



# Addressing Vacant Slots Due to Chronic Absenteeism in Head Start Programs

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## Addressing Vacant Slots Due to Chronic Absenteeism in Head Start Programs ACF-OHS-IM-25-06

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### Information Memorandum

**To:** All Head Start recipients, including Head Start Preschool, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

**Subject:** Addressing Vacant Slots Due to Chronic Absenteeism in Head Start Programs

#### Information:

This Information Memorandum (IM) clarifies policy guidance on vacant slots in Head Start programs, with a focus on vacant slots due to chronic absenteeism.

Vacancies occur when a child who is enrolled in the program (and has attended previously) no longer attends for an extended period of time. This empty slot constitutes a missed opportunity for the child who is not attending a program and a missed opportunity for an eligible child who is waiting for Head Start services. Programs should work with the family to reinstate attendance or consider the slot vacant and fill it so the maximum number of eligible children can receive Head Start services.

This IM clarifies when Head Start programs should consider a child's slot vacant after long-term absences, underscores the importance of regular attendance, and offers strategies programs can use to enhance access and participation for children and families.

## Clarifying Vacant Slot Requirements

The Head Start Program Performance Standards (Performance Standards), specify that a Head Start program must maintain its funded enrollment level and fill any open slots as soon as possible and within 30 days ([45 CFR §1302.15\(a\)](#)). This does not supersede any requirements set by a state on the timely enrollment of children in state funded programs.

The Office of Head Start (OHS) requires a program to report a slot as vacant as soon as the family or guardian communicates that the child is not returning to the program. The program must consider a slot vacant after a child has not attended for a **maximum** of 30 days (which should be counted as 30 consecutive calendar days) and a minimum of three attempts have been made to re-engage the family. Considering the slot vacant means the child will be unenrolled. This action is not considered expulsion as described in [§1302.17](#).

If a program has reserved one or more enrollment slots for children and pregnant women experiencing homelessness or children in foster care, it can hold that slot for 30 days (§1302.15(c)). If a reserved slot is not filled after 30 days, it becomes vacant and must be filled within 30 days. When filling vacant slots, programs are expected to refer to their waiting list, which ranks children according to the program's selection criteria as outlined in [§1302.14\(c\)](#).

The Performance Standards are also clear that programs must implement strategies to promote attendance, including using individual child attendance data to identify children with patterns of absence that put them at risk of missing 10 percent of program days per year. If a child ceases to attend, the program must make appropriate efforts to reengage the family to resume attendance ([§1302.16\(a\)\(3\)](#)). Efforts to reengage the family, at a minimum, include either directly contacting the parent or guardian or conducting a home visit. Each contact or attempted contact with the family must be documented in the child's file or in the program's record keeping system.

## Considerations for Exceptions

The Performance Standards outline an expectation of filling any vacancies as soon as possible and within 30 days (§1302.15(a)), and OHS generally considers a slot to be vacant as soon as a family has confirmed the child is not returning to the program (or when a child has not attended for a maximum of 30 days), as described above. However, Head Start programs may develop policies and procedures that allow for limited exceptions to when a slot is considered to be vacant, as there are some unique circumstances that may factor into a child's attendance. Some examples may include: extenuating family circumstances that require a family to travel out of the service area for more than 30 days, a child with an extended illness or requiring hospitalization, a family recovering from a disaster, or a family emergency that might hinder a family's ability to ensure their child is able to get to the program. Programs must document the rationale for allowing the exception either in the child's file or in their record keeping systems.

In extraordinary circumstances, a child may be temporarily suspended from a Head Start program (§1302.17(a)). A temporary suspension may be used only as a last resort when there is a serious safety threat that has not been reduced or eliminated by the provision of interventions and supports recommended by the mental health consultant, and the program needs time to put appropriate services in place. In these instances, a temporary suspension would not count toward the maximum of 30 days before a slot is considered vacant. If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety. A program must explore and document all steps taken to address the behavior(s) and supports needed to facilitate the child's safe reentry and continued participation in the program as outlined in §1302.17(a)(4).

If a program unenrolls a child due to chronic absenteeism, OHS encourages programs to allow the family to re-enroll upon return if there is a vacancy to accommodate them. If a program can no longer accommodate the family, it should place the child to the waitlist and help them identify an alternative care arrangement.

## **Enrollment Reporting Reminders**

All Head Start programs must report their monthly enrollment in the Head Start Enterprise System (HSES) by Head Start Preschool and/or Early Head Start program within each grant ([641A\(h\)\(2\)](#)). Together, the following categories make up the total enrolled slots for the month: filled slots, reserved slots, and slots vacant for less than 30 days. Programs can make edits to reported monthly enrollment until a new reporting period opens.

For the purposes of enrollment reporting, a slot that is vacant for less than 30 days is counted toward a program's enrolled slots. Programs may report any slots that were vacant for less than 30 days as enrolled for the month. This allows the programs an opportunity to enroll another family. After 30 days, the slots can no longer be counted as enrolled slots (§1302.15(a)). At the beginning of the program year, all unfilled slots are considered vacant, unless they are reserved, and must be filled as soon as possible.

## **Importance of Attendance and Preventing Chronic Absenteeism**

In Head Start programs, chronic absenteeism means missing 10 percent of program days per year. Chronic absenteeism, even among children in preschool and kindergarten, has been shown to be related to future chronic absenteeism, grade retention, and poor academic achievement.<sup>1</sup>

Children living in poverty are two to three times more likely to be chronically absent from school. Chronic absenteeism can have disproportionately negative impacts on children living in poverty because their families often lack access to resources needed to make up for the lost learning.<sup>2</sup> Establishing a pattern of consistent attendance enhances children's cognitive development, social skills, and long-term educational success.

## **Strategies to Enhance Program Access and Participation for Children and Families**

Head Start programs are required to implement strategies to promote attendance (§1302.16(a)(2)). Here are a few strategies programs can use to address chronic absenteeism and boost regular attendance:

- Building relationships with families to improve communication.
  - Program leadership should promote regular attendance by consistently sending the message that regular attendance is important for children's success. Child and family services staff should reinforce this message by highlighting attendance during parent-teacher conferences and other engagement opportunities, and discussing the benefits of regular attendance with families.
    - Programs should ensure that all staff can build trusting relationships with families. These relationships are the foundation for understanding any challenges a family and child may be facing. As part of these ongoing relationships, staff can have regular conversations with families about the value and benefits of attendance as well as problem solve about specific family circumstances that may be adversely affecting child attendance.
- Programs can engage in community partnerships that support child and family wellbeing and promote child attendance. Health and mental health providers, family support services, housing

organizations, and child care providers with extended days supports can all help programs to promote family and child wellness, stability, and child attendance.

- Programs must track attendance for every child. Programs must also examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed (§1302.16(a)(2)(v)).
- Programs must regularly review and analyze individual child-attendance data to identify trends and patterns in absences and develop targeted supports for families. If a program's monthly average daily attendance rate falls below 85 percent, the program must analyze the causes of absenteeism to identify any systematic issues that contribute to the program's absentee rate (§1302.16(b)).
- Programs should use health data to identify trends in children's absences that are related to health and implement strategies that improve attendance. They can help improve attendance using policies and procedures that promote health, reduce the spread of illness, and prevent injury. Programs should individualize supports for each family when absences are related to health, and provide education and resources for family members to prevent illness and injury and identify when a child is sick and needs treatment.
- Programs must use a multidisciplinary approach that facilitates coordination and collaboration between mental health and other relevant program services, including as education, disability, family engagement, and health services. A multidisciplinary approach, including mental health consultants, can help programs identify why there may be chronic absenteeism and support children and families to attain regular attendance.

Thank you for the work you do on behalf of children and families.

Sincerely,

/ Tala Q. Hooban /

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Resources:

- [ERSEA \[Eligibility, Recruitment, Selection, Enrollment and Attendance\] Insights](#)
- [Addressing Barriers that Limit Attendance](#)
- [Health Services to Promote Attendance](#)
- [Eligibility Resources](#)
- [Enrollment: Creating Systems for Filling Every Seat](#)
- [Making Enrollment Accessible to Families](#)

<sup>1</sup> <https://www.aap.org/en/patient-care/school-health/school-attendance>

<sup>2</sup> <https://www.attendanceworks.org/chronic-absence/the-problem/>