

OMB Control No: 0970-0427
Expiration date: X/XX/XXXX

Monthly Enrollment

The following information is collected at the program level and/or center-level.

Operated this month:	Yes/No
Last day of services provided:	[Date]
Funded Enrollment:	[Pre-populated field]
Head Start Enrollment:	[Enrolled – numerical field] [Reserved] [Vacant (less than 30 days)] [Monthly Total – Calculated field]
Comments:	[Text Field]
Initially Reported:	[Pre-populated field]
Last Modified:	[Pre-populated field]

Definitions:

Operational (or any variation of) — *the program was open and children were enrolled during the month.*

Enrolled - *Report the total number of children (and pregnant women in Early Head Start programs) that have been accepted and attended at least one class (or at least one home visit for the home-based option) on the last operating day of the requested month (see Head Start Performance Standards section 1305.2).*

Reserved - *Report any slots reserved for families experiencing homelessness or children in foster care. No more than 3 percent of a program's funded enrollment slots may be reserved. If reserved slots are not filled within 30 days, they become regular vacancies which can be counted as enrolled slots for up to 30 days (see Head Start Performance Standards section 1302.15(c)).*

Vacant (less than 30 days) - *Report any slots that were vacant less than 30 days as enrolled. After 30 days, the slot is not counted as enrolled (see Head Start Performance Standards section 1302.15(a)).*

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Questions for Enrollment Reporting Due to COVID-19	
Impacted by Natural Disaster:	[Yes/No]
[HS/EHS] Status of in Person Services:	[Open for in person program services/Closed for in-person services due to COVID-19/Closed for in-person services due to natural disaster/Closed for in person program services because it is not in season]
[HS/EHS] Was the center closed at any point in the past month due to COVID-19:	[Yes/No]
[HS/EHS] Program Option	[Center-based/Home-based or services to pregnant women/Family child care/Locally designed option/More than one program option]
# of [HS/EHS] Children in Person Only	[Numerical Entry Field]
# of [HS/EHS] Children Virtual/Remote Only	[Numerical Entry Field]
# of [HS/EHS] Children in both in Person and Virtual/Remote	[Numerical Entry Field]
Notes Regarding Center/Program:	[Text Box]