



OCTOBER 2021 MEETING BOARD OF DIRECTORS

THURSDAY, OCTOBER 28, 2021

LOCATION:

**COMMUNITY ACTION AGENCY
2475 CENTER ST NE
SALEM, OR 97301**

REMOTE OPTION:

MWVCAA October 2021 Board Meeting (Virtual Option)
Thu, Oct 28, 2021 5:30 PM - 7:30 PM (PDT)

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/550010333>

You can also dial in using your phone.

United States: [+1 \(408\) 650-3123](tel:+14086503123)

Access Code: 550-010-333

COMMUNITY ACTION PROMISE

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

Helping People Changing Lives

**COMMUNITY ACTION AGENCY
BOARD OF DIRECTORS
AGENDA**

October 28, 2021

In-person at:
2475 Center St NE
Salem OR 97301

Remote Option Link:
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Mission
Empowering people to change their lives and exit poverty by providing vital services and community leadership.

Vision
All people are respected for their infinite worth and are supported to envision and reach a positive future.

- | | | |
|-------------|---|-------------|
| I. | Welcome | 5:30 |
| II. | Public Comment | 5:35 |
| III. | Approval of Agenda | 5:40 |
| IV. | Consent Calendar | 5:45 |
| | 1. September 2021 Full Board Meeting Minutes | |
| | 2. October 2021 Executive Director Report | |
| | 3. October 2021 Director of Program Development Report | |
| | 4. October 2021 Chief Financial Officer Report | |
| | 5. October 2021 Chief Operations Officer Report | |
| | 6. October 2021 Program Director Reports | |
| | 7. October 2021 Committee Meeting Minutes | |
| | 8. <i>Information Report:</i> Head Start, Early Head Start & Early Head Start/Child Care Partnerships PIR Reports | |
| | 9. <i>Information Report:</i> Head Start Selection & Placement of Children | |
| | 10. <i>Information Report:</i> Head Start Eligibility Recruitment Selection and Enrollment | |
| | 11. <i>Information Report:</i> Receipt of the 401k Audit & Form 550 With FS Report – <i>Approval</i> | |

~ Continued on next page ~

V. Board Business

5:55

1. Executive Director's Report
2. Refinance of Existing Commercial Real Estate Loans of 4950 Silverton Rd and 2395 Center St - *Approval*
3. Articles of Incorporation Update - *Approval*
4. Head Start ERSEA Procedures – *Discussion*
5. Elect New Board Member Jasmine White - *Approval*
6. Elect New Board Member Zaida Ramirez – *Approval*
7. Resignation of Board Member Candi House – *Approval*
8. Kaiser Permanente Healthy Homes Grant – *Approval*
9. Community Action Partnership of Oregon Finance Agreement – *Approval*
10. *Information Report*: Receipt of “Building on Accomplishments: Evaluation & Recommendations for the Continued Growth and Stability of Taylor’s House (TAC): Final Report with Citations” – *Approval*
11. Financials – *Approval*

VI. Executive Session: Executive Director Evaluation.

VII. Adjournment

7:30

Next board meeting: Thursday, November 18, 2021 Joint Governance (3rd Thursday)

Mid-Willamette Valley Community Action Agency, Inc.
Board of Directors Meeting
September 23, 2021
MINUTES

ATTENDANCE:

Board of Directors:

Present:

Catherine Trottman	Jade Rutledge	Kevin Karvandi	Helen Honey	Shelaswau Crier
Erika Romine	Jeremy Gordon	Linda Bednarz	Jon Weiner	

Absent:

Christopher Lopez	Melissa Baurer	Steve McCoid	RW Taylor	Candi House
Michael Vasquez				

Others Present:

Program Directors/Staff/Guests:

Jimmy Jones, Executive Director
Helana Haytas, Chief Operations Officer
Kaolee Hoyle, Chief Financial Officer
Ashley Hamilton, CRP/ARCHES Program Director
Shannon Vandehey, CCR&R Program Director
Traia Campbell, Energy Services Program Director
Tricia Ratliff, HOME Youth Services Program Director
Alisa Tobin, HOME Youth Services Associate Program Director
Laurel Dixon, Grant Writing Specialist
Amy Schroeder, Office Specialist
Alondra Garcia, Human Resource Assistant
Lauren Knott, Technical Assistance Collaborative

The meeting of the Board of Directors was called to order at 5:31 pm by Board Chair Jon Weiner. It was determined that a quorum was present.

- I. Welcome**
Board Chair Jon Weiner welcomed everyone.

- II. Public Comment**
None were made.

- III. Approval of Agenda**
No changes were made.

MOTION: To approve agenda made by Helen Honey,

SECOND: Kevin Karvandi.

APPROVED: Unanimously approved

IV. Consent Calendar

- 1. August 2021 Full Board Meeting Minutes**
No discussions or concerns were raised
- 2. September 2021 Executive Director Report**
No discussions or concerns were raised
- 3. September 2021 Chief Financial Officer Report**
No discussions or concerns were raised
- 4. September 2021 Chief Operations Officer Report**
No discussions or concerns were raised
- 5. September 2021 Program Director Reports**
No discussions or concerns were raised

MOTION: To approve consent calendar made by Linda Bednarz,

SECOND: Helen Honey.

APPROVED: Unanimously approved

V. Board Business

1. Technical Assistance Collaborative (Boston) – The agency hired Technical Assistance Collaborative (TAC) to review the Taylor’s House program of HOME Youth Services. Lauren Knott from TAC presented their findings.

TAC’s objective was to evaluate the program focusing specifically on whether the operations at Taylor’s House is aligned with best and emerging practices. This was accomplished through conversations with HOME leadership and the Executive Director, interviews of local stakeholders, staff and current or former youth clients, staff survey and a comprehensive review of Taylor’s House policies and procedures.

During the review of Taylor’s House operations, TAC found areas for improvement in staffing, safety, and youth voice and input. However, their overall impression of Taylor’s House is quite positive. Taylor’s House was a well-regarded resource in the community, filling a gap that would not otherwise exist without MWVCAA’s operation, and they believe the shelter should return to operating fully. Because of Taylor’s House, minors in the surrounding area have a safe, stable place to go.

2. Executive Director’s Report:
 - i. Jimmy provided a snapshot of the Agency’s current financial standing, and the improvements in cash, credit and financial practices over the past few years.
 - ii. Taylor’s House – Jimmy continued the conversation on the operations at Taylor’s House. There is new management in place and the site reopened in July with a limited capacity of just three youth. The site will continue to open in a measured, layered approach. The program continues to work on implementing the recommendations made by TAC.
3. Agency By-Laws Update – CSBG requirements require a review of the agency’s by-laws every two years. The by-laws were sent to the Board with a recommended change in the maximum number of board of directors from 15 to 16. After discussion, the board recommended increasing the maximum to 18.

MOTION: To approve updated by-laws, as amended, made by Linda Bednarz,
SECOND: Helen Honey.
APPROVED: Unanimously approved

4. Head Start Governance, Leadership, & Oversight Capacity Screener and Training Plan - Organizations that accept federal funds to operate Head Start and/or Early Head Start programs must have strong governance systems in place to safeguard federal dollars and provide oversight and direction to the Head Start program. This screener organizes the Head Start requirements to help organizations identify where they need to make changes and build capacity to fulfill their Head Start governance responsibilities. The completed screener was sent to the Board for review.

MOTION: To approve the Head Start Governance Leadership, & Oversight Capacity Screener and Training Plan made by Helen Honey,
SECOND: Jade Rutledge.
APPROVED: Unanimously approved

5. Financials – Kaolee Hoyle presented statements ending June 30, 2021. This year’s audit will begin November 29th and should be wrapped up by Christmas.

MOTION: To accept financial statements ending June 30, 2021 made by Helen Honey,
SECOND: Kevin Karvandi.
APPROVED: Unanimously approved

VI. Adjournment

The Board of Directors meeting was adjourned at 7:01 pm.

Respectfully Submitted:

Amy Schroeder, Office Specialist

Helen Honey, Board Secretary

EXECUTIVE DIRECTOR'S REPORT

MID-WILLAMETTE VALLEY

COMMUNITY ACTION AGENCY

October 2021

Over time, in all the noise that fills our world, we sometimes lose sight of what matters. But when we do our job right, someone eats, someone else has a roof over their head, someone learns, someone has child care so they can go to work, and someone lives. When we do it wrong, hunger goes unmet, people are cold, homeless, and opportunities do not emerge. And sometimes someone dies. The gravity of our decision making is always present, and the tools and opportunity we need are always all around us. We often have to fight for it though. That's why we have to protect this agency and the work that it does so that it survives into another generation, so that it outlives us all. The decisions we make every single day carry potential consequences for someone's quality of life, and sometimes those decisions keep people from dying early deaths filled with suffering. It can be an enormous burden, but it's also an awesome obligation and opportunity to help the most vulnerable and helpless in our community. So growing the agency and protecting its resources isn't just about defending our work—it's about saving lives. This month I want to focus a bit on the future.

In Oregon, there are 18 Community Action Agencies. We are a member of the statewide organization (the Community Action Partnership of Oregon, or CAPO). The best way to describe CAPO is as a trade organization for the individual agencies. It protects the resources of the agencies, advocates for people in poverty, and advises the state about the consequences of their public policy choices on local communities. CAPO's role is critical, because frequently the state serves as a pass-through agency, and while they have academic and technical skills to understand best practices, they often have little to no situational awareness of what it's like to do outreach on the Springwater Corridor in Portland, or the circumstances of homeless camps in Wallace Marine, or the service needs of rural communities in Mill City or Falls City. CAPO itself has a small staff (all remote now) and it runs two particular grants that provide direct services: the HUD planning grant that provides required technical services to the Rural Oregon Continuum of Care (ROCC), which is the continuum of care that serves 26 of the 36 Oregon Counties. They also run the Supportive Services for Veterans Families (SSVF) grant for much of rural Oregon. Since CAPO isn't a large organization (about \$3.5 million), their financial services have always been handled by one of the network agencies. For the past several years their finances have been handled by Community Services Consortium down in Albany, which is the Community Action Agency that serves Linn, Benton and Lincoln counties. There has been a great deal of turnover at that agency in the past two years (ED, CFO, IT), and CAPO wants us to host their financial services going forward.

Beyond the collegial reasons we would want to do this, just to help the network, there are other critical strategic reasons why this would be valuable for Oregon CAA's (and us) going forward. Given the direction of the state's conversation—specifically surrounding the House Bill 2100 task force—I'm convinced that roughly 50% of the state's housing stability funds will be competitive within five years. We are making plans locally to replace those dollars from other sources. But it remains a grave threat. The Emergency Housing Account dollars, in particular, serve as the capacity grant that makes many other grants and services possible. If ARCHES pre-COVID budget was about \$12 million, losing \$500,000 out of our \$1,000,000 in EHA

might not just cost us \$500,000, it might cost us \$6 million in grants and services, because again, that grant is the capacity resource that makes other grants affordable and effective. So how does this relate to the CAPO finance issue? I believe that once that competitive grant phase begins, most of the Community Action Agencies around the state will be in dire straits. They haven't invested in a competitive grant philosophy like we have, haven't considered alternative funding mechanisms for their services, and the 18 agencies may well be reduced to 6-8 agencies statewide, in a wave of mergers necessitated by economy of scale. Of the 18 agencies, 12 of them are what we call "floor-funded," meaning they get the minimum allowable state grants. Only six of the 18 have Head Start grants that could carry the agencies if state housing funding was severely curtailed. Having CAPO here sets us up well for what is inevitable (at this point), and it gives us more strategic connections with the federal Veterans Administration (through that SSVF grant), and helps us provide services through the ROCC grants. CAPO would pay us about \$60,000 a year to provide these services, which would fund any additional capacity needs we might have in Finance. I think it's the right move for the network, for our Agency, and a strategic choice vital for our future.

General Updates:

New FUND: HOME Youth Services: We were awarded a federal grant from Health and Human Services for \$135,741 per year for 3 years, \$407,223 in total, for Street Outreach. These are highly competitive federal grants that generally are awarded to 30 agencies nationally, each year. The grant helps to provide funding for more street outreach for runaway and homeless youth in the community. This grant, combined with the new \$3.2 million federal Housing and Urban Development youth grant, is enormous recognition of the youth work in our community. Our national application for this grant received a rare perfect score of 100.

New FUND: Oregon Community Foundation/Joseph C. West Foundation: Thanks to the good work of our grant writer, Laurel Glenn, we received an additional \$40,000 from the Joseph C. West Foundation and another \$50,000 from Oregon Community Foundation, to help house and serve wildfire victims in the Santiam Canyon.

New FUND: Congressionally Directed Spending. I won't call this a "done deal" until President Biden signs the budget, but we received phone calls this week from field staff for both Senator Merkley and Senator Wyden. Both of our asks from Congressionally Directed Spending were written into the Senate Committee Bill. We are scheduled to receive \$1.2 million for our veterans' shelter project, and \$1 million for the motel project. The \$1 million for the motel will go to build out a new commercial kitchen, dining area, and for an elevator to improve ADA access. We have options on the veterans' shelter piece. We will explore those more with the board as we go forward. At this point, it's 98% likely we're going to receive these two funds. Nothing that wasn't written into the CDS bills will be funded, and short of some extraordinary event both will be available to us in March of next year. That is perfect timing, because our architect is moving forward with the renovation plans we have for the motel, and those should be in position for construction in early Spring. I'm very thankful for all the work that went into this heavy ask of our federal Senators. It is highly unusual for a non-government entity to be awarded two projects in this process, but the nature of both asks reflect the priorities of the community, which helped quite a bit.

NEW FUND: The Kaiser Permanente (KP) national board will meet in early December. At that meeting they will approve a special pilot project grant to us in the amount of about \$1.5 million. KP has run this particular pilot project before, in San Francisco and Portland, but this is their first attempt through a single local agency in a small metro environment (You may recall that this same pilot awarded Portland \$5.1 million to house 300 seniors back in January of 2020). It's also the only one they are funding this year in the Pacific Northwest. We have developed a relationship with KP that goes back years. They were our corporate

sponsor for entry into the national Built for Zero initiative. They have provided us with more than \$200,000 to run client services at Redwood Crossings, which is our partnership Permanent Supportive Housing project with the Salem Housing Authority. And now they want us to run their “Project HOME” pilot. The “inclusion criteria,” are people using the local KP emergency room or non-KP members who have had frequent emergency department use in the past year. Big insurer and health providers like KP are coming to understand that their health costs are a direct reflection of housing insecurity. Locally, four years ago, we started a metric on the homeless population called FUSE (Frequent Users of Service Engagements), which tracks how many time someone has been to an emergency room in the past year. That work was the precursor to this work. This fund will house about 120 homeless folks in our region. They are not going to be high needs, permanent supportive housing clients. This is a moderate-need fund, ideally suited as a rapid rehousing program to get people back into their units, employed, and self-sufficient (which fits well within our traditional mission). The prioritization criteria include folks between 30-50 years of age, who have a high probability of remaining housed after intervention, are unassigned to Medicaid/Medicare, and have a recent KP encounter (within six months). The grant period is for 2 years. It will be the single largest private housing fund in our Agency’s history, and one of the largest ever homeless-specific housing funds in Marion-Polk. Project start is scheduled for January of 2022.

ARCHES Inn: The motel will open in November in a limited capacity to shelter wildfire victims. That will fill up most of the first floor. Almost all of these folks were homeless before the wildfire, living in the Canyon in cars up forest roads, tenting in someone’s back yard, squatting in abandoned homes and such. These are generally high needs clients. We have a very large sum from the State of Oregon (about \$3.5 million) just to work with this group, but we are dealing with severe income limitations, criminal histories, substance abuse problems and some level of mental health concerns, beyond the trauma associated with the wildfire itself. It’s going to take some time. We’re looking at selectively opening some rooms on the second floor for homeless persons who have serious medical conditions, and have a high risk of dying during the winter season.

Vaccinations: Due to the continuing gravity of the COVID threat to our operations, our staff, our clients, and our financial security, we implemented a mandatory vaccination policy for high-risk and client-facing staff across the Agency. On October 1st, we had 383 high-risk and client-facing employees subject to the vaccination policy. Of that 383, there are 355 that are now vaccinated, 23 on LOA/FMLA, 1 that resigned, and 4 that were granted accommodations and remained in the workplace. 355 of 383 is (92.6% vaccinated). Of the active employees that are currently working, there are 359 that are in high-risk/client-facing positions. So our vaccination rate among staff in these positions is 355/359, or 98.88%. In the end, we only lost three staff who resigned over the policy. We still have some big decisions left in front of us. The federal large employer mandate will go into effect in January. We don’t have any guidance on that yet. The federal Head Start mandate will come in January as well. Word around the country is that that the guidance is final and should be released soon. We plan to wait until we have all that in hand before taking any additional steps. But this vaccination effort worked exceptionally well, given the challenges we faced.

Oregon Emergency Rental Assistance Program Nearing Completion:

Over the past 14 months, there has been more than half a billion dollars dedicated to emergency rental assistance in Oregon, for those facing evictions. It’s been the largest rental assistance program in state history, and one that had to be deployed under pandemic conditions and largely from scratch, in some cases on the bones of barely adequate state and local distribution systems. Since July of 2020, our Agency has moved more than \$27 million in emergency rental and energy assistance. It’s hard to fathom that number. There was once a time in ARCHES, back in 2016, when we received an additional \$850,000 in state one-time

funds and struggled to spend that in 18 months! Everyone has had to evolve, adapt, and find ways to make this program work. We have helped more than 3,000 households in total in that wave of funding over the past 14 months. This most recent program, the largest and most difficult, began (for us) on July 1, just 113 days ago. That's an average of \$121,121 *a day* that we have sent to renters in need in our community. It's without a doubt been the greatest lift in our history, and it is very close to completion. As of last Friday (10/15) we were 92.73% allocated, and 84.37% spent (checks out the door). We will likely be the first Community Action in Oregon to spend down this fund. The credit for that phenomenal success rests with the COVID Rent Relief Staff, led by program manager Sean Sachs and program coordinator Logan Garcia, and the director of ARCHES Ashley Hamilton. They've saved hundreds, maybe thousands, of households from evictions, in likely what could be the greatest housing loss in Oregon since the 1930s.

Date	In ALLITA							Sent to Finance/Allocated		Finance Only/ Spent	
	Overall apps	Incomplete	Pending Initial Review	Initial Review	Declined	Funding approved	Amount of Fraud	Allocated HHS	Amount	Paid HHS	Payment sent
7/2/2021	2890	1136	1024	82	8	74		77	\$ 776,646.00	31	\$ 322,965.86
7/7/2021	3322	1262	1176	60	13	105		61	\$ 481,680.00	36	\$ 247,720.15
7/16/2021	3606	1284	1291	44	20	329		80	\$ 639,754.00	38	\$ 674,804.37
7/23/2021	3689	1316	1083	51	29	435		98	\$ 855,413.66	62	\$ 852,541.70
7/30/2021	3977	1428	1068	53	45	259		119	\$ 1,003,038.00	100	\$ 882,250.06
8/9/2021	4118	1224	1299	54	78	315		86	\$ 540,976.93	161	\$ 706,489.35
8/13/2021	4021	1046	1323	48	99	805	\$ 501,248.00	100	\$ 656,669.00	141	\$ 553,256.68
8/20/2021	4199	1074	1331	38	104	470	\$ 560,701.00	135	\$ 912,839.72	110	\$ 720,277.00
8/27/2021	4467	1124	1452	39	128	547	\$ 613,182.00	84	\$ 562,449.00	87	\$ 595,029.97
9/3/2021	4749	1177	1530	44	161	581	\$ 648,949.00	142	\$ 1,032,742.06	156	\$ 1,160,181.55
9/10/2021	4944	1209	1549	65	179	628	\$ 692,713.00	109	\$ 846,598.00	106	\$ 822,960.67
9/17/2021	5094	1233	1435	149	183	682		143	\$ 1,064,581.70	165	\$ 1,212,104.59
9/24/2021	5236	1246	1464	125	183	658	\$ 907,687.00	166	\$ 1,128,540.94	168	\$ 1,123,094.10
10/1/2021	5466	1266	1548	168	190	635	\$ 964,000.00	176	\$ 1,300,174.29	197	\$ 1,438,199.62
10/8/2021	5938	1391	1827	109	218	613	\$ 1,132,783.00	158	\$ 1,025,951.68	156	\$ 1,141,702.72
10/15/2021	6666	1394	2401	99	235	525	\$ 1,332,639.00	132	\$ 858,636.17		
								1866	\$ 13,686,691.15	1714	\$ 12,453,578.39
							Total Award		\$14,759,475		
							Total Allocated (10/15)		\$ 13,686,691.15		
							Percent Allocated (10/15)		92.73%		
							Total Spent (10/8)		\$12,453,578.39		
							Percent Spent (10/8)		84.37%		
							Average Payment		\$7,334.77		
							Projected Spenddown		29-Oct		

Head Start in Polk County: The COVID conditions are improving. Head Start will thus begin returning to more normal and fully scaled operations. We plan to start that effort in Polk County. Right now, Dallas has a morning Head Start class with 17 children, and the regular Early Head Start (EHS) class with 8. Independence has a morning Head Start class with 17 and the two regular EHS classes with slots for up to 16 (not currently full). Edgewater has a duration Head Start class with 17, and we are also serving 5 West Salem children at Middle Grove (being bused until we can serve them at Edgewater PM), and the regular EHS class with 8 more children. We're looking at a full November 29th reopening for any additional Polk County classrooms.

Director's Office Additions: Laurel Glenn has accepted the position of Development Director. She starts on Monday, October 25th. Laurel has been with us about a year, working as our primary grant writer. In that role she's brought in about \$774,223 in new money on her own (not including other grants she consulted on across the agency). Laurel is originally from Kentucky, and she's a master's level graduate of Oregon State. She will still continue to do our grant writing, and add in some more classic development work as well. To support that effort, we have added a Social Media and Marketing position, which will also begin on Monday, October 25th. That position will

be filled by Dustin Steinhoff, who is moving to Salem from Missouri. Finally, Jade Wilson is joining the Agency as our new Executive Assistant. She comes to us from Lane County, where she has been working for Lane County Parole and Probation. She will lend administrative support to our COO Helana Haytas and me, as well as providing some support for the Development Department.

New Board Additions: Jasmine White, the Executive Director of Capital Community Media here in Salem, is set to join our board this month, as is Zaida Ramirez, who will be the new Policy Council Representative, replacing Candi House who has served as our Head Start Policy Council representative for the past year.

**Chief Financial Officer Report
To The Community Action Agency Board
Kaolee Hoyle, Chief Financial Officer
October 2021**

401k Audit

The 5500 was filed on October 15, 2021. The value of plan assets was \$5,523,334 as of 12/31/2020, compared to \$4,380,663 as of 12/31/2019. The plan had total income of \$1,322,667, including employer contributions of \$354,122, employee contributions of \$317,372, and earnings from investments of \$635,516.

Annual Financial Statement Audit

The annual financial statement audit is scheduled for the week of November 29th. We are currently working on the PBC List, and gathering all the necessary documents as well as making year-end adjustments.

Payroll Filings

All payroll deposits have been made timely.

MWVCAA

July 2021 and June 2021

	7/1/2021 - 7/31/2021		6/1/2021 - 6/30/2021	
Grant and awards	\$ 2,158,139		\$ 16,201,765	
Other program revenue	6,951		9,428	
Contributions	9,394		29,739	
Other revenue	12,303		15,010	
Total Revenue	2,186,787	{a}	16,255,942	{a}
Expenses				
Community resource programs	1,750,494	{b}	11,858,959	{b}
Reentry services	25,646		21,319	
Child care resource and referral network	98,171		129,160	
Energy assistance programs	440,345	{c}	853,813	{c}
Weatherization services	103,548		164,970	
Nutrition first USDA food program	327,336		364,832	
Head start	969,215	{d}	1,431,260	{d}
Home youth and resource center	107,957		93,154	
Management and general	170,168		170,803	
Total Expenditures	3,992,880		15,088,271	
Revenue Over/(Under)				
Expenditures	\$ (1,806,093)	{e}	\$ 1,167,671	

{a} June 2021 had various year-end transactions that were higher than typical months.

{b} Difference in expenses due to the following year-end items:

Hotel & tanners project & other capital outlay of \$6.8million
 Client services of \$3.7 million, the bulk from OERA
 Subrecipient of \$622k

{c} Processed more bills at end of fiscal year, and end of biennium.

{d} COLAs expensed in June, and grant end 640 and 650.
 No school during July, while there is school in June so less expense in July (personnel & operating).

{e} Billing timing:

172 CRP Oregon ERA	(908,337.14)
174 CVSSP	(74,236.09)
179 CRP ESG COC	(162,445.48)



GROVE, MUELLER & SWANK, P.C.

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475 Cottage Street NE, Suite 200 • Salem, Oregon 97301-3814

October 14, 2021

Board of Trustees
Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan
2475 Center Street N.E.
Salem, Oregon 97301

We have conducted a DOL limited-scope audit of the financial statements of the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan as of and for the year ended December 31, 2020 and have issued our report thereon dated October 14, 2021. Professional standards require that we advise you of the following information related to our audit.

Our Responsibility in Relation to the Financial Statement Audit

As communicated in our engagement letter dated June 7, 2021, our responsibility, as described by professional standards, is to conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) except that, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and as instructed by plan management, we did not perform any auditing procedures with respect to information prepared and certified to by Mutual of America Life Insurance Company (Mutual of America), custodian, in accordance with DOL Regulation 2520.103-5, other than comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information that we did not audit, we did not express an opinion on the financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified to by Mutual of America, were audited by us in accordance with U.S. GAAS, and were subjected to tests of the plan's accounting records and other procedures we considered necessary to enable us to express an opinion that they are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

We are also responsible for communicating significant matters related to the audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures for the purpose of identifying other matters to communicate to you.

Planned Scope and Timing of the Audit

We conducted our audit consistent with the planned scope and timing we previously communicated to you.

Compliance with All Ethics Requirements Regarding Independence

The engagement team, and others in our firm, as appropriate, and our firm have complied with all relevant ethical requirements regarding independence.

Qualitative Aspects of the Entity's Significant Accounting Practices

Significant Accounting Policies

Management has the responsibility to select and use appropriate accounting policies. A summary of the significant accounting policies adopted by the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan is included in the notes to the financial statements. There have been no initial selection of accounting policies and no changes in significant accounting policies or their application during 2020. No matters have come to our attention that would require us, under professional standards, to inform you about (1) the methods used to account for significant unusual transactions and (2) the effect of significant accounting policies in controversial or emerging areas for which there is a lack of authoritative guidance or consensus.

Significant Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's current judgments. Those judgments are normally based on knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ markedly from management's current judgments.

The most sensitive accounting estimates affecting the financial statements was that management's estimate of the fair market value of investments is based on the certified statements provided by Mutual of America. We evaluated the key factors and assumptions used to develop the fair value and determined that it is reasonable in relation to the basic financial statements taken as a whole.

Financial Statement Disclosures

Certain financial statement disclosures involve significant judgement and are particularly sensitive because of their significance to financial statement users.

The financial statement disclosures are neutral, consistent, and clear.

Significant Difficulties Encountered during the Audit

We encountered no significant difficulties in dealing with management relating to the performance of the audit.

Uncorrected and Corrected Misstatements

For purposes of this communication, professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that we believe are trivial, and communicate them to the appropriate level of management. Further, professional standards require us to also communicate the effect of uncorrected misstatements related to prior periods on the relevant classes of transactions, account balances or disclosures, and the financial statements as a whole. There were no such misstatements.

In addition, professional standards require us to communicate to you all material, corrected misstatements that were brought to the attention of management as a result of our audit procedures. There were no such misstatements identified.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a matter, whether or not resolved to our satisfaction, concerning a financial accounting, reporting, or auditing matter, which could be significant to the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan's financial statements or the auditor's report. No such disagreements arose during the course of the audit.

Representations Requested from Management

We have requested certain written representations from management, which are included in the attached letter dated October 14, 2021.

Management's Consultations with Other Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters. Management informed us that, and to our knowledge, there were no consultations with other accountants regarding auditing and accounting matters.

Other Significant Matters, Findings, or Issues

In the normal course of our professional association with the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan, we generally discuss a variety of matters, including the application of accounting principles and auditing standards, operating and regulatory conditions affecting the plan, and operational plans and strategies that may affect the risks of material misstatement. None of the matters discussed resulted in a condition to our retention as the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan's auditors.

Other Information in Documents Containing Audited Financial Statements

Pursuant to professional standards, our responsibility as auditors for other information in documents containing Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan's audited financial statements does not extend beyond the financial information identified in the audit report, and we are not required to perform any procedures to corroborate such other information. However, in accordance with such standards, we have read the Form 5500 and considered whether such information, or the manner of its presentation, was materially inconsistent with its presentation in the financial statements.

Other Matters

Our responsibility also includes communicating to you any information which we believe is a material misstatement of fact. Nothing came to our attention that caused us to believe that such information, or its manner of presentation, is materially inconsistent with the information, or manner of presentation, appearing in the financial statements.

This report is intended solely for the information and use of the Board of Trustees and management of the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan and is not intended to be and should not be used by anyone other than these specified parties.

Very truly yours,



CERTIFIED PUBLIC ACCOUNTANTS



October 14, 2021

Grove Mueller & Swank, PC
475 Cottage Street NE, Suite 200
Salem, OR 97301

This representation letter is provided in connection with your audits of the financial statements of Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements, for the purpose of expressing an opinion on whether the financial statements present fairly, in all material respects, the net assets available for plan benefits and changes in net assets available for plan benefits of the Plan in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

We understand that, at our instruction, you did not perform any audit procedures with respect to information prepared and certified to by Mutual of America Life Insurance Company (Mutual of America), the custodian and third party administrator of the Plan, in accordance with the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), other than comparing such information with the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and supplemental schedule taken as a whole. We understand the form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by Mutual of America, was audited by you in accordance with U.S. GAAS, and was subjected to tests of our accounting records and other procedures as you considered necessary to enable you to express an opinion as to whether they are presented in compliance with the DOL's Rules and Regulations for Reporting under ERISA.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material, regardless of size, if they involve an omission or misstatement of accounting information that, in the light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement.

We confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves as of October 14, 2021, the following representations made to you during your audit:

Financial Statements

1. We have fulfilled our responsibilities, as set out in the terms of the audit engagement letter dated June 7, 2021, for the preparation and fair presentation of the financial statements (and disclosures) in accordance with U.S. GAAP, and the notes include all the disclosures required by laws and regulations in which the Plan is subject, including the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).
2. We acknowledge our responsibility for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements, notes, and supplemental schedule that are free from material misstatement, whether due to fraud or error.
3. We acknowledge our responsibility for the design, implementation, and maintenance of internal control to prevent and detect fraud.
4. Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.



5. We are responsible for the estimation methods and assumptions used in measuring assets and liabilities reported or disclosed at fair value, including information obtained from brokers, pricing services, or other third parties. Our valuation methodologies have been consistently applied from period to period. The fair value measurements reported or disclosed represent our best estimate of fair value as of the measurement date in accordance with the requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement*. In addition, our disclosures related to fair value measurements are consistent with the objectives outlined in FASB ASC 820.
6. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of U.S. GAAP.
7. Transactions with parties in interest, as defined in Section 3(14) of ERISA and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from, or payable to, related parties have been appropriately disclosed.
8. All events subsequent to the date of the financial statements and for which U.S. GAAP requires adjustment or disclosure have been adjusted or disclosed.
9. The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the financial statements as a whole. There were no uncorrected misstatements.
10. The effects of all known actual or possible litigation and claims have been accounted for and disclosed in accordance with U.S. GAAP.
11. We have no intentions to terminate the Plan.
12. Guarantees, whether written or oral, under which the Plan is contingently liable to a bank or another lending institution have been properly recorded or disclosed in the financial statements.
13. We have properly reported and disclosed amendments to the Plan instrument, if any.
14. With respect to the drafting of the financial statements performed by you, we have performed the following:
 - a. Made all management decisions and performed all management functions;
 - b. Assigned a competent individual to oversee the services;
 - c. Evaluated the adequacy of the services performed;
 - d. Evaluated and accepted responsibility for the result of the service performed; and
 - e. Established and maintained internal controls including monitoring ongoing activities.
15. We acknowledge our responsibility for the presentation of the supplementary information in accordance with the applicable criteria and we believe the supplementary information, including its form and content, is fairly presented in accordance with the applicable criteria. The methods of measurement or presentation have not changed from those used in the prior period.

Information Provided

16. We have provided you with:
 - a. Access to all information, of which we are aware that is relevant to the preparation and fair presentation of the financial statements, such as financial records and related data, plan instruments, trust agreements, insurance contracts, as applicable, or investments contracts, as applicable, and amendments to such documents entered into during the year;
 - b. Additional information that you have requested from us for the purpose of the audit;
 - c. Unrestricted access to persons within the Plan from whom you determined it necessary to obtain audit evidence;
 - d. All minutes of the meetings or summaries of actions of recent meetings for which minutes have not yet been prepared.
17. All transactions have been recorded in the accounting records and are reflected in the financial statements.
18. Financial instruments with off-balance-sheet risk and financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements.
19. The Plan has satisfactory title to all owned assets that are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed.
20. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.



21. We have no knowledge of any fraud or suspected fraud that affects the Plan and involves:
 - a. Management;
 - b. Employees who have significant roles in internal control; or
 - c. Others when the fraud could have a material effect on the financial statements.
22. We have no knowledge of any allegations of fraud, or suspected fraud, affecting the Plan's financial statements communicated by employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
23. We have disclosed to you all known instances of noncompliance or suspected noncompliance with laws and regulations whose effects should be considered when preparing financial statements.
24. We are not aware of any pending or threatened litigation, claims, and assessments whose effects should be considered when preparing the financial statements and we have not consulted legal counsel concerning litigation, claims, or assessments.
25. There are no other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or loans in default, events reportable to the Pension Benefit Guaranty Corporation, or events that may jeopardize the tax status) that legal counsel has advised us must be disclosed.
26. We have disclosed to you the identity of the Plan's related parties and parties in interest and all the related party and party in interest relationships and transactions of which we are aware.
27. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the Plan.
28. The Plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance, including the release of unallocated shares held in employee stock ownership plans.
29. All required filings with the appropriate agencies have been made.
30. The Plan and the trust established under the Plan is qualified under the appropriate section of the Internal Revenue Code and intends to continue as a qualified plan and trust. The Plan sponsor has operated the Plan and trust or insurance contract in a manner that did not jeopardize this tax status.
31. The Plan has complied with the DOL's regulations concerning the timely remittance of participants' contributions to trusts containing assets for the Plan.
32. The Plan has complied with the fidelity bonding requirements of ERISA.
33. The form and content of the Schedule of Assets (Held at End of Year) are fairly presented in accordance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
34. There are no:
 - a. Nonexempt party in interest transactions (as defined in ERISA Section 3[1] and regulations under that section) that were not disclosed in the supplemental schedules or financial statements.
 - b. Investments in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
 - c. Reportable transactions (as defined in ERISA Section 103[b][3][H] and regulations under that section) that were not disclosed in the supplemental schedules.

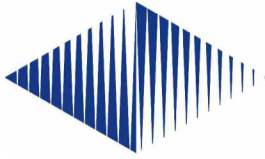
Kaolee Hoyle

Kaolee Hoyle, CFO
Plan Administrator

***MID-WILLAMETTE VALLEY
COMMUNITY ACTION AGENCY, INC.
401(K) PLAN
FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE
Year Ended December 31, 2020***

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
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GROVE, MUELLER & SWANK, P.C.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

www.gmscpa.com

(503) 581-7788 • FAX (503) 581-0152

475 Cottage Street NE, Suite 200 • Salem, Oregon 97301-3814

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan
Salem, Oregon

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes to the financial statements, which was certified by Mutual of America Life Insurance, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2020 and 2019, and for the year ended December 31, 2020, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2020, is required by the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.



CERTIFIED PUBLIC ACCOUNTANTS

October 14, 2021

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments		
Investments at fair value	\$ 5,361,282	\$ 4,232,311
Insurance company general account	112,140	105,136
	<u>5,473,422</u>	<u>4,337,447</u>
<i>Total investments</i>	5,473,422	4,337,447
Receivables		
Notes receivable from participants	49,912	43,216
	<u>49,912</u>	<u>43,216</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 5,523,334</u>	<u>\$ 4,380,663</u>

The accompanying notes are an integral part of the financial statements.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income

Net appreciation in fair value of investments	\$ 632,129
Interest and dividends	1,066
Interest on notes receivable from participants	2,321

<i>Total investment income</i>	635,516
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Contributions

Employer contributions	354,122
Participant contributions	317,372
Rollover contributions	15,657

<i>Total Contributions</i>	687,151
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<i>Total Additions</i>	1,322,667
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	173,607
Administrative expenses	6,389

<i>Total Deductions</i>	179,996
-------------------------	---------

CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	1,142,671
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NET ASSETS AVAILABLE FOR BENEFITS, Beginning of year	4,380,663
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NET ASSETS AVAILABLE FOR BENEFITS, End of year	\$ 5,523,334
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The accompanying notes are an integral part of the financial statements.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2020

DESCRIPTION OF THE PLAN

The following description of the Mid-Willamette Valley Community Action Agency, Inc. 401(k) Plan (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan was first established effective January 1, 2012. The Plan is a defined contribution plan which is qualified as a cash or deferred arrangement under Section 401(a) and 401(k) of the Internal Revenue Code (the “Code”). The Plan covers all permanent employees of Mid-Willamette Valley Community Action Agency, Inc. who have completed at least 700 hours of service during their first six months of employment and are age eighteen or older. If eligibility requirements are not met within the first six months, the computation period shifts to the Plan year. The Plan is subject to the provisions of ERISA.

Contributions

Plan participants are permitted to make elective deferrals of their total compensation up to the maximum amount which will not cause the Plan to violate the provisions of the Plan or cause the Plan to exceed the maximum amount allowable as a deduction to the employer under Code Section 404. The plan utilizes automatic enrollment for those employees who do not elect otherwise.

Agency contributions are made solely at the discretion of the Board of Directors. It is the policy of the Agency to fund contributions to the Plan on a regular basis as soon as participant deferrals are made and employer contributions are elected.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and allocations of (a) the Agency’s contribution, and (b) plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

All investments of the Plan are participant directed.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer’s contribution portion of their accounts is based on years of continuous service. A participant is 50 percent vested after one year of service and 100 percent vested after two years of service. Additionally, a participant will be fully vested upon reaching age 65 prior to termination of employment, or upon death or disability prior to that date.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
YEAR ENDED DECEMBER 31, 2020

DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loan interest rate, determined at the time the loan is taken out, is set at 2 percent above the prime rate, as defined. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or partial distribution thereof, or paid out in installments over a certain period. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

The Plan also provides a participant who demonstrates "financial need" with the option of withdrawing an amount against the participant's vested account balance.

Forfeited Accounts

Under the terms of the Plan, forfeitures of non-vested accounts of terminated employees are to be applied to plan expenses or toward employer contributions. During 2020 and 2019 forfeitures resulting from the distribution of non-vested accounts totaled \$2,051 and \$3,442 respectively.

Administrative and Asset Management

Mutual of America Life Insurance Company provides administrative services and holds invested funds. The Board of Trustees and plan administrator control and manage the operation and administration of the Plan.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
YEAR ENDED DECEMBER 31, 2020

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Pension Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See note regarding discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid directly by the Agency and are excluded from these financial statements. Fees related to the administration of distributions and notes receivable from participants, record keeping and other costs are charged directly to the participant's account and are included in the administrative expenses. Investment related expenses are included in net appreciation/depreciation of fair value of investments.

FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
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Level 2	Inputs to the valuation methodology include <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
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Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
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The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2020.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
YEAR ENDED DECEMBER 31, 2020

FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2020 and 2019:

	<i>Assets at Fair Value as of December 31, 2020</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 5,361,282	\$ -	\$ -	\$ 5,361,282

	<i>Assets at Fair Value as of December 31, 2019</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,232,311	\$ -	\$ -	\$ 4,232,311

INFORMATION CERTIFIED BY THE CUSTODIAN (UNAUDITED)

The custodian holds all investments and executes all investment transactions on behalf of the Plan. Information regarding the value of all cash, investments, investment interest and dividend income and net appreciation/depreciation in the fair value of investments has been certified by the custodian as complete and accurate in accordance with Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Mutual of America Life Insurance Company. Mutual of America Life Insurance Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the plan for the investment management services are included in net depreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Plan made direct payments to the custodian of \$1,473. The Plan Sponsor pays directly any other fees related to Plan operations. Other parties in interest include the Plan's board of trustees, participants, and anyone performing services for the Plan.

INVESTMENT OPTIONS

Participants are allowed to invest in a variety of investment choices as more fully described in the Plan's literature.

TRUSTEES OF THE PLAN

The Plan provides for trustees to be appointed by the Plan sponsor. These individuals are officers or employees of the Plan sponsor.

PLAN TERMINATION

Although it has not expressed any intent to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)
YEAR ENDED DECEMBER 31, 2020

TAX STATUS

The Agency has adopted a volume submitter plan document and is relying on the volume submitter sponsor's opinion letter from the Internal Revenue Service dated March 31, 2014. The letter states that the form of the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the volume submitter sponsor and the plan administrator believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2017.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

In March 2020, a global pandemic was declared related to COVID-19. The resulting market instability caused significant fluctuations in the valuation of the Plan assets. The long-term effect of this market instability is not yet known.

SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued. Management is not aware of any other subsequent events that require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC. 401(K) PLAN
 PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER (EIN) 23-7056987, PLAN NUMBER (PN) 001
 Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
 DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	American Century VP Capital Appreciation	Mutual fund	\$ **	\$ 6,773
	DWS Capital Growth VIP	Mutual fund	**	14,712
	Fidelity VIP Asset Manager Portfolio	Mutual fund	**	2,227
	Fidelity VIP Contrafund Portfolio	Mutual fund	**	15,275
	Fidelity VIP Equity-Income Portfolio	Mutual fund	**	6,249
	Fidelity VIP Mid Cap Portfolio	Mutual fund	**	570
	Goldman Sachs VIT US Equity Insights	Mutual fund	**	284
*	Mutual of America 2015 Retirement Fund	Mutual fund	**	19,968
*	Mutual of America 2020 Retirement Fund	Mutual fund	**	574,338
*	Mutual of America 2025 Retirement Fund	Mutual fund	**	480,097
*	Mutual of America 2030 Retirement Fund	Mutual fund	**	576,593
*	Mutual of America 2035 Retirement Fund	Mutual fund	**	708,163
*	Mutual of America 2040 Retirement Fund	Mutual fund	**	757,218
*	Mutual of America 2045 Retirement Fund	Mutual fund	**	509,479
*	Mutual of America 2050 Retirement Fund	Mutual fund	**	887,522
*	Mutual of America 2055 Retirement Fund	Mutual fund	**	144,138
*	Mutual of America 2060 Retirement Fund	Mutual fund	**	63,471
*	Mutual of America Agressive Allocation	Mutual fund	**	48,830
*	Mutual of America All America Fund	Mutual fund	**	7,292
*	Mutual of America Bond Fund	Mutual fund	**	1,422
*	Mutual of America Composite Fund	Mutual fund	**	19,924
*	Mutual of America Conservative Allocation	Mutual fund	**	8,412
*	Mutual of America Equity Index Fund	Mutual fund	**	59,128
*	Mutual of America International Fund	Mutual fund	**	1,622
*	Mutual of America Mid Cap Value Fund	Mutual fund	**	7,036
*	Mutual of America Mid-Cap Equity Index	Mutual fund	**	29,649
*	Mutual of America Mid-Term Bond Fund	Mutual fund	**	13,123
*	Mutual of America Moderate Allocation	Mutual fund	**	46,540
*	Mutual of America Money Market Fund	Mutual fund	**	7,255
*	Mutual of America Retirement Income Fund	Mutual fund	**	51,021
*	Mutual of America Small Cap Growth Fund	Mutual fund	**	727
*	Mutual of America Small Cap Value Fund	Mutual fund	**	283
	Invesco Oppenheimer Main Street V I Mainstree	Mutual fund	**	2,857
	PIMCO VIT Real Return Portfolio	Mutual fund	**	1,946
	TRowe Price Blue Chip Growth Portfolio	Mutual fund	**	17,095
	Vanguard Total Bond Market I Prt	Mutual fund	**	1,931
	Vanguard VIF Diversified Value Portfolio	Mutual fund	**	21,044
	Vanguard VIF International Portfolio	Mutual fund	**	220,398
	Vanguard VIF Real Estate Index Portfolio	Mutual fund	**	26,670
*	Mutual of America Interest Accumulation	Insurance company general account	**	112,140
*	Notes Receivable from Participants	Interest rates of 4.25% - 6.50%	-	49,912
				\$ 5,523,334

* Denotes party in interest.

** Cost information may be omitted with respect to participant directed investments under an individual account plan.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.</u> <u>2475 CENTER ST NE</u> <u>SALEM, OR 97301-4520</u>	1c Effective date of plan <u>01/01/2012</u> 2b Employer Identification Number (EIN) <u>23-7056987</u> 2c Plan Sponsor's telephone number <u>503-585-6232</u> 2d Business code (see instructions) <u>624100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	KAOLEE HOYLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	447
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1)	275
	6a(2)	347
	6b	0
	6c	194
	6d	541
	6e	3
	6f	544
	6g	531
	6h	47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2F 2G 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <u>1</u> A (Insurance Information)
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.

D Employer Identification Number (EIN)
23-7056987

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>13-1614399</u>	<u>88668</u>	<u>0599211</u>	<u>544</u>	<u>01/01/2020</u>	<u>12/31/2020</u>

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid <u>0</u>	(b) Total amount of fees paid <u>1473</u>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
SEATTLE REGIONAL OFFICE
PLAZA AT YARROW BAY 10230 NE POINTS DRIVE, SUITE 550 KIRKLAND, WA 98033-7808

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>0</u>	<u>1473</u>	<u>PORTION OF INCENTIVE COMP. PROGRAM</u>	<u>3</u>

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	112141
5	Current value of plan's interest under this contract in separate accounts at year end.....	5361281
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶ N/A	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 105136
c	Additions: (1) Contributions deposited during the year	7c(1) 8846
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 1066
	(4) Transferred from separate account.....	7c(4) 0
	(5) Other (specify below)..... ▶ ROLLOVER ;LOAN INT PAY	7c(5) 168
	(6) Total additions	7c(6) 10080
d	Total of balance and additions (add lines 7b and 7c(6))	7d 115216
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 0
	(2) Administration charge made by carrier.....	7e(2) 26
	(3) Transferred to separate account	7e(3) 0
	(4) Other (specify below)..... ▶ FIN ADJ	7e(4) 3049
(5) Total deductions	7e(5) 3075	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 112141

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) –			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.

D Employer Identification Number (EIN)
23-7056987

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS 82 DEVONSHIRE STREET
BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD PO BOX 2600
VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DWS 222 SOUTH RIVERSIDE PLAZA
CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO OPPENHEIMER PO BOX 5270
DENVER, CO 80217-5270

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS

ONE COMMERCE SQUARE,
2005 MARKET STREET
PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	8142	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A Name of plan <u>EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.</u>	D Employer Identification Number (EIN) <u>23-7056987</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER FS1</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5361281</u>
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<hr/>		
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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a	Plan name
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b	Name of plan sponsor	c	EIN-PN
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.	D Employer Identification Number (EIN) 23-7056987	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	43216	49912
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4232311	5361281
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	105136	112141
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation.....	1e	
f	Total assets (add all amounts in lines 1a through 1e).....	1f	4380663 5523334
Liabilities			
g	Benefit claims payable.....	1g	
h	Operating payables.....	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	4380663 5523334

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	2a(1)(A)	354122
	(B) Participants.....	2a(1)(B)	317372
	(C) Others (including rollovers).....	2a(1)(C)	15657
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	687151
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities.....	2b(1)(B)	
	(C) Corporate debt instruments.....	2b(1)(C)	
	(D) Loans (other than to participants).....	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2321
	(F) Other.....	2b(1)(F)	1066
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3387
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock.....	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents.....	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	
	(B) Other.....	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		632129
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		1322667

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	173607	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		173607

f Corrective distributions (see instructions).....

g Certain deemed distributions of participant loans (see instructions).....

h Interest expense.....

2f			
2g			0
2h			

i Administrative expenses: (1) Professional fees

(2) Contract administrator fees

(3) Investment advisory and management fees

(4) Other.....

(5) Total administrative expenses. Add lines 2i(1) through (4)

2i(1)			
2i(2)			
2i(3)			
2i(4)		6389	
2i(5)			6389

j Total expenses. Add all **expense** amounts in column (b) and enter total.....

2j			179996
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Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....

2k			1142671
----	--	--	---------

l Transfers of assets:

(1) To this plan.....

(2) From this plan

2l(1)			
2l(2)			

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GROVE, MUELLER & SWANK, P.C.

(2) EIN: 93-0874157

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan EMPLOYEE BENEFIT PLAN OF MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 MID-WILLAMETTE VALLEY COMMUNITY ACTION AGENCY, INC.	D Employer Identification Number (EIN) 23-7056987	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-3590259

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 0

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

Attachments listed below are currently being reviewed by the Department of Labor for sensitive personally identifiable information and cannot be publicly disclosed at this time:

Attachment Type	Quantity
AccountantOpinion	1
SchAssetsHeld	1



Mid-Willamette Valley
COMMUNITY ACTION

October Board Report: Development Department

Laurel Glenn, Director of Development

Grants

Total amount received: \$774,223

Total amount applied for/that we're queued up to apply for: \$8,307,158

Recent Grant Highlights:

- 1. OCF Community Rebuilding Grant:** We recently received a \$90,000 grant to fund a variety of services for residents experiencing homelessness or who are unstably housed as a result of wildfires in Marion County, including rent/utilities assistance, homelessness prevention, and resource navigation. One of the most exciting parts? We'll also be using this grant to purchase a van to help wildfire survivors get to health and housing-related appointments in surrounding towns.
- 2. Oregon Health Authority Grant:** We received this \$50,000 grant. It will enable us to hire a full-time "Health Assessor" position, to identify potential gaps in our regional homeless delivery system, specifically gaps related to mental and behavioral health. The Health Assessor will also head up a multi-disciplinary committee designed to address these gaps, composed of internal and external representatives.
- 3. Kaiser Permanente Grant:** We were approached by Kaiser Permanente to put in an application for a \$1.5-million-dollar grant for the ARCHES Project. The grant will cover multiple staff positions geared towards system navigation, housing, and health. Jimmy covered this pretty extensively in his report, so I'll just note it briefly—it's an incredible opportunity for us and our region.


Exciting and Upcoming:

1. The USDA has released funds through their Pandemic Response and Safety Program. We are planning to apply to support our ARCHES Fuerza Campesina program, which helps unhoused or under-housed farm workers and their families. Through the grant, we'll be able to purchase equipment and PPE for farmworkers, to help tackle the overcrowded conditions they often face at work and at home.
2. The U.S. Department of Veterans Affairs is releasing \$75 million in capital grant funds to renovate and update transitional housing units for unhoused veterans, and the state ODVA office released funds as well—we'll be pursuing both opportunities for Tanner Project.


Fundraising and the Year End Campaign

With the help of our new Social Media and Marketing Assistant, Dustin, the Development Department is gearing up for year-end giving, preparing a social media campaign across multiple platforms to solicit funds.

Our Emergency Warming Shelters are preparing to activate as October winds down. The Development Department, in partnership with ARCHES, has been working on a series of branded “Warming Materials.”





Warming Shelters: Donations Needed




Community Action's The ARCHES Project needs donations for our Emergency Warming Shelters. Can you help keep our unhoused neighbors warm this winter?

Items Needed:

- Blankets
- Socks
- Gloves and hats
- Warm drinks
- Meals



Please contact X for more information, or drop off donations at Y.



These materials will announce warming pickup spots, solicit donations and funds, and spread awareness about the importance of warming and how it saves lives.

I've very excited to accept the Director of Development position and hit the ground running! Do you have any interest in fundraising? Sharing our work on social media? Helping communicate our mission? Email me at laurel.dixon@mwvcaa.org to get involved! Fundraising is a team effort and I would love to have input from the Board.

**Chief Operations Officer Report
To The Community Action Agency Board
Helana Haytas, COO October 2021**

Agency Recruiting and Hiring

Currently the Agency has 32 open positions, and similar to other businesses, experiencing the pressure of the current labor market. Our hiring managers and HR have doubled down in getting staff hired into all programs, reducing average time-to-hire from 46 days to 42 in the last 30 days. Time-to-hire measures the number of days from the date someone applies to a position to the date they start as a hire. With improvements to our current processes and staffing level in HR, we expect to reduce that by a few more days in coming months. The Agency hired 15 new staff in September and already 20 so far in October, with one more week yet to complete the month. Head Start, HOME and ARCHES have been holding hiring events throughout the month to increase the agency's visibility in the community as a large employer with job and career opportunities.

Staff count

August and September are typically higher turnover months with Head Start staff changing positions before the start of the school year. In September, we had 2 retirements in Head Start, 3 Head Start separations due to the vaccination policy. This month, the Agency has only had 4 separations since October 1st. The Agency has had 36 separations in total since August 1st with 23 from Head Start and 9 from ARCHES, the two largest programs. With 48 hires since August 1st, the agency netted 12 additional staff bringing total to 444 to date in October.

Retirements

The Agency recognized three long-time employees that were hired in 1991 and retired in September. Maria Usoltseff, Head Start Teacher retired with 30 years and 7 months. ARCHES Operations Manager Diane Merry also retired with 30 years and 7 months. And Bus Driver Ronita Shaw retired with 30 years and 8 months. Each were celebrated in a special way by coworkers. Congratulations Maria, Diane and Ronita!

Agency Compensation and Benefits

Most programs and administration have recently reviewed their pay scales to evaluate them for market competitiveness as well as equity factors. These evaluations have, in many cases, resulted increased wages for staff and new employees. This is key to retaining knowledgeable and capable staff to continue to support service delivery in the community and attracting talent to our Agency.

Safety Update

The Agency continues to use health check surveys, monitoring symptoms and temperatures daily at each site when staff enter buildings. Our quarantine numbers remain low, averaging 3-5 staff per week. With the recent vaccination mandate, the vaccination rate for staff in high risk positions is now above 90%. The Agency granted exemptions to the vaccination mandate for medical or sincerely held religious beliefs that included temporary leave of absences and modifications to work areas, with added PPE.

Community Resource Program



THE ARCHES PROJECT

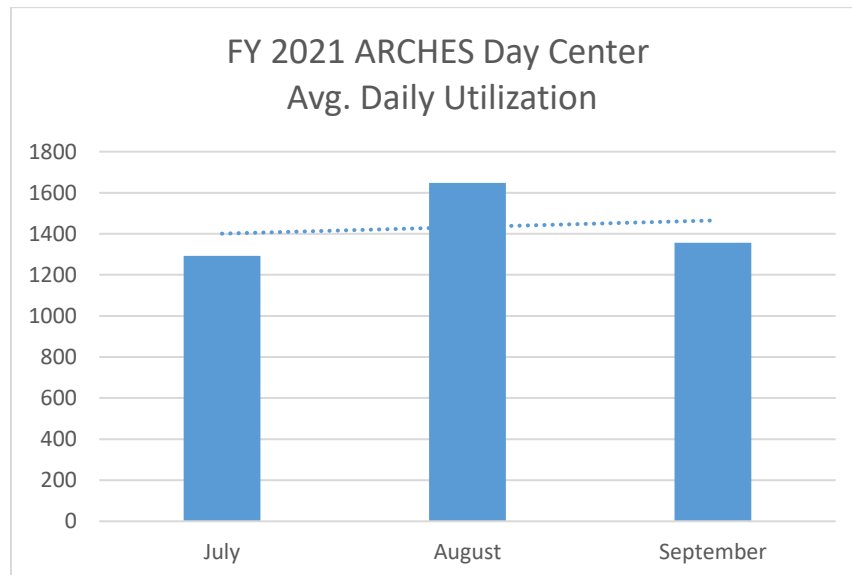
615 Commercial Street NE
Salem, Oregon 97301

CRP Board Report – October 2021

CRP administers MWVCAA’s homeless services and housing programs in Marion and Polk Counties. These programs are commonly called the “ARCHES Project.” Our services are located at 615 Commercial Street in Salem, as well as at the Dallas Resource Center in Polk County, Seymour Center in Salem, and the Santiam Outreach Community Center in Mill City.

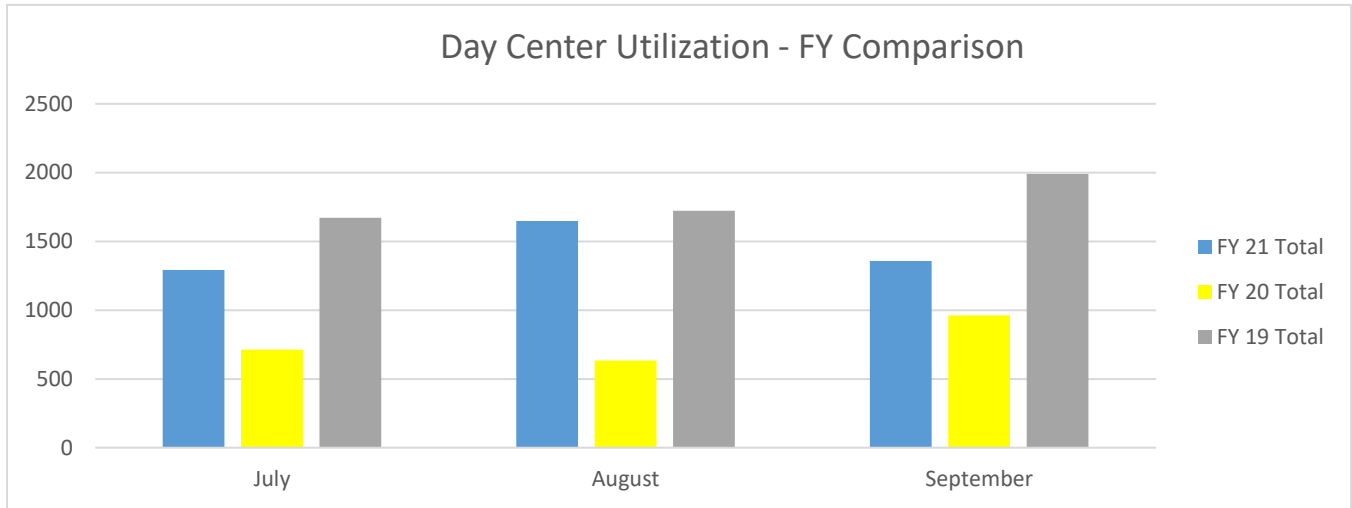
ARCHES Day Center:

Since opening day, the total number of duplicated Day Center visits is 59,563 - with an average daily attendance rate of 69. Since beginning of FY 2021, the Day Center has seen a steady increase in utilization over FY 2020. During **August 2021**, ARCHES saw its highest Day Center attendance since February 2020 with **1,648 visits**. This is likely attributed to increasing Day Center capacity to 52, as well as opening for the August 2021 heatwave.



Community Resource Program

Since July 2021, the Day Center has seen a steady increase in utilization in comparison to FY 2020. This trend has remained consistent over the first quarter of the fiscal year and is likely to continue heading into the winter months and as a result of extended operating hours.

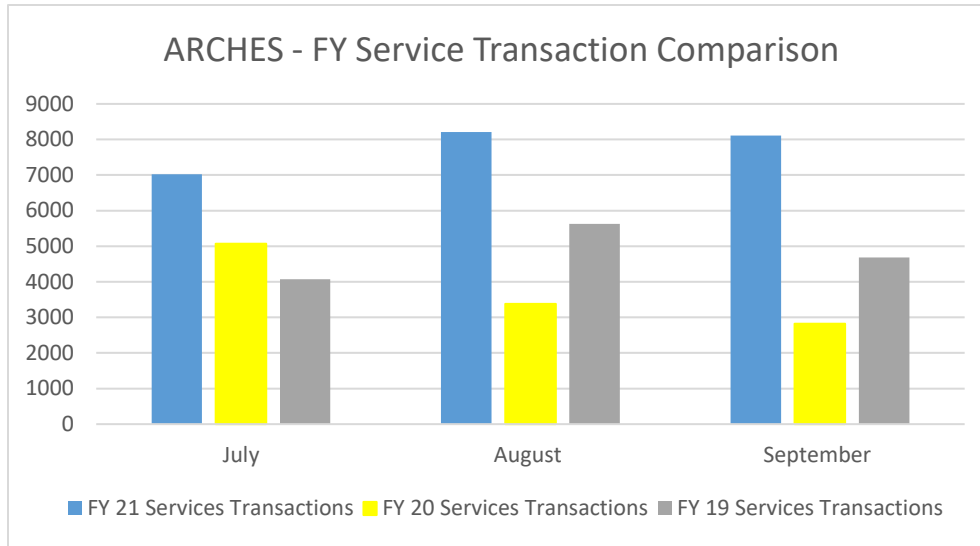


ARCHES Basic Needs & Supportive Services:

Current utilization of Day Center Supportive Services continues to grow, especially in comparison to FY 2020 and FY 2019. In all, during Quarter one (Q1) ARCHES saw **23,349 supportive service transactions**. This is a 38% increase from Quarter one of FY 2020 and shows an increased number of individuals seeking services. This is likely attributed to the onboarding of additional ARCHES staff for ease of access, and the development of additional service provisions. The majority of Supportive Services provided in (Q1) were in the meal category, **including, breakfast, lunch, and evening meals** -- at 74%.

Basic Needs & Supportive Services									
Month	New client Mail Boxes	Checking Mail	Meals	Calls	Pet Food	Hygiene Packs	Showers	Laundry	Client Care
July Total	49	1008	5216	178	41	54	217	85	178
August Total	50	1073	6089	398	78	55	198	87	182
September Total	58	995	6025	405	57	64	175	170	164
FY 2021 Total	157	3076	17330	981	176	173	590	342	524
FY 2020 Total	496	11871	37078	9066	559	642	2293	863	1534
FY 2019 Total	735	11685	22326	16505	793	371	605	105	305
FY 2018 Total	750	9908	23145	17505	1863	403	N/A	N/A	N/A

Community Resource Program



Program Highlight: AHOP

The ARCHES Housing Opportunity Program (AHOP) provides housing services linked with voluntary case management for individuals and families who are homeless, at imminent risk, or fleeing domestic violence. AHOP provides client-centered services with a focus on low barrier entry into the program.

AHOP leverages five funding sources under one centralized program model. These funding sources are:

1. HOME TBA program (TBA)
2. Emergency Housing Assistance (EHA)
3. Elderly Rental Assistance (ERA)
4. HUD Continuum of Care (CoC)
5. City of Salem – Tenant Based Rental Assistance (TBRA)

AHOP Housing Program 2020-2021. The Table below lists the grants utilized and the total households served during FY 2020 (July 1, 2020-June 30, 2021).

Grant Name	Households Served	Adults	Children	Total Unique Served
Home TBA	107	148	167	315
TBRA	12	16	6	22
ERA	4	4	0	4
CoC	90	121	209	293
EHA RRH	62	13	5	175

Community Resource Program

The City of Salem – Tenant Based Rental Assistance grant was one of the most recent grants awarded to AHOP. To date, we have successfully housed a total of 13 households in the City TBRA program.

Successes:

- The Oregon Housing and Community Services (OHCS) recently conducted a monitoring review for our EHA grant. There were no findings.
- AHOP recently hired a housing navigator who will be working with clients during the housing search phase, increasing success into placement. The housing navigator will also be working to build relationships with landlords and promoting AHOP supports.
- HUD CoC grant renewal was submitted to MWVHA. If approved by the CoC board, AHOP will be awarded a renewal grant of \$183,600 for Rapid Re-Housing.

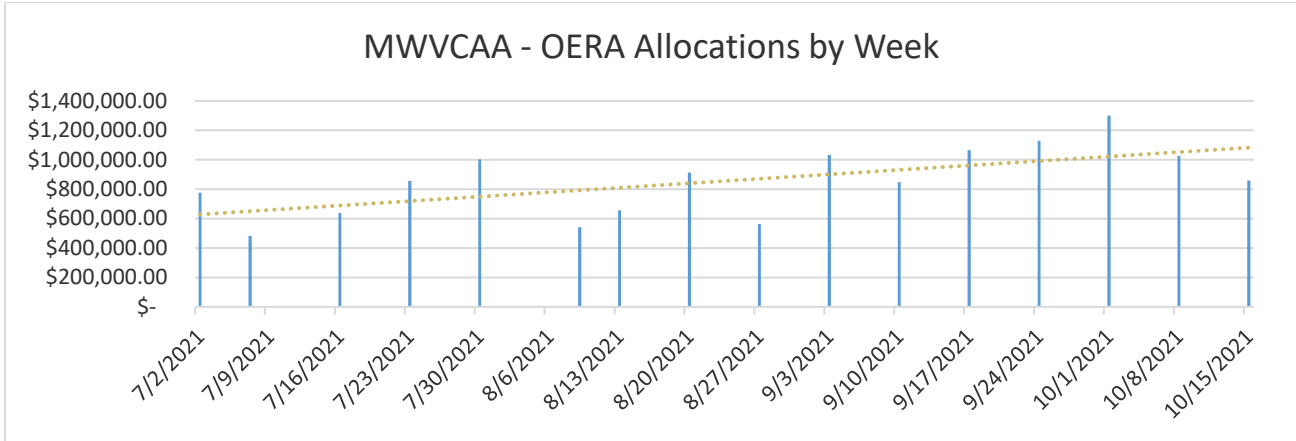
MWVCAA – COVID Rent Relief Program

Currently, ARCHES has almost fully spent down the third wave of COVID funding. This last pot of money is known as the **Oregon Emergency Rental Assistance (OERA)**. The final allocation to MWVCAA was **\$15,059,475**, dedicated to Marion and Polk households who were impacted by COVID 19 (and facing housing instability). Each applicant has been filtered through a statewide application portal known as ALLITA. The state portal system creates some barriers for clients, especially for those who do not speak English or Spanish as their primary language, who have limited access to technology, or whom live in very rural areas. To assist clients during the application process, and to assure accessibility and prevent as many evictions as possible, MWVCAA, also has:

- hired a team of staff to answer phone and email inquiries,
- has staff present at each Marion County eviction court hearing, and
- provides paper applications in multiple languages.

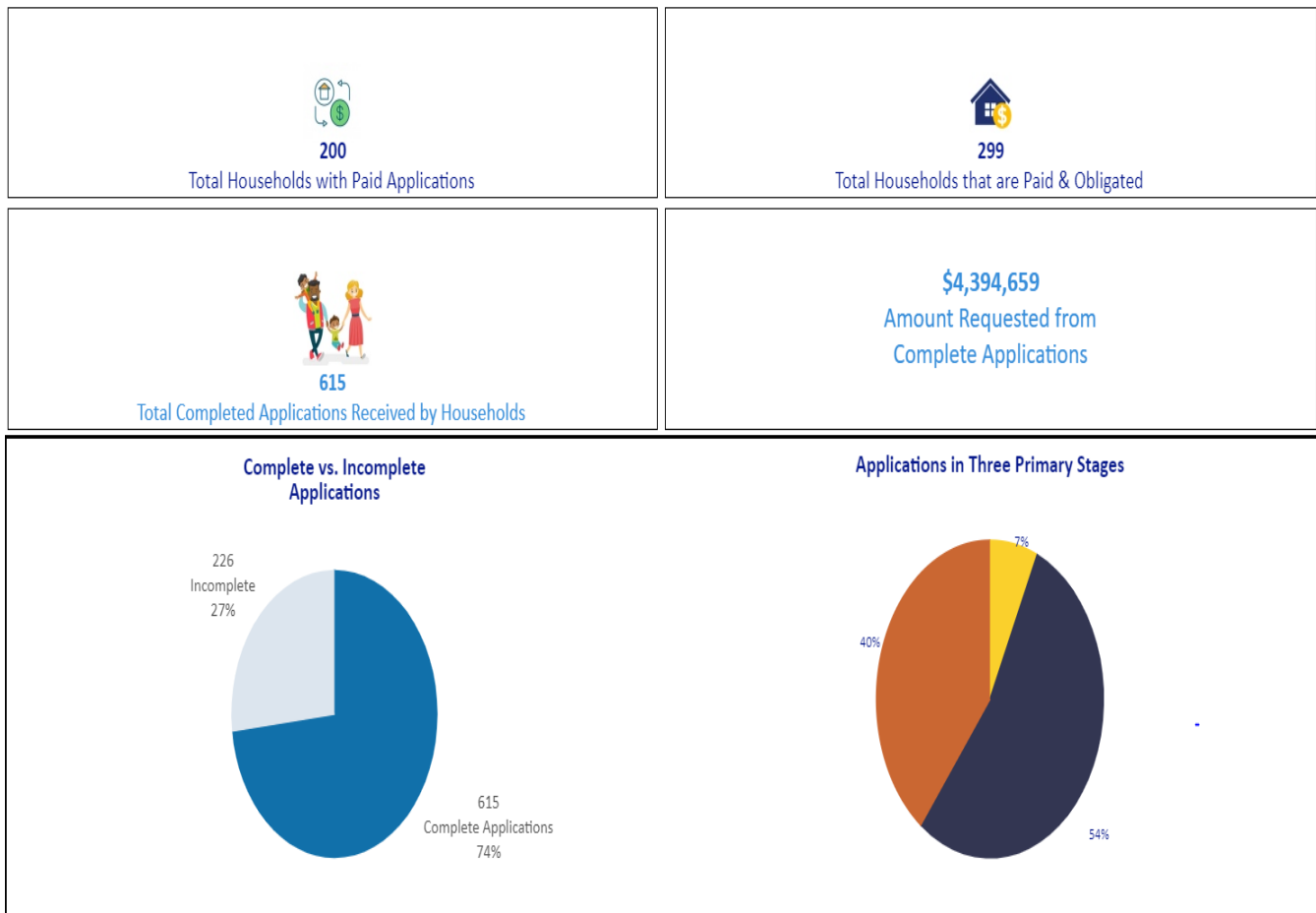
Since beginning the OERA in July 2021, **1,866 households** have been served in the program, **totaling \$13,686,691.15 in assistance**. To date, 4,800 households remain in que for assistance, however, and will likely be served via a second round of OERA funding. In all, MWVCAA has \$1,706,851 remaining to be allocated from OERA, with an anticipated full spenddown date of 10/31/21. MWVCAA will be one of the first (likely the first) Community Action in the state to fully spend down this grant.

Community Resource Program




In addition, OHCS compiles by-county data on households entering the ALLITA portal, as well as those being served. Data is roughly 1-2 weeks behind MWVCAA submission but provides a good snapshot of need by county. Overall, **\$27,384,807** in rental/ utility assistance has been requested; far beyond the \$15 million MWVCAA was allocated, highlighting the ongoing stabilization needs of the community.

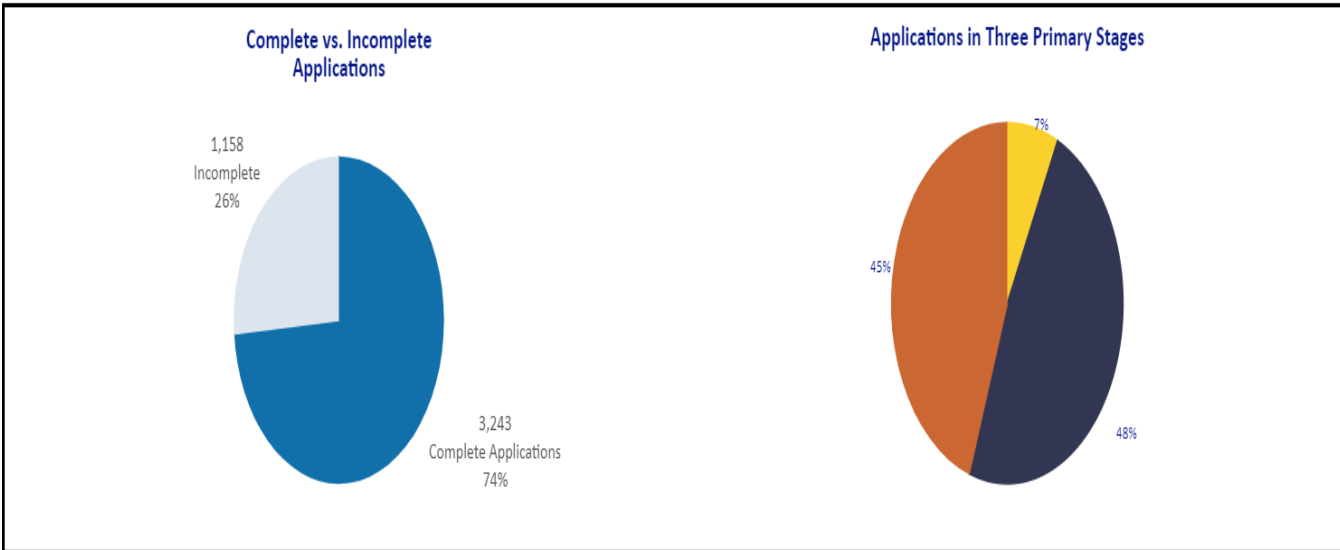
Polk County:



Community Resource Program

Marion County:

 1,298 Total Households with Paid Applications	 1,845 Total Households that are Paid & Obligated
 3,243 Total Completed Applications Received by Households	\$22,990,148 Amount Requested from Complete Applications



Client Success Stories: Tanner Project

“Upon first meeting my client they expressed a desire to go to a drug rehabilitation program through the VA. We began working on the process to get them into the program, but during this time they had surgery and began drinking heavily. Alcohol was found in their bedroom and a discussion was had with them about the alcohol on site. They stated it wouldn’t happen again and they were placed on a behavior modification contract. They continued to be regularly intoxicated when coming home. While off-site drinking they were found unconscious and had to be rushed to the hospital. Tanner Project supported them while they were in the hospital with daily check-ins. They were able to detox and expressed a desire to continue to be sober upon discharge. Due to physical mobility issues, the client had to go to a physical rehabilitation center through the VA. Tanner Project continued advocating for them

Community Resource Program

and providing case management while they recovered. While in the physical rehabilitation center Tanner Project learned that this client might not be admitted into the drug rehabilitation program they had been working toward. Tanner Project advocated for the client to be accepted into the program. The client was discharged from the physical rehabilitation center back to Tanner Project. They have since continued to be sober and have been accepted into the drug rehabilitation program of their choice. They continue to meet with their behavioral health coordinator regularly and have been given an entry date into their desired program. They often state how grateful they are to Tanner Project and its staff for supporting them through this difficult time in their life”

- Erin McDermott – ARCHES Behavioral Health Coordinator

“Marcos entered GPD (Tanner Project) after living in the woods. Marcos unfortunately lost his previous housing due to ongoing verbal altercations with neighbors. Since GPD entry, Marcos accessed EHA Vet DRF funds for veterinary care on his dog Buster. Marcos meets with his case manager regularly to assist him with staying on track with his case plan which includes; Individual Service Plan (ISP), SMART Goal Planning and develop monthly budgets. Marcos has been able to pay off his debts. Marcos is pleased with the progress and increasing his credit score. His long-term goal is to access a VA home loan to purchase a home. Marcos meets with his Behavioral Health Coordinator to develop a case plan to manage his mental health symptoms and alcohol use. Marcos is able to use coping/distraction techniques to manage his symptoms and decrease his alcohol consumption by walking his dog, going to the gym, utilizing a scholarship he received for martial arts training and building a support system.”

- Michelle Justice – ARCHES Behavioral Health Coordinator



ARCHES Housing & Specialty Programs:

For the 2021 Fiscal Year, ARCHES continues to report monthly on households and individuals served by our housing stabilization programming. This data is represented in two categories. The first category, focusing on ARCHES housing programming (*Table 1*), outlines our prevention services, rental assistance, barrier removal, and deposits. The second category is specialty programming (*Table 2*), which is inclusive of services that provide basic need supports, as well as self-sufficiency development.

During the month of September, 122 households (389 persons) received housing support. Including 52 new housing placements, as well as 7 households exiting into self-sufficiency, meaning they are able to live independently of ARCHES

Community Resource Program

assistance moving forward. There were also 42 households on active housing search and working closely with staff for placement. Since tracking began in July 2019, 569 households have exited ARCHES programing into permanent housing solutions.

September Data:

ARCHES Housing Programs Table 1										
Core Programs	New Households Served	Avg VI-SPDAT Score	Adults	Children	Households Searching	Total Households in Housing	Household PH Exists	Marion Households	Polk Households	Total Unique Served
Home TBA	0	7.9	31	28	10	15	1	5	10	59
ERA	0	0	0	0	0	0	0	0	0	0
HUD CoC	0	0	0	0	0	0	0	0	0	0
City of Salem - TBRA	6	10.6	21	24	0	14	0	14	0	45
EHA	0	0	0	0	0	0	0	0	0	0
DHS Fresh Start	9	9.3	13	6	9	0	0	9	0	19
DHS Navigators	3	9.3	6	2	3	0	0	3	0	8
HSP	27	9.8	34	55	5	3	5	23	4	98
Redwood Crossing	0	11	30	0	4	30	0	30	0	30
OHA-VRAP	0	9	45	5	4	33	0	31	2	50
Tanners Project	1	8.2	19	0	3	0	1	19	0	19
VET DRF	3	7.2	30	4	3	13	0	19	3	30
EHA	3	7.6	22	1	1	14	0	15	1	31
Clients Served	New Households Served	Avg VI-SPDAT Score	Adults	Children	Households Searching	Total Households in Housing	Household PH Exists	Marion Households	Polk Households	Total Unique Served
September Served	52	6.9	251	125	42	122	7	168	20	389

ARCHES specialty services engaged 913 households in this most recent period (September 2020). The two most common services are VSO assistance (veterans) and *Fuerza Campesina* Outreach (the farm worker program). To date, 17,383 households (duplicated) have connected with ARCHES specialty services since July 2019. At the end of Quarter one, 808 households engaged with the Veteran Service Office, 640 mobile showers were accessed, over 1,009 outreach engagements were completed, and 296 housing assessments were performed.

ARCHES Specialty Programs Table 2							
Specialty Programs	Households Served	Adults	Children	Veterans	Fleeing DV	BIPOC/LatinX Individuals	Total Unique Served
Marion County VSO	312	312	0	312	0	N/A	312
RENT	12	12	1	0	0	0	13
Birth Certificates	2	2	0	0	0	0	2
Coordinated Outreach	127	1	128	5	0	16	127
Mobile Showers	158	158	0	N/A	N/A	N/A	158
Fuerza Campesina	302	302	63	0	0	365	365
September Served	913	787	192	317	0	381	977
Coordinated Entry	87	103	76	6	5	N/A	179
Coordinated Entry - September TOTAL	87	103	76	6	5	0	179

Community Resource Program

LOOKING AHEAD:

- ARCHES will open the newly acquired (and named) “ARCHES Inn” in Mid-November. Plans are underway to transition current wildfire impacted households into residency for phase 1 of operations. (We are currently supporting 25 wildfire households with scattered site sheltering). The program is actively hiring 14 FTE to provide onsite case management, custodial support, and shelter support. Remodel designs are pending with 1.5 million slated for phase 1, and an additional 1 million for phase two. Both phases are being financed from state and federal congressional earmarks.
- Research and development continues for the City of Salem partnership for the onboarding of Salem’s first **Navigation Center**. Design plans are pending, with remodel expected to begin in early 2022. ARCHES plans to hire and prepare for opening by Spring of that year.
- Healthy Homes is a health and housing focused project sponsored by Kaiser Permanente. Contracts are pending, with a January 2022 start date. ARCHES will be awarded 1.5 million to house medically fragile unsheltered individuals and provide health navigation, as well case management support. This project is centered around harm reduction models and a Social Determinants of Health framework. This new project is a national pilot study being conducted by KP, with ARCHES as the only selected project in the northwest United States.
- \$3.7 million dollars was allocated to ARCHES in the form of a Wildfire Recovery and Resiliency program (WRRRA). These funds are the most flexible funds ever to be distributed to ARCHES from Oregon Housing and Community Services. Any household who lost their housing (i.e brick and mortar homes, apartments, and RVs) to the 2020 wildfires is eligible for WRRRA financial support. There is no income requirement and the amount of assistance available per household is unlimited. OHCS’ and ARCHES’ primary goal with WRRRA is to provide gap funding to enable households to restablize, especially in instances where FEMA and insurance supports don’t

ARCHES Project Job Fair!

Come down to 1288 Hawthorne Ave NE Salem, OR 97301 to apply and have a same day interview on October 15th, 2021 between 1pm-3pm!

Positions available:

Shelter Assistant (Hotel) - Full Time
Residential Site Assistant (Redwoods Crossings) - Full & Part time
Emergency Shelter Assistant (Warming) - On Call

We look forward to seeing you!



Community Resource Program

compenstate for the full need. WRRRA is actively hiring 6 FTE and plans to be fully operational by December 2021.

- HR has been working closely with ARCHES to host weekly hiring fairs, both promoting programming and quickly hiring for the department's hiring needs.

Warming Shelter Sites

Need a safe place to stay when the weather gets colder?

Community Action's ARCHES Project can help.

Shelter sites, activated when the temperature dips 32 degrees:

**Salem First Presbyterian Church
770 Chemeketa St NE, Salem, OR 97301**

**South Salem Friends Church
1140 Baxter Rd SE, Salem, OR 97306**

Mats, blankets, and warm drinks provided. Shuttle service available.

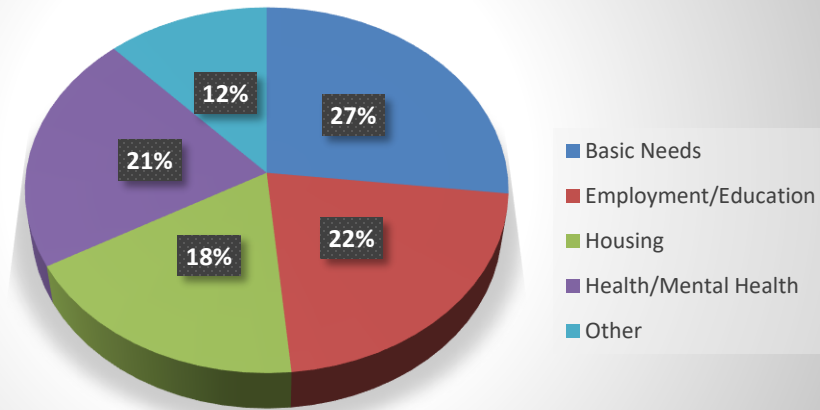


De Muniz Resource Center

April Cox, Director

October 2021

How the De Muniz Resource Center Served Clients in September



Opportunities/Challenges

- ❖ De Muniz Resource Center served 93 clients in September, with 244 services provided.
- ❖ Sixty-nine percent of the clients served in September were adults in custody versus community clients (31%).
- ❖ This month 18 clients (22 occurrences) took advantage and attended our cognitive based classes. The classes covered the following topics:
 - Emotional Regulation
 - Maximizing strengths
 - Parenting skills
 - Problem solving
 - Healthy Mindframes
 - Mindfulness minutes
- ❖ DMRC assisted 7 clients with bus passes this month.
- ❖ Our partnership with Northwest Human Services yielded 34 clients completing their enrollment for Oregon Health Plan prior to release (from incarceration).
- ❖ We are back to offering a weekly volunteer-lead Narcotics Anonymous meeting for male adults in custody. Six clients attended meetings this month.
- ❖ We were selected to present on a panel at the WORKing Together Conference in Bend. For this presentation, we will present with Willamette Workforce Partnership, IS Living, South Coast Business Employment Corporation, & Community Services Consortium. The presentation will highlight the successes of the specialized (employment) grants serving clients with significant barriers.

De Muniz Resource Center

April Cox, Director

October 2021

- ❖ The main challenges we have revolve around the challenges from the pandemic and recruiting staff to fill vacancies.

Success Story

A.C. is a client that initially was not particularly open to receiving the help he was being offered. He was confident that he could find employment and housing on his own. After spending more time working with our Housing Navigator and Employment Navigator, he realized that it couldn't hurt to open himself up to more support and assistance.

A.C. began working with our Housing Navigator to find second-chance friendly housing in an effort to create the stability he would need to reunite with his family. In order to maintain this stability and self-sufficiency, A.C. would need to secure full-time employment as well. He began to work with our Employment Navigator where they created a resume and engaged in services at WorkSource Oregon. A.C. was able to obtain employment and is well on his way to securing stable housing.

Submitted by Employment Navigator

CCR&R PROGRAM REPORT
Shannon Vandehey-Program Director
October 2021

Opportunities:

- **GO Kids Grant opportunity.** Grant was submitted in August. Jimmy, Lauren and I were contacted by a representative for an interview at the end of September. This was for a mobile Lending Library and online check out system for books and equipment for child care programs.
- **City of Salem Child Care Grant:** Partnering with CAA, Marion & Polk Early Learning Hub, Small Business Development Center and Chemeketa ECE in developing a business/economic cohort of child care training for eligible awardee's. We decided due to time constraints and capacity, that we are only going to run the business cohort. Final ask was for \$40,000. Submitted proposal to Zoomgrant system and are awaiting finalization and signatures. Grant ends June 2022.
- **Rotary of Salem Good Works Large Grant opportunity:** Submitted application for the maximum \$60,000. CCR&R and Marion & Polk Early Learning Hub would like to bring "shared services" to child care providers in the Salem area. The platform is through Wonderschool, which is currently being piloted by several CCR&R's in the state to support child care providers with business tools, taxes, invoicing, billing, marketing and even insurance etc.
- **Supporting the needs** of child care providers by adding 1 hour Health Safety and Nutrition training monthly, in response to the Early Learning Division/Office of Child Care Licensing requirement for this Core Knowledge category to be included in training needed for license renewal.
- **Supporting the needs** of child care providers by developing a suite of foundational social/emotional self assessments that are paired with goal setting, in 3 categories (for example, Environments). This will primarily be used by our Quality Improvement Specialists in support of programs who are experiencing children with challenging behaviors. Along with this foundational support will be a suite of trainings that align with the above. So far it has been super successful and we are real excited to see the data that comes out of it.

Challenges:

- **New Covid Variant:** We had to go back to virtual training only by ELD mandate. We are also not allowed to go into child care programs for the time being. Must be all virtual support or porch drop off. We are well versed with this, as well as with online training and have been continuing this option anyway. This hasn't caused any disruption, as we were primarily working this way anyway.
- **CCRR's still have not received their state contracts that should have begun July 1.** Received notice on Oct 13th that contracts are almost done at the state level and will be sent out as soon as possible for review and signature.
- **Director and Associate Director** will be sharing the work in training our newest Quality Improvement Specialists in Foundations of Essential Fellowship. This is a 36 hour training that will span several months in 3 hour sessions. The state is requiring this training. Both Jenna and I went through months of Training to be certified to be able to present this to staff. This is mainly about foundations of coaching, data dialogues, and supporting early childhood program in team lesson planning and collaborative groups. Planning this and implementation will be a challenge but it was extremely helpful that we both attended so we can share the load.

Energy Services September 2021 Program Report

Traia Campbell, Energy Director

Executive Summary of Activities (Numbers served/service units/outcomes)

Energy Services households served in September 2021

2021 SEPTEMBER

Funding	HH	People	>6	60+	Disabled	@ or below 75% of poverty		Ave HH pmt
LIHEAP	325	885	131	93	97	140	43% of HH's served	\$674
LIHEAP ARPA	725	1890	218	285	298	298	40% of HH's served	\$389
LIHEAP CARES	981	3211	351	255	231	379	39% of HH's served	\$157
OEA PGE	0	0	0	0	0	0	out of funding	\$0
OEA PP	29	63	5	10	13	11	38% of HH's served	\$777
OLGA	89	279	29	28	27	29	33% of HH's served	\$467
GAP	0	0	0	0	0	0	out of funding	\$0
Total	2149	6328	734	671	666	857	40% of HH's served	\$493

2021 PROGRAM YEAR - OCT 2020 - SEPT 2021

Funding	HH	People	>6	60+	Disabled	@ or below 75% of poverty		Ave HH pmt
LIHEAP	5268	14026	1565	2269	2186	1958	38% of HH's served	\$402
LIHEAP ARPA	1932	5201	612	771	795	784	41% of HH's served	\$390
LIHEAP CARES	987	3242	408	240	256	380	38% of HH's served	\$555
EASCR	2166	6842	838	674	751	817	38% of HH's served	\$733
OEA PGE	2784	7994	869	1065	1038	993	32% of HH's served	\$569
OEA PP	561	1421	151	270	235	186	33% of HH's served	\$518
OLGA	1016	3097	309	438	355	358	35% of HH's served	\$427
GAP	255	851	90	79	70	98	38% of HH's served	\$118
Total	14969	42674	4842	5806	5686	5574	38% of HH's served	\$513

Energy's 2021 program year ended Sept 30, 2021. OEA PGE funds were fully allocated at the end of July and existing OEA PAC, LIHEAP and LIHEAP ARPA funds will roll over to PY 2022. The first LIHEAP 2022 allocation is expected to be the same as 2021, Oregon received \$26 million in PY 2021. LIHEAP funds are typically awarded to states between the middle of October & November. OEA PGE & PAC funding is expected to be released the first part of October.

Energy's outreach efforts continue to be a priority. In September, PGE sent 152 referrals, over 35% were new clients or had not recently received assistance. Referrals were not received from Pacific Power in September, their referral program began this month referrals are expected to be received in October. Energy's Outreach Specialist is attending local SIT meetings and community events providing information on available funding and program eligibility requirements.

OHCS has extended the start date for the Low Income Home Water Assistance program (LIHWA) to January 2022. Energy is reaching out to local water vendors, introducing the new program and explaining the vendor agreements. Energy currently works with City of Salem verifying eligibility for their rate reduction program for senior and/or disabled customers. The need for water assistance continues to grow, some customers monthly water bills exceed their heating/cooling bills.

LIHEAP Cares program ended 9-30-21, Energy fully expended the allocation but there was a remaining statewide balance that would have had to be returned. OHCS chose to complete supplemental payments with the remaining LIHEAP Cares funding. Energy received \$154,017 and assisted 1004 clients with vendor payments of \$157 (\$78.50 if original payment was split between primary and secondary heat sources). Of the 1004, 809 were PGE customers, 60 Salem Electric, 60 Pacificorp, 55 NW Natural and the remaining 20 to small vendors. A small percentage of accounts were found to be inactive at time of payment, we are identifying these inactive accounts, payments will be voided and returned to OHCS.

Many residents of Marion and Polk counties are struggling with large utility account balances. In an effort to stabilize households, OHCS authorized overage payments for clients with large account balances that exceed the payment matrix. A total of 56 overage payments were completed in September totaling \$117,422, the average payment amount was \$2,097.

Polk Co completions on page 2.

2021 SEPTEMBER POLK CO

Funding	HH	People	>6	60+	Disabled	@ or below 75% of poverty		Ave HH pmt
LIHEAP	47	123	16	20	16	21	45% of HH's served	\$536
LIHEAP ARPA	85	197	19	41	44	32	38% of HH's served	\$394
LIHEAP CARES	87	268	36	30	27	35	40% of HH's served	\$157
OEA PGE	0	0	0	0	0	0	out of funding	\$0
OEA PP	14	38	5	4	4	7	50% of HH's served	\$1,036
OLGA	10	33	10	5	2	1	10% of HH's served	\$465
GAP	0	0	0	0	0	0	out of funding	\$0
Total	243	659	86	100	93	96	40% of HH's served	\$431

2021 PROGRAM YEAR - OCT 2020 - SEPT 2021 POLK CO

Funding	HH	People	>6	60+	Disabled	@ or below 75% of poverty		Ave HH pmt
LIHEAP	542	1,363	151	236	231	204	38% of HH's served	\$396
LIHEAP ARPA	203	516	68	91	89	81	40% of HH's served	\$388
LIHEAP CARES	88	272	42	27	27	35	39% of HH's served	\$543
EASCR	167	552	84	43	52	70	42% of HH's served	\$672
OEA PGE	22	67	5	17	14	5	23% of HH's served	\$683
OEA PP	284	732	84	134	119	101	36% of HH's served	\$488
OLGA	103	271	22	53	39	31	30% of HH's served	\$402
GAP	21	65	4	8	9	4	19% of HH's served	\$122
Total	1,430	3,838	460	609	580	531	38% of HH's served	\$510

Nutrition First
Sue Maxwell, Program Director
October 20, 2021

- ✓ For the month of September, we signed on 15 new providers (14 OCC registered/certified and 1 DHS listed) and closed 7, leaving 521 active homes.
- ✓ We made 130 in-home visits in September, which was the last month of the fiscal year.
- ✓ Our educational nutritional training unit ended this quarter. This unit was all about the nutritional value of corn, and all the foods made from corn. We had informational packets about corn for the providers, and children, of course, are given color sheets, crossword puzzles, and stickers. Providers are also given corn "butterers" for corn on the cob.
- ✓ Approximately 1,014 children were visited in September.
- ✓ Staff drove a total of 2,973 miles.

Challenges

- While there are now only two food programs that serve our 11 counties, we are starting to get monthly transfers from the other program to ours - mostly due to the good things the providers hear about our program - even though the other program is automated and ours isn't (which makes for greater accountability for our program).
- I have promoted Carmen Romero, a long-time employee of Nutrition First, to Associate Director. She is very deserving of this position.
- Our consultant continues work on our new database and hopes to go live in early November.

**HEAD START PROGRAM REPORT TO BOARD OF DIRECTORS & POLICY COUNCIL
Eva Pignotti, Program Director - October, 2021**

Attendance

Head Start Preschool

	9/21	10/21	11/21	12/21	1/22	2/22
Regular	80.27%					
Subsidized	64.15%					
	3/22	4/22	5/22	6/22	7/22	8/22
Regular						
Subsidized						

Early Head Start

	9/21	10/21	11/21	12/21	1/22	2/22
Regular	79.84%					
Subsidized	78.13%					
	3/22	4/22	5/22	6/22	7/22	8/22
Regular						
Subsidized						

Early Head Start Child Care Partnerships

	9/21	10/21	11/21	12/21	1/22	2/22
Regular	74.83%					
	3/22	4/22	5/22	6/22	7/22	8/22
Regular						

**Community Action Head Start Attendance Analysis
Absences for September 2021**

The Preschool Program attendance rate was 79.18% overall, below the required 85%. The top reasons for absences during the month of September were sick children, which accounted for 41.72% of the absences, and quarantined by health professional, which accounted for 7.98% of the absences.

The Early Head Start Program attendance rate was 79.49% overall, below the required 85%. The top reasons for absences during the month of September were sick children, which accounted for 50% of the absences, and lack of transportation which accounted for 18.75% of the absences.

The EHS Child Care Partnerships attendance rate was 74.83% overall, below the required 85%. The top reasons for absences during the month of September were sick child, which accounted for 43% of the absences, family day/vacation, which accounted for 18% of the absences, and quarantined by health care professional, which accounted for 5.45% of the absences.

Enrollment Reporting: Programs must be full within 30 days of the start of the school year and continue to fill vacant slots within 30 days of the vacancy until 30 days before the end of the year. Numbers reported include slots vacant for less than 30 days.

Head Start Preschool – Full Enrollment = 697 (summer = 136)

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular (677)	244											
Subsidized (20)	14											

Early Head Start – Full Enrollment = 108

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular (100)	59											
Subsidized (8)	8											

Early Head Start Child Care Partnerships – Full Enrollment = 80

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular (80)	75											

Waiting Lists

Head Start Preschool

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular	55											
Subsidized	2											

Early Head Start

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular	5											
Subsidized	0											

Early Head Start Child Care Partnerships

	9/21	10/21	11/21	12/21	1/22	2/22	3/22	4/22	5/22	6/22	7/22	8/22
Regular	3											

USDA Meal Reimbursements

	September 2021	
USDA Meal Reimbursements	Number of Meals Served	Amount Reimbursed
Breakfast	708	\$1,394.76
Lunch	701	\$2,565.66
Snack	100	\$ 100.00
Cash In Lieu		\$ 182.26
Total Reimbursement	1,509	\$4,242.68

Report from Program Director:

Head Start and Early Head Start services began on September 27th, with the EHS Child Care Partnerships program having started services on September 1st. The Head Start and EHS programs are operating at about 50% capacity, and the EHS CCP program is nearly full. Factors in our decision to operate only one class per Head Start classroom continue to impact our enrollment and operations.

- COVID conditions in Marion & Polk Counties, including the Delta variant and the number of children contracting the virus.
- Parents choosing not to apply because of safety concerns about in-person services.
- Parents choosing not to apply because the program is unable to offer remote services.
- Lack of staff to fill all positions needed for full operations.

We persevere, with staff and child recruitment efforts in high gear, and ongoing monitoring of COVID conditions. While we are slowly developing a waiting list, 80% of the children on that list are from families who are over income for Head Start. We hope to be able to open additional classes as needed to accommodate eligible applicants as they emerge.

Because we have seen higher numbers of over income applicants over the last several years, we are exploring the option of adding a Preschool Promise program, which has a higher maximum income level, at up to 200% of the federal poverty level. It is anticipated that the Department of Early Learning and Care (formerly the Early Learning Division) will open an RFP in November for Preschool Promise, followed by an opportunity for Head Start programs to apply for additional funding to convert Head Start slots to duration, which provides 1,020 hours per year of classroom services.

These opportunities combined encourage us to think about strategies such as mixed delivery classrooms, with Head Start and Preschool Promise children attending school together, and blending the funding to pay staff and other costs. We are actively looking for additional facilities to support this type of expansion.



Mid-Willamette Valley

COMMUNITY ACTION

HOME Youth Services

Board Report October 2021

Program Highlights:

- Procurement process to repair showers at Taylor's House is underway. Contractor has been identified and logistics are being worked out. Project has proven to be more complex due to the structure (shape of the third floor restroom) of the house.
- Emergency generator at Taylor's House has been installed and staff have received training. This project is fully completed. Contractor's did a final walkthrough of the house and reviewed inspections. No fire hazards were identified throughout the process.
- Program leadership team continues to work regularly on implementing recommendations provided by TAC.
- ODHS Treatment Services regular annual review has been moved from Oct. 25th to November 1st due to a COVID event at Taylor's House. Treatment Services is the state department that oversees our non-BRS contract (providing emergency housing to youth in foster care).
- Awarded \$100,000 for the biennium from ODHS Self-Sufficiency for program enhancement. Funding supports our bi-lingual street outreach staff.
- Awarded \$407,223 (\$135,741 per year for 3 years) from the Family & Youth Services Bureau (program of U.S. Department of Health and Human Services Administration for Children and Families). Funding will support our street outreach program and allow us to contract with local human trafficking specific service provider, Safety Compass.
- Notified that we were unsuccessful in our grant application to Pacific Source to fund our Qualified Mental Health Professional position. We will continue to seek funding and leverage resources to recruit this essential position.
- HOME has been named part of the core leadership team for the CoC's Youth Homelessness Demonstration Program (YHDP) along with Northwest Human Services. The YHDP initiative will bring over \$3.7 million over the next 2 years into the Marion / Polk region to specifically address homelessness for young people up to age 24. After the initial 2 years, funding will continue via the regular CoC process. Participating on the core leadership team has been fast paced and labor intensive, though highly beneficial to HYS and the overall initiative.
- All HOME staff were trained on Youth Mental Health First Aid. For some this was a review and for others it was a new training.
- Program Director participated in Oregon Alliance For Safe Children, Healthy Families & Strong Communities Board of Directors training and strategic planning retreat. Nominated

Education and Engagement Opportunity: October 29th from 10am – 1:30pm (virtual). Statewide Symposium on Youth Experiencing Homelessness Programming. Learn what Oregon is doing to address the youth homelessness issue, including the release of the statewide needs assessment results.

[State of Oregon: Runaway and Homeless Youth - Training and Conference Opportunities](#)

Mid-Willamette Valley Community Action Agency, Inc.
Board of Directors Executive & Finance Committee Meeting
October 14, 2021

ATTENDANCE

Committee Members Present: Jade Rutledge, Board Vice-Chair; Helen Honey, Secretary; and Kevin Karvandi, Board Member

Absent: Jon Weiner

Staff: Jimmy Jones, Executive Director; Kaolee Hoyle, CFO; Helana Haytas, Chief Operations Officer; Amy Schroeder, Accounting Office Specialist

The meeting of the Executive & Finance Committee started at 5:34pm. It was determined that a quorum was present.

1. Executive Director's Program Updates

- a. The agency instituted required COVID vaccinations for client facing staff effective September 1st. To date 84% have been vaccinated agency wide; and 98.9% of high risk, client-facing staff have been vaccinated.
- b. Spend down of the emergency rental assistance program will be completed by the end of October. The agency was awarded \$15M and of that \$12M has already been paid out to clients needing assistance. Additional funds are forthcoming.
- c. The ARCHES Inn motel is anticipated to open November 1st with victims from last year's wildfires being placed first.
- d. CAPO (the state's umbrella network for Community Action) currently houses its financial department at the Community Action in Albany. CAPO wants to move those services to MWVCAA, and the Agency is investigating that possibility. A formal recommendation to the Board should follow.
- e. Taylor's House re-opened in July with three youth entering the program and it is going well. The program continues to implement the recommendations from the TAC report.
- f. We continue to work on our Strategic Planning, partnering with Wipfli to guide us through the process. A survey will be sent to all staff for their feedback on how they see the agency is fulfilling its mission. In December, Wipfli will facilitate a strategic planning workshop with staff, the Board of Directors and community partners with the goal of making initial strides to setting our path.
- g. Tanner's Project will be receiving funds for rehabbing the building.
- h. Sobering Center and Navigation Center: The Sobering Center is available, if public partners decide they want to fund it, and the City of Salem's Navigation Center will open in the spring. MWVCAA is expected to operate services there, pending the conclusion of a grant agreement and Board approval.

2. Financials

- a. Kaolee Hoyle presented the financial statements ending July 31, 2021.
- b. The 401k audit for FY20 is completed and there were no findings.
- c. The annual audit is scheduled to begin at the end of November with a completion date before Christmas. The Finance team is preparing documents in the meantime.

3. **October 2021 Full Board Meeting Draft** – Draft was reviewed.
4. **Credit Card Expenditure Review** – The review was conducted by Helen Honey, Jade Rutledge and Kevin Karvandi.

Meeting adjourned at 6:51pm.

Respectfully Submitted:

Amy Schroeder, Office Specialist

Helen Honey, Board Secretary



2020-2021 HEAD START PROGRAM INFORMATION REPORT
10CH011428-000 MID-WILLAMETTE VALLEY CAA

A. PROGRAM INFORMATION

GENERAL INFORMATION

Grant Number	10CH011428
Program Number	000
Program Type	Head Start
Program Name	MID-WILLAMETTE VALLEY CAA
Program Address	2475 Center Street NE
Program City, State, Zip Code (5+4)	Salem, OR, 97301-4520
Program Phone Number	(503) 581 1152 - 1128
Head Start or Early Head Start Director Name	Ms. Eva Pignotti
Head Start or Early Head Start Director Email	eva.pignotti@mwvcaa.org
Agency Email	eva.pignotti@mwvcaa.org
Agency Web Site Address	http://www.mwvcaa.org
Name and Title of Approving Official	Mr. Jon Weiner, Board Chair
DUNS Number	076427962
Agency Type	Community Action Agency (CAA)
Agency Description	Grantee that directly operates program(s) and has no delegates

FUNDED ENROLLMENT

Funded enrollment by funding source

	<i># of children</i>
A.1 Funded Enrollment:	697
a. Head Start/Early Head Start Funded Enrollment, as identified on the NOA that captures the greatest part of the program year	241
b. Funded Enrollment from non-federal sources, i.e. state, local, private	456

Funded enrollment by program option

	<i># of slots</i>
A.2 Center-based option	
a. 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	153
1. Of these, the number that are available for the full-working-day and full-calendar-year	17
b. 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	544
1. Of these, the number that are available for 3.5 hours per day for 128 days	544
2. Of these, the number that are available for a full working day	0
A.3 Home-based option	0
A.4 Family child care option	0
A.5 Locally designed option	0

Funded slots at child care partner

	# of slots
A.7 Total number of slots in the center-based or locally designed option	697
a. Of these, the total number of slots at a child care partner	0
A.8 Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options)	0

CLASSES IN CENTER-BASED

	# of classes
A.9 Total number of center-based classes operated	41
a. Of these, the number of double session classes	0

CUMULATIVE ENROLLMENT

Children by age

	# of children at enrollment
A.10 Children by age:	
a. Under 1 year	0
b. 1 year old	0
c. 2 years old	0
d. 3 years old	168
e. 4 years old	352
f. 5 years and older	28
g. Total cumulative enrollment of children	548

Total cumulative enrollment

	# of children
A.12 Total cumulative enrollment	548

Primary type of eligibility

	# of children
A.13 Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	228
b. Public assistance such as TANF and SSI	95
c. Foster care	15
d. Homeless	83
e. Eligibility based on other type of need, but not counted in A.13.a through d	44
	# of children
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	83

A.14 If the program serves enrollees under A.13.f, specify how the program has demonstrated that all income-eligible children in their area are being served.

After extensive recruitment, the waiting list is exhausted of all income eligible families. Applications were not received in normal numbers due to the COVID-19 pandemic

Prior enrollment

	# of children
A.15 Enrolled in Head Start or Early Head Start for:	
a. The second year	303
b. Three or more years	26

Transition and turnover

	# of children
A.16 Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	125
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	35

	# of preschool children
A.17 Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	274

Child care subsidy

	# of children
A.24 The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year	18

Ethnicity and race

	# of children	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
A.25 Race and ethnicity		
a. American Indian or Alaska Native	5	2
b. Asian	2	9
c. Black or African American	1	7
d. Native Hawaiian or other Pacific Islander	0	10
e. White	62	131
f. Bi-racial/Multi-racial	26	12
g. Other	276	4
Explain:	Parents reported both race and ethnicity as Hispanic	
h. Unspecified	0	1
Explain:	Parent declined to share race and ethnicity	

Primary language of family at home

	# of children
A.26 Primary language of family at home:	
a. English	343
1. Of these, the number of children acquiring/learning another language in addition to English	0
b. Spanish	191
c. Native Central American, South American & Mexican Languages (e.g., Mixteco, Quichean.)	0
d. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
e. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	4
f. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	2
g. Native North American/Alaska Native Languages	0
h. Pacific Island Languages (e.g., Palauan, Fijian)	5
i. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
j. African Languages (e.g., Swahili, Wolof)	1
k. American Sign Language	2
l. Other (e.g., American Sign Language)	0
m. Unspecified (language is not known or parents declined identifying the home language)	0

Dual language learners

	# of children
A.27 Total number of Dual Language Learners	205

Transportation

	# of children
A.28 Number of children for whom transportation is provided to and from classes	240

RECORD KEEPING

Management Information Systems

A.29 List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, families, and program staff.
<i>Name/title</i>
ChildPlus
Other (Please Specify)

B. PROGRAM STAFF & QUALIFICATIONS

TOTAL STAFF

Staff by type

	(1) # of Head Start or Early Head Start staff	(2) # of contracted staff
B.1 Total number of staff members, regardless of the funding source for their salary or number of hours worked	225	0
a. Of these, the number who are current or former Head Start or Early Head Start parents	58	0

TOTAL VOLUNTEERS

Volunteers by type

	# of volunteers
B.2 Number of persons providing any volunteer services to the program during the program year	352
a. Of these, the number who are current or former Head Start or Early Head Start parents	336

EDUCATION AND CHILD DEVELOPMENT STAFF

Preschool classroom and assistant teachers (HS and Migrant programs)

	(1) # of classroom teachers	(2) # of assistant teachers
B.3 Total number of preschool education and child development staff by position	45	46

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
a. An advanced degree in:		
1. Early childhood education		
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children	1	0

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
b. A baccalaureate degree in one of the following:		
1. Early childhood education		
2. Any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children or		
3. Any field and is part of the Teach for America program and passed a rigorous early childhood content exam	23	0

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
c. An associate degree in:		
1. Early childhood education		
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	19	1

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	2	37
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	2	37

	(1) # of classroom teachers	(2) # of assistant teachers
Of the number of preschool education and child development staff by position, the number with the following:		
e. None of the qualifications listed in B.3.a through B.3.d	0	8

Preschool classroom teachers program enrollment

	# of classroom teachers
B.4 Total number of preschool classroom teachers that do not meet qualifications listed in B.3.a or B.3.b	21
a. Of these preschool classroom teachers, the number enrolled in a degree program that would meet the qualifications described in B.3.a or B.3.b	1

Preschool classroom assistant teachers program enrollment

	# of assistant teachers
B.5 Total number of preschool assistant teachers that do not have any qualifications listed in B.3.a through B.3.d	8
a. Of these preschool assistant teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.3.a through B.3.d.	8

Home visitors and family child care provider staff qualifications

	# of home visitors
B.8 Total number of home visitors	0
a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	0
b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.	0

	# of home visitors
1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a.	0
	# of family child care providers
B.9 Total number of family child care providers	0
a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, baccalaureate, or advanced degree in child development or early childhood education	0
b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a.	0
1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.	0
	# of child development specialists
B.10 Total number of child development specialists that support family child care providers	0
a. Of these, the number of child development specialists that have a baccalaureate degree in child development, early childhood education, or a related field	0
b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.	0
1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a.	0

Ethnicity and race

	# of non-supervisory education and child development staff	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
B.13 Race and Ethnicity		
a. American Indian or Alaska Native	0	0
b. Asian	0	3
c. Black or African American	0	1
d. Native Hawaiian or other Pacific Islander	0	0
e. White	5	52
f. Biracial/Multi-racial	2	3
g. Other	25	0
Explain:	Reported both Ethnicity and Race as Hispanic	
h. Unspecified	0	0

Language

	# of non-supervisory education and child development staff
B.14 The number who are proficient in a language(s) other than English.	39
a. Of these, the number who are proficient in more than one language other than English	2

of non-supervisory
education and child
development staff

B.15 Language groups in which staff are proficient:	
a. Spanish	31
b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.)	0
c. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
d. Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	2
e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	1
f. Native North American/Alaska Native Languages	0
g. Pacific Island Languages (e.g., Palauan, Fijian)	1
h. European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	2
i. African Languages (e.g., Swahili, Wolof)	0
j. American Sign Language	1
k. Other	0
l. Unspecified (language is not known or parents declined identifying the language)	2

STAFF TURNOVER

All staff turnover

	(1) # of Head Start staff	(2) # of contracted staff
B.16 Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	22	0
a. Of these, the number who were replaced	22	0

Education and child development staff turnover

	# of staff
B.17 The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g. during summer months)	10
a. Of these, the number who were replaced	7
b. Of these, the number who left while classes and home visits were in session	1

	# of staff
B.18 Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	3
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	0
c. Involuntary separation	0
d. Other (e.g. change in job field, reason not provided)	7

1. Specify:	Moved out of state, staying at home with new baby	
B.19 Number of vacancies during the program year that remained unfilled for a period of 3 months or longer		0

C. CHILD AND HEALTH SERVICES

HEALTH SERVICES

Health insurance – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.1 Number of all children with health insurance	545	546
a. Of these, the number enrolled in Medicaid and/or CHIP	514	515
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	31	31
C.2 Number of children with no health insurance	3	2

Accessible health care - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	540	542
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	114	114

Medical services – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.7 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care according to the relevant state's EPSDT schedule for well child care	205	369
		# of children
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed		65
1. Of these, the number who received medical treatment for their diagnosed chronic health condition		44
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment:		# of children
1. No medical treatment needed		6
2. No health insurance		0
3. Parents did not keep/make appointment		1
4. Children left the program before their appointment date		0
5. Appointment is scheduled for future date		0
6. Other		9

1. Specify:	No documentation regarding treatment received from parent or clinic
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C.8 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:	# of children
a. Autism spectrum disorder (ASD)	3
b. Attention deficit hyperactivity disorder (ADHD)	2
c. Asthma	43
d. Seizures	1
e. Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)	1
f. Hearing Problems	27
g. Vision Problems	35
h. Blood lead level test with elevated lead levels >5 g/dL	1
i. Diabetes	0

Body Mass Index (BMI) – children (HS and Migrant programs)

C.9 Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts	# of children at enrollment
a. Underweight (BMI less than 5th percentile for child's age and sex)	14
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	293
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	91
d. Obese (BMI at or above 95th percentile for child's age and sex)	104

Immunization services - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.10 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	535	537
C.11 Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age	5	4
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	4	3

Accessible dental care – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	497	524

Preschool dental services (HS and Migrant programs)

	# of children at end of enrollment
C.17 Number of children who received preventive care during the program year	390
C.18 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	390
a. Of these, the number of children diagnosed as needing dental treatment during the program year - at end of enrollment	119
1. Of these, the number of children who have received or are receiving dental treatment - at end of enrollment	24
b. Specify the primary reason that children who needed dental treatment did not receive it:	# of children
1. Health insurance doesn't cover dental treatment	0
2. No dental care available in local area	0
3. Medicaid not accepted by dentist	0
4. Dentists in the area do not treat 3 – 5 year old children	0
5. Parents did not keep/make appointment	7
6. Children left the program before their appointment date	5
7. Appointment is scheduled for future date	8
8. No transportation	0
9. Other	71
1. Specify:	No documentation regarding treatment received from parent or dental clinic

Mental health consultation

	# of staff
C.20 Total number of classroom teachers, home visitors, and family child care providers	45
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	17

DISABILITIES SERVICES

IDEA eligibility determination

	# of children
C.21 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	27
a. Of these, the number who received an evaluation to determine IDEA eligibility	17
1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA	11
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	4
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act.	27
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	10

	# of children
C.22 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	0
b. Parent(s) refused evaluation	3
c. Evaluation is pending and not yet completed by responsible agency	0
d. Other	4
1. Specify: No contact from parent	

Preschool disabilities services (HS and Migrant programs)

	# of children
C.23 Number of children enrolled in the program who had an Individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	66
a. Of these, the number who were determined eligible to receive special education and related services:	# of children
1. Prior to this program year	45
2. During this enrollment year	21
b. Of these, the number who have not received special education and related services	0

Preschool primary disabilities (HS and Migrant programs)

	(1) # of children determined to have this disability	(2) # of children receiving special services
C.25 Diagnosed primary disability:		
a. Health impairment (i.e. meeting IDEA definition of "other health impairment")	0	0
b. Emotional disturbance	1	1
c. Speech or language impairments	31	30
d. Intellectual disabilities	0	0
e. Hearing impairment, including deafness	2	2
f. Orthopedic impairment	0	0
g. Visual impairment, including blindness	1	1
h. Specific learning disability	0	0
i. Autism	0	0
j. Traumatic brain injury	0	0
k. Non-categorical/developmental delay	31	31
l. Multiple disabilities (excluding deaf-blind)	0	0
m. Deaf-blind	0	0

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	# of children
C.26 Number of all newly enrolled children since last year's PIR was reported	233
C.27 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	218
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	60

C.28 The instrument(s) used by the program for developmental screening
<i>Name/title</i>
ASQ (all editions)

Assessment

C.29 Approach or tool(s) used by the program to support ongoing child assessment
<i>Name/title</i>
Teaching Strategies GOLD Online

Curriculum

C.30 Curriculum used by the program:
a. For center-based services
<i>Name/title</i>
Creative Curriculum (PreSchool)
Other (Please Specify)
Other (Please Specify)

Classroom and home visit observation tools

	Yes (Y) / No (N)
C.31 Does the program routinely use classroom or home visit observation tools to assess quality?	Yes

C.32 If yes, classroom and home visit observation tool(s) used by the program:
a. Center-based settings
<i>Name/title</i>
Classroom Assessment Scoring System (CLASS: Infant, Toddler, or Pre-K)

FAMILY AND COMMUNITY PARTNERSHIPS

Number of families

	# of families at enrollment
C.33 Total number of families:	504
a. Of these, the number of two-parent families	256
b. Of these, the number of single-parent families	248
C.34 Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	480
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	89
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	5
b. Grandparents	10
c. Relative(s) other than grandparents	3
d. Foster parent(s) not including relatives	10
e. Other	1
1. Specify: Legal guardian	

Parent/guardian education

	# of families at enrollment
C.35 Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s):	
a. An advanced degree or baccalaureate degree	35
b. An associate degree, vocational school, or some college	56
c. A high school graduate or GED	289
d. Less than high school graduate	124

Employment, Job Training, and School

	# of families at enrollment
C.36 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	386
1. Of these families, the number in which one or more parent/guardian is employed	374
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	22
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	17
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	118

	<i># of families at end of enrollment</i>
C.37 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	380
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	365
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	15
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	124
1. Of these families, the number of families that were also counted in C.36.a	21
2. Of these families, the number of families that were also counted in C.36.b	103

	<i># of families at enrollment</i>
C.38 Total number of families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	5
b. At least one parent/guardian is a veteran of the United States military	12

Federal or other assistance

	<i># of families at enrollment</i>	<i># of families at end of enrollment</i>
C.39 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance to Needy Families (TANF) Program	71	79
C.40 Total number of families receiving Supplemental Security Income (SSI)	24	43
C.41 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	322	322
C.42 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	329	329

Family services

	# of families
C.43 The number of families that received the following program service to promote family outcomes:	
a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)	193
b. Housing assistance (e.g. subsidies, utilities, repairs)	53
c. Asset building services (e.g. financial education, debt counseling)	6
d. Mental health services	19
e. Substance misuse prevention	0
f. Substance misuse treatment	1
g. English as a Second Language (ESL) training	20
h. Assistance in enrolling into an education or job training program	44
i. Research-based parenting curriculum	100
j. Involvement in discussing their child's screening and assessment results and their child's progress	86
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	23
l. Education on preventive medical and oral health	40
m. Education on health and developmental consequences of tobacco product use	1
n. Education on nutrition	5
o. Education on postpartum care (e.g. breastfeeding support)	0
p. Education on relationship/marriage	2
q. Assistance to families of incarcerated individuals	1
C.44 Of these, the number of families who were counted in at least one of the services listed above	324

Father engagement

	# of father/ father figures
C.45 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	49
b. Family goal setting	62
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.)	92
d. Head Start program governance, such as participation in the Policy Council or policy committees	4
e. Parenting education workshops	19

Homelessness services

	# of families
C.46 Total number of families experiencing homelessness that were served during the enrollment year	82
	# of children
C.47 Total number of children experiencing homelessness that were served during the enrollment year	84

	<i># of families</i>
C.48 Total number of families experiencing homelessness that acquired housing during the enrollment year	10

Foster care and child welfare

	<i># of children</i>
C.49 Total number of enrolled children who were in foster care at any point during the program year	17
C.50 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	1

D. GRANT LEVEL QUESTIONS

INTENSIVE COACHING

	<i># of education and child development staff</i>
D.1 The number of education and child development staff (i.e. teachers, preschool assistant teachers, home visitors, FFC providers) that received intensive coaching	10
	<i># of coaches</i>
D.2 The number of individuals that provided intensive coaching, whether by staff, consultants, or through partnership	2

FAMILY SERVICES STAFF QUALIFICATIONS

	<i># of family services staff</i>
D.5 Total number of family services staff:	20
a. Of these, the number that have a credential, certification, associate, baccalaureate, or advanced degree in social work, human services, family services, counseling, or a related field	18
b. Of these, the number that do not meet one of the qualifications described in D.5.a	2
1. Of the family services staff in D.5.b, the number enrolled in a degree or credential program that would meet a qualification described in D.5.a.	0
2. Of the family services staff in D.5.b, the number hired before November 7, 2016	2

FORMAL AGREEMENTS FOR COLLABORATION

	<i># of formal agreements</i>
D.6 Total number of formal agreements with child care partners	0
D.7 Total number of LEAs in the service area	1
a. Of these, the total number of formal agreements with those LEAs to coordinate services for children with disabilities	1
b. Of these, the total number of formal agreements with those LEAs to coordinate transition services	1

REPORTING INFORMATION

PIR Report Status	Completed
Confirmation Number	21083151128
Last Update Date	08/31/2021



2020-2021 EARLY HEAD START PROGRAM INFORMATION REPORT
10CH011428-200 MID-WILLAMETTE VALLEY CAA

A. PROGRAM INFORMATION

GENERAL INFORMATION

Grant Number	10CH011428
Program Number	200
Program Type	Early Head Start
Program Name	MID-WILLAMETTE VALLEY CAA
Program Address	2475 Center Street, NE
Program City, State, Zip Code (5+4)	SALEM, OR, 97301
Program Phone Number	(503) 581 1152 - 1128
Head Start or Early Head Start Director Name	Ms. Eva Pignotti
Head Start or Early Head Start Director Email	eva.pignotti@mwvcaa.org
Agency Email	eva.pignotti@mwvcaa.org
Agency Web Site Address	http://www.mwvcaa.org
Name and Title of Approving Official	Mr. Jon Weiner, Board Chair
DUNS Number	076427962
Agency Type	Community Action Agency (CAA)
Agency Description	Grantee that directly operates program(s) and has no delegates

FUNDED ENROLLMENT

Funded enrollment by funding source

	<i># of children / pregnant women</i>
A.1 Funded Enrollment:	108
a. Head Start/Early Head Start Funded Enrollment, as identified on the NOA that captures the greatest part of the program year	108
b. Funded Enrollment from non-federal sources, i.e. state, local, private	0
c. Funded Enrollment from the MIECHV Grant Program using the Early Head Start home visiting model	0

Funded enrollment by program option

	<i># of slots</i>
A.2 Center-based option	
a. 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	8
1. Of these, the number that are available for the full-working-day and full-calendar-year	8
b. 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
1. Of these, the number that are available for 3.5 hours per day for 128 days	0
2. Of these, the number that are available for a full working day	0
A.3 Home-based option	20
A.4 Family child care option	0
A.5 Locally designed option	80

	# of pregnant women slots
A.6 Pregnant women slots	0

Funded slots at child care partner

	# of slots
A.7 Total number of slots in the center-based or locally designed option	88
a. Of these, the total number of slots at a child care partner	0
A.8 Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options)	0

CLASSES IN CENTER-BASED

	# of classes
A.9 Total number of center-based classes operated	11
a. Of these, the number of double session classes	0

CUMULATIVE ENROLLMENT

Children by age

	# of children at enrollment
A.10 Children by age:	
a. Under 1 year	18
b. 1 year old	28
c. 2 years old	45
d. 3 years old	0
g. Total cumulative enrollment of children	91

Pregnant women (EHS programs)

	# of pregnant women
A.11 Cumulative enrollment of pregnant women	4

Total cumulative enrollment

	# of children / pregnant women
A.12 Total cumulative enrollment	95

Primary type of eligibility

	# of children / pregnant women
A.13 Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	51
b. Public assistance such as TANF and SSI	8
c. Foster care	5
d. Homeless	11
e. Eligibility based on other type of need, but not counted in A.13.a through d	5

	# of children / pregnant women
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	15

A.14 If the program serves enrollees under A.13.f, specify how the program has demonstrated that all income-eligible children in their area are being served.
 Over income children are only accepted after all income and categorically eligible children have been accepted.

Prior enrollment

	# of children
A.15 Enrolled in Head Start or Early Head Start for:	
a. The second year	29
b. Three or more years	2

Transition and turnover

	# of children
A.18 Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	35
a. Of the infants and toddlers who left the program above, the number of infants and toddlers who were enrolled less than 45 days	11
b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start	12
1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start program	12
2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program	0
3. Of the infants and toddlers who aged out of Early Head Start, the number who did not enter another early childhood program	0

	# of pregnant women
A.19 Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not re-enroll	1
A.20 Number of pregnant women receiving Early Head Start services at the time their infant was born	2
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in the program	2
b. Of the pregnant women enrolled when their infant was born, the number whose infant was not subsequently enrolled in the program	0

Child care subsidy

	# of children
A.24 The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year	8

Ethnicity and race

of children / pregnant women

		(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
A.25 Race and ethnicity			
a. American Indian or Alaska Native		0	2
b. Asian		0	0
c. Black or African American		1	1
d. Native Hawaiian or other Pacific Islander		0	1
e. White		10	27
f. Bi-racial/Multi-racial		2	2
g. Other		47	1
Explain:	Reported both Ethnicity and Race as Hispanic		
h. Unspecified		0	1
Explain:	Parent declined to share Ethnicity and Race		

Primary language of family at home

		# of children
A.26 Primary language of family at home:		
a. English		60
1. Of these, the number of children acquiring/learning another language in addition to English		0
b. Spanish		32
c. Native Central American, South American & Mexican Languages (e.g., Mixteco, Quichean.)		0
d. Caribbean Languages (e.g., Haitian-Creole, Patois)		0
e. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)		1
f. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)		0
g. Native North American/Alaska Native Languages		0
h. Pacific Island Languages (e.g., Palauan, Fijian)		0
i. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)		0
j. African Languages (e.g., Swahili, Wolof)		0
k. American Sign Language		2
l. Other (e.g., American Sign Language)		0
m. Unspecified (language is not known or parents declined identifying the home language)		0

Dual language learners

		# of children
A.27 Total number of Dual Language Learners		35

Transportation

		# of children
A.28 Number of children for whom transportation is provided to and from classes		30

RECORD KEEPING

Management Information Systems

A.29 List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, families, and program staff.

Name/title

ChildPlus

Other (Please Specify)

B. PROGRAM STAFF & QUALIFICATIONS

TOTAL STAFF

Staff by type

	(1) # of Head Start or Early Head Start staff	(2) # of contracted staff
B.1 Total number of staff members, regardless of the funding source for their salary or number of hours worked	27	0
a. Of these, the number who are current or former Head Start or Early Head Start parents	11	0

TOTAL VOLUNTEERS

Volunteers by type

	# of volunteers
B.2 Number of persons providing any volunteer services to the program during the program year	40
a. Of these, the number who are current or former Head Start or Early Head Start parents	36

EDUCATION AND CHILD DEVELOPMENT STAFF

Infant and toddler classroom teachers (EHS and Migrant programs)

	# of classroom teachers
B.6 Total number of infant and toddler classroom teachers	16

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
a. An advanced degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	1

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
b. A baccalaureate degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	4

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
c. An associate degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	3

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	8
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	8

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
e. None of the qualifications listed in B.6.a through B.6.d	0

	# of classroom teachers
B.7 Total number of infant and toddler classroom teachers that do not have any qualifications listed in B.6.a through B.6.d	0
a. Of these infant and toddler classroom teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.6.a through B.6.d.	0

Home visitors and family child care provider staff qualifications

	# of home visitors
B.8 Total number of home visitors	2
a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	2
b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.	0
1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a.	0

	# of family child care providers
B.9 Total number of family child care providers	0
a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, baccalaureate, or advanced degree in child development or early childhood education	0
b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a.	0
1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.	0

	# of child development specialists
B.10 Total number of child development specialists that support family child care providers	0
a. Of these, the number of child development specialists that have a baccalaureate degree in child development, early childhood education, or a related field	0
b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.	0
1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a.	0

Ethnicity and race

	# of non-supervisory education and child development staff	
	(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
B.13 Race and Ethnicity		
a. American Indian or Alaska Native	0	2
b. Asian	0	1
c. Black or African American	0	0
d. Native Hawaiian or other Pacific Islander	0	0
e. White	3	5
f. Biracial/Multi-racial	0	0
g. Other	7	0
Explain:	Reported both Ethnicity and Race as Hispanic	
h. Unspecified	0	0

Language

	# of non-supervisory education and child development staff
B.14 The number who are proficient in a language(s) other than English.	8
a. Of these, the number who are proficient in more than one language other than English	0

	# of non-supervisory education and child development staff
B.15 Language groups in which staff are proficient:	
a. Spanish	7
b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.)	0
c. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
d. Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	1
e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	0
f. Native North American/Alaska Native Languages	0
g. Pacific Island Languages (e.g., Palauan, Fijian)	0
h. European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
i. African Languages (e.g., Swahili, Wolof)	0
j. American Sign Language	0
k. Other	0
l. Unspecified (language is not known or parents declined identifying the language)	0

STAFF TURNOVER

All staff turnover

	(1) # of Early Head Start staff	(2) # of contracted staff
B.16 Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	5	0
a. Of these, the number who were replaced	5	0

Education and child development staff turnover

	# of staff
B.17 The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g. during summer months)	4
a. Of these, the number who were replaced	4
b. Of these, the number who left while classes and home visits were in session	0

	# of staff
B.18 Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	0
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	0
c. Involuntary separation	0
d. Other (e.g. change in job field, reason not provided)	4
1. Specify: Moved, chose different work path	
B.19 Number of vacancies during the program year that remained unfilled for a period of 3 months or longer	0

C. CHILD AND HEALTH SERVICES

HEALTH SERVICES

Health insurance – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.1 Number of all children with health insurance	91	91
a. Of these, the number enrolled in Medicaid and/or CHIP	87	86
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	4	5
C.2 Number of children with no health insurance	0	0

Health insurance - pregnant women (EHS programs)

	(1) # of pregnant women at enrollment	(2) # of pregnant women at end of enrollment
C.3 Number of pregnant women with at least one type of health insurance	4	4
a. Of these, the number enrolled in Medicaid	2	2
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	2	2
C.4 Number of pregnant women with no health insurance	0	0

Accessible health care - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	91	91
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	12	12

Accessible health care - pregnant women (EHS Programs)

	(1) # of pregnant women at enrollment	(2) # of pregnant women at end of enrollment
C.6 Number of pregnant women with an ongoing source of continuous, accessible health care provided by a health care professional that maintains their ongoing health record and is not primarily a source of emergency or urgent care	4	4

Medical services – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.7 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care according to the relevant state's EPSDT schedule for well child care	26	51

	# of children
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed	10
1. Of these, the number who received medical treatment for their diagnosed chronic health condition	9
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment:	# of children
1. No medical treatment needed	1
2. No health insurance	0
3. Parents did not keep/make appointment	0
4. Children left the program before their appointment date	0
5. Appointment is scheduled for future date	0
6. Other	0

C.8 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:	# of children
a. Autism spectrum disorder (ASD)	0
b. Attention deficit hyperactivity disorder (ADHD)	0
c. Asthma	3
d. Seizures	1
e. Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)	0
f. Hearing Problems	5
g. Vision Problems	4
h. Blood lead level test with elevated lead levels >5 g/dL	0
i. Diabetes	0

Immunization services - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.10 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	72	74
C.11 Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age	12	8
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	2	2

Medical services – pregnant women (EHS programs)

	# of pregnant women
C.13 Indicate the number of pregnant women who received the following services while enrolled in EHS:	
a. Prenatal health care	4
b. Postpartum health care	3
c. A professional oral health assessment, examination, and/or treatment	0
d. Mental health interventions and follow-up	3
e. Education on fetal development	3
f. Education on the benefits of breastfeeding	4
g. Education on the importance of nutrition	4
h. Education on infant care and safe sleep practices	4
i. Education on the risks of alcohol, drugs, and/or smoking	4
j. Facilitating access to substance abuse treatment (i.e. alcohol, drugs, and/or smoking)	0

Prenatal health – pregnant women (EHS programs)

	# of pregnant women
C.14 Trimester of pregnancy in which the pregnant women served were enrolled:	
a. 1st trimester (0-3 months)	0
b. 2nd trimester (3-6 months)	1
c. 3rd trimester (6-9 months)	3
C.15 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or health care provider	2

Accessible dental care – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	63	5

Infant and toddler preventive dental services (EHS and Migrant programs)

	# of children at end of enrollment
C.19 Number of all children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule	71

Mental health consultation

	# of staff
C.20 Total number of classroom teachers, home visitors, and family child care providers	18
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	0

DISABILITIES SERVICES

IDEA eligibility determination

	# of children
C.21 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	5
a. Of these, the number who received an evaluation to determine IDEA eligibility	4
1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA	3
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	1
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act.	4
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	1

	# of children
C.22 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	0
b. Parent(s) refused evaluation	0
c. Evaluation is pending and not yet completed by responsible agency	1
d. Other	0

Infant and toddler Part C early intervention services (EHS and Migrant programs)

	# of children
C.24 Number of children enrolled in the program who had an Individualized Family Service Plan (IFSP), at any time during the program year, indicating they were determined eligible by the Part C Agency to receive early intervention services under the IDEA	10
a. Of these, the number who were determined eligible to receive early intervention services:	# of children
1. Prior to this program year	4
2. During this enrollment year	6
b. Of these, the number who have not received early intervention services under IDEA	0

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	# of children
C.26 Number of all newly enrolled children since last year's PIR was reported	53
C.27 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	76
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	7

C.28 The instrument(s) used by the program for developmental screening
<i>Name/title</i>
ASQ (all editions)

Assessment

C.29 Approach or tool(s) used by the program to support ongoing child assessment
<i>Name/title</i>
Teaching Strategies GOLD Online

Curriculum

C.30 Curriculum used by the program:
a. For center-based services
<i>Name/title</i>
Creative Curriculum for Infants, Toddlers, and Twos
Other (Please Specify)
Other (Please Specify)
c. For home-based services
<i>Name/title</i>
Creative Curriculum for Infants, Toddlers, and Twos
Other (Please Specify)
Partners For A Healthy Baby (Florida State University)
d. For pregnant women services
<i>Name/title</i>
Partners For A Healthy Baby (Florida State University)

Classroom and home visit observation tools

	Yes (Y) / No (N)
C.31 Does the program routinely use classroom or home visit observation tools to assess quality?	Yes

C.32 If yes, classroom and home visit observation tool(s) used by the program:
a. Center-based settings
<i>Name/title</i>
Other (Please Specify)
b. Home-based settings
<i>Name/title</i>
Other (Please Specify)

FAMILY AND COMMUNITY PARTNERSHIPS

Number of families

	# of families at enrollment
C.33 Total number of families:	84
a. Of these, the number of two-parent families	39
b. Of these, the number of single-parent families	45
C.34 Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	77
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	17
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	0
b. Grandparents	3
c. Relative(s) other than grandparents	0
d. Foster parent(s) not including relatives	4
e. Other	0

Parent/guardian education

	# of families at enrollment
C.35 Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s):	
a. An advanced degree or baccalaureate degree	6
b. An associate degree, vocational school, or some college	5
c. A high school graduate or GED	41
d. Less than high school graduate	31

Employment, Job Training, and School

	# of families at enrollment
C.36 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	69
1. Of these families, the number in which one or more parent/guardian is employed	67
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	5
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	4
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	15

	<i># of families at end of enrollment</i>
C.37 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	69
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	68
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	1
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	15
1. Of these families, the number of families that were also counted in C.36.a	1
2. Of these families, the number of families that were also counted in C.36.b	14

	<i># of families at enrollment</i>
C.38 Total number of families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	1
b. At least one parent/guardian is a veteran of the United States military	0

Federal or other assistance

	<i># of families at enrollment</i>	<i># of families at end of enrollment</i>
C.39 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance to Needy Families (TANF) Program	9	9
C.40 Total number of families receiving Supplemental Security Income (SSI)	3	3
C.41 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	67	65
C.42 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	51	49

Family services

	# of families
C.43 The number of families that received the following program service to promote family outcomes:	
a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)	22
b. Housing assistance (e.g. subsidies, utilities, repairs)	3
c. Asset building services (e.g. financial education, debt counseling)	0
d. Mental health services	2
e. Substance misuse prevention	0
f. Substance misuse treatment	0
g. English as a Second Language (ESL) training	1
h. Assistance in enrolling into an education or job training program	2
i. Research-based parenting curriculum	12
j. Involvement in discussing their child's screening and assessment results and their child's progress	21
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	26
l. Education on preventive medical and oral health	2
m. Education on health and developmental consequences of tobacco product use	7
n. Education on nutrition	24
o. Education on postpartum care (e.g. breastfeeding support)	1
p. Education on relationship/marriage	1
q. Assistance to families of incarcerated individuals	0
C.44 Of these, the number of families who were counted in at least one of the services listed above	43

Father engagement

	# of father/ father figures
C.45 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	1
b. Family goal setting	4
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.)	7
d. Head Start program governance, such as participation in the Policy Council or policy committees	0
e. Parenting education workshops	2

Homelessness services

	# of families
C.46 Total number of families experiencing homelessness that were served during the enrollment year	12
	# of children
C.47 Total number of children experiencing homelessness that were served during the enrollment year	12

	# of families
C.48 Total number of families experiencing homelessness that acquired housing during the enrollment year	0

Foster care and child welfare

	# of children
C.49 Total number of enrolled children who were in foster care at any point during the program year	6
C.50 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	1

REPORTING INFORMATION

PIR Report Status	Completed
Confirmation Number	21090151535
Last Update Date	09/01/2021



2020-2021 EARLY HEAD START PROGRAM INFORMATION REPORT
10HP000199-200 Mid-Willamette Valley Community Action Agency, Inc.

A. PROGRAM INFORMATION

GENERAL INFORMATION

Grant Number	10HP000199
Program Number	200
Program Type	Early Head Start
Program Name	Mid-Willamette Valley Community Action Agency, Inc.
Program Address	2475 Center St NE
Program City, State, Zip Code (5+4)	Salem, OR, 97301-4520
Program Phone Number	(503) 581 1152 - 1128
Head Start or Early Head Start Director Name	Ms. Eva Pignotti
Head Start or Early Head Start Director Email	eva.pignotti@mwvcaa.org
Agency Email	liz.salinas@mwvcaa.org
Agency Web Site Address	www.mwvcaa.org
Name and Title of Approving Official	Mr. Jon Weiner, Chairperson
DUNS Number	076427962
Agency Type	Community Action Agency (CAA)
Agency Description	Grantee that directly operates program(s) and has no delegates

FUNDED ENROLLMENT

Funded enrollment by funding source

	<i># of children / pregnant women</i>
A.1 Funded Enrollment:	80
a. Head Start/Early Head Start Funded Enrollment, as identified on the NOA that captures the greatest part of the program year	80
b. Funded Enrollment from non-federal sources, i.e. state, local, private	0
c. Funded Enrollment from the MIECHV Grant Program using the Early Head Start home visiting model	0

Funded enrollment by program option

	<i># of slots</i>
A.2 Center-based option	
a. 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	24
1. Of these, the number that are available for the full-working-day and full-calendar-year	0
b. 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
1. Of these, the number that are available for 3.5 hours per day for 128 days	0
2. Of these, the number that are available for a full working day	0
A.3 Home-based option	0
A.4 Family child care option	56
A.5 Locally designed option	0

	# of pregnant women slots
A.6 Pregnant women slots	0

Funded slots at child care partner

	# of slots
A.7 Total number of slots in the center-based or locally designed option	24
a. Of these, the total number of slots at a child care partner	24
A.8 Total funded enrollment at child care partners (includes center-based, locally designed, and family child care program options)	80

CLASSES IN CENTER-BASED

	# of classes
A.9 Total number of center-based classes operated	3
a. Of these, the number of double session classes	0

CUMULATIVE ENROLLMENT

Children by age

	# of children at enrollment
A.10 Children by age:	
a. Under 1 year	30
b. 1 year old	26
c. 2 years old	23
d. 3 years old	13
e. 4 years old	0
f. 5 years and older	0
g. Total cumulative enrollment of children	92

Pregnant women (EHS programs)

	# of pregnant women
A.11 Cumulative enrollment of pregnant women	0

Total cumulative enrollment

	# of children / pregnant women
A.12 Total cumulative enrollment	92

Primary type of eligibility

	# of children / pregnant women
A.13 Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	53
b. Public assistance such as TANF and SSI	1
c. Foster care	4
d. Homeless	20
e. Eligibility based on other type of need, but not counted in A.13.a through d	8

	# of children / pregnant women
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	6

A.14 If the program serves enrollees under A.13.f, specify how the program has demonstrated that all income-eligible children in their area are being served.
 Over income children are only accepted after all income and categorically eligible children have been accepted.

Prior enrollment

	# of children
A.15 Enrolled in Head Start or Early Head Start for:	
a. The second year	30
b. Three or more years	9

Transition and turnover

	# of children
A.18 Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	34
a. Of the infants and toddlers who left the program above, the number of infants and toddlers who were enrolled less than 45 days	1
b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start	9
1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start program	6
2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program	3
3. Of the infants and toddlers who aged out of Early Head Start, the number who did not enter another early childhood program	0

	# of pregnant women
A.19 Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not re-enroll	0
A.20 Number of pregnant women receiving Early Head Start services at the time their infant was born	0
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in the program	0
b. Of the pregnant women enrolled when their infant was born, the number whose infant was not subsequently enrolled in the program	0

Child care subsidy

	# of children
A.24 The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year	30

Ethnicity and race

of children / pregnant women

		(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
A.25 Race and ethnicity			
a. American Indian or Alaska Native		0	0
b. Asian		0	0
c. Black or African American		0	0
d. Native Hawaiian or other Pacific Islander		0	0
e. White		6	14
f. Bi-racial/Multi-racial		3	2
g. Other		64	1
Explain:	Reported both Ethnicity and Race as Hispanic		
h. Unspecified		1	1
Explain:	Parent did not disclose Race or Ethnicity		

Primary language of family at home

		# of children
A.26 Primary language of family at home:		
a. English		51
1. Of these, the number of children acquiring/learning another language in addition to English		0
b. Spanish		40
c. Native Central American, South American & Mexican Languages (e.g., Mixteco, Quichean.)		0
d. Caribbean Languages (e.g., Haitian-Creole, Patois)		0
e. Middle Eastern & South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)		0
f. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)		0
g. Native North American/Alaska Native Languages		0
h. Pacific Island Languages (e.g., Palauan, Fijian)		0
i. European & Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)		0
j. African Languages (e.g., Swahili, Wolof)		0
k. American Sign Language		0
l. Other (e.g., American Sign Language)		0
m. Unspecified (language is not known or parents declined identifying the home language)		1

Dual language learners

		# of children
A.27 Total number of Dual Language Learners		41

Transportation

		# of children
A.28 Number of children for whom transportation is provided to and from classes		0

RECORD KEEPING

Management Information Systems

A.29 List the management information system(s) your program uses to support tracking, maintaining, and using data on enrollees, program services, families, and program staff.

Name/title

ChildPlus

Other (Please Specify)

B. PROGRAM STAFF & QUALIFICATIONS

TOTAL STAFF

Staff by type

	(1) # of Head Start or Early Head Start staff	(2) # of contracted staff
B.1 Total number of staff members, regardless of the funding source for their salary or number of hours worked	7	9
a. Of these, the number who are current or former Head Start or Early Head Start parents	0	3

TOTAL VOLUNTEERS

Volunteers by type

	# of volunteers
B.2 Number of persons providing any volunteer services to the program during the program year	35
a. Of these, the number who are current or former Head Start or Early Head Start parents	32

EDUCATION AND CHILD DEVELOPMENT STAFF

Infant and toddler classroom teachers (EHS and Migrant programs)

	# of classroom teachers
B.6 Total number of infant and toddler classroom teachers	6

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
a. An advanced degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	0

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
b. A baccalaureate degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. Any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	1

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
c. An associate degree in:	
1. Early childhood education with a focus on infant and toddler development or	
2. A field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	1

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	1
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	1

	# of classroom teachers
Of the number of infant and toddler classroom teachers, the number with the following:	
e. None of the qualifications listed in B.6.a through B.6.d	3

	# of classroom teachers
B.7 Total number of infant and toddler classroom teachers that do not have any qualifications listed in B.6.a through B.6.d	3
a. Of these infant and toddler classroom teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet one of the qualifications listed in B.6.a through B.6.d.	3

Home visitors and family child care provider staff qualifications

	# of home visitors
B.8 Total number of home visitors	0
a. Of these, the number of home visitors that have a home-based CDA credential or comparable credential, or equivalent coursework as part of an associate's, baccalaureate, or advanced degree	0
b. Of these, the number of home visitors that do not meet one of the qualifications described in B.8.a.	0
1. Of the home visitors in B.8.b, the number enrolled in a degree or credential program that would meet a qualification described in B.8.a.	0

	# of family child care providers
B.9 Total number of family child care providers	7
a. Of these, the number of family child care providers that have a Family Child Care CDA credential or state equivalent, or an associate, baccalaureate, or advanced degree in child development or early childhood education	7
b. Of these, the number of family child care providers that do not meet one of the qualifications described in B.9.a.	0
1. Of the family child care providers in B.9.b, the number enrolled in a degree or credential program that would meet a qualification described in B.9.a.	0

	# of child development specialists
B.10 Total number of child development specialists that support family child care providers	2
a. Of these, the number of child development specialists that have a baccalaureate degree in child development, early childhood education, or a related field	2
b. Of these, the number of child development specialists that do not meet one of the qualifications described in B.10.a.	2
1. Of the child development specialists in B.10.b, the number enrolled in a degree or credential program that would meet a qualification described in B.10.a.	2

Ethnicity and race

		# of non-supervisory education and child development staff	
		(1) Hispanic or Latino origin	(2) Non-Hispanic or Non-Latino origin
B.13 Race and Ethnicity			
a. American Indian or Alaska Native		0	0
b. Asian		0	0
c. Black or African American		0	0
d. Native Hawaiian or other Pacific Islander		0	0
e. White		4	3
f. Biracial/Multi-racial		0	0
g. Other		5	0
Explain:	Reported both Race and Ethnicity as Hispanic		
h. Unspecified		0	1
Explain:	Contractor did not disclose Race or Ethnicity		

Language

	# of non-supervisory education and child development staff
B.14 The number who are proficient in a language(s) other than English.	6
a. Of these, the number who are proficient in more than one language other than English	0

	# of non-supervisory education and child development staff
B.15 Language groups in which staff are proficient:	
a. Spanish	6
b. Native Central American, South American, and Mexican Languages (e.g., Mixteco, Quichean.)	0
c. Caribbean Languages (e.g., Haitian-Creole, Patois)	0
d. Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)	0
e. East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)	0
f. Native North American/Alaska Native Languages	0
g. Pacific Island Languages (e.g., Palauan, Fijian)	0
h. European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)	0
i. African Languages (e.g., Swahili, Wolof)	0
j. American Sign Language	0
k. Other	0
l. Unspecified (language is not known or parents declined identifying the language)	0

STAFF TURNOVER

All staff turnover

	(1) # of Early Head Start staff	(2) # of contracted staff
B.16 Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	0	2
a. Of these, the number who were replaced	0	1

Education and child development staff turnover

	# of staff
B.17 The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g. during summer months)	2
a. Of these, the number who were replaced	1
b. Of these, the number who left while classes and home visits were in session	0

	# of staff
B.18 Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	0
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	0
c. Involuntary separation	0
d. Other (e.g. change in job field, reason not provided)	2
1. Specify: Not disclosed	
B.19 Number of vacancies during the program year that remained unfilled for a period of 3 months or longer	0

C. CHILD AND HEALTH SERVICES

HEALTH SERVICES

Health insurance – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.1 Number of all children with health insurance	91	91
a. Of these, the number enrolled in Medicaid and/or CHIP	90	89
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	1	2
C.2 Number of children with no health insurance	1	1

Health insurance - pregnant women (EHS programs)

	(1) # of pregnant women at enrollment	(2) # of pregnant women at end of enrollment
C.3 Number of pregnant women with at least one type of health insurance	0	0
a. Of these, the number enrolled in Medicaid	0	0
b. Of these, the number enrolled in state-only funded insurance (e.g., medically indigent insurance), private insurance, or other health insurance	0	0
C.4 Number of pregnant women with no health insurance	0	0

Accessible health care - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.5 Number of children with an ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	92	92
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	23	24

Accessible health care - pregnant women (EHS Programs)

	(1) # of pregnant women at enrollment	(2) # of pregnant women at end of enrollment
C.6 Number of pregnant women with an ongoing source of continuous, accessible health care provided by a health care professional that maintains their ongoing health record and is not primarily a source of emergency or urgent care	0	0

Medical services – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.7 Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care according to the relevant state's EPSDT schedule for well child care	19	47

	# of children
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed	1
1. Of these, the number who received medical treatment for their diagnosed chronic health condition	1
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment:	# of children
1. No medical treatment needed	0
2. No health insurance	0
3. Parents did not keep/make appointment	0
4. Children left the program before their appointment date	0
5. Appointment is scheduled for future date	0
6. Other	0

C.8 Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:	# of children
a. Autism spectrum disorder (ASD)	0
b. Attention deficit hyperactivity disorder (ADHD)	0
c. Asthma	1
d. Seizures	0
e. Life-threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis)	1
f. Hearing Problems	4
g. Vision Problems	3
h. Blood lead level test with elevated lead levels >5 g/dL	0
i. Diabetes	0

Immunization services - children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.10 Number of children who have been determined by a health care professional to be up-to-date on all immunizations appropriate for their age	74	83
C.11 Number of children who have been determined by a health care professional to have received all immunizations possible at this time but who have not received all immunizations appropriate for their age	14	6
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	3	3

Medical services – pregnant women (EHS programs)

	# of pregnant women
C.13 Indicate the number of pregnant women who received the following services while enrolled in EHS:	
a. Prenatal health care	0
b. Postpartum health care	0
c. A professional oral health assessment, examination, and/or treatment	0
d. Mental health interventions and follow-up	0
e. Education on fetal development	0
f. Education on the benefits of breastfeeding	0
g. Education on the importance of nutrition	0
h. Education on infant care and safe sleep practices	0
i. Education on the risks of alcohol, drugs, and/or smoking	0
j. Facilitating access to substance abuse treatment (i.e. alcohol, drugs, and/or smoking)	0

Prenatal health – pregnant women (EHS programs)

	# of pregnant women
C.14 Trimester of pregnancy in which the pregnant women served were enrolled:	
a. 1st trimester (0-3 months)	0
b. 2nd trimester (3-6 months)	0
c. 3rd trimester (6-9 months)	0
C.15 Of the total served, the number whose pregnancies were identified as medically high risk by a physician or health care provider	0

Accessible dental care – children

	(1) # of children at enrollment	(2) # of children at end of enrollment
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	48	62

Preschool dental services (HS and Migrant programs)

	# of children at end of enrollment
C.17 Number of children who received preventive care during the program year	0
C.18 Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	0
a. Of these, the number of children diagnosed as needing dental treatment during the program year - at end of enrollment	0
1. Of these, the number of children who have received or are receiving dental treatment - at end of enrollment	0
b. Specify the primary reason that children who needed dental treatment did not receive it:	# of children
1. Health insurance doesn't cover dental treatment	0
2. No dental care available in local area	0
3. Medicaid not accepted by dentist	0
4. Dentists in the area do not treat 3 – 5 year old children	0
5. Parents did not keep/make appointment	0
6. Children left the program before their appointment date	0
7. Appointment is scheduled for future date	0
8. No transportation	0
9. Other	0

Infant and toddler preventive dental services (EHS and Migrant programs)

	# of children at end of enrollment
C.19 Number of all children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule	34

Mental health consultation

	# of staff
C.20 Total number of classroom teachers, home visitors, and family child care providers	13
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	0

DISABILITIES SERVICES

IDEA eligibility determination

	# of children
C.21 The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	3
a. Of these, the number who received an evaluation to determine IDEA eligibility	0
1. Of the children that received an evaluation, the number that were diagnosed with a disability under IDEA	0
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	0
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act.	0

	# of children
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	3
C.22 Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	3
b. Parent(s) refused evaluation	0
c. Evaluation is pending and not yet completed by responsible agency	0
d. Other	0

Preschool disabilities services (HS and Migrant programs)

	# of children
C.23 Number of children enrolled in the program who had an Individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	0
a. Of these, the number who were determined eligible to receive special education and related services:	# of children
1. Prior to this program year	0
2. During this enrollment year	0
b. Of these, the number who have not received special education and related services	0

Infant and toddler Part C early intervention services (EHS and Migrant programs)

	# of children
C.24 Number of children enrolled in the program who had an Individualized Family Service Plan (IFSP), at any time during the program year, indicating they were determined eligible by the Part C Agency to receive early intervention services under the IDEA	4
a. Of these, the number who were determined eligible to receive early intervention services:	# of children
1. Prior to this program year	0
2. During this enrollment year	4
b. Of these, the number who have not received early intervention services under IDEA	0

EDUCATION AND DEVELOPMENT TOOLS/APPROACHES

Screening

	# of children
C.26 Number of all newly enrolled children since last year's PIR was reported	52
C.27 Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	64
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	7
C.28 The instrument(s) used by the program for developmental screening	
<i>Name/title</i>	
ASQ (all editions)	

Assessment

C.29 Approach or tool(s) used by the program to support ongoing child assessment
<i>Name/title</i>
Teaching Strategies GOLD Online

Curriculum

C.30 Curriculum used by the program:
a. For center-based services
<i>Name/title</i>
Creative Curriculum for Infants, Toddlers, and Twos
b. For family child care services
<i>Name/title</i>
Creative Curriculum For Family Child Care

Classroom and home visit observation tools

	Yes (Y) / No (N)
C.31 Does the program routinely use classroom or home visit observation tools to assess quality?	Yes

C.32 If yes, classroom and home visit observation tool(s) used by the program:
a. Center-based settings
<i>Name/title</i>
Other (Please Specify)
c. Family child care settings
<i>Name/title</i>
Other (Please Specify)

FAMILY AND COMMUNITY PARTNERSHIPS

Number of families

	<i># of families at enrollment</i>
C.33 Total number of families:	80
a. Of these, the number of two-parent families	23
b. Of these, the number of single-parent families	57
C.34 Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	77
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	30
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	0
b. Grandparents	1
c. Relative(s) other than grandparents	1
d. Foster parent(s) not including relatives	1
e. Other	0

Parent/guardian education

	# of families at enrollment
C.35 Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s):	
a. An advanced degree or baccalaureate degree	4
b. An associate degree, vocational school, or some college	7
c. A high school graduate or GED	29
d. Less than high school graduate	39

Employment, Job Training, and School

	# of families at enrollment
C.36 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	80
1. Of these families, the number in which one or more parent/guardian is employed	56
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	33
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	28
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	0

	# of families at end of enrollment
C.37 Total number of families in which:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	77
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	77
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	0
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	3
1. Of these families, the number of families that were also counted in C.36.a	3
2. Of these families, the number of families that were also counted in C.36.b	0

	# of families at enrollment
C.38 Total number of families in which:	
a. At least one parent/guardian is a member of the United States military on active duty	0
b. At least one parent/guardian is a veteran of the United States military	0

Federal or other assistance

	# of families at enrollment	# of families at end of enrollment
C.39 Total number of families receiving any cash benefits or other services under the Federal Temporary Assistance to Needy Families (TANF) Program	1	1
C.40 Total number of families receiving Supplemental Security Income (SSI)	0	0
C.41 Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	59	58
C.42 Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	40	39

Family services

	# of families
C.43 The number of families that received the following program service to promote family outcomes:	
a. Emergency/crisis intervention (e.g. meeting immediate needs for food, clothing, or shelter)	10
b. Housing assistance (e.g. subsidies, utilities, repairs)	9
c. Asset building services (e.g. financial education, debt counseling)	0
d. Mental health services	3
e. Substance misuse prevention	0
f. Substance misuse treatment	0
g. English as a Second Language (ESL) training	0
h. Assistance in enrolling into an education or job training program	5
i. Research-based parenting curriculum	1
j. Involvement in discussing their child's screening and assessment results and their child's progress	24
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	9
l. Education on preventive medical and oral health	0
m. Education on health and developmental consequences of tobacco product use	1
n. Education on nutrition	25
o. Education on postpartum care (e.g. breastfeeding support)	3
p. Education on relationship/marriage	0
q. Assistance to families of incarcerated individuals	0
C.44 Of these, the number of families who were counted in at least one of the services listed above	43

Father engagement

	# of father/ father figures
C.45 Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family assessment	0
b. Family goal setting	0
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, etc.)	4
d. Head Start program governance, such as participation in the Policy Council or policy committees	0

	# of father/ father figures
e. Parenting education workshops	0

Homelessness services

	# of families
C.46 Total number of families experiencing homelessness that were served during the enrollment year	18

	# of children
C.47 Total number of children experiencing homelessness that were served during the enrollment year	20

	# of families
C.48 Total number of families experiencing homelessness that acquired housing during the enrollment year	0

Foster care and child welfare

	# of children
C.49 Total number of enrolled children who were in foster care at any point during the program year	4

C.50 Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	1
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D. GRANT LEVEL QUESTIONS

INTENSIVE COACHING

	<i># of education and child development staff</i>
D.1 The number of education and child development staff (i.e. teachers, preschool assistant teachers, home visitors, FFC providers) that received intensive coaching	6
	<i># of coaches</i>
D.2 The number of individuals that provided intensive coaching, whether by staff, consultants, or through partnership	2

FAMILY SERVICES STAFF QUALIFICATIONS

	<i># of family services staff</i>
D.5 Total number of family services staff:	2
a. Of these, the number that have a credential, certification, associate, baccalaureate, or advanced degree in social work, human services, family services, counseling, or a related field	1
b. Of these, the number that do not meet one of the qualifications described in D.5.a	1
1. Of the family services staff in D.5.b, the number enrolled in a degree or credential program that would meet a qualification described in D.5.a.	0
2. Of the family services staff in D.5.b, the number hired before November 7, 2016	1

FORMAL AGREEMENTS FOR COLLABORATION

	<i># of formal agreements</i>
D.6 Total number of formal agreements with child care partners	7
D.7 Total number of LEAs in the service area	1
a. Of these, the total number of formal agreements with those LEAs to coordinate services for children with disabilities	1
b. Of these, the total number of formal agreements with those LEAs to coordinate transition services	1

REPORTING INFORMATION

PIR Report Status	Completed
Confirmation Number	21090151357
Last Update Date	09/01/2021

ELIGIBILITY, RECRUITMENT AND ENROLLMENT

PERFORMANCE STANDARD: 1302.12, 1302.13, 1302.15	
POLICY	
Eligible children will be recruited throughout the service area using a variety of methods. Applications will be scored based on selection criteria developed by committee comprised of parents from the Policy Council, a member of the Board of Directors, and staff and approved by Policy Council each year. Approved by Policy Council: Approved by Board of Directors:	
PROCEDURE	
Persons Responsible:	Action Taken:
Office Technician	<p>RECRUITMENT</p> <p>Creates a calendar of planned recruitment activities (Recruitment Plan) including:</p> <ul style="list-style-type: none"> • Mailings of recruitment flyers or letters • Participation in community events • Door to door recruitment <p>Presents recruitment plan to Policy Council for approval in March of each year. A copy is then submitted to the Board of Directors.</p> <p>Orders and receives a list of families who receive Temporary Assistance to Needy Families (TANF) who have an age eligible child, and live in the service area of the program. Coordinates a mailing of recruitment flyers to each family.</p>
Operations Manager/Infant Toddler Program Manager	<p>Identifies children still on the waiting list in the spring who will be age eligible for the coming school year to apply for services. Coordinates a mailing of letters and application packets to each family.</p> <p>Identifies families of enrolled children who have a younger child becoming age eligible for the coming school year. Coordinates a mailing of letters and application packets to each family.</p>
Office Technician	<p>Plans and conducts all other recruitment activities including participation in fairs, events and parades, and door to door recruitment when necessary.</p> <p>Screens callers interested in the Head Start program to determine if the child is age eligible, if the family lives within our service area, and if the family meets income guidelines.</p> <p>Mails application packets to eligible families. Gives completed Applications received in the mail or brought into the office to the Operations Manager.</p>
Operations Manager or Office Technician/Infant toddler program Manager and EHS Office Assistant	<p>Reviews applications to determine if the child lives in the program's service area. Refers families to the appropriate program if they do not.</p> <p>ELIGIBILITY</p>
Office Technician, Office Assistant	<p>Reviews Applications to ensure that they are complete and have required documentation attached:</p> <ul style="list-style-type: none"> • Proof of child's date of birth • Immunization Records • Family Income Worksheet • Proof of income for past 12 months or past calendar year, or proof of categorical/public assistance eligibility. Families who receive TANF or

ELIGIBILITY, RECRUITMENT AND ENROLLMENT

	<p>Supplemental Social Security Income (SSI) and families who are homeless or are providing foster care to the Head Start child are considered categorically/public assistance income eligible and do not need to provide proof of their income once they have proven their circumstances.</p> <p>Contacts families by telephone regarding incomplete applications, giving families one week to provide missing information. After one week, returns application with a letter stating that their application will not be processed until it is complete.</p> <p>Conducts an eligibility screening for each applicant. This can be in face to face meeting, or by telephone if coming to a meeting creates a burden to the parent. Evaluates proof of income provided and documents all sources of income for the family on the Eligibility Screening Tool and Homelessness Questionnaire. Inquires about the child's participation in other early learning programs and reviews child's immunization records. If child is enrolled in another early learning program, other than Willamette Education Service District, asks parent if they intend to stop services with the other program. Informs parent of their child's immunization status and encourages them to obtain necessary immunizations. Indicates child's eligibility status and signs the Eligibility Screening Tool.</p>
<p>Operations Manager or Infant and Toddler Manager</p>	<p>Evaluates over income applications for determination. Accepts over income families onto the waiting list only if the family income is 200% or less of federal income guidelines. If the income is more than 200% of federal income guidelines, attaches Eligibility Screening Tool to application, enter application data into ChildPlus with a status of "abandon" and generates the Over Income Letter and mails to the family. Turns application packet into Data Analyst for filing.</p>
<p>Office Technician or Office Assistant</p>	<p>For income eligible and over income families below 200% of federal income guidelines, scores application using appropriate Scoresheet for the program the family is applying for. Consistently applies approved selection criteria in scoring applications. Verifies children's disability status when indicated on application by communication with the Disabilities Specialist. Attaches Scoresheet to the application and submits to the Operations Manager or Infant and Toddler Manager.</p>
	<p>Enters information from all Applications and attached documentation into ChildPlus.</p> <p>.</p> <p>ENROLLMENT</p>
<p>Operations Manager/Infant Toddler Program Manager</p>	<p>Completes Enrollment Cover Sheet for selected children indicating class placement, disability status, and immunization status. Sends to Intake Assistant/ EHS Office Tech or EHS office assistant for scheduling.</p>
<p>Intake Staff or Office Technician or Office Assistant</p>	<p>Contacts family by phone. If child is past due for any immunizations, informs parent that they must obtain them prior to scheduling an enrollment appointment. Schedules enrollment appointments for intake staff for all selected children who are up to date on their immunizations.</p> <p>Conducts enrollment appointments with each selected family utilizing the Enrollment Checklist appropriate to the program. During the enrollment appointment responds to needs expressed by providing resources, referrals and consultations with program specialists. Gives completed enrollment paperwork to data entry operator.</p>
<p>Data Entry Operator or Office Technician or Office Assistant</p>	<p>Data enters enrollment information for each family into ChildPlus and creates a child file. At the start of the school year provides each site team with the child files for the children enrolled in their classes. For children who enroll after the beginning of the school year, ensures timely delivery of file to the appropriate site by calling or e-mailing the site staff including the RTRS to facilitate file pick up.</p>

ELIGIBILITY, RECRUITMENT AND ENROLLMENT

<p>Operations Manager or Infant and Toddler Manager</p>	<p>Notates enrolled children’s transportation addresses on computer maps. In consultation with the Transportation Supervisor, determines if child will receive transportation. Enters information to ChildPlus.</p> <p>Provides ChildPlus reports to bus drivers at the start of the school year indicating the transportation status and address of each child enrolled in their class. Note: For children enrolled after the start of the school year, the bus driver will be notified by receipt of the copy of the Status Change, Family Demographic, and Persons authorized to receive forms. If the driver is unable to transport the child notifies Transportation Specialist to assist in problem solving. Children with disabilities may be referred to school district transportation if the program is not able to transport. See Transportation for Children with Disabilities procedure.</p>
<p>Transportation Specialist</p>	<p>Determines transportation boundaries and updates the map.</p>
<p>Intake Staff/EHS Office Tech and EHS Office Assistant</p>	<p>Summer Enrollment of Returning Families: Schedules appointments with families of returning children who confirm that they plan on returning for a second year of service.</p> <p>Conducts re-enrollment appointments to collect updated information from families regarding address, telephone number, adults living in the home, and special needs and completes new paperwork. Gives completed re-enrollment paperwork to data entry operator.</p>
<p>Operations Manager or Infant and Toddler Manager</p>	<p>Collaborates with Disabilities Specialist concerning the placement of children with disabilities.</p>
<p>Operations Manager/Infant Toddler Program Manager or Office Technician or Office Assistant</p>	<p>When a class is full and an application is received for a child to attend that class, processes the application and puts the child on the waiting list. Produces a ChildPlus letter notifying family of their wait list status. Files applications by class in order of score in a drawer marked ‘Wait List’.</p>

SELECTION AND PLACEMENT OF CHILDREN

<p>Intake Assistant/EHS Office Tech or EHS Office Assistant</p> <p>Family Educator and EHS Staff</p>	<p>If either parent/guardian is not eligible for FDFY services, places child in the appropriate EHS center based combination or home based caseload as appropriate based on the school bus transportation address and age.</p> <ul style="list-style-type: none"> • Children under 12 months of age will be placed in the home based model. Except for EHS FDFY children are eligible at 6weeks. • Children who live in an area that does not have classroom services available will be placed in the home based model, or will need to self-transport. • All other children will be placed in the combination or center based class that serves their area based on available slots and parent/guardian preference. <p>Expectant mothers may be placed in EHS Home Based services. After the birth of the child, the slot will transition from mother to baby.</p> <p><u>Special Circumstances</u></p> <p>Conflict of interest will be avoided in determining children’s placement. Children will not be placed in classes staffed by anyone with whom the family has an existing or prior relationship. This includes direct service staff and supervisors. Any potential conflict of interest identified by staff or parent/guardians must be disclosed to the Operations Manager or Infant and Toddler Manager for consideration.</p> <p>If the family wants to self- transport to a particular class the child may be placed in that class if the parent/guardian signs a Self- Transport Agreement.</p> <p>Preschool children from homeless families may be placed at the Outreach or Center Street Duration site or at the site serving their neighborhood depending on their family situation. Typically homeless children whose families are doubled up long term are placed in their neighborhood school.</p> <p>Children with a diagnosed disability may be placed in a class that is not their neighborhood school. This is determined by the Disabilities Specialist, Operations Manager, or Infant and Toddler Manager. Considerations include; necessary accommodations, availability of school district transportation and the number of children in the class with an identified disability.</p> <p>For FDFY families in Head Start, works in partnership with Department of Human Services (DHS) to determine if the family is eligible for Employment Related Day Care (ERDC). Coordinates the ERDC application process, if appropriate. Contacts family to discuss FDFY hours and rules. Makes final recommendation regarding FDFY placement. For EHS Child Care Partnerships, the provider coordinates the ERDC application with the parent and DHS.</p> <p>For FDSY families, requests and verifies a copy of the parent’s/guardian’s school schedule that shows their status as full time students. Full time is defined as 12 credit hours or full time enrollment in business or trade school or full time enrollment in high school.</p> <p>Obtains signed FDFY Letter of Agreement in addition to regular enrollment paperwork.</p> <p>Monitors for compliance to terms of FDFY Letter of Agreement, including good attendance and minimum required hours. If the family is not generally adhering to the agreement, utilizes the steps in the Attendance Monitoring procedure.</p>
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SELECTION AND PLACEMENT OF CHILDREN

	<p>Conducts quarterly reviews for families continuing eligibility for FDFY or FDSY by completing a Full Day Full Year Screening or Full Day School Year Screening with parents/guardians and obtaining supporting documentation such as school schedules. Should a family become ineligible after being placed in a class, works with parent/guardian to make a plan which may include parent/guardian becoming re-eligible or transitioning child to a part day, shorter day or combination slot.</p>
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