:

- **Granville AM Session:** The program will be providing transportation to children attending the AM Session. This classroom is almost full. At the time of this report there are only 2 children interested in the PM session. Once the roster increases, we will offer transportation.
- **Hudson Falls:** The program will be providing transportation to families enrolled in Hudson Falls based on a needs assessment. Those families with no means of reliable transportation will receive services.
- **Waivers to OCFS:** The program was contacted by OCFS that our request for transportation ratio waivers was approved. We are waiting for the official waivers to be delivered. This will allow us to fill more seats on the buses.

5. Quality Stars NY:

A NYS child care quality rating system designed to evaluate program quality and provide training and resources to improve the overall quality of licensed child care programs in NYS. Program's will be evaluated and assigned a "Star Rating." The Office of Head Start requires Head Start programs nationwide to participate in its state or local Quality Rating and Improvement System (QRIS).

- To date the program has set up an Aspire Account which is a training and technical assistance state run data base for early childhood teachers. All HS/EHS LEAP teachers all have an Aspire Account.
- Education Management is working closely with the state to implement the Quality Start assessment which will begin this fall.
- The program has taken advantage of state funds and submitted requests for playground equipment and classroom supplies that these have been purchased for us. This allows us to use the ARP funds to help update the EHS playgrounds in Cambridge and Whitehall.

6. Projects:

- Program Information Report (PIR)- due Aug. 31
- EHS River Street Playground upgrade
- Hiring
- Training and Technical Assistance Plan for 23-24 Program Year
- Complete Self-Assessment
- Gather Memorandums of Understanding for new program year 22-23
- Enrollment and Ongoing recruitment
- Microsoft 365- One Drive- move all agency/program policies, procedures and forms into a Shared Point so staff have access to the correct version of forms and documents agency-wide.



ADMINISTRATION FOR
CHILDREN & FAMILIES

Office of Head Start | Region II | 26 Federal Plaza, Room 4114, New York, NY 10278 | eclkc.ohs.acf.hhs.gov

August 25, 2022

Jeffrey Meyer, Board Chair
Washington County Economic Opportunity Council, Inc.
383 Broadway, B010
Fort Edward, NY 12828

Re: Grant No. 02CH011434

Dear Mr. Meyer:

This letter is in response to the August 24, 2022 request for approval to hire a new Head Start Director. Regional Office approval of this new hire is required by the Terms and Conditions of your Non-Competing Continuation Notice of Award, which implements the regulation 45 C.F.R. § 75.308(c)(1)(ii).

The Regional Office was provided with the name and resume of the person recommended to be hired, a description of the process used to recruit for this job, an explanation of why this individual was determined to be the most qualified, and a description of Policy Council involvement. The hiring of Ms. Shannon Stockwell as the new Head Start Director is approved.

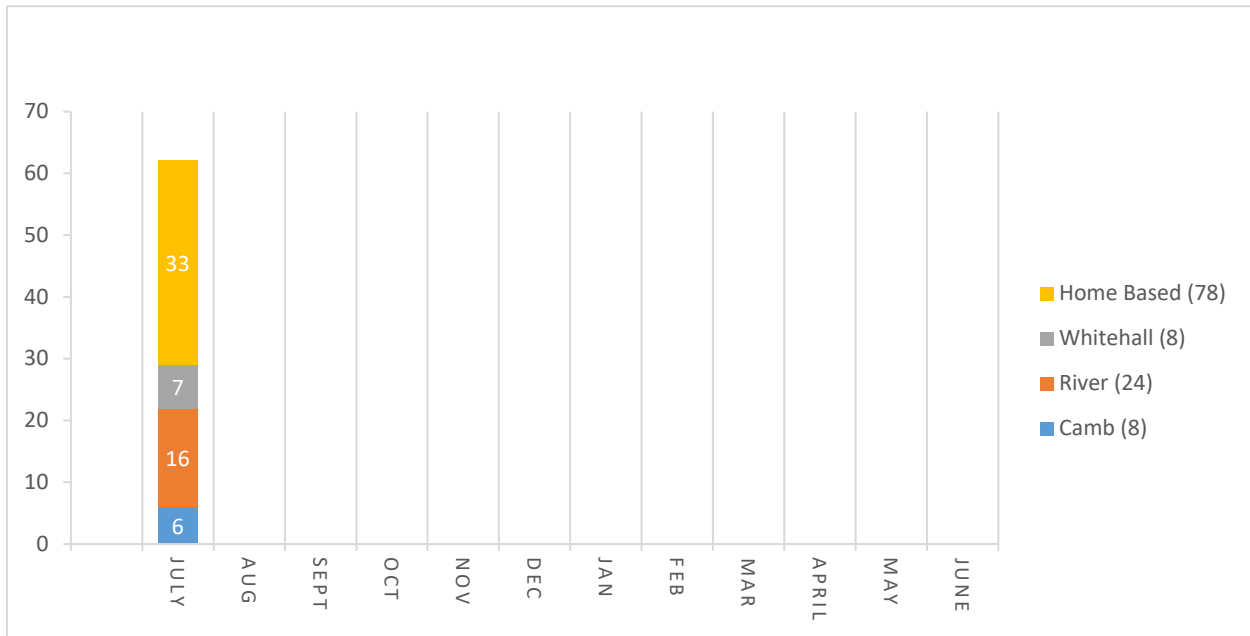
If you have any questions or concerns, please contact me at (202) 868-9091 or rita.stone@acf.hhs.gov.

Sincerely,

Rita F. Stone
Supervisory Program Specialist
Office of Head Start, Region II

cc: Ms. Emily Landry, Executive Director/Finance Director
Ms. Patricia Salvarezza, Head Start Director
Ms. Isabel Lundquist, Policy Council Chair

2022-2023 EHS Actual Enrollment



Waitlist Report July 2022

Site	Wait List	Elig.	101+	131+
CA	3	0	0	3
RS	11	4	1	6
WH	1	1	0	0
CB TOTAL	15	5	1	9
HB	1	0	0	1
Program Total	16	5	1	10



CLAIM FOR REIMBURSEMENT for Sponsors of Day Care Centers

Sponsor Name L.E.A.P Head Start / Early Head Start	Claim Month June	Claim Year 2022	Adjusted Claim? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	----------------------------	---------------------------	--

Center Number	1
Center Name	Dix Avenue
Attendance Reporting	
Total Days of Operation	14
Total Attendance	365
Income Eligibility Categories for All Participants	
Free Category	38
Reduced Category	0
Paid Category	0
Total Enrolled	38
For Profit Centers Only	
Number of Children with Tuition Subsidy	0
Meals/Snacks Served	
Breakfast	233
PM Snack	243
AM Snack	0
Supper	0
Lunch	362
Night Snack	0
Second Meals/Snacks Served	
Breakfast	0
PM Snack	0
AM Snack	0
Supper	0
Lunch	0
Night Snack	0
At-Risk Snacks/Suppers	
Total Days of Operation	0
Total Attendance	0
Snacks	0
Seconds	0
Suppers	0
Seconds	0

Center Number	4
Center Name	St. Paul's Drive
Attendance Reporting	
Total Days of Operation	18
Total Attendance	518
Income Eligibility Categories for All Participants	
Free Category	50
Reduced Category	0
Paid Category	0
Total Enrolled	50
For Profit Centers Only	
Number of Children with Tuition Subsidy	0
Meals/Snacks Served	
Breakfast	455
PM Snack	454
AM Snack	0
Supper	0
Lunch	463
Night Snack	0
Second Meals/Snacks Served	
Breakfast	0
PM Snack	0
AM Snack	0
Supper	0
Lunch	0
Night Snack	0
At-Risk Snacks/Suppers	
Total Days of Operation	0
Total Attendance	0
Snacks	0
Seconds	0
Suppers	0
Seconds	0

Center Number	3
Center Name	Whitehall
Attendance Reporting	
Total Days of Operation	18
Total Attendance	376
Income Eligibility Categories for All Participants	
Free Category	31
Reduced Category	0
Paid Category	0
Total Enrolled	31
For Profit Centers Only	
Number of Children with Tuition Subsidy	0
Meals/Snacks Served	
Breakfast	365
PM Snack	358
AM Snack	0
Supper	0
Lunch	370
Night Snack	0
Second Meals/Snacks Served	
Breakfast	0
PM Snack	0
AM Snack	0
Supper	0
Lunch	0
Night Snack	0
At-Risk Snacks/Suppers	
Total Days of Operation	0
Total Attendance	0
Snacks	0
Seconds	0
Suppers	0
Seconds	0

CERTIFICATION by AUTHORIZED REPRESENTATIVE (a completed Certificate of Authority must be on file). I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. I agree to contact CACFP if there are any changes in the approved application and sponsor agreement.

Diana Taormino

Signature

Health & Nutrition Coordinator

7/5/22

Title

Date Signed

This Form Prepared By **Diana Taormino**

Telephone (include Area Code) **518-746-1666**

FOR STATE USE ONLY

Comments:

PROCESSED ☐ RETURNED ☐ REJECTED ☐

Date / Initials

GENERAL INSTRUCTIONS

- A. If you have any questions while completing the claim, please call **CACFP at 1-800-942-3858** for assistance.
- B. This Claim for Reimbursement for Sponsors of Day Care Centers (DOH-3703) must be typed or handwritten legibly in black or blue ink. Report program information for only one calendar month on each claim form.
- C. To be paid for meals served, this claim form must be submitted to CACFP. Contact CACFP if you would like to claim online.
- D. CACFP encourages sponsors to submit claims by the 10th of the month following the claim month. CACFP can accept claims received within 60 days of the last day of the claim month.
- E. Reimbursement for all meals and snacks (except At-Risk and Shelters) is calculated as a percentage of the number of enrolled participants in the free, reduced and paid reimbursement categories, as reported on this claim. At-Risk meals for approved centers and meals claimed for Shelters are paid at the free rate.
- F. All program records including income eligibility forms, attendance, meal counts, receipts, invoices, etc. must be kept and available for review for a period of 3 years after the submission of the final claim for the fiscal year for which they pertain.
- G. Your claim will be returned or payment delayed if not complete.

SPECIFIC INSTRUCTIONS

Complete the claim form from top to bottom. Write all of the information for your first center in the left column, the next center is written into the middle column and the next center is written into the right hand column. If you have more than three centers, use additional pages.

CACFP Agreement #: Write in your 4 digit CACFP agreement number, which can be found on your CACFP application and approval letter.

Sponsor Name: Enter the complete name of your Organization as stated on your CACFP application and approval letter.

Claim Month: Enter, in numbers, the month that this claim or adjusted claim covers.

Claim Year: Enter, in numbers, the year that this claim or adjusted claim covers.

Adjusted Claim: Check if this claim is an ADJUSTED CLAIM. An adjusted claim allows you to report changes to the original claim; i.e., additional meals or less meals you may have over-claimed. The adjusted claim must report the correct number of meals; CACFP will calculate your reimbursement by comparing it against your original claim.

Center Number: Enter the four-digit number assigned to each center.

Center Name: Write in the name of the center corresponding to the CACFP center number.

Attendance Reporting

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

Income Eligibility Categories for All Participants: Enter the number of participants whose income eligibility form makes them eligible to be claimed in the free, reduced or paid category. Any participant without an income eligibility form must be reported in the paid category. The total should equal the number of participants enrolled in care during the claim month. If only At-Risk meals are claimed, or the center is an emergency shelter, do not complete this section.

For Profit Centers Only: For-profit centers are eligible to submit a claim only if 25% of the enrolled participants, or 25% of the licensed capacity (whichever is less) receive subsidized tuition payments or are eligible to be claimed in the free or reduced income eligibility category. If the number of free and reduced does not equal 25%, write in the total number of children whose tuition is subsidized by the Office of Children and Family Services or ACS/HRA.

Meals/Snacks Served: Enter the total number of meals served to eligible participants at the center.

Second Meals/Snacks Served: For vended centers approved to claim Seconds, enter the number of second meals served.

At Risk Snacks/Suppers:

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim.

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

A child receiving At-Risk and non-At-Risk meals (for example, At-Risk Snack and Breakfast) would be reported in both Total Attendance sections of the claim.

If the center has both At-Risk meals and traditional meals, some or all of the participants may be reported in both Section 1 and Section 6. For example, if a center is approved to serve At-Risk Snacks and lunch, a child receiving both meals would be reported in the total attendance of both sections.

SIGN the claim before submitting it to CACFP. Only the original signature of an authorized representative, as indicated on the Certificate of Authority (DOH-3671), will be accepted.

Make a copy for your records and mail the original form to:

CACFP, NYS Dept of Health
150 Broadway FL 6 West
Albany, NY 12204-2719



CLAIM FOR REIMBURSEMENT for Sponsors of Day Care Centers

Sponsor Name L.E.A.P Head Start / Early Head Start	Claim Month May	Claim Year 2022	Adjusted Claim? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---------------------------	---------------------------	--

Center Number	10
Center Name	Cambridge
Attendance Reporting	
Total Days of Operation	16
Total Attendance	278
Income Eligibility Categories for All Participants	
Free Category	24
Reduced Category	0
Paid Category	0
Total Enrolled	24
For Profit Centers Only	
Number of Children with Tuition Subsidy	0
Meals/Snacks Served	
Breakfast	201
PM Snack	187
AM Snack	0
Supper	0
Lunch	205
Night Snack	0
Second Meals/Snacks Served	
Breakfast	0
PM Snack	0
AM Snack	0
Supper	0
Lunch	0
Night Snack	0
At-Risk Snacks/Suppers	
Total Days of Operation	0
Total Attendance	0
Snacks	0
Seconds	0
Suppers	0
Seconds	0

Center Number	12
Center Name	Granville
Attendance Reporting	
Total Days of Operation	9
Total Attendance	158
Income Eligibility Categories for All Participants	
Free Category	24
Reduced Category	0
Paid Category	0
Total Enrolled	24
For Profit Centers Only	
Number of Children with Tuition Subsidy	0
Meals/Snacks Served	
Breakfast	97
PM Snack	37
AM Snack	0
Supper	0
Lunch	158
Night Snack	0
Second Meals/Snacks Served	
Breakfast	0
PM Snack	0
AM Snack	0
Supper	0
Lunch	0
Night Snack	0
At-Risk Snacks/Suppers	
Total Days of Operation	0
Total Attendance	0
Snacks	0
Seconds	0
Suppers	0
Seconds	0

Center Number	
Center Name	
Attendance Reporting	
Total Days of Operation	
Total Attendance	
Income Eligibility Categories for All Participants	
Free Category	
Reduced Category	
Paid Category	
Total Enrolled	0
For Profit Centers Only	
Number of Children with Tuition Subsidy	
Meals/Snacks Served	
Breakfast	
PM Snack	
AM Snack	
Supper	
Lunch	
Night Snack	
Second Meals/Snacks Served	
Breakfast	
PM Snack	
AM Snack	
Supper	
Lunch	
Night Snack	
At-Risk Snacks/Suppers	
Total Days of Operation	
Total Attendance	
Snacks	
Seconds	
Suppers	
Seconds	

CERTIFICATION by AUTHORIZED REPRESENTATIVE (a completed Certificate of Authority must be on file). I certify, to the best of my knowledge and belief, that this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms and conditions of existing agreements; and that payment therefore has not been received. I recognize that I will be fully responsible for any excess amount that may result from erroneous or neglectful reporting herein. Also, I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes. I agree to contact CACFP if there are any changes in the approved application and sponsor agreement.

Diana Taormino

Signature

Health & Nutrition Coordinator

7/05/22

Title

Date Signed

This Form Prepared By **Diana Taormino**

Telephone (include Area Code) **518-746-1666**

FOR STATE USE ONLY

Comments:

PROCESSED ☐ RETURNED ☐ REJECTED ☐

Date / Initials

GENERAL INSTRUCTIONS

- A. If you have any questions while completing the claim, please call CACFP at 1-800-942-3858 for assistance.
- B. This Claim for Reimbursement for Sponsors of Day Care Centers (DOH-3703) must be typed or handwritten legibly in black or blue ink. Report program information for only one calendar month on each claim form.
- C. To be paid for meals served, this claim form must be submitted to CACFP. Contact CACFP if you would like to claim online.
- D. CACFP encourages sponsors to submit claims by the 10th of the month following the claim month. CACFP can accept claims received within 60 days of the last day of the claim month.
- E. Reimbursement for all meals and snacks (except At-Risk and Shelters) is calculated as a percentage of the number of enrolled participants in the free, reduced and paid reimbursement categories, as reported on this claim. At-Risk meals for approved centers and meals claimed for Shelters are paid at the free rate.
- F. All program records including income eligibility forms, attendance, meal counts, receipts, invoices, etc. must be kept and available for review for a period of 3 years after the submission of the final claim for the fiscal year for which they pertain.
- G. Your claim will be returned or payment delayed if not complete.

SPECIFIC INSTRUCTIONS

Complete the claim form from top to bottom. Write all of the information for your first center in the left column, the next center is written into the middle column and the next center is written into the right hand column. If you have more than three centers, use additional pages.

CACFP Agreement #: Write in your 4 digit CACFP agreement number, which can be found on your CACFP application and approval letter.

Sponsor Name: Enter the complete name of your Organization as stated on your CACFP application and approval letter.

Claim Month: Enter, in numbers, the month that this claim or adjusted claim covers.

Claim Year: Enter, in numbers, the year that this claim or adjusted claim covers.

Adjusted Claim: Check if this claim is an ADJUSTED CLAIM. An adjusted claim allows you to report changes to the original claim; i.e., additional meals or less meals you may have over-claimed. The adjusted claim must report the correct number of meals; CACFP will calculate your reimbursement by comparing it against your original claim.

Center Number: Enter the four-digit number assigned to each center.

Center Name: Write in the name of the center corresponding to the CACFP center number.

Attendance Reporting

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

Income Eligibility Categories for All Participants: Enter the number of participants whose income eligibility form makes them eligible to be claimed in the free, reduced or paid category. Any participant without an income eligibility form must be reported in the paid category. The total should equal the number of participants enrolled in care during the claim month. If only At-Risk meals are claimed, or the center is an emergency shelter, do not complete this section.

For Profit Centers Only: For-profit centers are eligible to submit a claim only if 25% of the enrolled participants, or 25% of the licensed capacity (whichever is less) receive subsidized tuition payments or are eligible to be claimed in the free or reduced income eligibility category. If the number of free and reduced does not equal 25%, write in the total number of children whose tuition is subsidized by the Office of Children and Family Services or ACS/HRA.

Meals/Snacks Served: Enter the total number of meals served to eligible participants at the center.

Second Meals/Snacks Served: For vended centers approved to claim Seconds, enter the number of second meals served.

At Risk Snacks/Suppers:

Total Days of Operation: Enter the number of days the center was in operation during the month of the claim.

Total Attendance: Add together the number of participants in attendance for each day of operation, and then enter the grand total of these numbers.

A child receiving At-Risk and non-At-Risk meals (for example, At-Risk Snack and Breakfast) would be reported in both Total Attendance sections of the claim.

If the center has both At-Risk meals and traditional meals, some or all of the participants may be reported in both Section 1 and Section 6. For example, if a center is approved to serve At-Risk Snacks and lunch, a child receiving both meals would be reported in the total attendance of both sections.

SIGN the claim before submitting it to CACFP. Only the original signature of an authorized representative, as indicated on the Certificate of Authority (DOH-3671), will be accepted.

Make a copy for your records and mail the original form to:

CACFP, NYS Dept of Health
150 Broadway FL 6 West
Albany, NY 12204-2719