MEMORANDUM OF UNDERSTANDING

BETWEEN

OFFICE OF HEAD START AND OFFICE OF CHILD CARE
ADMINISTRATION FOR CHILDREN AND FAMILIES
UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND

SUPPLEMENTAL NUTRITION AND SAFETY PROGRAMS AND
CHILD NUTRITION PROGRAMS
FOOD AND NUTRITION SERVICE
UNITED STATES DEPARTMENT OF AGRICULTURE

I. PURPOSE AND SCOPE

The purpose of this Memorandum of Understanding (MOU) is to establish a collaborative relationship between the Office of Head Start (OHS), Office of Child Care (OCC), Supplemental Nutrition and Safety Programs (SNAS), and Child Nutrition Programs (CNP) at the Federal level. These agencies will work together to promote and support regional, State and local efforts to improve program coordination and service delivery for low-income children and their families who are eligible to participate in the Head Start Program (HS), Child Care and Development Fund Program (CCDF), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Child and Adult Care Food Program (CACFP).

II. AUTHORITY

HEAD START

Head Start is authorized by Section 648 of the Improving Head Start for School Readiness Act of 2007 (42 U.S.C. 9843).

CHILD CARE AND DEVELOPMENT FUND (CCDF)

The Child Care and Development Fund is authorized by the Child Care and Development Block Grant (CCDBG) Act (42 U.S.C. § 9858 *et. seq.*), as amended by the CCDBG Act of 2014 (Pub. L. 113-186) and Section 418 of the Social Security Act (42 U.S.C § 618).

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

The WIC Program, administered under SNAS, is authorized by Section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), as amended.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

The CACFP, administered under the Child Nutrition Programs, is authorized by section 17 of the National School Lunch Act (42 U.S.C. 1766).

III. BACKGROUND

A. Head Start Program

The OHS provides grants to local public and private non-profit and for-profit agencies to provide comprehensive services to low-income children and their families. Since its beginning in 1965, HS programs have served more than 30 million children across the Nation.

HS programs are two-generation child development and family support programs that serve pregnant women, young children from birth to the age of 5 and their families, and help prepare young children for school, by:

- Ensuring that they are on a healthy path of social and emotional development;
- Having a clean and safe place to learn and play;
- Providing healthy meal options for children who may not get the same at home;
- Coordinating mental health services for children and families affected by violence, substance abuse or natural disasters; and
- Creating an individualized plan for learning for children with disabilities or other specific needs.

HS programs are required to serve children and families with the greatest need and enrollment priority is given to special populations including children who live in foster care, children with disabilities and children and families who are homeless. Programs are designed to recruit, reflect and support the cultures and languages of the children, families, and communities served. Among the populations served are migrant and seasonal farm worker families and children as well as children and families from tribal Nations and organizations.

HS Programs are required to promote school readiness by enhancing the physical, cognitive, social and emotional development of low-income children through health, education, nutrition, social and other services. In addition, programs adhere to the HS Program Performance Standards, which are the national regulations for HS programs. These standards require a comprehensive health program which include, but are not limited to:

- Determination of a child's current health status (including nutrition assessment);
- Screening for developmental, sensory, and behavioral concerns;

- Assist families in the provision of ongoing health care;
- Monitoring health and safety issues;
- Providing nutrition services;
- Individualizing to each child;
- Providing mental health consultation or disability services, if needed; and
- Communicating between staff and parents.

Also, the program must use funds from the Department of Agriculture's (USDA) Food and Nutrition Service (FNS), CACFP as the primary source of payment for meal services. HS funds may be used to cover those allowable costs not covered by the USDA.

B. Child Care Development Fund Program (CCDF)

The OCC supports low-income working families by providing access to affordable, high-quality early care and afterschool programs. OCC establishes and oversees the implementation of child care policies, and provides guidance and technical assistance to States, tribes and territories as they administer the CCDF program. OCC administers the CCDF Program and works with State, territory, and tribal governments to provide support for children and their families juggling work schedules and struggling to find child care programs that will fit their needs, and that will prepare children to succeed in school. CCDF also improves the quality of care to support children's healthy development and learning by supporting child care licensing, quality improvement systems to help programs meet higher standards, and support for child care workers to attain more training and education. In fiscal year (FY) 2014, approximately 1.41 million children and 852,900 families per month received child care assistance through CCDF.

C. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Congress created the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in 1972 to meet the special nutritional needs of pregnant, breastfeeding and postpartum women, infants, and children up to the age of 5. While funded through grants from USDA, WIC is administered by 90 State agencies. Currently, WIC operates through State health departments in 50 States, 34 Indian Tribal Organizations, the District of Columbia, Puerto Rico, Guam, American Samoa, Commonwealth of the Northern Mariana Islands, and the Virgin Islands.

Children have always been the largest category of WIC participants. Of the approximate 8.0 million people who received WIC benefits each month in FY 2015, approximately 4.16 million were children, 1.94 million were infants, and 1.92 million were women.

To be eligible for WIC, applicants must have income at or below 185 percent of the Federal poverty income guidelines, or be a participant or have a family member that participates in Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), or Medicaid. Applicants must also live in the State in which they apply. Applicants are not required to live in the State or local service area for a certain amount of time in order to meet the WIC residency requirement. In addition, persons must be at nutritional risk and in need of the specific supplemental foods the program offers. "Nutrition risk" means that an individual has medical-based or dietary-based conditions. Examples of medical-based conditions include anemia (low blood iron levels), underweight, or history of poor pregnancy outcome. A dietary-based condition includes, for example, a Failure to Meet Dietary Guidelines for Americans. Nutritional risk is assessed by a health professional, according to a broad range of risk criteria.

WIC provides supplemental foods, nutrition education, including breastfeeding promotion and support, and health care referrals to low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. WIC participants receive supplemental foods that contain nutrients (protein, calcium, iron, and vitamins A and C) often lacking in diets of the target population. WIC participants also receive nutrition education, not less than every 3 months, to emphasize the relationship between nutrition and good health. The WIC program also serves as an adjunct to the health care system by establishing linkages with health care providers. WIC makes referrals to health and social services including, but not limited to: Medicaid, immunization programs, dental services, drug and alcohol abuse counseling, prenatal care, programs for children with special health care needs, well-baby care, family planning, TANF, SNAP, migrant services, Community Health Centers, HS, CCDP, and child abuse counseling.

D. Child and Adult Care Food Program (CACFP)

Congress established the CACFP in 1968 to ensure children in nonresidential or outside-school-hours care by licensed or approved child care institutions and recreation centers were receiving nutritious meals. Today, the USDA's CACFP plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Each day, 3.3 million children receive nutritious meals and snacks through CACFP. The program also provides meals and snacks to 120,000 adults who receive care in nonresidential adult day care centers. CACFP reaches even further to provide meals to children residing in emergency shelters, and snacks and suppers to youths participating in eligible afterschool care programs.
Children enrolled in Federal and State-funded HS or Early HS Programs are categorically eligible to receive free meal benefits without further application or

eligibility determination. Categorical eligibility means additional free and reduced price applications and income eligibility forms are not required. USDA's FNS administers CACFP through grants to States. The program is administered within most States by the State educational agency. In a few States it is administered by an alternate agency, such as the State health or social services department. Independent centers and sponsoring organizations enter into agreements with their administering State agencies to assume administrative and financial responsibility for CACFP operations.

IV. AREAS OF STATE AND LOCAL COLLABORATION

HS, CCDF, WIC, and CACFP are strongly encouraged to work together at the State and local level to better meet the needs of low-income children and their families. Areas for targeting collaborative efforts include:

A. Nutrition Services

HS, CCDF, WIC, and CACFP are encouraged to promote the exchange of information about each program's procedures and standards for providing nutrition services to low-income children and their families. In order to accomplish this, all programs are encouraged to identify areas of commonality, such as nutrition assessment and education; gaps in services; and practices that have been found to be most effective for each program. For example, both WIC and HS require a nutrition assessment which includes anthropometric data such as height and weight, and dietary information. State and local agencies are encouraged to identify ways to minimize duplication of effort in obtaining this information from persons enrolled in both programs. In addition, CCDF programs are required to provide information about the availability of nutrition services such as WIC and CACFP to low-income children and their families. In turn CCDF, WIC and CACFP State and local agencies can work to ensure that CCDF programs have the most up to date information on WIC and CACFP programs for CCDF enrolled families.

B. Nutrition Education

HS, CCDF, WIC, and CACFP are encouraged to exchange educational approaches and materials for children by inviting representatives from the respective programs to attend local, State, regional, and national meetings. HS is encouraged to invite a WIC and CACFP representative to serve on the Head Start Health Services Advisory Committee. The committee is formed on a voluntary basis and composed of HS parents and staff, health and human services professionals, and other community volunteers who are representatives of the cultural and linguistic groups served by the local HS program. WIC and CACFP representatives can collaborate with the State Advisory Council on Early Childhood Education and Care to ensure accessibility to WIC and CACFP

programs. To the extent available, WIC State and local agencies are encouraged to provide CACFP, HS, and CCDF with nutrition education, including breastfeeding promotion and support materials. If applicable, each program is encouraged to provide nutrition education contacts for HS, CCDF, WIC, and CACFP participants.

C. Shared Information

HS, CCDF, WIC, and CACFP are encouraged to share statistical, medical and eligibility information regarding participants to the extent that confidentiality policies permit. In order to comply with confidentiality policies, programs must enter into written agreements authorizing the use and disclosure of confidential applicant and participant information. Each program is encouraged to share information for community needs assessment. If opportunity allows, HS, CCDF, WIC, and CACFP may consider co-sponsoring community resource fairs and community information sessions. The programs are urged to welcome and encourage contributions to HS, CCDF, WIC, and CACFP bulletins and newsletters.

D. Display of Information

HS, CCDF, WIC, and CACFP are encouraged to obtain and display information on each other's programs (bilingual brochures, posters, etc.) for the purpose of referring potentially eligible applicants; and to inform those potentially eligible about program locations and services. The use of program websites, technology tools, and social media as available are highly encouraged methods for promoting program information sharing and referring those that are potentially eligible. For informational purposes, the HS Program is encouraged to periodically invite a WIC representative to be a guest speaker in HS parent engagement activities.

E. Other Health Care Services and Referrals

HS, CCDF, WIC, and CACFP are encouraged to identify other health care services and referrals available to program participants, such as Early and Periodic Screening, Diagnosis, and Treatment and Medicaid. Whenever possible, the programs may consider using a joint application form in an effort to improve efficiency, time, and cost-effectiveness. The programs are also encouraged to work together to coordinate services and referrals to avoid overlap and prevent gaps in service.

F. Special Grant Project and Referrals

Where HS and CCDF grantees have been awarded special grants, they will be encouraged to work with local WIC and CACFP agencies to identify appropriate community resources for purposes of participant referrals.

G. Staff Training

HS, CCDF, WIC, and CACFP are encouraged to develop joint staff training opportunities for persons responsible for nutrition education, including breastfeeding promotion and support. Joint training opportunities should focus on the development and dissemination of quality nutrition education, and materials that deliver accurate, relevant and consistent messages to participants or, when appropriate, to their caregivers or proxies, to achieve optimal health outcomes in relation to their nutritional status and/or their nutrition related concerns and goals.

H. Volunteer Services

HS, CCDF, WIC, and CACFP are encouraged to exchange information on the training and use of volunteers within each program. To the extent that these programs utilize volunteers, programs may share guidelines, training materials, management techniques and experiences in order for volunteers to deliver quality services to program participants.

V. Areas of Collaboration at the Federal Level

Each Agency will inform their grantees, through regional offices, that they encourage the establishment of written agreements to share participant information for eligibility and outreach purposes, in accordance with applicable regulations, policy, guidance and instructions.

Actions that HS, CCDF, SNAS, and CNP will encourage at the Federal level are:

(1) Jointly develop resource materials that provide strategies for implementing the 'areas of targeting collaborative efforts' as outlined in this MOU, and that feature examples of successful local level collaboration efforts.
(2) Share information on new program initiatives, policy guidance materials and legislation impacting program participants. Provide training and information awareness on program operations and guidelines.
(3) Encourage the development of regional, State, and local MOU between HS, CCDF, WIC, and CACFP grantees to foster coordination of service and working relationships at the State and local levels.
(4) Support research projects which review and evaluate efforts, policies, and proposals to coordinate with other programs.
(5) Provide access to HS, CCDF, WIC, and CACFP program directories and contact information to facilitate collaboration at the local level.
(6) Encourage local HS, CCDF, WIC, and CACFP agencies to share management techniques, experiences, and program guidelines.
(7) Conduct periodic meetings to discuss action planning, goals, and provide status updates regarding on-going initiatives and program priorities.

(8) Encourage local HS, CCDF, WIC, and CACFP agencies to support co-location of services.
(9) Provide technical assistance that supports regional, State, and local program staff in collaborative efforts and delivery of quality services to children and families.

VI. IMPLEMENTATION OF THE MEMORANDUM OF UNDERSTANDING

OHS, OCC, SNAS and CNP agree to develop and proactively uphold this MOU between the HS, CCDF, WIC, and CACFP Programs to foster coordination of services and working relationships at the Federal, State, and local levels.

OHS, OCC, SNAS and CNP will support cooperation and coordination between the HS, CCDF, WIC, and CACFP programs at the Federal level, and agree to distribute this MOU and encourage its implementation at the State and local levels.

OHS will make this MOU available to their twelve Regional Offices, all HS grantees, HS State Collaboration Directors and State National HS Association presidents.

OCC will make this MOU available to their 10 Regional Offices and all CCDF grantees.

SNAS will make this MOU available to the seven FNS Regional Offices for dissemination to all WIC State agencies. State agencies will be strongly encouraged to share this Agreement with local agencies.

CNP will make this MOU available to the seven FNS Regional Offices for dissemination to State agencies administering CACFP.

VII. COST

At this time, there will be no transfer of funds to support this MOU.

VIII. MODIFICATION

Supplements or modifications to this agreement may be entered into jointly by the parties signed below, or their designees.

IX. EFFECTIVE DATE

This Agreement shall be effective upon the signatures of the authorized officials of the Administration for Children and Families (ACF) and the FNS. It shall continue in force and effect until either party provides written notification of termination. Such notice shall be given to the other party at least 30 days in advance of the termination date.

This agreement may be amended upon written request of either ACF or FNS and subsequent written concurrence.

This agreement may be terminated by either party immediately if the other party violates its terms.

Ann Linehan
Acting Director, Office of Head Start
Administration for Children and Families
Department of Health and Human Services

October 26, 2017
Date

Shannon Christian
Director, Office of Child Care
Administration for Children and Families
Department of Health and Human Services

Oct. 26, 2017
Date

Diane M. Kriviski
Deputy Administrator
Supplemental Nutrition and Safety Programs
Food and Nutrition Service, USDA

Oct. 27 -17
Date

Cindy Long
Deputy Administrator, Child Nutrition Programs
Food and Nutrition Service
U.S. Department of Agriculture

10/27/17
Date

This MOU was first released in July 2017 and re-issued in October 2017 with new signatures.