

**Executive Committee Meeting Agenda | October 16, 2024**

1. **Call to Order | Randy Heady, Chairman**
2. **Roll Call | Sherry Thurman**
3. **Approval of Consent Agenda | Randy Heady, Chairman**
  - a. Executive Committee Meeting Minutes – August 21, 2024
4. **UCHRA Financial Report | Ginger Stout, Finance Director**
5. **Van Buren County Head Start Report | Randy Heady, Chairman**
  - a. July Financial Reports
    - July 2024 Budget
    - Monthly Activity Report
    - Credit Card Report
    - In-Kind Report
  - b. 2023-2024 Carryover Request Narrative
  - c. 2023-2024 Carryover Budget Request
  - d. 2024-2025 Board of Directors Carryover Request
  - e. Program Information Report (PIR)
  - f. 2023-2024 Annual Report
  - g. 2024-2025 Strengths, Needs and Interest Parent Survey
  - h. Caring for our Children Basics Health and Safety Foundations for Early Care and Education
6. **CSBG Update | LaNelle Godsey, Deputy Director/Community Services Director**
  - a. CSBG Dashboards
  - b. Whistleblower Protection Act
  - c. Results Oriented Management and Accountability (ROMA)
7. **Action Items | Randy Heady, Chairman**
  - a. 2024-2025 UCHRA Governing Board
  - b. Resolution 24-10-1
8. **Executive Director Report | Mark Farley, Executive Director**
  - a. Empower Update
9. **Executive Director Report | Mark Farley, Executive Director**
10. **Old Business | Randy Heady, Chairman**
11. **New Business | Randy Heady, Chairman**
12. **Public Comments | Randy Heady, Chairman**

**13. Adjourn | Randy Heady, Chairman**

**Upper Cumberland Human Resource Agency  
Executive Committee Meeting**

DRAFT MINUTES	AUGUST 21, 2024	10:43 A.M.	COOKEVILLE, TN
MEETING CALLED BY	Vice Chairman Jeff Mason		
TYPE OF MEETING	UCHRA Executive Committee Meeting		
FACILITATOR	Vice Chairman Jeff Mason		
NOTE TAKER	Sherry Thurman		
MEMBERS PRESENT	Greg Mitchell, Dale Reagan, Allen Foster, Josh Miller, Lloyd Williams, Steve Jones, Steven Barlow, Stephen Bilbrey, Sam Gibson, Randy Porter, Laurin Wheaton, Jeff Mason, David Sullivan, Terry Bell, Jerry Lowery		
MEMBERS ABSENT	Matt Adcock, Jimmy Johnson, Randy Heady, John Potts, Alisa Farmer, Denny Robinson, Representative Cameron Sexton, Senator Paul Bailey		
	CALL TO ORDER	VICE CHAIRMAN JEFF MASON	
CALL TO ORDER	Vice Chairman Jeff Mason called the meeting to order.		
	ROLL CALL		
ROLLCALL	Sherry Thurman called the roll and the attendance is recorded above. There was a quorum of the committee members present.		
	APPROVAL OF CONSENT AGENDA	VICE CHAIRMAN JEFF MASON	
DISCUSSION	Vice Chairman Jeff Mason advised that the consent agenda consist of the following: <ul style="list-style-type: none"><li>• Executive Committee Meeting Minutes – June 18, 2024</li><li>• Policy Council Report</li><li>• Finance Manual</li></ul> A motion was made to approve the Consent Agenda.		
ACTION	<u>Motion to Approve</u> Motion made by: Laurin Wheaton Motion seconded by: Greg Mitchell  Vice Chairman Jeff Mason asked for discussion or comments on the motion.  Motion carried unanimously.		
	UCHRA FINANCIAL REPORT	GINGER STOUT, FINANCE DIRECTOR	
DISCUSSION	Ginger Stout presented the UCHRA financial report for July 1, 2023 through June 30, 2024.  A motion was made to approve the financial report.		
ACTION	<u>Motion to Approve</u> Motion made by: Dale Reagan Motion seconded by: Steve Jones  Vice Chairman Jeff Mason asked for discussion or comments on the motion.  Motion carried unanimously.		

	<b>VAN BUREN COUNTY HEAD START REPORT</b> <b>MARK FARLEY, EXECUTIVE DIRECTOR</b>
<b>DISCUSSION</b>	<p>Executive Director Mark Farley outlined and highlighted the agenda items for the Van Buren County Head Start Program as follows:</p> <ol style="list-style-type: none"> <li>a. June Financial Reports <ul style="list-style-type: none"> <li>• June, 2024 Budget</li> <li>• Monthly Activity Report</li> <li>• Credit Card Report</li> </ul> </li> <li>b. Eligibility Training Statement</li> <li>c. Head Start Grievance/Complaint Policy</li> <li>d. Part 1301 Program Governance Policy</li> <li>e. Application Process</li> <li>f. Eligibility Verification</li> <li>g. Selection Criteria</li> <li>h. 2024-2025 Slot Reduction Narrative</li> <li>i. 2024-2025 Slot Reduction Request</li> </ol> <p>A motion was made to approve the Van Buren Head Start Report.</p>
<b>ACTION</b>	<p><b><u>Motion to Approve</u></b>  Motion made by: David Sullivan  Motion seconded by: Laurin Wheaton  Vice Chairman Jeff Mason asked for discussion or comments on the motion.  Motion carried unanimously.</p>
	<b>CSBG UPDATE</b> <b>LANELLE GODSEY, DEPUTY DIRECTOR/ COMMUNITY SERVICES DIRECTOR</b>
<b>DISCUSSION</b>	<p>LaNelle Godsey provided an update on the Community Action Plan and the Community Needs Assessment funded by the Community Services Block Grant. The agency is now in the second year of the plan. Last year the three-year Needs Assessment was conducted. The top five needs identified were: higher-paying and better-quality jobs, access to affordable housing, resources for individuals who are homeless, access to mental health services, and accessibility and affordable child care.</p> <p>The agency will focus on both internal and external training. Internally, staff will undergo training to enhance their navigational skills, aiming to offer more than just emergency services. We want to help individuals set and achieve their goals rather than having them return repeatedly for the same services. While emergency services will always be necessary, our goal is to provide resources that reduce the need for recurring support. On average, 60-69 percent of our customers are repeat clients each year. For those on fixed incomes, we aim to continue serving them every year to offer services.</p> <p>LaNelle mentioned that employees will participate in emotional CPR training to better handle emergencies and support individuals in crisis.</p> <p>LaNelle also presented the June dashboards, noting that while services have slowed down recently, we anticipate a pickup in activity starting in October.</p>
	<b>ACTION ITEMS</b> <b>VICE CHAIRMAN JEFF MASON</b> <ol style="list-style-type: none"> <li>a. 2024-2025 Policy Council Members</li> <li>b. Employee Handbook</li> <li>c. Drug and Alcohol Policy</li> </ol>

DISCUSSION	<p>Executive Director Mark Farley provided an update on the action items.</p> <p><b><u>2024-2025 Policy Council Members</u></b> Executive Director Mark Farley informed that the Policy Council meets during the same months as the board and focuses on addressing poverty-related issues across the region. Two members need to be replaced: Patti Ognibene will now represent Putnam County as a Consumer Representative, and Phil Fox will represent Social Assistance Programs.</p> <p><b><u>Employee Handbook</u></b> Over the past year, we have been reviewing the employee handbook to ensure that the policies are up-to-date, reflecting any changes in state or federal law and are relevant to our current work environment. A team of employees from both UCDD and UCHRA has collaborated on this effort, aiming to align the policies of both agencies as closely as possible. However, since UCDD has its own retirement plan and UCHRA is under TCRS, no changes were made to the retirement policies. The handbook was reviewed by Attorney Danny Rader and his team. Their team made recommendations which were incorporated into the handbook.</p> <p>Executive Director Mark Farley highlighted some of the major policy changes:</p> <ul style="list-style-type: none"> <li>• Grievance Policy – Removes the appeal to the Board of Directors, UCDD and UCHRA bylaws delegates all personal decisions to the Executive Director.</li> <li>• Compensatory Time – Caps the number of hours that can accumulate at 460 hours. If an employee is accumulating large amounts of compensatory time then management needs to look at staffing levels.</li> <li>• Flexible Work Policy – Clarifies who is eligible and how it will be managed.</li> <li>• Family Engagement Policy – Provides clear guidelines for the care of children in the workplace.</li> <li>• Leave with Pay – We will shift to a Paid Time Off (PTO) system and no longer tract annual and sick leave separately. This change will be effective September 1, 2024.</li> <li>• Dress Code – Has been modified to reflect current fashion trends.</li> <li>• Bereavement Leave – We have aligned both agencies under the same policy.</li> <li>• Appendices – We have developed three separate appendices so as to be able to make more frequent changes without affecting the personnel policy. <ul style="list-style-type: none"> <li>a. Head Start – Establishes those requirements that are program specific to the funding agency.</li> <li>b. Supplemental Benefits – Due to changes in vendors and insurance policies this information may change more frequently.</li> <li>c. Agency Policies – From time to time the board creates policies that govern the operation of the agency. This appendix allows us to publish the actions of the governing body.</li> </ul> </li> </ul> <p><b><u>Drug and Alcohol Policy</u></b> Executive Director Mark Farley noted that the key change to the Drug and Alcohol Policy is that if an employee tests positive, the decision on whether their leave will be paid or unpaid will be left to management's discretion. Additionally, updates have been made to the information regarding UCHRA's Medical Review Officer, and the list of individuals covered in the Drug Pool has been revised.</p> <p>A motion was made to group the actions items and approve as presented.</p>
ACTION	<p><b><u>Motion to Approve</u></b> Motion made by: Josh Miller Motion seconded by: Dale Reagan</p>

<b>ACTION</b>	Vice Chairman Jeff Mason asked for discussion or comments on the motion. Motion carried unanimously.
	<b>EXECUTIVE DIRECTOR REPORT      MARK FARLEY, EXECUTIVE DIRECTOR</b>
<b>DISCUSSION</b>	<p>Executive Director Mark Farley introduced Jessica Roberson, UCDD/AAAD Information and Assistance Specialist and Chairman of the Upper Cumberland Board for the Tennessee Suicide Prevention Network. Mr. Farley highlighted the concerning rise in suicide rates in the Upper Cumberland region. Jessica came to him and proposed including the new suicide prevention hotline number on all UCHRA's public transportation vehicles and the UCDD fleet vehicles.</p> <p>Jessica Roberson shared how she became involved with the Tennessee Suicide Prevention Network. She announced that TSPN's new hotline number is 988, which individuals can call or text for support. She also mentioned a fundraiser where t-shirts are being sold for \$15.00, with most of the proceeds going toward producing additional stickers to be placed on vehicles. Following the meeting, there will be a photo opportunity and a media release, and everyone is welcome to participate.</p> <p>Jessica also introduced Anna Sever, Executive Director of the Suicide Prevention Network, and Michael Anderson, Upper Cumberland Regional Director for the Tennessee Suicide Prevention Network. They expressed their appreciation for the partnership, emphasizing their goal of ensuring that every Tennessean knows help is available for anyone contemplating suicide.</p> <p>County Mayor Allen Foster suggested that any suitable electronic graphics for social media be shared with counties so they can be included on their websites to further spread awareness.</p>
	<b>OLD BUSINESS      VICE CHAIRMAN JEFF MASON</b>
<b>DISCUSSION</b>	No old business was presented for discussion.
	<b>NEW BUSINESS      VICE CHAIRMAN JEFF MASON</b>
<b>DISCUSSION</b>	No new business was presented for discussion.
	<b>PUBLIC COMMENTS      VICE CHAIRMAN JEFF MASON</b>
<b>DISCUSSION</b>	There were no public comments presented for discussion.
	<b>ADJOURN      VICE CHAIRMAN JEFF MASON</b>
<b>DISCUSSION</b>	Vice Chairman Jeff Mason advised that he would accept a motion to adjourn.
<b>ACTION</b>	<p><b><u>Motion to Adjourn:</u></b> Motion made by: Allen Foster Motion seconded by: Laurin Wheaton</p> <p>The UCHRA Executive Committee voted unanimously to adjourn the August 21, 2024 meeting.</p>
<b>CONCLUSION</b> <b>11:00 a.m.</b>	

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Randy Heady, Chairman

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Sam Gibson, Secretary

**Upper Cumberland Human Resource Agency**  
**Financial Report as of 07/31/2024**

**Total Agency Grant Related Expenditures**

Federal Grantor Revenue	\$ 517,744
State Grantor Revenue	\$ 92,170
Contract Revenues	\$ 110,172
Fares	\$ 20,662
Other Revenue	\$ 5,134
Inkind	\$ 8,215
<b>TOTAL REVENUE</b>	<b>\$ 754,098</b>

**Program/Matching Revenues**

State Appropriation	\$ -
Dues	\$ 5,447
Unrestricted Donations	\$ 1,000
Interest	\$ 494
<b>TOTAL REVENUE</b>	<b>\$ 6,941</b>

Salaries and Wages	\$ 389,940
Employee Benefits & Taxes	\$ 104,666
Total Personnel Expenses	\$ 494,606
Professional Fees	\$ 79,122
Supplies	\$ 3,364
Communication & Advertising	\$ 6,722
Postage & Shipping	\$ 242
Occupancy	\$ 47,210
Equipment Rental & Maintenance	\$ 2,396
Travel/Fuel	\$ 69,074
Training	\$ -
Vehicle Maintenance	\$ -
Transportation Trips	\$ -
Insurance	\$ -
Assistance to Individuals	\$ 114,742
Printing	\$ 17,622
Contracted Services	\$ 33,075
Food	\$ -
Miscellaneous	\$ 336
RTAP-Training	\$ -
Job Access Trips	\$ -
Fundraising Costs	\$ -
Capital-Preventive Maintenance	\$ -
Capital-Mobility Management	\$ -
Reimbursable Capital Exp.	\$ 1,829
In-kind / CPE	\$ 8,215
Total Non-Personnel Expenses	\$ 383,947
Total Direct Program Expenses	\$ 878,554
Administrative Expenses	\$ 98,451
<b>TOTAL EXPENSES</b>	<b>\$ 977,005</b>

**Non Grant Related Expenditures**

Other	\$ 1,327
Retiree Benfits	\$ 4,130
Interest on Line of Credit	\$ 422
<b>TOTAL EXPENSES</b>	<b>\$ 5,879</b>

Revenue Over (Under) Exp	\$ 1,061
Match Requirement	\$ 222,906
Revenue Over (Under) Exp	\$ (221,845)
Inc (Dec) Transit Fund Balance	\$ 250,244
<b>Unrestricted Revenue</b>	<b>\$ 28,399</b>

<b>Program Match</b>	<b>\$ 222,906</b>
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## **October 2024 Head Start Action Items Executive Summary**

### **July Financial Reports**

- July 2024 Budget
- Monthly Activity Report
- Credit Card Report
- In-kind Report

### **2023-2024 Carryover Request Narrative**

### **2023-2024 Carryover Budget Request**

### **2024-2025 Board of Directors Carryover Request**

### **Program Information Report (PIR)**

### **2023-2024 Annual Report**

### **2024-2025 Strengths, Needs and Interests Parent Survey**

### **Caring for our Children Basics Health and Safety Foundations for Early Care and Education**





**UC HRA**  
Van Buren County  
Head Start

**HEADSTART PROGRAM 51**  
**7/01/2024-6/30/2025**

AWARD#

04CH011574

Jul-24

POSITION	BUDGET	MONTHLY	YTD EXP	BALANCE
<b>a.PERSONNEL</b>				
<b>Child Health and Developmental Services Personnel</b>				
1. Program Managers & Content Area Experts		-		-
2. Teachers/Infant Toddler Teachers	56,084.00	2,016.64	2,016.64	54,067.36
3. Family Child Care Personnel		-	-	-
4. Home Visitors		-	-	-
5. Teacher Aides & Other Education Personnel	99,648.00	2,511.96	2,511.96	97,136.04
6. Health/Mental Health Services Personnel		-	-	-
7. Disabilities Services Personnel	34,913.00	1,454.71	1,454.71	33,458.29
8. Nutrition Services Personnel		-	-	-
9. Other Child Services Personnel	87,570.00	3,294.00	3,294.00	84,276.00
Transition Specialist		-		-
<b>Family and Community Partnerships Personnel</b>				
10. Program Managers & Content Area Experts	31,741.00	2,464.34	2,464.34	29,276.66
11. Other Family & Comm Partnerships Personnel	26,988.00	-	-	26,988.00
<b>Program Design and Management Personnel</b>				
12. Executive Director		-	-	-
13. Head Start/ Early Head Start Director	65,166.00	4,815.25	4,815.25	60,350.75
14. Managers		-	-	-
15. Staff Development		-	-	-
16. Clerical Personell		-	-	-
17. Fiscal Personnel		-		
18. Other Adminstrative Personell	26,291.00	1,023.90	1,023.90	25,267.10
<b>Other Personnel</b>				
19. Maintenance Personnel		-	-	-
20. Transportation Personnel		-	-	-
21. Other Personnel	26,988.00	622.80	622.80	26,365.20
<b>TOTAL PERSONNEL</b>	<b>455,389.00</b>	<b>18,203.60</b>	<b>18,203.60</b>	<b>437,185.40</b>
<b>b. FRINGE BENEFITS</b>				
1. Social Security(FICA),State Disability, Unemploy	35,431.00	1,413.64	1,413.64	34,017.36
2. Health/Dental/Life Insurance	43,924.00	1,020.58	1,020.58	42,903.42
3. Retirement		1,398.59	1,398.59	(1,398.59)
4. Other Fringe	27,287.00	-	-	27,287.00
<b>TOTAL FRINGE BENEFITS</b>	<b>106,642.00</b>	<b>3,832.81</b>	<b>3,832.81</b>	<b>102,809.19</b>
<b>c. TRAVEL</b>				
1. Staff Out-Of-Town Travel	100.00	-	-	100.00
<b>TOTAL TRAVEL</b>	<b>100.00</b>	<b>-</b>	<b>-</b>	<b>100.00</b>
<b>d. EQUIPMENT</b>				
1. Office Equipment		-	-	-
2. Classroom/Outdoor/Home-based/FCC		-	-	-

3. Vehicle Purchase		-	-	-
4. Other Equipment		-	-	-
5. Equipment Maintenance/Repair		-	-	-
<b>TOTAL EQUIPMENT</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>e. SUPPLIES</b>				
1. Office Supplies	2,500.00	14.06	14.06	2,485.94
2. Child and Family Services Supplies	15,000.00	180.73	180.73	14,819.27
3. Food Service Supplies	2,000.00	-	-	2,000.00
4. Other Supplies	5,000.00	74.93	74.93	4,925.07
<b>TOTAL SUPPLIES</b>	<b>24,500.00</b>	<b>269.72</b>	<b>269.72</b>	<b>24,230.28</b>
<b>f. CONTRACTUAL</b>				
1. Administrative Services(Legal,Accounting)		-	-	-
2. Health/Disabilities Services	14,000.00	-	-	14,000.00
3. Food Service	2,000.00	-	-	2,000.00
4. USDA		-	-	-
5. Training & Technical Assistance	10,000.00	10,000.00	10,000.00	-
6. Family Child Care		-	-	-
7. Delegate Agency Costs		-	-	-
8. Other Contracts		-	-	-
<b>TOTAL CONTRACTUAL</b>	<b>26,000.00</b>	<b>10,000.00</b>	<b>10,000.00</b>	<b>16,000.00</b>
<b>g. CONSTRUCTION</b>				
1. New Construction		-	-	-
2. Major Renovation		-	-	-
3. Acquisition of Buildings/Modular Units		-	-	-
<b>TOTAL CONSTRUCTION</b>		<b>-</b>	<b>-</b>	<b>-</b>
<b>h. OTHER</b>				
1. Depreciation/Use Allowance		-	-	-
2. Rent		-	-	-
3. Mortgage		-	-	-
4. Utilities, Telephone	18,500.00	398.50	398.50	18,101.50
5. Building & Child Liability Insurance	6,000.00	-	-	6,000.00
6. Building Maintenance/Repair and Other Occupancy	11,000.00	1,558.63	1,558.63	9,441.37
7. Incidental Alterations/Renovations		-	-	-
8. Local Travel	100.00	-	-	100.00
9. Nutrition Services	15,000.00	-	-	15,000.00
10. Child Services Consultants	29,070.00	-	-	29,070.00
11. Volunteers		-	-	-
12. Substitutes(if not paid benefits)		-	-	-
13. Parent Services	7,000.00	3,457.70	3,457.70	3,542.30
14. Accounting & Legal Services		-	-	0.00
15. Publications/Advertising/Printing	1,200.00	131.00	131.00	1,069.00
16. Training or Staff Development	14,190.00	-	-	14,190.00
17A. Vehicle Operations	27,300.00	63.36	63.36	27,236.64
17B. Administrative Cost	500.00	-	-	500.00
19. Education Incentive-Teachers		-	-	-
20. Training Initiatives	-	-	-	-
21. Program Improvements	-	-	-	-
<b>TOTAL OTHER</b>	<b>129,860.00</b>	<b>5,609.19</b>	<b>5,609.19</b>	<b>124,250.81</b>
<b>i. TOTAL DIRECT CHARGES</b>	<b>742,491.00</b>	<b>37,915.32</b>	<b>37,915.32</b>	<b>704,575.68</b>
<b>j. Indirect Costs</b>	<b>67,701.00</b>	<b>5,005.49</b>	<b>5,005.49</b>	<b>62,695.51</b>

<b>TOTALS - ALL BUDGET CATEGORIES</b>	<b>810,192.00</b>	<b>42,920.81</b>	<b>42,920.81</b>	<b>767,271.19</b>
IN-KIND	202,548.00	3,182.54	3,182.54	199,365.46

Monthly Expenses

YTD ADMIN CALCULATION

Total Drawdown

\_\_\_\_\_  
Director of Finance & Administration

\_\_\_\_\_  
Date

Elsie Blaylock  
Van Buren Co. Head Start Director

8/30/24  
Date



## Monthly Report

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE CENTRAL OFFICE STAFF (Code each by item #)

- |                   |                  |              |                        |                      |
|-------------------|------------------|--------------|------------------------|----------------------|
| 1. Administration | 4. Education     | 7. Health    | 10. Social Services    | 13. Transition       |
| 2. Personnel      | 5. Disabilities  | 8. Nutrition | 11. Parent Involvement | 14. Miscellaneous    |
| 3. Facilities     | 6. Mental Health | 9. Licensing | 12. Transportation     | 15. General Comments |

Area	Comments		
<b>Date: 7/1/24-7/31/24</b>			
<b>Special Activities, Events and/or Trainings of the Month</b>			
<b>Description</b>	<b>Dates</b>	<b>Attendees #</b>	<b>Notes</b>
The program staff recruited and assisted parents with obtaining necessary documentation to enroll their child.	7/1- 7/31		
Staff participated in in-service.	7/8 - 7/19		
Teachers participated in individual home visits/parent teacher conferences.	7/22 - 7/26		
<b>List of Visits by Central Office Staff</b>			
<b>Person(s)</b>	<b>Dates</b>	<b>Purpose</b>	<b>Notes</b>
BCCX	7/15-7/19	Mulch	Working on the playground
Ernest Beard	7/11/24	FCFVFD	Fire extinguisher annual training.
Tonya Pettit	7/11/24	VB School System	Disability Training
Drew Bouldin, Betty Campbell, Sandy Duncan	7/11/24	CCR&R	In-Service Training
Dr. Mark Loftis	7/12/24	Mental Health	Mental health training for staff
Cassandra Davis	7/18/24	CAC	Presenting information to parents on Children's Advocacy Centers purpose.
<b>List of Public School Contacts and Visits</b>			
<b>Person(s)</b>	<b>Dates</b>	<b>Purpose</b>	
<b>Upcoming Special Activities, Events and/or Trainings</b>			
<b>Description</b>	<b>Dates</b>	<b>Attendees #</b>	<b>Notes</b>
Phase-In/Orientation	7/29 through 8/1		Parents will attend orientation; children will be present for school for one day.
Lions Club Vision Screening	8/22		

### STATISTICAL INFORMATION FOR THE MONTH (Report numbers for the month not cumulative)

Home Visits by Center Edu. Staff: 0	Medical Trips # of Children:	Dental Trip # of Children: 0
Monthly Volunteer Total: 0	Parent Meetings/Trainings:0	# Present:Attendance:0
Total Enrollment: 0	Operational Days:0	Withdrawn: Added: 0
Monthly Total Present:	Monthly ADA:	Meals B: L: S:0

Distribute to: 1 Copy to Central Office Staff 1 Copy to be filed at the Center

July 2024  
(Month/Year)

Carrie Swafford  
(Staff Member Completing Report)

Van Buren  
(County or Center)

**CREDIT CARD REPORT**

**JULY 2024**

Vendor	Date	Item	Amount	Code
SAMS CLUB	6/29/2024	YEARLY MEMBERSHIP DUES-FY25	31.00	H15
REGIONS BANK	7/1/2024	FOAM PUZZLE FLOOR PLAY MAT	30.32	E2
	7/1/2024	METAL MESH DESKTOP ORGANIZER	14.06	E1
		DUCK TAPE	14.00	E4
	<b>Total</b>		<b>\$89.38</b>	



**HEADSTART INKIND**  
**Jul-24**

	<b>PERSONNEL</b>	<b>PROF</b>	<b>GOODS &amp; SERVICES</b>	<b>OCCUPANCY</b>	<b>EQUIP</b>	<b>MILEAGE</b>	<b>TOTAL</b>
<b>July</b>	\$765.82	\$1,582.15	\$520.05	\$0.00	\$0.00	\$314.52	\$3,182.54
<b>August</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>September</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>October</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>November</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>December</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>January</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>February</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>March</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>April</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>May</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>June</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>June Final</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL</b>	<b>\$765.82</b>	<b>\$1,582.15</b>	<b>\$520.05</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$314.52</b>	<b>\$3,182.54</b>

### Carry Over Request Narrative

Object Class Categories	Carry Over	Program Operations	T/TA
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other	58,678		
Indirect Cost	8,350		
Total	67,028		

	UCHRA HEAD START Budget Justification							HEAD START	
								PA22	PA22C
Personnel									
Teachers									
Teacher Assistant									
Disability Service Personnel									
Assistant Mentor Coach/ Education Supervisor									
Literacy Aid/ Safety Coordinator									
Family and Community									

Partnership Specialist									
Family Service Worker									
Custodian/Maintenance									
Management/Admin									
Personnel Total								0.00	0.00
Fringe									
Health Insurance									
Retirement									
Social Security (FICA), State Disability, Unemployment (FUTA), Worker's Compensation, State Unemployment									
Fringe Total								0.00	0.00
Travel									
Travel Total								0.00	0.00
Equipment									
Equipment Total									0.00
Supplies									
Office									
Child and Family Supplies									
Food Service Supplies									
Other Supplies									
Supplies Total								0.00	\$9783
Contractual									
Health / Disabilities Services									
Food Services									

Training and Technical Assistance									
Contractual Total								0.00	0.00
Construction								0.00	



Construction Total								0.00	0.00
Other									
Utilities, Telephone									
Building and Child Liability Insurance									
Building Maintenance / Repair and Other Occupancy	To complete the project formerly identified in the current budget for the purpose of maintaining an existing outbuilding used by the program and removal of septic system from under the playground to outside fencing.							\$56,500	
Local Travel									
Nutrition Services									
Parent Services									
Accounting and Legal Services									
Publications / Advertising / Printing									
Training or Staff Development									
Vehicle operations	Rising cost for gas and insurance							\$2,178	
Administrative office									
Other Total									
Indirect Cost							8,350	\$8,350	
							Total Budget	PA22	PA22C
							Total Federal	\$67,028	
							Non-Fed Share		

# **UCHRA Van Buren County Head Start Carryover Request**

**October 2, 2024**

**Upper Cumberland Human Resource Agency Head Start is requesting at this time the use of carryover funds in the amount of \$67,028. We are requesting a carryover of these funds in the amount of \$26,600 in Building Maintenance and repair to maintain an existing out building on the property. \$29,900 in Building Maintenance and repair for removal of septic system from playground to ensure safety of the children and uninterrupted services. \$2,178 to vehicle operations due to the rising costs in gas and insurance. \$8,350 for indirect costs. In addition we are requesting a waiver for any in-kind match related to the carryover request .Your immediate attention and consideration in allowing the program the opportunity to carry over the balance from FY24 requested is as always greatly appreciated. If you have any questions you can contact me at [eblaylock@uchra.com](mailto:eblaylock@uchra.com) (423-881-5182).**

**Respectfully,**

**Elsie Blaylock**



October 16, 2024

Department of Health and Human Services  
Division of Children and Families  
Administration of Children and Families  
61 Forsyth St. Suite 4M60  
Atlanta, Georgia 30303-8909

Ref,; Grant No. 04CH011574-02

Dear Sir or Madam,

As the Board of Directors Chairperson, the request to approve the 2024/2025 Carryover Request Application was approved as indicated.

Sincerely,

Randy Heady  
Upper Cumberland Human Resource Agency



# Office of Head Start - Head Start Services Snapshot

Upper Cumberland Human Resource Agency (2023-2024)

This Head Start Services Snapshot summarizes key data on demographics and services for preschool-age children served by this grantee. The data in this Snapshot is a subset of the grantee's annual Program Information Report (PIR) submission to the Office of Head Start. The full set of PIR questions and information to access the whole PIR report can be found at <http://eclkc.ohs.acf.hhs.gov/hslc/mr/pir>. Grantees that run both Head Start and Early Head Start programs report on each program separately.

## General Information

Grantee Name: Upper Cumberland Human Resource Agency

Grantee Address: 580 S Jefferson Ave

Ste B

Cookeville, TN 38501-4673

Grantee Website Address: <http://www.uchra.com> [vanburenheadstart.com](http://www.vanburenheadstart.com)

Grantee Phone: (423) 881-5182

## Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	37	100.0%

## Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	37	100.0%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

## Detail - Center-based Funded Enrollment

	<i># of center-based funded enrollment slots</i>	<i>% of center-based funded enrollment slots</i>
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	37	100.0%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

## Total Cumulative Enrollment

Actual number of children and pregnant women served by the program throughout the entire program year, inclusive of enrollees who left during the program year and the enrollees who filled those empty places. Due to turnover, more children and families may receive Head Start services cumulatively throughout the program year (all of whom are reported in the PIR) than indicated by the funded enrollment numbers.

	<i># of participants</i>	<i>% of participants</i>
Total Cumulative Enrollment	52	100.0%

## Participants by Age

	<i># of participants</i>	<i>% of participants</i>
1 Year Old	0	0%
2 Years Old	9	17.3%
3 Years Old	20	38.5%
4 Years Old	22	42.3%
5 Years Old	1	1.9%

## Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	18	34.6%

## Foster Care

	<i># of children</i>	<i>% of children</i>
Total number of enrolled children who were in foster care at any point in the program year	2	3.8%

## Prior Enrollment of Children

Children who were enrolled previously in Early Head Start, Head Start, or some combination for at least half of the time that classes or home visits were in session.

	<i># of children</i>	<i>% of children</i>
The second year	15	28.8%
Three or more years	3	5.8%

## Ethnicity And Race

	<i># of Hispanic or Latino Origin participants</i>	<i>% of Hispanic or Latino Origin participants</i>	<i># of Non-Hispanic or Non-Latino Origin participants</i>	<i>% of Non-Hispanic or Non-Latino Origin participants</i>
American Indian or Alaska Native	0	0%	0	0%
Asian	0	0%	0	0%
Black or African American	0	0%	0	0%
Native Hawaiian or Pacific Islander	0	0%	0	0%
White	2	3.8%	46	88.5%
Biracial or Multi-Racial	1	1.9%	2	3.8%
Other	0	0%	1	1.9%

	# of children / pregnant women	% of children / pregnant women
Unspecified ethnicity and race	0	0%

## Primary Language of Family at Home

	# of children	% of children
English	51	98.1%
Of these, the number of children acquiring/learning another language in addition to English	1	
Spanish	0	0%
Central American, South American, or Mexican Languages	0	0%
Caribbean Languages	0	0%
Middle Eastern or South Asian Languages	1	1.9%
East Asian Languages	0	0%
Native North American or Alaska Native Languages	0	0%
Pacific Island Languages	0	0%
European or Slavic Languages	0	0%
African Languages	0	0%
American Sign Language	0	0%
Other Languages	0	0%
Unspecified Languages	0	0%

## Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	# at Beginning of Enrollment Year	% at Beginning of Enrollment Year	# at End of Enrollment Year	% at End of Enrollment Year
Children with health insurance	51	98.1%	50	96.2%
Children with accessible health care	52	100.0%	52	100.0%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	52	100.0%	51	98.1%
Children with accessible dental care				

## Disabilities Services

	# of children	% of children
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	4	7.7%

## Family Services

	# of families	% of families
Total Number of Families	46	100.0%

	# of families	% of families
Families Who Received at Least One Family Service	46	100.0%

## Specific Services

	# of families	% of families
Emergency or Crisis Intervention	42	91.3%
Housing Assistance	2	4.3%
Asset Building Services	31	67.4%
Mental Health Services	32	69.6%
Substance Misuse Prevention	1	2.2%
Substance Misuse Treatment	1	2.2%
English as a Second Language (ESL) Training	1	2.2%
Assistance in enrolling into an education or job training program	5	10.9%
Research-based parenting curriculum	38	82.6%
Involvement in discussing their child's screening and assessment results and their child's progress	46	100.0%
Supporting transitions between programs	20	43.5%
Education on preventive medical and oral health	40	87.0%
Education on health and developmental consequences of tobacco product use	46	100.0%
Education on nutrition	46	100.0%
Education on postpartum care	1	2.2%
Education on relationship/marriage	1	2.2%
Assistance to families of incarcerated individuals	2	4.3%





Head Start by The Numbers  
Selected PIR Numbers

- 37 Number of children funded
- 100%-Percentage of eligible children served
- 48-Number of children served
- 6-Number of teachers/teacher assistants
- 2-Number of classrooms
- 1:6-Ratio of teaching staff to children
- 87%-Children with all possible immunizations
- 100%-Children w/continuous access to medical care at end of year
- 86%-Children w/continuous access to dental care at end of year
- 83%- Children receiving preventative dental care
- 100%- Children with disabilities who received special services
- 33%- Children bused
- 73%-Children at a healthy weight
- 39%- Single-parent families
- 61% - Two-parent families
- 24%- Number of families in which the parent is not employed
- 99%-Families with a high school education or greater
- 37%-Families receiving SNAP benefits (food stamps)

This Head Start Program is operated by  
**UCHRA**

In addition to federal grants of \$897,500  
(For the period of July 1, through June 30,)  
UCHRA Van Buren County Head Start also received

- \*\$39,300 From the U.S Department of Agriculture as reimbursement for the cost of providing meals for Head Start children; and
- \*\$197,900 in required local matching funds from people who donate goods and services

UCHRA Van Buren County Head Start has “**School Readiness Goals**” that help children become more confident, more cooperative, and more self-aware. Children learn about sounds, words, letters, and books. UCHRA Van Buren County Head Start supports language rich environments which helps increase their vocabulary library. Dual language learners keep their home language while learning a new language. Children become curious, while at the same time developing the skills needed to explore on their own and focus on their work. They learn to work with shapes, and begin using math and science as they investigate the world, solve problems and predict events on their own. They also learn basic health and safety practices. Outdoors, they learn to walk, run, climb, and throw, as well as learning to get along with other children. Inside they learn to work with blocks and scissors, and begin to write their names. We track the progress of each child and share it with their parents.

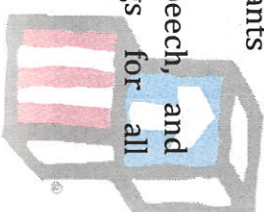


## Annual Report 2023/24

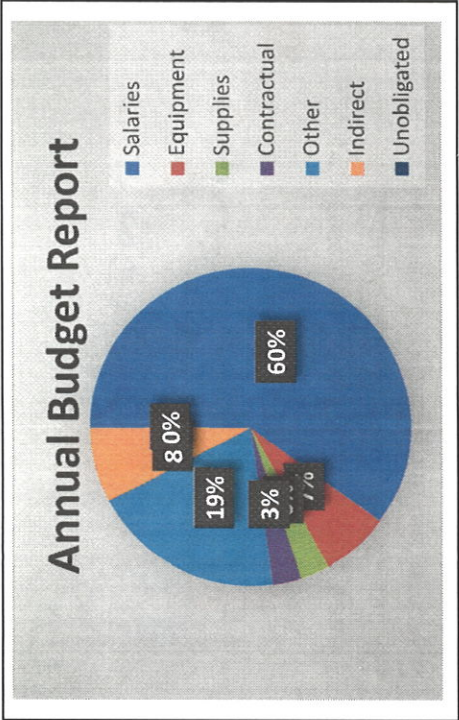
Information in this brochure is designed to fulfill requirements of Head Start federal law related to the general public.

- research-based education and family support for the most vulnerable children in our area
- one of the Nation's superior Head Start programs for children 3-4 years old
- preventative health care for each child
- free dental exams & treatment
- health insurance referrals
- family goal planning and other services for families
- emergency help through referrals to local resources
- bus transportation to the neediest
- special education services for children with disabilities
- well-supervised staff with professional degrees or CDA credentials
- staff teaching ratio of 1:6
- nutrition services
- mental health services, with professional consultants available
- hearing, vision, speech, and language screenings for all children

EVERY YEAR  
IN VAN BUREN COUNTY







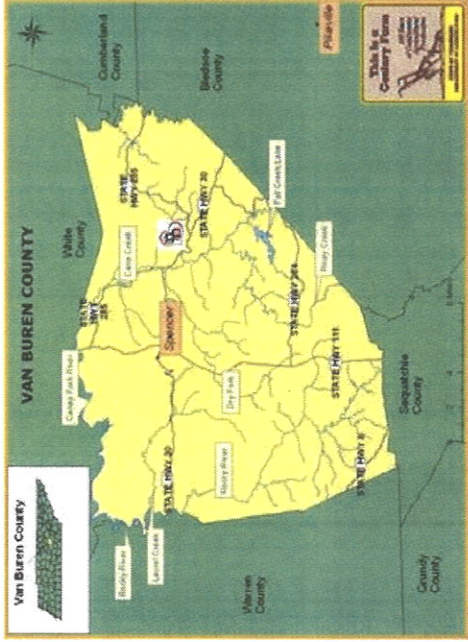
In addition to academic and social services to children, Head Start also provides many services to families

#### Typical Services and Referrals Provided to Families

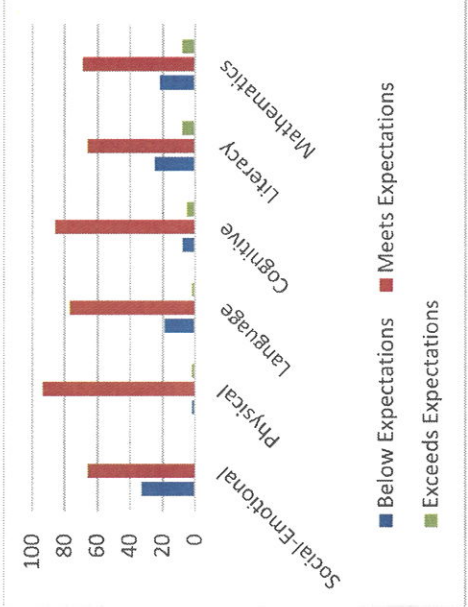
- \*Utility Bill Assistance
  - \*Child Support Resources
  - \*Health/Dental Services
  - \*Clothing
  - \*Home Safety Training
  - \*Nutrition Training
  - \*Budgeting
  - \*Counseling
  - \*Transitioning
  - \*Food Preparation
  - \*Parenting
  - \*Marriage Enrichment
  - \*Stress Reduction
  - \*Job Training
  - \*Job Counseling
  - \*Adult Education
  - \*Emergency Food
  - \*Domestic Violence program
- .....AND SO MUCH MORE



Our center holds the state's highest quality rating, and follows the recommendations of accrediting agencies recognized across America.



Child Outcomes Data



- \*Visits from musicians, police, firefighters
  - \*End-of-year kindergarten transition for parents and children
  - \*Policy Council participation
  - \*Medical & dental appointments & follow-ups
  - \*Family Reading Night
  - \*Parent volunteers in the classroom
  - \*"Dad-Friendly" activities
  - \*Mother's Day Out
- \*Seasonal projects for parent and child

UCHRA Van Buren County Head Start provides the best preschool experience for children that can be had! \*UCHRA Van Buren Co. Head Start operates one Center for Van Buren County and is funded for 37 children. We have two classrooms, with degreed staff in each class. Our staff, besides the Director, includes the Assistant Director/Education Supervisor, Family Service Worker, Family/Community Partnership Specialist, Health/Disability Specialist, Teachers and Teacher Aides, Literacy Aide/Safety Coordinator, and Custodian/ Bus Monitor. All meals are served family style and are prepared on site. The food is nutritious and low in sodium, fat and sugar. Children are served breakfast, lunch and a PM snack. In a partnership with Build-a-Bear, children learn about new cultures. Every month, the Bear wears a different costume from a different country and there is a food from that country on the menu. Children not only learn about another culture but they also get to experience food that the people eat, teaching them about others in the world. We also integrate a social-emotional aspect to our program. This helps children to develop self-control, to get along with others, become independent and have more awareness and empathy for others. Our transition program assures that Children will be comfortable on their first day of Kindergarten. Everything that children learn and experience at UCHRA Van Buren Co. Head Start prepares them for their future education, for Kindergarten and beyond! We are accredited through the prestigious NAEYC- National Association for the Education of Young Children - the largest organization in the world that not only advocates for children with 60,000 members and 50 affiliates, but actually sets the standards for early childhood educational programs. This means that parents can be assured their child will receive the best they can: a high-quality education. UCHRA Van Buren Co. Head Start receives the highest rating of three stars from the State's Three Star Program. We are proud to have had this rating since the inception of the State's STAR licensing program!

#### Federal Review and Audit Both Indicate Excellence

Our most recent federal review earned congratulations from the federal review team for the staff, parents, and board members on the agency's practices procedures, and successes. The federal team issued a final report with zero findings and zero deficiencies. Our Program is in full compliance, adhering to all laws, regulations and performance standards of the Office of Head Start.

No deficiencies relating to the audit of the financial statements are reported in the Independent Auditor's Report on Internal Control Over Financial Reporting and On Compliance and Other Matters Based on An Audit of Financial Statements Performed in Accordance with Government Auditing Standards.

**Audits are available on [www.ucvbheadstart.org](http://www.ucvbheadstart.org) all of our review documents are available for public inspection**

#### Typical School Readiness Home Activities and Parent Involvement Activities

- \*Visits from musicians, police, firefighters
  - \*End-of-year kindergarten transition for parents and children
  - \*Policy Council participation
  - \*Medical & dental appointments & follow-ups
  - \*Family Reading Night
  - \*Parent volunteers in the classroom
  - \*"Dad-Friendly" activities
  - \*Mother's Day Out
- \*Seasonal projects for parent and child





# Upper Cumberland Human Resources Agency Strengths, Needs and Interests Parent Survey Agency Report 2024-2025



Prepared By:  
**CCR**  
analytics

**About this Report:**

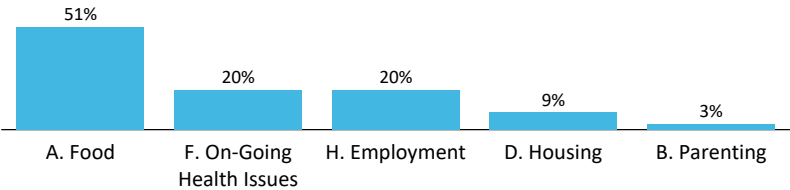
This report represents a snap-shot of the opinions and experiences of the parents and guardians in the Upper Cumberland Human Resources Agency Agency. The outcomes of this report should be used as one of many tools to guide the program planning process. Includes surveys received as of 9/26/2024.

**Response Rates\* and Number of Surveys Returned by Survey Language**

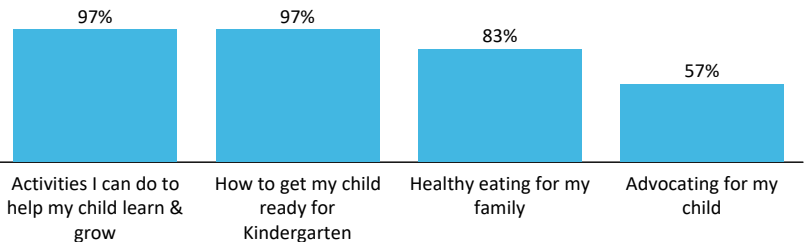
\*Response Rates are estimates based on available rosters of enrollment at the time of survey processing. Response rates of 100% mean that the same or more surveys were returned than enrollment on the roster.

	Total Surveys	English	
All Classes	35	35	100%
Van Buren- A	18	18	100%
Van Buren- B	17	17	100%

**Top 5 Areas Based on Percentage of Families  
Vulnerable or In-Crisis**  
Percentage of Surveys



**Top 4 Topics of Interest**  
Percentage of Surveys



# Table of Contents:

<i>Section Descriptions</i>	<i>Thinking About the Results</i>
<b>Section 1: About the CCR Strengths, Needs Interest Parent Survey</b>	
Survey methodology, scope and intended audience. About the respondents.	
<b>Section 2: Snap Shot of Survey Results and Areas of Potential Focus</b>	
Percentage of responses by question type.	
<b>Section 3: Specific Family Outcome Focus</b>	
Percentage of responses by Elements within each Outcome Area. Specific elements of need for families and potential elements of focus for the program. Comparative results by language	
<b>Section 4: CCR Vulnerability Score</b>	
Using a subset of responses and questions, this page compares the vulnerability scores for Classs, program experience, family composition, and parent education data.	
<b>Data Appendix: Basic counts and percentages of results</b>	

## Section 1: About the CCR Strengths, Needs Interest Parent Survey

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The CCR Strengths, Needs and Interests Parent Survey was designed to measure parent needs and interests. The survey aligns to "The Head Start Parent, Family, and Community Engagement Framework." That framework identifies seven Family Engagement Outcomes. The CCR Strengths, Needs and Interests Parent Survey measures needs and interests in each of these Outcome Areas:

### 1 Family Well-being (split into 3 sections)

- Economic

- Physical Health

- Abuse

### 2 Positive Parent-Child Relationships

### 3 Families as Lifelong Educators

### 4 Families as Learners

### 5 Family Engagement in Transitions

### 6 Family Connections to Peers and Community

### 7 Families as Advocates and Leaders

Most of the questions are aligned to one of the Outcome Areas. Combining the data from multiple Outcome Elements provides a richer perspective on each of the Outcome Areas.

The survey is composed of background questions, questions about areas of interest for trainings and more information, 10 questions about the stability of the family situation including housing, health, and employment. Those 10 questions (from section 4 of the survey) ask families to identify which of four descriptions best reflects their situation within a particular area like housing. In analyzing the results, the four descriptions are categorized into **Thriving/Stable**, **Safe**, **Vulnerable**, and **In-Crisis**. This report will use those categories to report the findings.

The CCR Strengths, Needs Interest Parent Survey was written at a 4th grade reading level to ensure that the questions were clearly understood by all parents. Repeated focus groups conducted in both English and Spanish confirms the validity of the questions and the survey design.

The CCR Strengths, Needs Interest Parent Survey was designed, built, tested, and copyrighted by CCR Analytics [www.ccr-analytics.com](http://www.ccr-analytics.com).

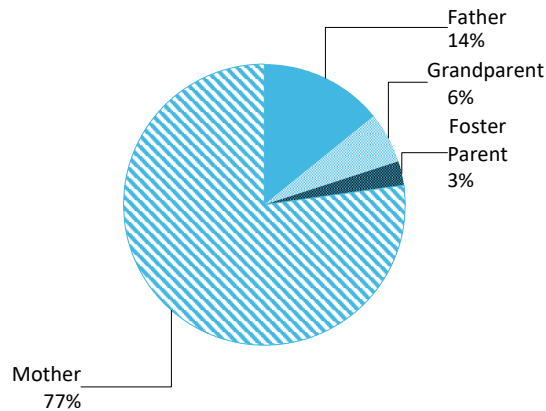
Section 1: About the Respondents

Upper Cumberland Human Resources Agency Fall 2024-2025

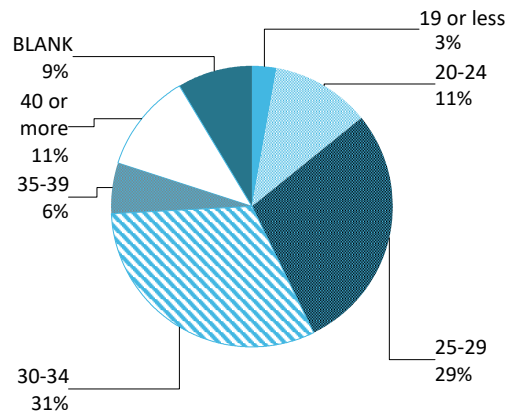
Number of Completed Surveys: 35

About the Respondents, Children, and Families Included in this Report:

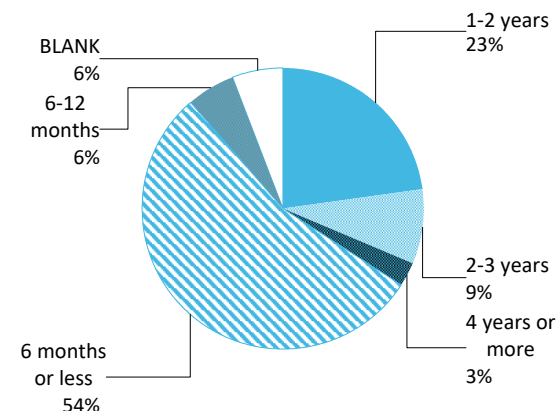
Who completed the survey?



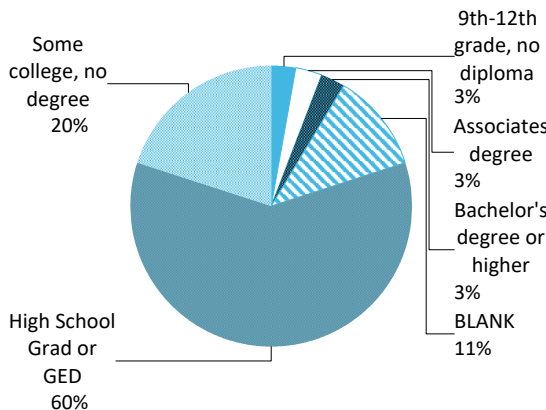
How old was the respondent?



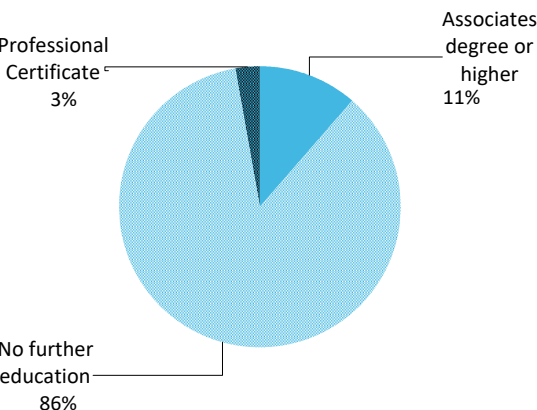
How long has the family had children enrolled in the program (not just this child)?



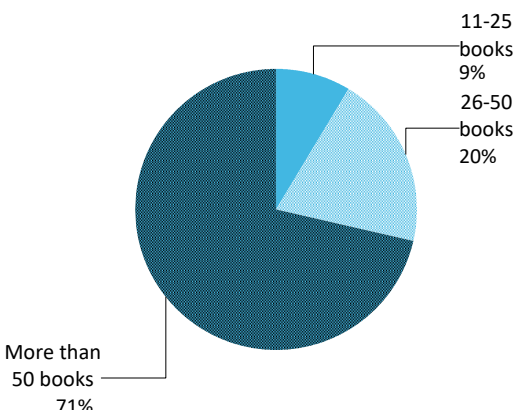
What is your highest level of education?



What level of education would you like to obtain?



How many children's books or magazines do you have in your home?

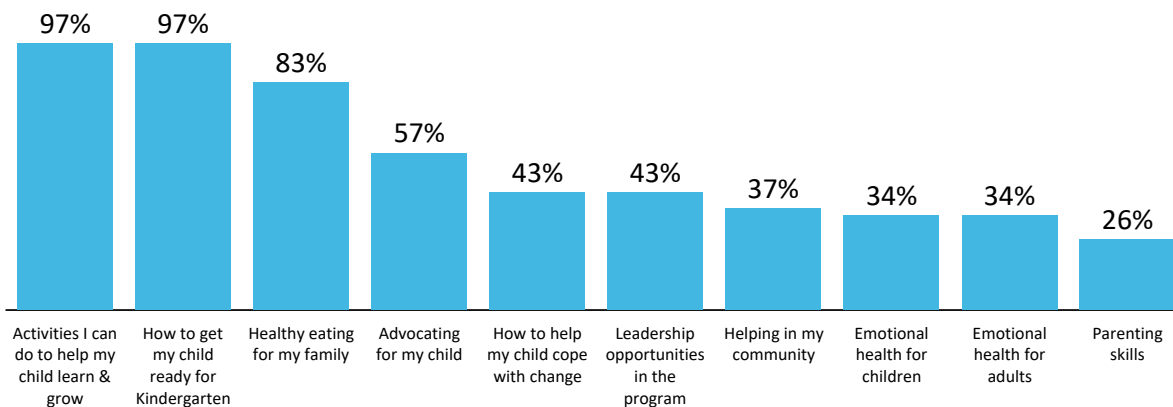


## Section 2: Snap Shot of Survey Results

### Parents Wanting More Information Fall 2024-2025

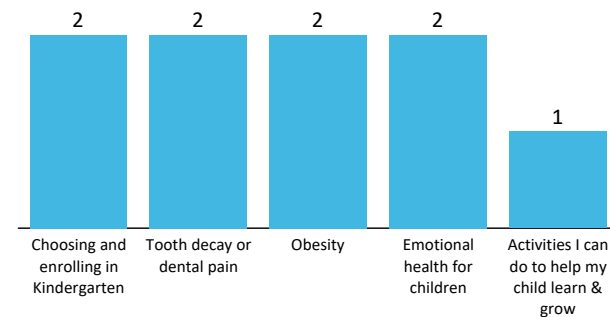
Number of Completed Surveys: 35

#### Top 10 Topics: Percentage of Parents Who Want More Information



#### Top 5 Topics: "Need Help Now"

Number of Surveys  
(blank if none selected this option)

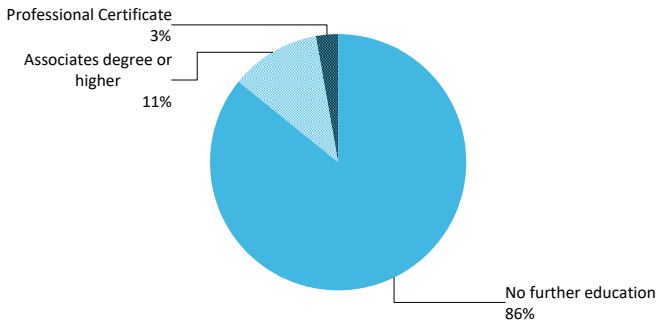


# Section 2: Snap Shot of Survey Results

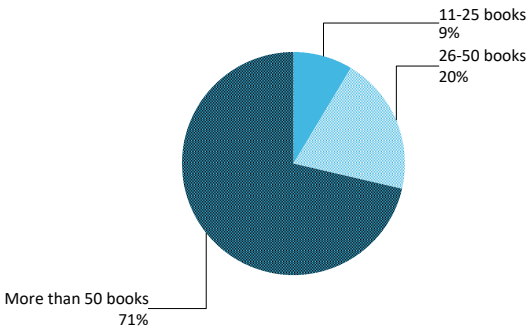
## Parents Wanting More Information Fall 2024-2025

Number of Completed Surveys: 35

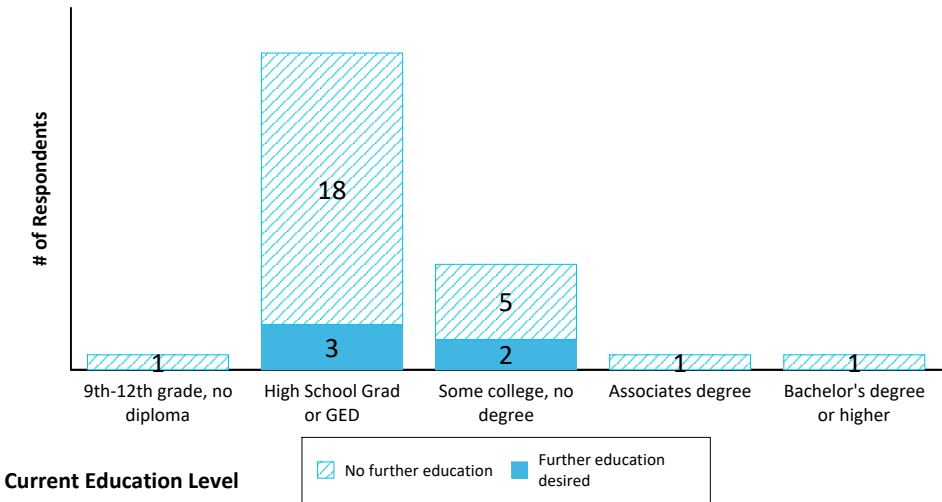
Parent Desired Education  
Percentage of Surveys



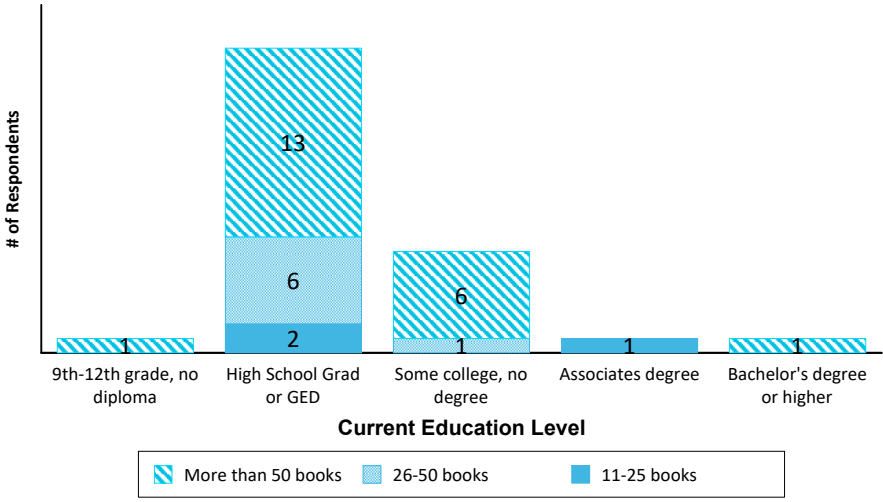
Number of Children's Books and Magazines in the Home  
Percentage of Surveys



Parent Who Want More Education  
by Current Education Level



Number of Children's Books  
by Current Education Level

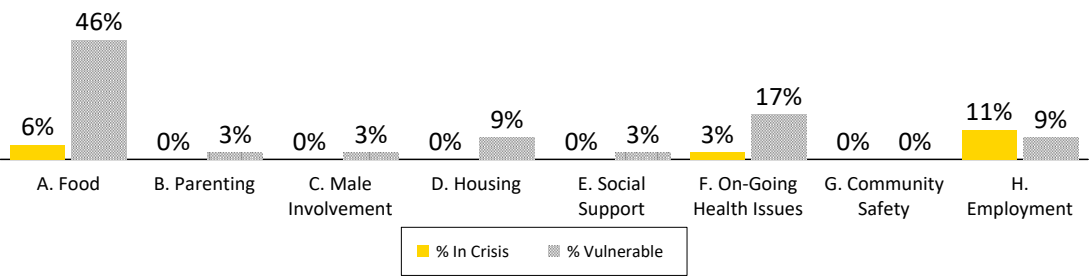


# Section 2: Snap Shot of Survey Results

## Families In or Near Crisis Fall 2024-2025

Number of Completed Surveys: 35

Percentage of Families Vulnerable or In-Crisis



Descriptions:

Area of Need	Vulnerable	In-Crisis
Food	We get most of our food from a food bank or SNAP.	We often do not have enough food or a way to cook it.
Parenting	I have difficulty dealing with my children's behavior.	Being a parent is an extreme struggle. Or, I feel my children are out of control.
Male Involvement	A helpful male role model is in my children's life a few times a year.	My children do not have a helpful male role model in their life.
Housing	We live in unstable or bad housing. Or, we live with others as we have no choice.	We are at-risk of eviction. Or, we live in short-term housing, a shelter, a car, or on the streets.
Social Support	We cannot count on anyone in a crisis, but we know places to go to for help.	We do not know who or where we could go to for help in a crisis.
On-going Health Issues	Someone in my home has an on-going health issue that makes life hard nearly every week.	Someone in my home has an on-going health issue that makes life hard nearly every day.
Community Safety	We rarely feel safe in our neighborhood.	We never feel safe in our neighborhood.
Employment	I have a temporary job or work less hours than I want. OR I do not work because I am physically unable to work.	I do not have a job, and I need one.



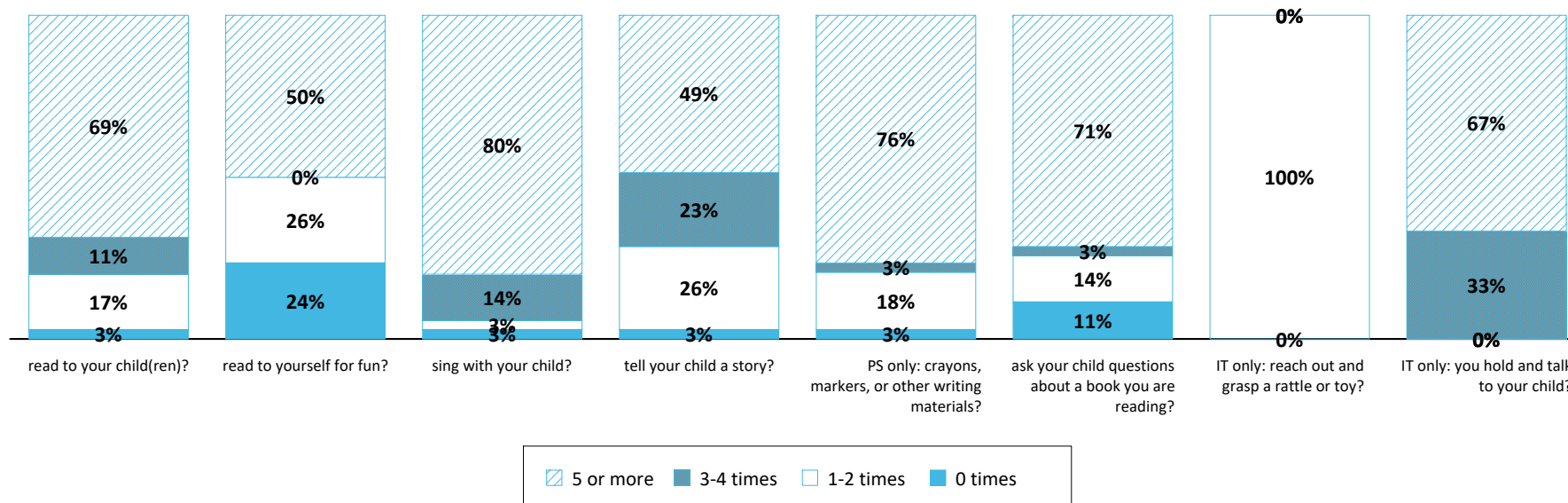
## Section 2: Snap Shot of Survey Results

### Frequency of Activities Fall 2024-2025

Number of Completed Surveys: 35

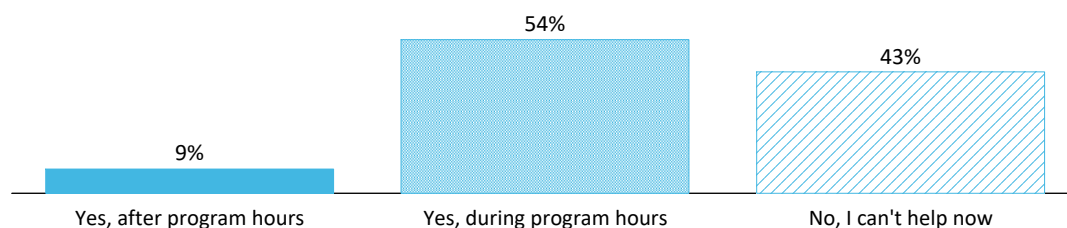
#### Frequency of Activities "In the last week, how many times did you...."

Percentage of Families



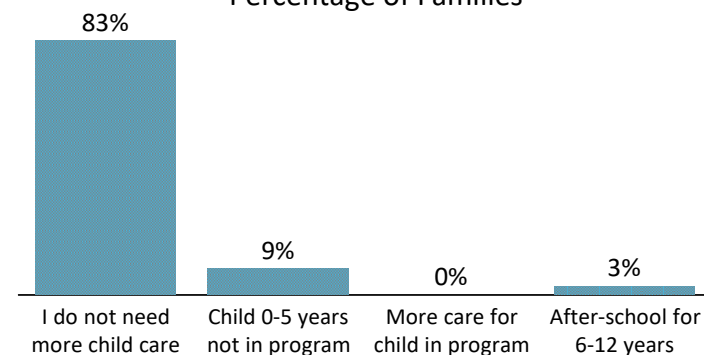
#### Would You Like to Help the Program?

Percentage of Families



#### Child Care Needs

Percentage of Families



# Section 3: Strengths, Needs and Interest by Family Outcome Area

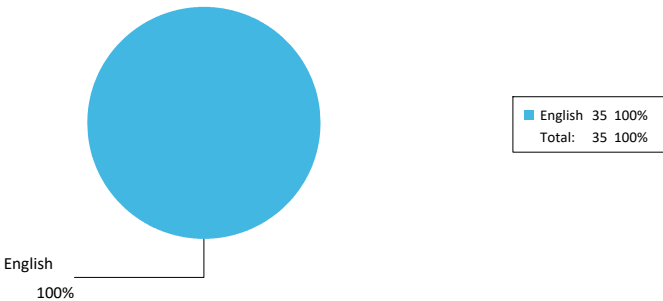
## Upper Cumberland Human Resources Agency Fall 2024-2025

Number of Completed Surveys: 35

The CCR Strengths, Needs and Interests Parent Survey was designed to measure parent needs and interests. The survey aligns to "The Head Start Parent, Family, and Community Engagement Framework." That framework identifies seven Family Engagement Outcomes. The CCR Strengths, Needs and Interests Parent Survey measures needs and interests in each of the Outcome Areas.

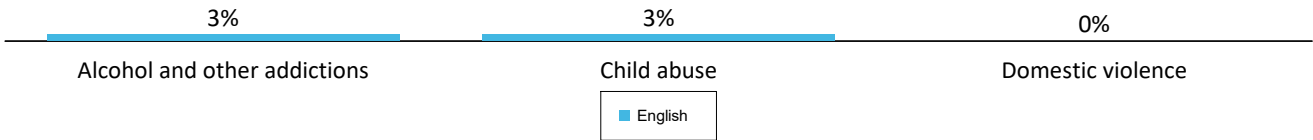
Highlight the highest areas of interest and vulnerability within each outcomes area and determine how you are responding to those needs. Do the needs vary by survey language?

Percentage of Surveys By Language



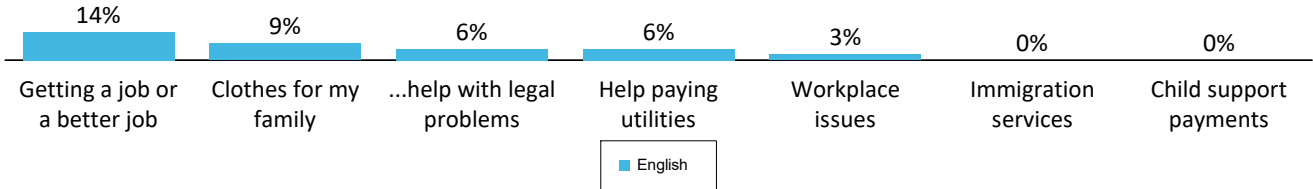
### Family Well-being | Abuse

% of Parents Who Want to Learn More...

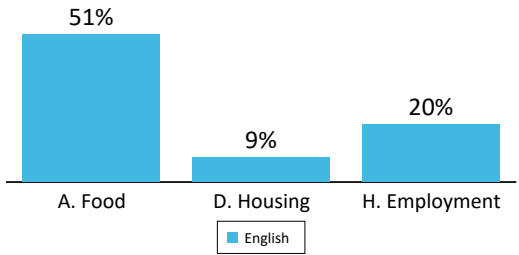


### Family Well-being | Economic

% of Parents Who Want to Learn More...

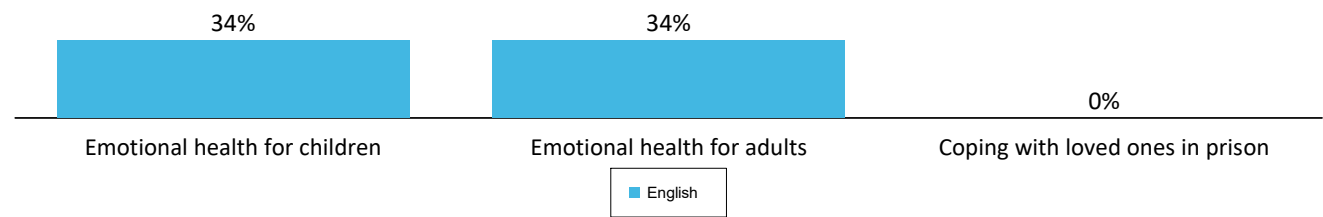


% of Parents Vulnerable or In-Crisis



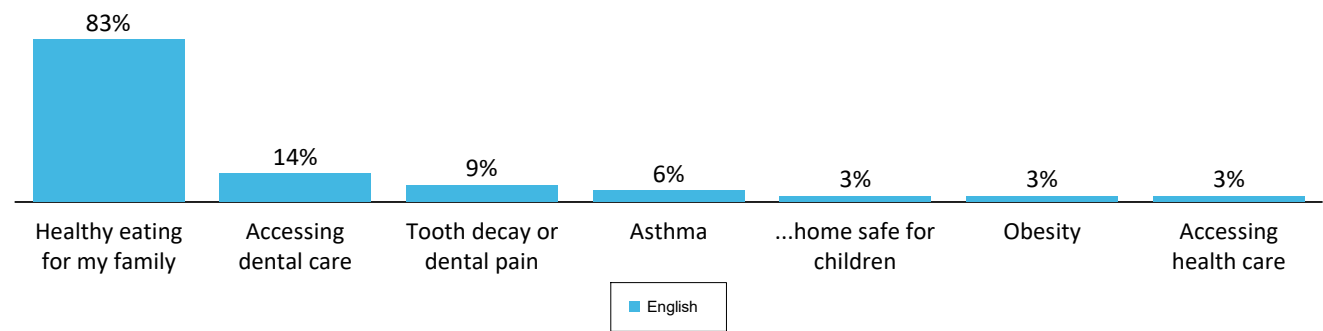
Family Well-being | Emotional Health

% of Parents Who Want to Learn More...

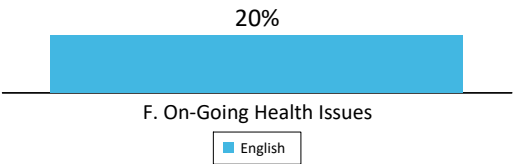


Family Well-being | Physical Health

% of Parents Who Want to Learn More...

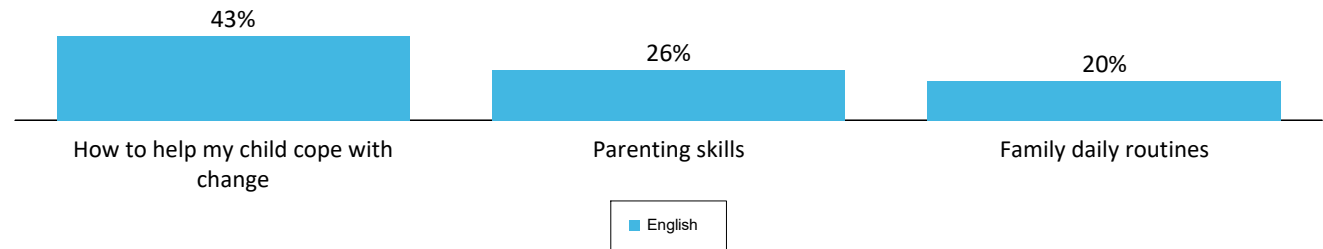


% of Parents Vulnerable or In-Crisis



Parent-Child Relationships | Outcome

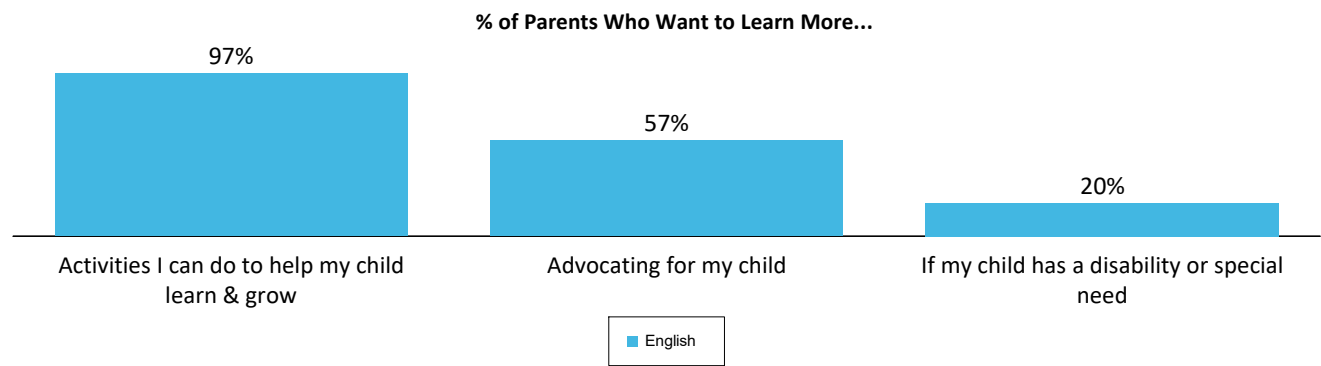
% of Parents Who Want to Learn More...



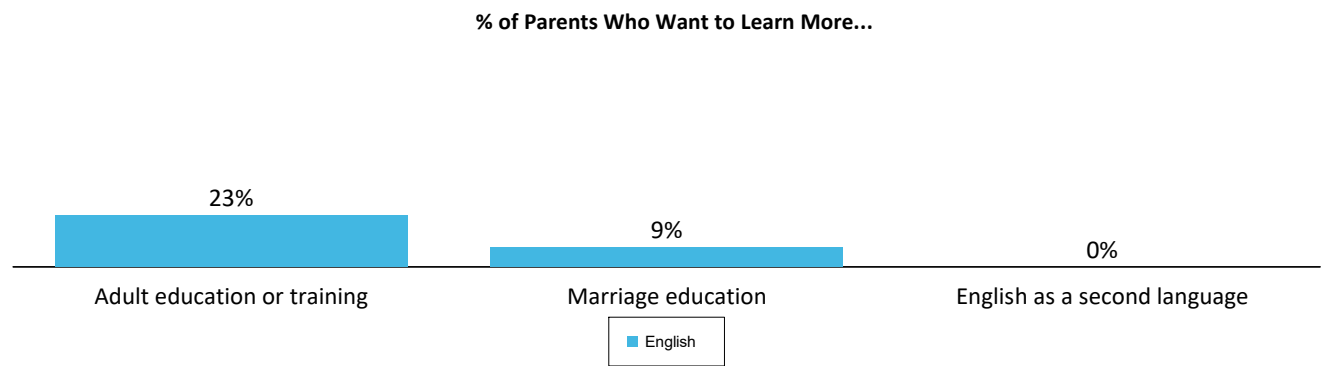
% of Parents Vulnerable or In-Crisis



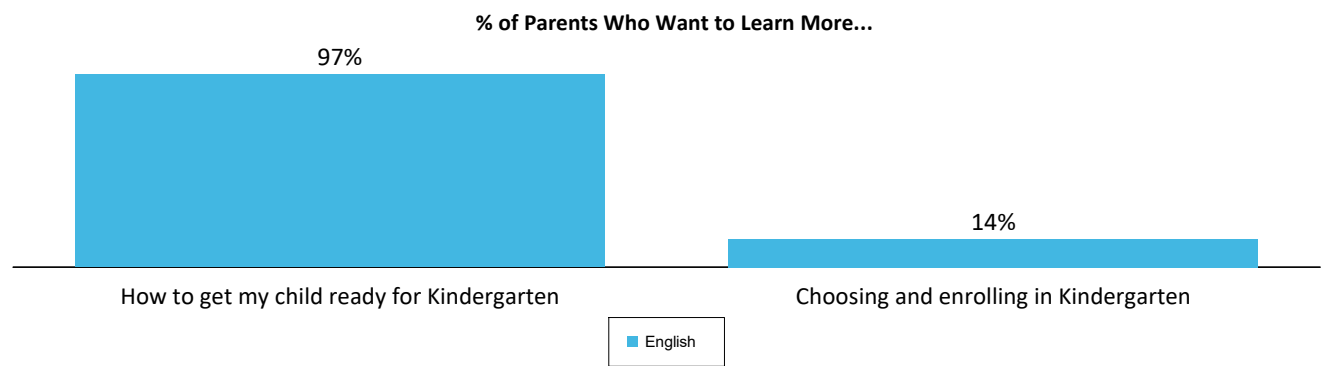
Families as Lifelong Educators | Outcome



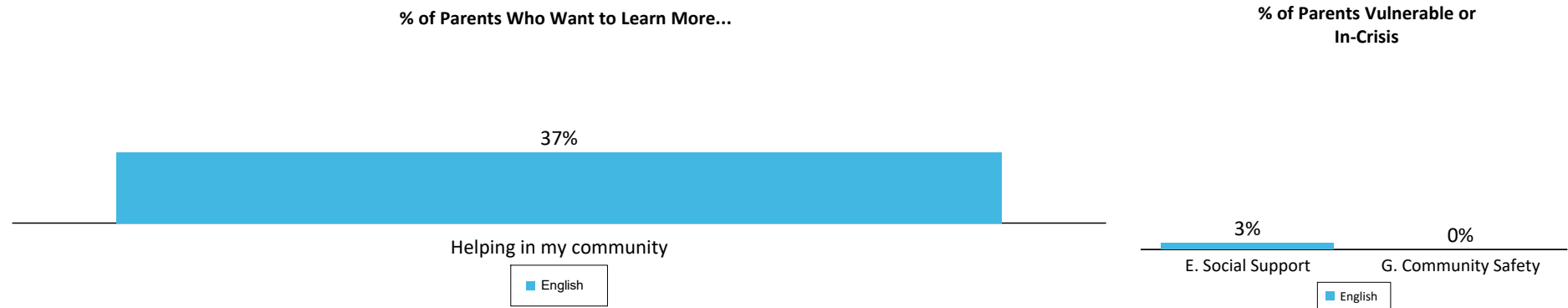
Families as Learners | Outcome



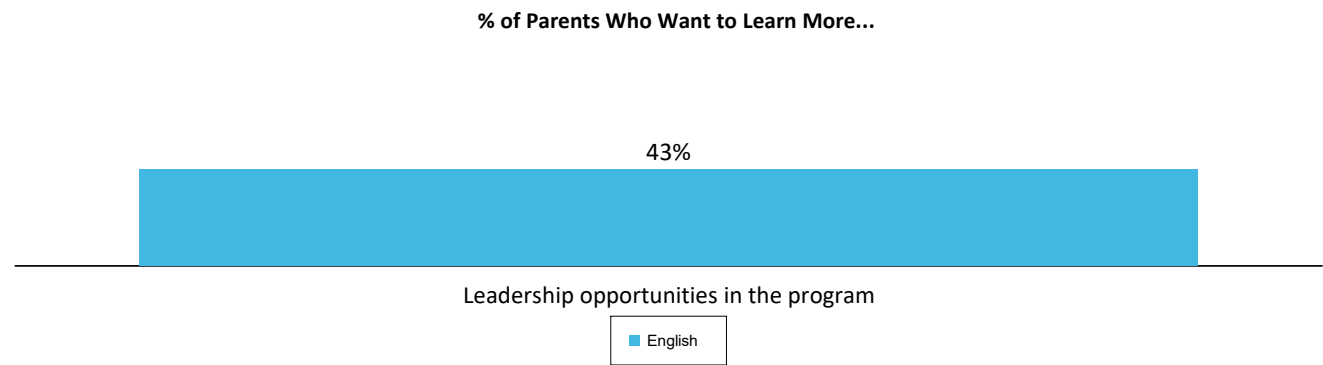
Family Engagement in Transitions | Outcome



Family Connection to Peers and Community | Outcome



Families as Advocates and Leaders | Outcome

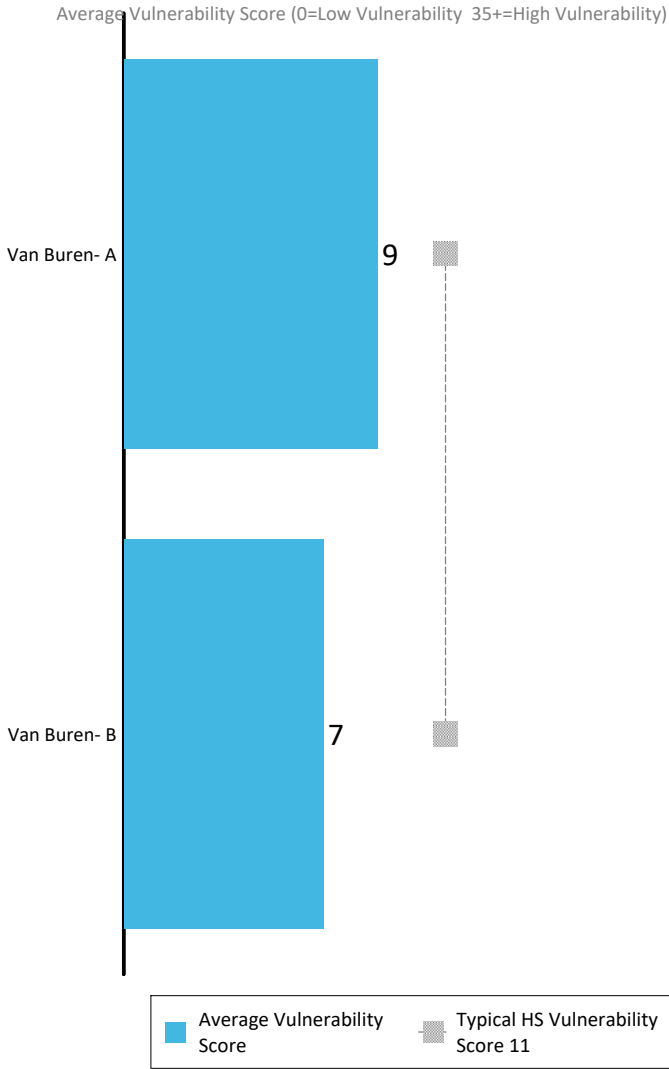


Section 4: CCR Vulnerability Score | Demographic Comparisons

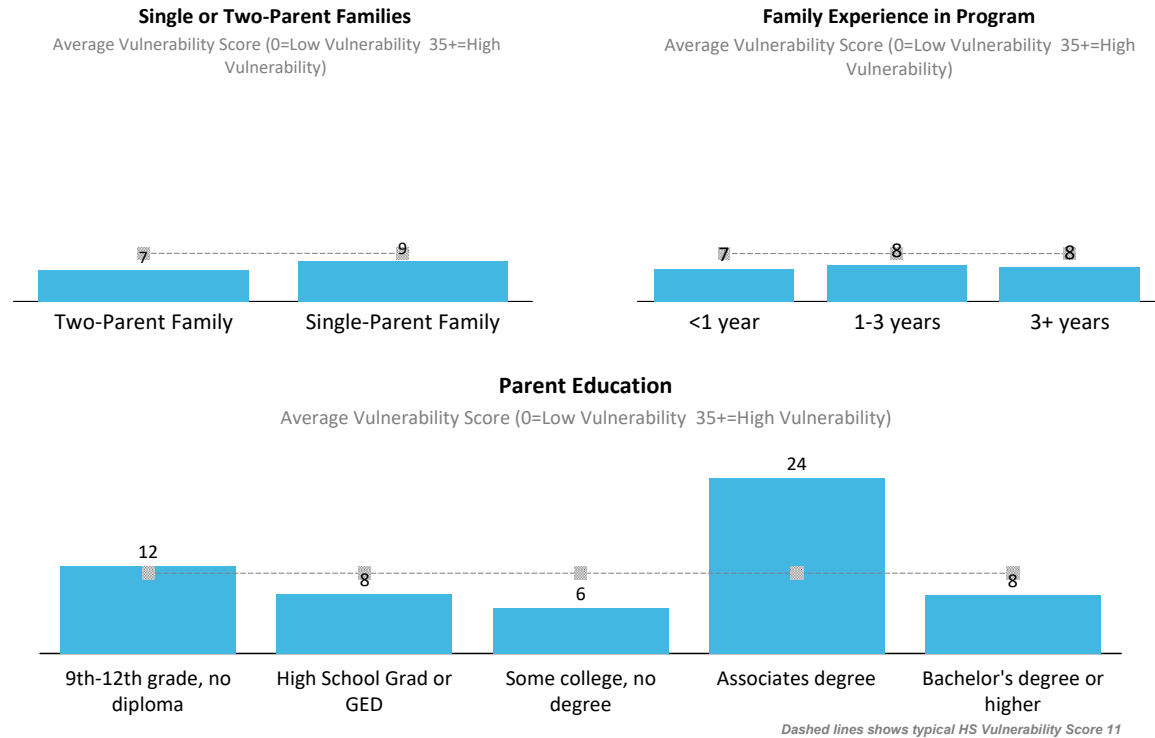
Upper Cumberland Human Resources Agency Fall 2024-2025

Number of Completed Surveys: 35

Classs Comparison



**Please Read:** Using some responses from the CCR Strengths, Needs and Interests Parent Survey, CCR Analytics created a Vulnerability Score for each survey respondent. Only questions and responses signaling more extreme vulnerability contribute to the score. For a more information on the score and the questions and responses used to calculate it, please visit [www.ccr-analytics.com/snip](http://www.ccr-analytics.com/snip). Use this score to determine the groups within your agency with relatively more need. Be mindful of small samples sizes.



Counts of Surveys:

	Single/Two #	Experience #	Education #
Single-Parent	9	<1 year 21	9th-12th grade, no diploma 1
Two-Parent	26	1-3 years 11	High School Grad or GED 21
		3+ years 3	Some college, no degree 7
			Associates degree 1
			Bachelor's degree or higher 1

# Section 4: CCR Vulnerability Score | High Vulnerability

## Upper Cumberland Human Resources Agency Fall 2024-2025

Number of Completed Surveys: 35

Using some responses from CCR Strengths, Needs and Interests Parent Survey, CCR Analytics created a Vulnerability Score for each survey respondent. Not all questions and responses contribute equally or at all to the Vulnerability Score. Only those questions and responses signaling a more extreme vulnerability contribute to the score. For more information on the index and the questions and responses contributing to the score, please visit [www.ccr-analytics.com/snip](http://www.ccr-analytics.com/snip). Use this score to determine the groups within your agency with relatively more need. High Vulnerability is defined as having a Vulnerability Score of higher than 35. A score of greater than 35 would represent high vulnerability across a wide range of areas.

Classs			
	Number of Surveys	Average Vulnerability Score (11 Typical for EHS/HS)	Number of Surveys with (35+ Score) High Vulnerability
Van Buren- A	18	9	0
Van Buren- B	17	7	0

## Data Appendix 1:

### Upper Cumberland Human Resources Agency Fall 2024-2025

Number of Completed Surveys: 35

		0 times	1-2 times	3-4 times	5 or more
In the last week, how many times did you...?	read to your child(ren)?	1 3%	6 17%	4 11%	24 69%
	read to yourself for fun?	8 24%	9 26%	0 0%	17 50%
	sing with your child?	1 3%	1 3%	5 14%	28 80%
	tell your child a story?	1 3%	9 26%	8 23%	17 49%

#### Preschoolers Only:

		0 times	1-2 times	3-4 times	5 or more
In the last week, how many times did you...?	crayons, markers, or other writing materials?	1 3%	6 18%	1 3%	26 76%
	ask your child questions about a book you are reading?	4 11%	5 14%	1 3%	25 71%

#### Infants/Toddlers Only:

		1-2 times	3-4 times	5 or more
In the last week, how many times did you...?	you hold and talk to your child?	0 0%	1 33%	2 67%
	reach out and grasp a rattle or toy?	1 100%	0 0%	0 0%

		I need help now	Yes	No
Are you interested in learning more about...?	Activities I can do to help my child learn & grow	1 3%	34 97%	0 0%
	How to get my child ready for Kindergarten	1 3%	34 97%	0 0%
	Choosing and enrolling in Kindergarten	2 6%	5 15%	27 79%
	Parenting skills	0 0%	9 26%	26 74%
	How to help my child cope with change	0 0%	15 43%	20 57%
	If my child has a disability or special need	0 0%	7 21%	27 79%
	Adult education or training	0 0%	8 24%	26 76%
	Leadership opportunities in the program	0 0%	15 44%	19 56%
	English as a second language	0 0%	0 0%	34 100%
	Immigration services	0 0%	0 0%	34 100%
	Helping in my community	0 0%	13 38%	21 62%
	Advocating for my child	0 0%	20 59%	14 41%
	Domestic violence	0 0%	0 0%	34 100%
	Alcohol and other addictions	1 3%	1 3%	32 94%
	Coping with loved ones in prison	1 3%	0 0%	33 97%
	Getting help with legal problems	1 3%	2 6%	31 91%



		I need help now		Yes		No	
<b>Are you interested in learning more about...?</b>	Budgeting/financial education	1	3%	10	29%	23	68%
	How to make a home safe for children	0	0%	1	3%	33	97%
	Healthy eating for my family	1	3%	29	83%	5	14%
	Tooth decay or dental pain	2	6%	3	9%	29	85%
	Asthma	1	3%	2	6%	31	91%
	Obesity	2	6%	1	3%	31	91%
	Emotional health for children	2	6%	12	35%	20	59%
	Emotional health for adults	1	3%	12	35%	21	62%
	Accessing health care	1	3%	1	3%	32	94%
	Accessing dental care	0	0%	5	15%	29	85%
	Family daily routines	0	0%	7	21%	27	79%
	Clothes for my family	1	3%	3	9%	30	88%
	Getting a job or a better job	1	3%	5	15%	28	82%
	Workplace issues	0	0%	1	3%	33	97%
	Help paying utilities	1	3%	2	6%	31	91%
	Child abuse	0	0%	1	3%	33	97%
	Marriage education	0	0%	3	9%	31	91%
	Child support payments	0	0%	0	0%	34	100%

		No		Yes	
<b>Do you need more child care or more after-school care?</b>	Child 0-5 years not in program	32	91%	3	9%
	More care for child in program	35	100%	0	0%
	After-school for 6-12 years	34	97%	1	3%
	I do not need more child care	6	17%	29	83%

<b>Would you like to help the program?</b>	Yes, during program hours	19	54%
	Yes, after program hours	3	9%
	No, I can't help now	15	43%

Note: On the survey, the options for each category are presented as examples of situations or environments for the family. The situations are described by the broad categories of **Thriving/Stable**, **Safe**, **Vulnerable**, and **In-Crisis**. Definitions of Vulnerable and in-crisis near the beginning of the report.

		Stable-Thriving	Safe	Vulnerable	In-Crisis
For each area, which choice best describes you or your family?	A. Food	14 40%	3 9%	16 46%	2 6%
	B. Parenting	31 91%	2 6%	1 3%	0 0%
	C. Male Involvement	33 97%	0 0%	1 3%	0 0%
	D. Housing	30 88%	1 3%	3 9%	0 0%
	E. Social Support	24 69%	10 29%	1 3%	0 0%
	F. On-Going Health Issues	27 77%	1 3%	6 17%	1 3%
	G. Community Safety	34 97%	1 3%	0 0%	0 0%

		Stable-Thriving	Safe	Vulnerable	In-Crisis	Not In Work Force
For each area, which choice best describes you or your family?	H. Employment	12 34%	1 3%	3 9%	4 11%	15 43%

# Caring for Our Children

National Health and Safety Performance Standards  
Guidelines for Early Care and Education Programs

FOURTH EDITION



American Academy  
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National Resource Center  
for Health and Safety  
in Child Care and  
Early Education

# Caring for Our Children

## National Health and Safety Performance Standards Guidelines for Early Care and Education Programs

**FOURTH EDITION**

### A Joint Collaborative Project of

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# Introduction

Every day millions of children attend early care and education programs. It is critical that they have the opportunity to grow and learn in healthy and safe environments with caring and professional caregivers/teachers. Following health and safety best practices is an important way to provide quality early care and education for young children. The American Academy of Pediatrics (AAP), the American Public Health Association (APHA), and the National Resource Center for Health and Safety in Child Care and Early Education (NRC) are pleased to release the fourth edition of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. These national standards represent the best evidence, expertise, and experience in the country on quality health and safety practices and policies that should be followed in today's early care and education settings.

*Caring for Our Children* is an innovative, continually updated set of standards for early care and education programs. The most up-to-date version of the standards may be accessed at [www.nrckids.org/CFOC](http://www.nrckids.org/CFOC).

The third print edition, the 2011 publication, was the result of an extensive process that benefited from the contributions of 86 technical experts in the field of health and safety in early care and education. (The history of past revisions appears in the following section.) Since the publication of the third edition, the standards are continually reviewed by the AAP, APHA, and NRC, with new and updated standards posted online as they become available, year-round.

Many users of the *Caring for Our Children* standards like to have a print reference on-hand, and because the third edition preceded the online updates, the AAP, APHA, and NRC are publishing new print editions that reflect updated standards. The fourth print edition of *Caring for Our Children* builds upon the foundation of the first three editions and includes online updates since 2011.

**Important note about edition terminology:** The online version of *Caring for Our Children* no longer will be labeled with "edition" terminology. It is the latest version, updated as new or revised standards are posted. The suggested citation for the online standards at [www.nrckids.org/CFOC](http://www.nrckids.org/CFOC) is as follows:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*. <http://cfoc.nrckids.org>. Updated <date>. Accessed <date>

Print publications will be labeled by edition numbers to identify the latest print edition for readers, programs, bookstores, and libraries. The suggested citation for this fourth print edition is as follows:

American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National Health and Safety Performance*

*Standards; Guidelines for Early Care and Education Programs*. 4th ed. Itasca, IL: American Academy of Pediatrics; 2019

## History

In 1992, the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) jointly published *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Out-of-Home Child Care Programs* (1). The publication was the product of a five year national project funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB). This comprehensive set of health and safety standards was a response to many years of effort by advocates for quality child care. In 1976, Aronson and Pizzo recommended development and use of national health and safety standards as part of a report to Congress in association with the *Federal Interagency Day Care Requirements (FIDCR) Appropriateness Study* (2). In the years that followed, experts repeatedly reaffirmed the need for these standards. For example, while the work to prepare *Caring for Our Children* was underway, the National Research Council's report, *Who Cares for America's Children? Child Care Policy for the 1990s*, called for uniform national child care standards (3). Subsequently a second edition of *Caring for Our Children* was published in 2002 addressing new knowledge generated by increasing research into health and safety in early care and education programs. The increased use of the standards both in practical onsite applications and in research documents the value of the standards and validates the importance of keeping the standards up-to-date (4). *Caring for Our Children* has been a yardstick for measuring what has been done and what still needs to be done, as well as a technical manual on how to do it.

## Third Edition Review Process

The Maternal and Child Health Bureau's continuing funding since 1995 of a National Resource Center for Health and Safety in Child Care and Early Education (NRC) at the University of Colorado, College of Nursing supported the work to coordinate the development of the second and third editions.

The standards in the third edition of *Caring for Our Children* were revised by eighty-six technical experts. Critical reviews and recommendations were then provided by 184 stakeholder individuals - those representing consumers of the information and organizations representing major constituents of the early care and education community. Caregivers/teachers, parents/guardians, families, health care professionals, safety specialists, early childhood educators, early care and education advocates, regulators, and federal, military, and state agencies all brought their expertise and experience to the revision process. A complete listing of the Steering Committee, Lead Organizations' reviewers, Technical Panel members, and Stakeholder contributors appears on the Acknowledgment pages.

The process of revising the standards and the consensus building was organized in stages:

1. Technical panel chairs recruited members to their panels and reviewed the standards from the second edition. Using the best evidence available (peer reviewed scientific studies, published reports, and best practice information) they removed standards that were no longer applicable or out-of-date, identified those that were still applicable (in their original or in a revised form), and formulated many new standards that were deemed appropriate and necessary.
2. Telephone conference calls were convened among technical panel chairs to bring consensus on standards that bridge several technical areas.
3. A draft of these revised standards was sent to a national and state constituency of stakeholders for their comments and suggestions.
4. This feedback was subsequently reviewed and considered by the technical panels and a decision was made to further revise or not to revise a standard. It should be noted that the national review called attention to many important points of view and new information for additional discussion and debate.
5. The edited standards were then sent to review teams of the AAP, the APHA and the MCHB. Final copy was approved by the Steering Committee representing the four organizations (AAP, APHA, NRC and MCHB).

In projects of this scope and magnitude, the end product is only as good as the persons who participate in the effort. It is hard to enumerate in this introduction the countless hours of dedication and effort from contributors and reviewers. The project owes each of them a huge debt of gratitude. Their reward will come when high-quality early care and education services become available to all children and their families!

### **CFOC Standard Revision Process**

In collaboration with the National Center for Early Childhood Health and Wellness (NCECHW), the NRC updates CFOC Standards using the following process:

1. The NRC continually monitors and prioritizes standards for revision based on the following criteria:
  - Impact on child and/or staff morbidity/mortality
  - Publication of new/updated science-based evidence or best practices that necessitate a standard change
  - Assessment of new/updated publications, requirements, or applicable policy statements that are related to CFOC standards (eg, the AAP *Red Book*, *Managing Infectious Diseases in Child Care and Schools*, *Child and Adult Care Food Programs*)
  - Analysis of relationship to the Child Care Development Block Grant health and safety priority areas
  - Receipt and analysis of nominations from subject matter experts and other stakeholders
  - Contact from stakeholders via direct communication with the NRC or via the NCECHW Info line
  - Inclusion in *CFOC Basics*

2. The NRC proposes revisions to individual standards based on current research-based evidence.
3. The NRC conducts the following steps to revise standards identified above:
  - Develops timeline for review
  - Identifies and invites potential subject matter experts (SMEs) based on content area to serve as reviewers of the proposed changes
  - Assigns SMEs to revision subgroups based on specific area of expertise
  - Facilitates communication with the SMEs throughout the revision process
  - Assesses the quality of SME feedback based on current research/best practice
  - Submits final SME-approved revisions to the NRC Expert Advisory Group (EAG)
  - Incorporates EAG feedback and prepares the revised standards for copyediting by the AAP.
  - Sends the copyedited version of standards to the NCECHW Steering Committee for final review
  - Incorporates final revisions into the searchable CFOC database
  - Communicates with the NCECHW and the AAP to disseminate information on revised standards

### **Requirements of Other Organizations**

We recognize that many organizations have requirements and recommendations that apply to out-of-home early care and education. For example, the National Association for the Education of Young Children (NAEYC) publishes requirements for developmentally appropriate practice and accreditation of child care centers; Head Start follows Performance Standards; the AAP has many standards related to child health; the U.S. Department of Defense has standards for military child care; the Office of Child Care (OCC) produces health and safety standards for tribal child care; the National Fire Protection Association has standards for fire safety in child care settings. The Office of Child Care administers the Child Care and Development Fund (CCDF) which provides funds to states, territories, and tribes to assist low-income families, families receiving temporary public assistance, and those transitioning from public assistance in obtaining child care so that they can work or attend training/education. Caregivers/teachers serving children funded by CCDF must meet basic health and safety requirements set by states and tribes. All of these are valuable resources, as are many excellent state publications. By addressing health and safety as an integrated component of early care and education, contributors to *Caring for Our Children* have made every effort to ensure that these standards are consistent with and complement other child care requirements and recommendations.

### **Continuing Improvement**

Standards are never static. Each year the knowledge base increases, and new scientific findings become available. New areas of concern and interest arise. These standards will assist individuals and organizations who are involved in the continuing work of standards improvement at every level: in early care and education practice, in regulatory

administration, in research in early childhood systems building, in academic curricula, and in the professional performance of the relevant disciplines.

Each of these areas affects the others in the ongoing process of improving the way we meet the needs of children.

Possibly the most important use of these standards will be to raise the level of understanding about what those needs are, and to contribute to a greater willingness to commit more resources to achieve quality early care and education where children can grow and develop in a healthy and safe environment.

### References

1. American Public Health Association, American Academy of Pediatrics. 1992. *Caring for our children. National health and safety performance standards: Guidelines for out-of-home child care programs*. Washington, DC: APHA.
2. USDHEW, Office of the Assistant Secretary for Planning and Evaluation. 1977. *Policy issues in day care: Summaries of 21 papers*, 109-15.
3. National Research Council, National Academy of Sciences. 1990. *Who Cares for America's Children? Child Care Policy in the 1990s*. Washington, DC: National Academy Press.
4. Crowley, A. A., J. Kulikowich. 2009. Impact of training on child care health consultant knowledge and practice. *Ped Nurs* 35:93- 100.

## Guiding Principles

The following are the guiding principles used in writing these standards:

1. The health and safety of all children in early care and education settings is essential. The child care setting offers many opportunities for incorporating health and safety education and life skills into everyday activities. Health education for children is an investment in a lifetime of good health practices and contributes to a healthier childhood and adult life. Modeling of good health habits, such as healthy eating and physical activity, by all staff in indoor and outdoor learning/play environments, is the most effective method of health education for young children.
2. Child care for infants, young children, and school-age children is anchored in a respect for the developmental needs, characteristics, and cultures of the children and their families; it recognizes the unique qualities of each individual and the importance of early brain development in young children and in particular children birth to three years of age.
3. To the extent possible, indoor and outdoor learning/play activities should be geared to the needs of all children.
4. The relationship between parent/guardian/family and child is of utmost importance for the child's current and future development and should be supported by caregivers/teachers. Those who care for children on a daily basis have abundant, rich observational information to share, as well as offer instruction and best practices to parents/guardians. Parents/guardians should share with caregivers/teachers the unique behavioral, medical and developmental aspects of their children. Ideally, parents/guardians can benefit from time spent in the child's caregiving environment and time for the child, parent/guardian and caregiver/teacher to be

together should be encouraged. Daily communication, combined with at least yearly conferences between families and the principal caregiver/teacher, should occur. Communication with families should take place through a variety of means and ensure all families, regardless of language, literacy level, or special needs, receive all of the communication.

5. The nurturing of a child's development is based on knowledge of the child's general health, growth and development, learning style, and unique characteristics. This nurturing enhances the enjoyment of both child and parent/guardian as maturation and adaptation take place. As shown by studies of early brain development, trustworthy relationships with a small number of adults and an environment conducive to bonding and learning are essential to the healthy development of children. Staff selection, training, and support should be directed to the following goals:
  - a. Promoting continuity of affective relationships;
  - b. Encouraging staff capacity for identification with and empathy for the child;
  - c. Emphasizing an attitude of involvement as an adult in the children's play without dominating the activity;
  - d. Being sensitive to cultural differences; and
  - e. Being sensitive to stressors in the home environment.
6. Children with special health care needs encompass those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that generally required by children. This includes children who have intermittent and continuous needs in all aspects of health. No child with special health care needs should be denied access to child care because of his/her disability(ies), unless one of the four reasons for denying care exists: level of care required; physical limitations of the site; limited resources in the community, or unavailability of specialized, trained staff. Whenever possible, children with special health care needs should be cared for and provided services in settings including children without special health care needs.
7. Developmental programs and care should be based on a child's functional status, and the child's needs should be described in behavioral or functional terms. Children with special needs should have a comprehensive interdisciplinary or multidisciplinary evaluation if determined necessary.
8. Written policies and procedures should identify facility requirements and persons and/or entities responsible for implementing such requirements including clear guidance as to when the policy does or does not apply.
9. Whenever possible, written information about facility policies and procedures should be provided in the native language of parents/guardians, in a form appropriate for parents/guardians who are visually impaired, and also in an appropriate literacy/readability level for parents/

guardians who may have difficulty with reading. However, processes should never become more important than the care and education of children.

10. Confidentiality of records and shared verbal information must be maintained to protect the child, family, and staff. The information obtained at early care and education programs should be used to plan for a child's safe and appropriate participation. Parents/guardians must be assured of the vigilance of the staff in protecting such information. When sharing information, such as referrals to services that would benefit the child, attainment of parental consent to share information must be obtained in writing. It is also important to document key communication (verbal and written) between staff and parents/guardians.
11. The facility's nutrition activities complement and supplement those of home and community. Food provided in a child care setting should help to meet the child's daily nutritional needs while reflecting individual, cultural, religious, and philosophical differences and providing an opportunity for learning. Facilities can contribute to overall child development goals by helping the child and family understand the relationship of nutrition to health, the importance of positive child feeding practices, the factors that influence food practices, and the variety of ways to meet nutritional needs. All children should engage in daily physical activity in a safe environment that promotes developmentally appropriate movement skills and a healthy lifestyle.
12. The expression of, and exposure to, cultural and ethnic diversity enriches the experience of all children, families, and staff. Planning for cultural diversity through the provision of books, toys, activities and pictures and working with language differences should be encouraged.
13. Community resources should be identified and information about their services, eligibility requirements, and hours of operation should be available to the families and utilized as much as possible to provide consultation and related services as needed.
14. Programs should continuously strive for improvement in health and safety processes and policies for the improvement of the overall quality of care to children.
15. An emergency or disaster can happen at any time. Programs should be prepared for and equipped to respond to any type of emergency or disaster in order to ensure the safety and well-being of staff and children, and communicate effectively with parents/guardians.
16. Young children should receive optimal medical care in a family-centered medical home. Cooperation and collaboration between the medical home and caregivers/teachers lead to more successful outcomes.
17. Education is an ongoing, lifelong process and child care staff need continuous education about health and safety related subject matter. Staff members who are current on health related topics are better able to prevent, recognize, and correct health and safety problems. Subjects to be covered include the rationale for health promotion

and information about physical and mental health problems in the children for whom the staff care. If staff turnover is high, training on health and safety related subjects should be repeated frequently.

18. Maintaining a healthy, toxic-free physical environment positively impacts the health and well-being of the children and staff served. Environmental responsibility is an important concept to teach and practice daily.

## Advice to the User

The intended users of the standards include all who care for young children in early care and education settings and who work toward the goal of ensuring that all children from day one have the opportunity to grow and develop appropriately, to thrive in healthy and safe environments, and to develop healthy and safe behaviors that will last a lifetime.

All of the standards are attainable. Some may have already been attained in individual settings; others can be implemented over time. For example, any organization that funds early care and education should, in our opinion, adopt these standards as funding requirements and should set a payment rate that covers the cost of meeting them.

### Recommended Use

- **Caregivers/Teachers** can use the standards to develop and implement sound practices, policies, and staff training to ensure that their program is healthy, safe, age-appropriate for all children in their care.
- **Early Childhood Systems** can build integrated health and safety components into their systems that promote healthy lifestyles for all children.
- **Families** have sound information from the standards to select quality programs and/or evaluate their child's current early care and education program. They can work in partnership with caregivers/teachers in promoting healthy and safe behavior and practice for their child and family. Families may also want to incorporate many of these healthy and safe practices at home.
- **Health Care Professionals** can assist families and consult with caregivers/teachers by using the standards as guidance on what makes a healthy and safe and age appropriate environment that encourages children's development of healthy and safe habits. Consultants may use the standards to develop guidance materials to share with both caregivers/teachers and parents/guardians.
- **Licensing Professionals/Regulators** can use the evidence-based rationale to develop or improve regulations that require a healthy and safe learning environment at a critical time in a child's life and develop lifelong healthy behaviors in children.
- **National Private Organizations** that will update standards for accreditation or guidance purposes for a special discipline can draw on the new work and rationales of the third edition just as Caring for Our Children's expert contributors drew upon the expertise of these organizations in developing the new standards.

- **Policy-Makers** are equipped with sound science to meet emerging challenges to children's development of lifelong healthy behaviors and lifestyles.
- **State Departments of Education (DOEs) and local school administrations** can use the standards to guide the writing of standards for school operated child care and preschool facilities, and this guidance will help principals to implement good practice in early care and education programs.
- **States and localities who fund subsidized care and services for income-eligible families** can use the standards to determine the level and quality of service to be expected.
- **University/College Faculty** of early childhood education programs can instill healthy practices in their students to model and use with young children upon entering the early childhood workplace and transfer the latest research into their education.

### Definitions

We have defined many terms in the Glossary. Some of these are so important to the user that we are emphasizing them here as well.

### Types of Requirements

A **standard** is a statement that defines a goal of practice. It differs from a recommendation or a guideline in that it carries greater incentive for universal compliance. It differs from a regulation in that compliance is not necessarily required for legal operation. It usually is legitimized or validated based on scientific or epidemiological data, or when this evidence is lacking, it represents the widely agreed upon, state-of-the-art, high-quality level of practice.

The agency, program, or health practitioner that does not meet the standard may incur disapproval or sanction from within or without the organization. Thus, a standard is the strongest criterion for practice set by a health organization or association. For example, many manufacturers advertise that their products meet ASTM standards as evidence to the consumer of safety, while those products that cannot meet the standards are sold without such labeling to undiscerning purchasers.

A **guideline** is a statement of advice or instruction pertaining to practice. It originates in an organization with acknowledged professional standing. Although it may be unsolicited, a guideline often is developed in response to a stated request or perceived need for such advice or instruction. For example, the American Academy of Pediatrics (AAP) has a guideline for the elements necessary to make the diagnosis of Attention-Deficit/Hyperactivity Disorder.

A **regulation** takes a previous standard or guideline and makes it a requirement for legal operation. A regulation originates in an agency with either governmental or official authority and has the power of law. Such authority is usually accompanied by an enforcement activity. Examples of regulations are: State regulations pertaining to child:staff ratios in a licensed child care center, and immunizations

required to enter an early care and education program. The components of the regulation will vary by topic addressed as well as by area of jurisdiction (e.g., municipality or state). Because a regulation prescribes a practice that every agency or program must comply with, it usually is the minimum or the floor below which no agency or program should operate.

### Types of Facilities

Child care offers developmentally appropriate care and education for young children who receive care in out-of-home settings (not their own home). Several types of facilities are covered by the general definition of child care and education. Although there are generally understood definitions for child care facilities, states vary greatly in their legal definitions, and some overlap and confusion of terms still exists in defining child care facilities. Although the needs of children do not differ from one setting to another, the declared intent of different types of facilities may differ. Facilities that operate part-day, in the evening, during the traditional work day and work week, or during a specific part of the year may call themselves by different names. These standards recognize that while children's needs do not differ in any of these settings, the way children's needs are met may differ by whether the facility is in a residence or a non-residence and whether the child is expected to have a longer or only a very short-term arrangement for care.

A **Small family child care home** provides care and education of **one to six children**, including the caregiver's/teacher's own children in the home of the caregiver/teacher. Family members or other helpers may be involved in assisting the caregiver/teacher, but often, there is only one caregiver/teacher present at any one time.

A **Large family child care home** provides care and education of **seven to twelve children**, including the caregiver's/teacher's own children in the home of the caregiver/teacher, with one or more qualified adult assistants to meet child: staff ratio requirements.

A **Center** is a facility that provides care and education of **any number of children in a nonresidential setting**, or thirteen or more children in any setting if the facility is open on a regular basis.

For definitions of other special types of child care – drop-in, school-age, for the mildly ill – see Standard 10.4.1.1: Uniform Categories and Definitions.

The standards are to guide all the types of programs listed above.

### Age Groups

Although we recognize that designated age groups and developmental levels must be used flexibly to meet the needs of individual children, many of the standards are applicable to specific age and developmental categories. The following categories are used in *Caring for Our Children*.



		Functional Definition (By Developmental Level)
Age		
Infant	Birth-12 months	Birth to ambulation
Toddler	13-35 months	Ambulation to accomplishment of self-care routines such as use of the toilet
Pre-schooler	36-59 months	From achievement of self-care routines to entry into regular school
School-Age Child	5-12 years	Entry into regular school, including kindergarten through 6th grade

### Format and Language

Each standard unit has at least three components: the **Standard** itself, the **Rationale**, and the applicable **Type of Facility**. Most standards also have a **Comment** section, a **Related Standards** section and a **References** section. The reader will find the scientific reference and/or epidemiological evidence for the standard in the rationale section of each standard. The Rationale explains the intent of and the need for the standard. Where no scientific evidence for a standard is available, the standard is based on the best available professional consensus. If such a professional consensus has been published, that reference is cited. The Rationale both justifies the standard and serves as an educational tool. The Comments section includes other explanatory information relevant to the standard, such as applicability of the standard and, in some cases, suggested ways to measure compliance with the standard. Although this document reflects the best information available at the time of publication, as was the case with the first and second editions, this third edition will need updating from time to time to reflect changes in knowledge affecting early care and education.

*Caring for Our Children* standards and appendixes are available at no cost online at <http://nrckids.org>. It is also available in print format for a fee from the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA).

Standards have been written to be measurable and enforceable. Measurability is important for performance standards in a contractual relationship between a provider of service and a funding source. Concrete and specific language helps caregivers/teachers and facilities put the standards into practice. Where a standard is difficult to measure, we have provided guidance to make the requirement as specific as possible. Some standards required more technical terminology (e.g., certain infectious diseases, plumbing and heating terminology). We encourage readers to seek interpretation by appropriate specialists when needed. Where feasible, we have written the standards to be understood by readers from a wide variety of backgrounds.

The Steering Committee agreed to consistent use of the terms below to convey broader concepts instead of using a multitude of different terms.

- Caregiver/teacher—for the early care and education/child care professional that provides care and learning opportunities to children—instead of child care provider, just caregiver or just teacher;

- Parents/guardians—for those adults legally responsible for a child's welfare;
- Primary care provider—for the licensed health professional, to name a few: pediatrician, pediatric nurse practitioner, family physician, who has responsibility for the health supervision of an individual child;
- Child abuse and neglect—for all forms of child maltreatment;
- Children with special health care needs—to encompass children with special needs, children with disabilities, children with chronic illnesses, etc.

### Relationship of the Standards to Laws, Ordinances, and Regulations

The members of the technical panels could not annotate the standards to address local laws, ordinances, and regulations. Many of these legal requirements have a different intent from that addressed by the standards. Users of this document should check legal requirements that may apply to facilities in particular locales.

In general, child care is regulated by at least three different legal entities or jurisdictions. The first is the building code jurisdiction. Building inspectors enforce building codes to protect life and property in all buildings, not just child care facilities. Some of the standards should be written into state or local building codes, rather than into the licensing requirements.

The second major legal entity that regulates child care is the health system. A number of different codes are intended to prevent the spread of disease in restaurants, hospitals, and other institutions where hazards and risky practices might exist. Many of these health codes are not specific to child care; however, specific provisions for child care might be found in a health code. Some of the provisions in the standards might be appropriate for incorporation into a health code.

The third legal jurisdiction applied to child care is child care licensing. Usually, before a child care operator receives a license, the operator must obtain approvals from health and building safety authorities. Sometimes a standard is not included as a child care licensing requirement because it is covered in another code. Sometimes, however, it is not covered in any code. Since children need full protection, the issues addressed in this document should be addressed in some aspect of public policy, and consistently addressed within a community. In an effective regulatory system, different inspectors do not try to regulate the same thing. Advocates should decide which codes to review in making sure that these standards are addressed appropriately in their regulatory systems. Although the licensing requirements are most usually affected, it may be more appropriate to revise the health or building codes to include certain standards, and it may be necessary to negotiate conflicts among applicable codes.

The National Standards are for reference purposes only and should not be used as a substitute for medical or legal consultation, nor be used to authorize actions beyond a person's licensing, training, or ability.

## History of Caring for Our Children Standard Language Changes Since the 3rd Edition (Through July 2018)

The *Caring for Our Children* (CFOC) standards listed in this document have had revisions made to the Standard language since the 2011 publication of the third print edition. Revisions are based on new or updated research/evidence, policy statements, and/or best practices. These

revisions, with the exception of those pending below, appear in this fourth print edition. The pending standard revisions and any future revisions may be found in the CFOC online database (<http://nrckids.org/CFOC>) and are designated by the Notes icon.

Standard Number and Title (Listed Numerically)	Date of Change
1.2.0.1 Staff Recruitment	Pending at time of publication
1.2.0.2 Background Screening	5/2018
1.4.5.2 Child Abuse and Neglect Education	5/2018
1.5.0.2 Orientation of Substitutes	5/2018
1.6.0.2 Frequency of Child Care Health Consultant Visits	8/2013
2.1.1.1 Written Daily Activity Program and Statement of Principles	5/2018
2.1.1.2 Health, Nutrition, Physical Activity, and Safety Awareness	5/2018
2.1.2.1 Personal Caregiver/Teacher Relationships for Infants and Toddlers	5/2018
2.2.0.1 Methods of Supervision of Children	Pending at time of publication
2.2.0.3 Screen Time/Digital Media Use	3/2012, 10/2017
2.2.0.9 Prohibited Caregiver/Teacher Behaviors	5/2018
2.3.1.2 Parent/Guardian Visits	Pending at time of publication
2.4.1.1 Health and Safety Education Topics for Children	1/2017, 5/2018
2.4.1.2 Staff Modeling of Healthy and Safe Behavior and Health and Safety Education Activities	1/2017
2.4.2.1 Health and Safety Education Topics for Staff	1/2017
2.4.3.2 Parent/Guardian Education Plan	1/2017
3.1.3.1 Active Opportunities for Physical Activity	5/2018
3.1.3.2 Playing Outdoors	8/2013, 5/2018
3.1.3.3 Protection from Air Pollution While Children Are Outside	8/2016
3.1.3.4 Caregivers'/Teachers' Encouragement of Physical Activity	5/2018
3.1.4.1 Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction	12/2011, 12/2016
3.1.4.4 Scheduled Rest Periods and Sleep Arrangements	5/2018
3.1.5.1 Routine Oral Hygiene Activities	3/2016
3.1.5.2 Toothbrushes and Toothpaste	2/2013, 4/2013, 3/2016
3.2.1.1 Type of Diapers Worn	8/2017
3.2.1.4 Diaper Changing Procedure	1/2012, 7/2012, 5/2013, 8/2016
3.2.1.5 Procedure for Changing Children's Soiled Underwear/Pull-Ups and Clothing	1/2012, 7/2012, 11/2013, 8/2016
3.2.2.1 Situations that Require Hand Hygiene	8/2016, 8/2017
3.2.2.2 Handwashing Procedure	8/2017
3.2.2.5 Hand Sanitizers	4/2016, 4/2017
3.4.1.1 Use of Tobacco, Electronic Cigarettes, Alcohol, and Drugs	1/2017
3.4.4.1 Recognizing and Reporting Suspected Child Abuse, Neglect and Exploitation	5/2018
3.4.4.2 Immunity for Reporters of Child Abuse and Neglect	Pending at time of publication
3.4.4.3 Preventing and Identifying Shaken Baby Syndrome/Abusive Head Trauma	5/2018
3.4.4.4 Care of Children Who Have Been Abused/Neglected	3/2013; Pending at time of publication
3.4.4.5 Facility Layout to Reduce Risk of Child Abuse and Neglect	Pending at time of publication
3.4.5.1 Sun Safety Including Sunscreen	8/2013
3.4.5.2 Insect Repellent and Protection from Vector-Borne Diseases	4/2017

Standard Number and Title (Listed Numerically)	Date of Change
3.6.1.1 Inclusion/Exclusion/Dismissal of Children	4/2015, 8/2015, 4/2017
3.6.1.2 Staff Exclusion for Illness	4/2017
3.6.2.2 Space Requirements for Care of Children Who Are Ill	8/2017
3.6.2.10 Inclusion and Exclusion of Children from Facilities That Serve Children Who Are Ill	8/2017
4.2.0.1 Written Nutrition Plan	11/2017
4.2.0.2 Assessment and Planning of Nutrition for Individual Children	11/2017
4.2.0.3 Use of US Department of Agriculture Child and Adult Care Food Program Guidelines	11/2017
4.2.0.4 Categories of Foods	2/2012, 11/2017
4.2.0.5 Meal and Snack Patterns	11/2017
4.2.0.6 Availability of Drinking Water	11/2017
4.2.0.7 100% Fruit Juice	11/2017
4.2.0.8 Feeding Plans and Dietary Modifications	11/2017
4.2.0.9 Written Menus and Introduction of New Foods	11/2017
4.2.0.10 Care for Children with Food Allergies	11/2017
4.2.0.11 Ingestion of Substances that Do Not Provide Nutrition	8/2016, 11/2017
4.2.0.12 Vegetarian/Vegan Diets	11/2017
4.3.1.1 General Plan for Feeding Infants	5/2018
4.3.1.2 Feeding Infants on Cue by a Consistent Caregiver/Teacher	5/2018
4.3.1.3 Preparing, Feeding, and Storing Human Milk	8/2016
4.3.1.4 Feeding Human Milk to Another Mother's Child	8/2017
4.3.1.5 Preparing, Feeding, and Storing Infant Formula	11/2013, 8/2016
4.3.1.6 Use of Soy-Based Formula and Soy Milk	5/2018
4.3.1.7 Feeding Cow's Milk	5/2018
4.3.1.9 Warming Bottles and Infant Foods	11/2013, 8/2016, 5/2018
4.3.1.10 Cleaning and Sanitizing Equipment Used for Bottle Feeding	5/2018
4.3.1.11 Introduction of Age-Appropriate Solid Foods to Infants	5/2018
4.3.1.12 Feeding Age-Appropriate Solid Foods to Infants	5/2018
4.3.2.1 Meal and Snack Patterns for Toddlers and Preschoolers	5/2018
4.3.2.2 Serving Size for Toddlers and Preschoolers	5/2018
4.3.2.3 Encouraging Self-Feeding by Older Infants and Toddlers	5/2018
4.3.3.1 Meal and Snack Patterns for School-Age Children	5/2018
4.5.0.3 Activities that Are Incompatible with Eating	8/2016
4.7.0.2 Nutrition Education for Parents/Guardians	5/2018
4.9.0.13 Methods for Washing Dishes by Hand	8/2013
5.1.1.5 Environmental Audit of Site Location	8/2016
5.2.1.1 Ensuring Access to Fresh Air Indoors	8/2016
5.2.1.6 Ventilation to Control Odors	8/2016
5.2.6.1 Water Supply	5/2016
5.2.7.4 Containment of Soiled Diapers	8/2017
5.2.9.1 Use and Storage of Toxic Substances	1/2017
5.2.9.4 Radon Concentrations	5/2016
5.2.9.11 Chemicals Used to Control Odors	8/2016
5.2.9.12 Treatment of CCA Pressure-Treated Wood	8/2016
5.2.9.13 Testing for Lead	8/2015
5.2.9.15 Construction and Remodeling	5/2016
5.4.1.10 Handwashing Sinks	8/2017

History of *Caring for Our Children* Standard Language Changes Since the 3rd Edition (Through July 2018)

Standard Number and Title (Listed Numerically)	Date of Change
5.4.5.1 Sleeping Equipment and Supplies	3/2017
5.5.0.5 Storage of Flammable Materials	8/2011
6.4.2.2 Helmets	3/2017
6.5.1.2 Qualifications for Drivers	1/2017
6.5.2.1 Drop-Off and Pick-Up	5/2016
7.3.1.1 Exclusion for Group A Streptococcal (GAS) Infections	8/2017
7.3.2.1 Immunization for <i>Haemophilus Influenzae</i> Type B (Hib)	8/2017
7.3.2.2 Informing Parents/Guardians of <i>Haemophilus Influenzae</i> Type B (Hib) Exposure	8/2017
7.3.11.1 Attendance of Children with Unspecified Respiratory Tract Infection	8/2017
7.4.0.1 Control of Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections	4/2017
7.4.0.2 Staff Education and Policies on Enteric (Diarrheal) and Hepatitis A Virus (HAV) Infections	4/2017
7.5.1.1 Conjunctivitis (Pinkeye)	3/2017
7.5.2.1 Enterovirus Infections	8/2017
7.5.8.1 Attendance of Children with Head Lice	8/2016
7.5.11.1 Attendance of Children with Scabies	8/2017
7.6.3.1 Attendance of Children with HIV	3/2017
7.7.1.1 Staff Education and Policies on Cytomegalovirus (CMV)	3/2017
9.2.3.1 Policies and Practices that Promote Physical Activity	8/2016, 5/2018
9.2.3.15 Policies Prohibiting Smoking, Tobacco, Alcohol, Illegal Drugs, and Toxic Substances	1/2017
9.4.1.11 Review and Accessibility of Injury and Illness Reports	Pending at time of publication
10.3.3.2 Background Screening	5/2018
10.3.3.3 Licensing Agency Role in Communicating the Importance of Reporting Suspected Child Abuse	Pending at time of publication
10.3.3.4 Licensing Agency Provision of Child Abuse Prevention Materials	Pending at time of publication
10.3.5.3 Training of Licensing Agency Personnel about Child Abuse	Pending at time of publication
10.4.3.3 Collection of Data on Illness or Harm to Children in Facilities	Pending at time of publication

Appendixes (Listed Alphabetically)	Date of Change
Appendix A: Signs and Symptoms Chart	1/2017
Appendix E: Child Care Staff Health Assessment	7/2018
Appendix G: Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger	Updated Annually Last Update: 4/2018
Appendix H: Recommended Immunization Schedule for Adults Aged 19 Years or Older	Updated Annually Last Update: 4/2018
Appendix I: Recommendations for Preventive Pediatric Health Care	7/2018
Appendix J: Selecting an Appropriate Sanitizer or Disinfectant	8/2011, 3/2013
Appendix II: Bike and Multi-sport Helmets: Quick-Fit Check	7/2018

October 2023 - September 2024 UCHRA Services Dashboard													
	Total Households Served Duplicated	Cases of Ensure Sold	Regular LIHEAP Households Served	Regular LIHEAP Funds Utilized	Crisis LIHEAP Households Served	CRISIS LIHEAP Funds Utilized	THDA ERA-EPP Households Served	THDA ERA-EPP Funds Utilized	LIHWAP Households served	LIHWAP Funds Utilized	WP Applications	Commodities	Information and Referrals
TIER I Counties													
Cumberland	7882	111	699	\$403,533.00	398	\$288,633.77	42	\$80,318.22	56	\$14,000.00	49	1828	4699
Putnam	5271	311	1048	\$575,129.36	576	\$423,552.69	116	\$203,034.87	80	\$20,057.23	16	2516	608
Warren	7343	156	749	\$437,200.00	253	\$186,600.00	63	\$169,463.78	121	\$21,860.79	17	2204	3780
TIER 2 COUNTIES													
DeKalb	2792	119	409	\$230,600.00	100	\$75,278.19	8	\$27,897.50	0	\$0.00	8	1425	723
Fentress	7516	117	707	\$388,000.00	360	\$261,976.26	9	\$30,097.44	40	\$10,618.16	2	2028	4253
Macon	6397	65	330	\$195,000.00	133	\$98,600.00	20	\$47,233.00	11	\$3,049.04	6	742	5090
Overton	3040	182	447	\$264,800.00	203	\$149,699.11	7	\$23,466.00	25	\$7,394.80	1	2075	100
Smith	2061	23	254	\$154,600.00	192	\$139,800.00	19	\$19,107.00	5	\$1,250.00	0	860	708
White	3843	181	437	\$273,400.00	212	\$156,600.00	47	\$80,043.00	93	\$23,000.00	5	1802	1066
TIER 3 Counties													
Cannon	1687	25	195	\$108,474.09	106	\$80,400.00	8	\$20,895.50	52	\$14,546.93	5	869	427
Clay	2150	151	338	\$186,000.00	237	\$170,800.00	19	\$22,986.00	60	\$15,473.53	9	1227	109
Jackson	1903	111	401	\$217,600.00	250	\$186,042.70	33	\$76,646.73	60	\$17,629.99	17	842	189
Pickett	1777	165	276	\$163,600.00	42	\$31,200.00	0	\$0.00	36	\$11,974.64	2	1104	152
Van Buren	2091	0	271	\$149,227.53	121	\$90,600.00	6	\$7,798.42	23	\$9,648.39	4	1082	584
Total:	55753	1717	6561	\$3,747,163.98	3,183	\$2,339,782.72	397	\$808,987.46	662	\$170,503.50	141	20,604	22,488

September 2024 UCHRA Services Dashboard													
	Total Households Served Duplicated	Cases of Ensure Sold	Regular LIHEAP Households Served	Regular LIHEAP Funds Utilized	Crisis LIHEAP Households Served	CRISIS LIHEAP Funds Utilized	THDA ERA-EPP Households Served	THDA ERA-EPP Funds Utilized	LIHWAP Households served	LIHWAP Funds Utilized	WP Applications	Commodities	Information and Referrals
TIER I Counties													
Cumberland	696	5	90	\$ 66,200.00	0	\$ -	0	\$ -	0	\$ -	2	306	293
Putnam	171	47	100	\$ 72,000.00	1	\$ 800.00	0	\$ -	0	\$ -	1		22
Warren	483	9	114	\$ 83,800.00	2	\$ 1,400.00	0	\$ -	0	\$ -	1		357
TIER 2 COUNTIES													
DeKalb	66	8	20	\$ 18,400.00	1	\$ 600.00	0	\$ -	0	\$ -	1		36
Fentress	74	10	44	\$ 30,800.00	3	\$ 1,768.16	0	\$ -	0	\$ -	0		17
Macon	345	5	22	\$ 16,200.00	2	\$ 1,800.00	0	\$ -	0	\$ -	1	98	217
Overton	66	23	21	\$ 15,600.00	2	\$ 1,067.61	0	\$ -	0	\$ -	0		20
Smith	171	0	38	\$ 27,000.00	0	\$ -	0	\$ -	0	\$ -	0	120	13
White	430	25	36	\$ 26,600.00	1	\$ 800.00	0	\$ -	0	\$ -	1	294	73
TIER 3 Counties													
Cannon	61	2	24	\$ 17,000.00	1	\$ 800.00	0	\$ -	0	\$ -	1		33
Clay	217	15	22	\$ 15,600.00	4	\$ 3,200.00	0	\$ -	0	\$ -	0	173	3
Jackson	90	13	28	\$ 21,400.00	1	\$ 800.00	2	\$ 1,953.00	0	\$ -	0		46
Pickett	221	11	21	\$ 15,000.00	0	\$ -	0	\$ -	0	\$ -	0	182	7
Van Buren	175	0	15	\$ 11,000.00	2	\$ 1,600.00	0	\$ -	0	\$ -	0	156	2
Total:	3266	173	595	\$436,600.00	20	\$14,635.77	2	\$1,953.00	0	\$0.00	8	1,329	1,139

August 2024 UCHRA Services Dashboard													
	Total Households Served Duplicated	Cases of Ensure Sold	Regular LIHEAP Households Served	Regular LIHEAP Funds Utilized	Crisis LIHEAP Households Served	CRISIS LIHEAP Funds Utilized	THDA ERA-EPP Households Served	THDA ERA-EPP Funds Utilized	LIHWAP Households served	LIHWAP Funds Utilized	WP Applications	Commodities	Information and Referrals
TIER I Counties													
Cumberland	313	9	0	\$ -	0	\$ -	0	\$ -	0	\$ -	3		301
Putnam	479	27	1	\$ 800.00	3	\$ 2,400.00	0	\$ -	0	\$ -	3	413	32
Warren	601	8	0	\$ -	0	\$ -	0	\$ -	0	\$ -	2	327	264
TIER 2 COUNTIES													
DeKalb	254	8	0	\$ -	2	\$ 1,400.00	0	\$ -	0	\$ -	1	181	62
Fentress	444	4	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0	298	142
Macon	305	9	0	\$ -	2	\$ 1,600.00	1	\$ 6,000.00	0	\$ -	1		292
Overton	371	17	0	\$ -	2	\$ 1,600.00	1	\$ 3,071.00	0	\$ -	1	331	19
Smith	60	0	0	\$ -	0	\$ -	0	\$ -	0	\$ -	0		60
White	113	20	0	\$ -	1	\$ 600.00	0	\$ -	0	\$ -	4		88
TIER 3 Counties													
Cannon	166	0	1	\$ 474.09	0	\$ -	0	\$ -	0	\$ -	1	126	38
Clay	28	17	0	\$ -	1	\$ 1,000.00	1	\$ 694.00	0	\$ -	1		8
Jackson	26	17	0	\$ -	0	\$ -	0	\$ -	0	\$ -	3		6
Pickett	21	14	0	\$ -	1	\$ 800.00	0	\$ -	0	\$ -	1		5
Van Buren	29	0	0	\$ -	3	\$ 2,000.00	0	\$ -	0	\$ -	2		24
Total:	3210	150	2	\$1,274.09	15	\$11,400.00	3	\$9,765.00	0	\$0.00	23	1,676	1,341

July 2024 UCHRA Services Dashboard													
	Total Households Served Duplicated	Cases of Ensure Sold	Regular LIHEAP Households Served	Regular LIHEAP Funds Utilized	Crisis LIHEAP Households Served	CRISIS LIHEAP Funds Utilized	THDA ERA-EPP Households Served	THDA ERA-EPP Funds Utilized	LIHWAP Households served	LIHWAP Funds Utilized	WP Applications	Commodities	Information and Referrals
TIER I Counties													
Cumberland	684	17	5	\$ 3,533.00	0	\$ -	0	\$ -	0	\$ -	2	249	411
Putnam	82	44	7	\$ 4,529.36	0	\$ -	0	\$ -	0	\$ -	3		28
Warren	228	16	6	\$ 4,000.00	0	\$ -	0	\$ -	0	\$ -	1		205
TIER 2 COUNTIES													
DeKalb	72	12	1	\$ 600.00	1	\$ 600.00	0	\$ -	0	\$ -	1		57
Fentress	168	5	5	\$ 3,800.00	0	\$ -	0	\$ -	0	\$ -	0		158
Macon	319	4	3	\$ 2,400.00	0	\$ -	0	\$ -	0	\$ -	0	115	197
Overton	51	24	0	\$ -	5	\$ 3,600.00	2	\$ 4,875.00	0	\$ -	0		20
Smith	167	4	1	\$ 800.00	2	\$ 1,400.00	2	\$ 1,824.00	0	\$ -	0	119	39
White	365	12	3	\$ 2,000.00	4	\$ 3,200.00	0	\$ -	0	\$ -	0	286	60
TIER 3 Counties													
Cannon	34	4	0	\$ -	1	\$ 800.00	0	\$ -	0	\$ -	0		29
Clay	241	11	2	\$ 1,600.00	5	\$ 4,000.00	1	\$ 691.00	0	\$ -	1	210	11
Jackson	191	13	1	\$ 800.00	1	\$ 315.91	0	\$ -	0	\$ -	0	174	2
Pickett	193	16	1	\$ 600.00	1	\$ 800.00	0	\$ -	0	\$ -	0	162	13
Van Buren	208	0	0	\$ -	3	\$ 2,200.00	0	\$ -	0	\$ -	0	183	22
Total:	3003	182	35	\$24,662.36	23	\$16,915.91	5	\$7,390.00	0	\$0.00	8	1,498	1,252



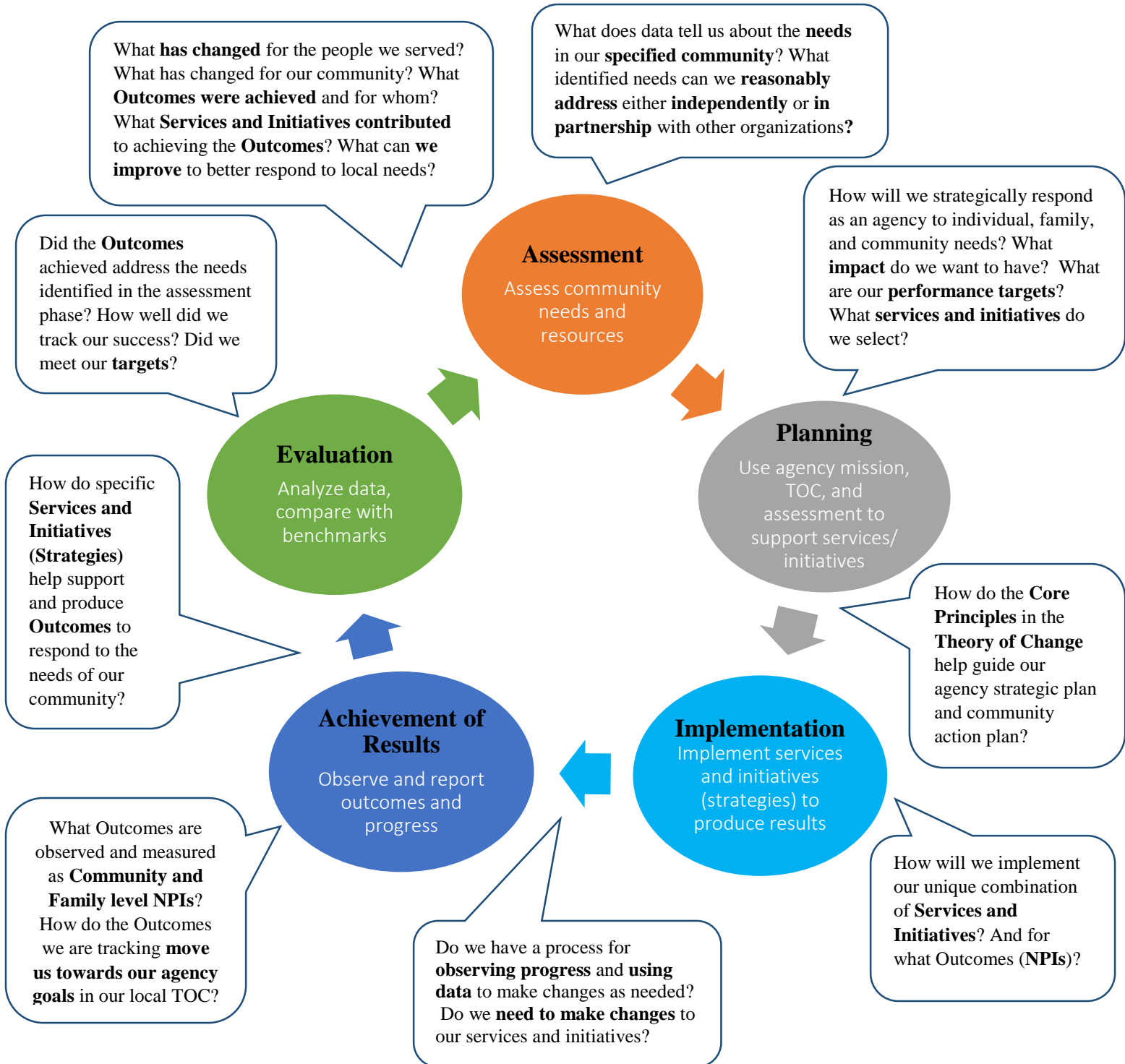


- A violation of law, rule or regulation
- Gross mismanagement
- Gross waste of funds
- Abuse of authority
- Substantial and specific danger to public health or safety

More information: [oig.dhs.gov/hotline](https://oig.dhs.gov/hotline)

# HOW DOES ROMA NG FIT INTO ROMA?

The ROMA Next Generation framework builds on ROMA principles and practices to support agencies and states as they gather and use data at all points of the cycle. Data collected and analyzed from assessment through evaluation allow us to identify our successes and our challenges and make use of the information for continuous improvement.



## 2024-2025 Governing Board

<b>Sub Region: North Region</b>	1. Lori Burnett
	2. Laurin Wheaton
<b>Sub Region: South Region</b>	1. Jerry Lowery
	2. Alicia Farmer
<b>Sub Region: West Region</b>	1. Josh Miller
	2. John Potts

### **North Region**

Luke Collins, Mayor of Celina  
Harvey Stowers, Mayor of Jamestown  
Yvonne Gernt, Mayor of Allardt  
Lloyd Williams, Mayor of Gainesboro  
Lori Burnett, Mayor of Livingston  
Sam Gibson, Mayor of Byrdstown  
Laurin Wheaton, Mayor of Cookeville  
Danny Holmes, Mayor of Baxter  
Lisa Chapman-Fowler, Mayor of Algood  
Alex Garcia, Mayor of Monterey

### **South Region**

R.J. Crawford, Mayor of Crossville  
Emmett Sherrill, Mayor of Crab Orchard  
Don Dowdey, Mayor of Pleasant Hill  
Alisa Farmer, Mayor of Spencer  
Ryle Chastain, Mayor of McMinnville  
Joel Akers, Mayor of Centertown  
Sue Anderson, Mayor of Morrison  
Trent Prater, Mayor of Viola  
Jerry Lowery, Mayor of Sparta  
Ray Spivey, Mayor of Doyle

### **West Region**

Roger Turney, Mayor of Auburntown  
Andy Duggin, Mayor of Woodbury  
Josh Miller, Mayor of Smithville  
Beth Tripp, Mayor of Alexandria  
Pam Redmon, Mayor of Dowelltown  
Audrey Martin, Mayor of Liberty  
Tony Day, Mayor of Lafayette  
Kenneth Hollis, Mayor of Red Boiling Springs  
Stephen Babcock, Mayor of Carthage  
Joey Nixon, Mayor of South Carthage  
John Potts, Mayor of Gordonsville

**RESOLUTION 24-10-1  
UPPER CUMBERLAND HUMAN RESOURCE AGENCY  
EXECUTIVE BOARD**

**WHEREAS**, the safety and well-being of the employees of Upper Cumberland Human Resource Agency is of the greatest importance; and

**WHEREAS**, all efforts shall be made to provide a safe and hazard-free workplace for the Upper Cumberland Human Resource Agency employees; and

**WHEREAS**, Public Entity Partners seeks to encourage the establishment of a safe workplace by offering a *"Driver Training" Matching Grant Program*; and

**WHEREAS**, the Upper Cumberland Human Resource Agency now seeks to participate in this important program.

**NOW, THEREFORE, BE IT RESOLVED**, by the Executive Board of the Upper Cumberland Human Resource Agency, that the Agency is hereby authorized to submit an application for the "Driver Training" Matching Grant Program through Public Entity Partners. Furthermore, the Upper Cumberland Human Resource Agency is authorized to allocate matching funds to serve as a match for any grant monies received.

**DULY PASSED AND ADOPTED**, this 16th day of October, 2024.

\_\_\_\_\_  
Randy Heady, Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Jeff Mason, Vice Chairman

\_\_\_\_\_  
Date