



# SACRAMENTO CITY UNIFIED SCHOOL DISTRICT BOARD OF EDUCATION

Agenda Item# 13.1o

**Meeting Date:** August 8, 2024

**Subject:** Approve SETA Head Start Change in Center for 2024-25 school year.

- Information Item Only
- Approval on Consent Agenda
- Conference (for discussion only)
- Conference/First Reading (Action Anticipated: \_\_\_\_\_)
- Conference/Action
- Action
- Public Hearing

**Division:** Early Learning and Care

**Recommendation:** Approve relocating Oak Ridge Preschool Center to CAJ Skills Center because Oak Ridge Elementary school will be undergoing construction during the school year of 24-25.

**Background/Rationale:** SETA Head Start has allow the change in center to prevent from closing a preschool classroom.

**Financial Considerations:** Request to submit the change in center will allow the Grant amount to remain the same instead of decreasing the amount. SCUSD will continue to open 31 preschool classroom in FY 24-25.

**LCAP Goal(s):**

By relocating Oak Ridge to CAJ Skills the preschool class will be available to families and the community where SCUSD can continue to provide and support educational needs.

**Documents Attached:**

1. Request to accept the SETA Head Start Program Approach Change.

<p><b>Estimated Time of Presentation:</b> N/A</p> <p><b>Submitted by:</b> Yvonne Wright, Chief Academic Officer Aida Buelna, ELC Consultant Assistant Superintendent</p> <p><b>Approved by:</b> Lisa Allen, Superintendent</p>
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REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION

Delegate/Partner: Sacramento City Unified School District

Funding Source:  Head Start  Early Head Start  Both

Agreement Number: 25C5551S0 Date: 06/06/2024

**I. I/We are requesting the following exhibit(s), attached to the agreement contract referenced above, be modified:**

*Please check the type of request(s):*

**Program Options**

**Budget Modification** (changing the dollar amount between cost categories)

*For Program Year:* \_\_\_\_\_

*Does this involve the purchase of a fixed asset?*  Yes  No

*(ACF approval required for all fixed asset purchases)*

*Will the project be over \$250,000?*  Yes  No

*(1303 Facilities Renovation/Repair Application will be required)*

**Budget Carryover**

*From Program Year:* \_\_\_\_\_ *to Program Year* \_\_\_\_\_

*(Requires ACF approval)*

**Change in service days / Calendar Change**

**Change in Centers / Temporary Closure**

**Class-size Waiver Request** (to enroll up to 24 children in a class(es)

*(Requires ACF approval)*

**One-time Health and Safety Program Improvement Funding Request** (pending available funds)

**Other:** \_\_\_\_\_

**II. Please identify what is in the original agreement and describe the change being requested.**

Oak Ridge elementary will be undergoing construction so we will be moving the 20 available slots to SCUSD CAJ Skills Center since it is already licensed. Current families and students will have the option to transfer to CAJ Skills or Ethel Philips (0.7 miles) and FR KB Kenny (0.6 miles), which are in close proximity to Oak Ridge.

**REQUEST FOR PROGRAM APPROACH CHANGE AND/OR BUDGET MODIFICATION**

(Continued)

**III. The requested changes are justified based on the following:**

By relocating Oak Ridge to CAJ Skills the preschool class will be available to families and community. SCUSD can continue to provide and support educational needs. EL&C will utilize the available classroom to keep the preschool program open to Oak Ridge preschool families and community.

**IV. For a Budget Modification – Please complete this section if: 1) there are revisions in the budget as a result of the program approach change or 2) the request is specific to a Budget Modification.**

*NOTE: A Budget Narrative is required to be submitted with the updated Budget Worksheet*

Program Year <u>2024-25</u>		Grant #: 09CH011763	
Cost Category/Item Description	Current Budget	Budget Modification	Updated Budget
Personnel			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Construction			
Other			
<b>TOTAL</b>			
<b>Non-Federal Share</b> <i>(for Carryover Requests Only)</i>			
Non-Federal Share	Current Budget	Budget Modification	Updated Budget
Please describe how agency will obtain the Non-Federal Share:			

**N. I am authorizing that this request be submitted to SETA on behalf of the program referenced above and do so pursuant to the Resolution Authorizing Execution of Service Provider Subgrant/Delegate Agency Agreement/Service Contract from the Sacramento Employment and Training Agency included in this agreement contract.**

DATE: 06/06/2024

  
(Authorized Signature)

Mary Hardin Young  
(Typed Name)

Deputy Superintendent  
(Title)

**APPROVED BY POLICY COMMITTEE** (See instruction if required):

DATE OF MEETING: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Chairperson, Policy Committee)

\_\_\_\_\_  
(Typed Name)

**APPROVED BY GOVERNING BODY** (See instructions if required):

DATE OF MEETING: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Chairperson, Board of Trustee or Board of Directors)

\_\_\_\_\_  
(Typed Name)

**APPROVED BY GRANTEE:**

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Karen Griffith, Head Start Deputy Director)

*For Internal Use Only*

Tracking:

Date Received: \_\_\_\_\_

\_\_\_\_\_  
(Melanie Nicolas,  
CFS Program Officer/Administration)

Date Approved: \_\_\_\_\_

Date Approved: \_\_\_\_\_

\_\_\_\_\_  
(Victor Han, Fiscal Manager)

Comments: