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Goal Statement – Children receive health and developmental services to promote school readiness.

A. Determining Child Health Status

Objective 1: To determine child’s health status no later than 90 days from the child’s entry into the program.

1. During the child’s enrollment process, program staff will interview parents and review medical documents with them to help make a determination as to whether or not each child has a source of continuous, accessible health care.

2. Big Sandy Area Head Start and delegate agencies will also determine whether or not each child has a source of funding for health services necessary to assure a prompt and complete assessment of child’s health status.

3. If it is determined that a child does not have a continuous source of care, grantee and delegate staff will work with the parents to plan strategies for acquiring a medical home. Strategies will include:

   a. Seeking assistance from the Health Services Advisory Committee to identify long-term providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families;

   b. Working with the local Medicaid agency to determine a child’s eligibility for medical assistance;

   c. Carefully and periodically reviewing health records to ensure that recommended treatment and preventive services are being provided, and that plans are developed for treatment and follow-up.

4. Big Sandy Area Head Start and delegate agencies will maintain documentation of the determination of child’s health care provider(s) and source of funding for health services.
Objective 2: To ensure that each child is up-to-date on a schedule of age appropriate and primary health care within 90 calendar days of the child’s entry into the program.

1. Big Sandy Area Head Start and delegate agencies will obtain from a health care professional a determination as to whether each child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. The well child care (EPSDT program schedule) will be followed.

2. For children who are not up-to-date on the well child care (EPSDT) schedule, Big Sandy Area Head Start and delegate agencies will assist parents in making arrangements for children to receive needed examinations and immunizations.

3. For children determined to be up-to-date on the well child care (EPSDT) schedule, Big Sandy Area Head Start and delegate agencies will insure that they continue to follow the recommended schedule by:
   a. Discussing with parents the importance of prevention, early intervention and well child care;
   b. Speaking with parent’s to ensure that they have arranged necessary appointments with health care if needed;
   c. Assisting families in arranging for transportation to and from appointments, as well as locating child care professionals;
   d. Providing other support, as necessary, to ensure appointments are kept;
   e. Ensuring that the parents understand their child’s eligibility for services under Medicaid programs and how to advocate for their child in a variety of health delivery systems.

Objective 3: To track and monitor the provision of health care services to children.

1. Big Sandy Area Head Start and delegate agencies will establish procedures to track the provision of health care services to children.

2. The grantee and delegate agencies will maintain health records for each child which will be used to:
   a. Provide a child development program suited to the individual child;
   b. Identify needed preventive and corrective care;
   c. Assure that needed preventive and corrective care is arranged to unauthorized persons.
3. Child health records will be kept confidential and inaccessible to unauthorized persons.

4. The Grantee Health Services Manager will be responsible for monitoring the completion of all 45 and 90 day screenings and exams.
   a. The HSM will provide Delegate Directors with a list of children who did not receive medical and dental screenings/exams within the required timeframe.
   b. The delegate staff will provide documentation reasons or explanations for each child to explain why the screenings/exams were not obtained.
   c. The HSM will use this documentation to explain any failure to achieve 100% completion of medical and dental screenings/exams.
   d. Delegate Family Service Workers will document on COPA under “Family Case Notes” any interaction that took place with the family regarding the child’s medical needs and what support strategies were offered.

**Objective 4: To obtain or arrange further diagnostic testing, examination, and treatment for each child with a observable known or suspected health and developmental problem.**

1. Big Sandy Area Head Start and delegate agencies will ensure that appropriate intervention occur for children needing further diagnosis, examination and treatment of health and developmental programs.

2. The grantee and delegate agencies will ensure that health and developmental problems receive competent and continuing care until the issues are remedied, or until ongoing care is established.

3. Together with parents, program staff will develop and implement a follow-up plan for and medical/dental, developmental, nutritional, or mental health problems identified.

**Objective 5: To conduct developmental, sensory and behavioral screenings within the first 45 days of enrollment.**

1. Grantee and delegate agencies will, in collaboration with the parents, perform or obtain behavior, vision, hearing, speech/language, and a developmental screening within the first 45 days of enrollment.

2. Big Sandy Area Head Start and delegate agencies will develop and implement screening procedures which conform to sound early childhood practice, are sensitive to the child’s cultural background, and produce valid, reliable results.

3. The grantee and delegate agencies will obtain direct guidance from a
mental health or child development professional on how to interpret results and use findings to address identified needs.

4. The program will utilize multiple sources of information on all aspects of each child’s development and behavior (i.e. screening results, parent observation/concerns, staff observations, etc.) in determining results.

**Objective 6: To facilitate the implementation of follow-up and treatment for those children needing services.**

1. To facilitate the implementation of a follow-up plan, Big Sandy Area Head Start and delegate agencies will have a system in place for on-going communication with the parents of children with identified health needs.

2. Grantee and delegate agencies will provide assistance to the parents in arranging transportation, obtaining prescribed medications, aids, or equipment for medical and dental conditions and discuss any issues or questions parents raise. The program staff will assist parents in learning how to communicate and work with health professionals.

3. Dental follow-up and treatment will include:
   
a. Fluoride supplements and topical fluoride treatments as recommended by the dental professional.

b. Other necessary preventive measures and further dental treatment as recommended by the dental professional.

4. Grantee and delegate agencies will assist with the provision of related services addressing health concerns in accordance with the child’s Individualized Education Program. The Individual Education Plan (I.E.P.) defines the educational and service needs of a child with a disability.

5. Big Sandy Area Head Start and delegate agencies will help parents to access and use existing services and resources for medical and dental services. The program will determine that all available resources have been exhausted prior to use of Head Start funds.

**Objective 7: To implement ongoing procedures by which staff can identify new or recurring medical, dental or developmental concerns.**

1. Grantee and delegate agencies will develop and implement ongoing procedures by which Head Start staff can identify any new or recurring medical, dental or developmental concerns of children in a timely fashion.

2. Procedures will include periodic observations and recordings of individual children’s development progress; changes in physical
appearance, emotional and behavior patterns. Procedures will include observations from parents and staff.

**Objective 8: To involve the parents in all efforts to ensure that their child is enrolled and receiving appropriate health care services.**

1. To ensure that each child enrolled is receiving appropriate health care services, grantee and delegate agencies will carry out the following:
   
a. Familiarize parents with the use and rationale for all health and developmental procedures administered through the program.

b. Obtain advance parent or guardian authorization for such procedures.

c. Ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;

d. Talk with parents about how to familiarize their children in advance with all the procedures they will receive while enrolled in the program;

e. Assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children’s health care process;

f. Obtain written documentation of parent or legal guardian’s refusal to give authorization for child’s health services.

**Objective 9: To determine how the program can respond to each child’s individual characteristics, strengths and needs.**

1. Big Sandy Area Head Start and delegate agencies will use the information from the developmental, sensory, and behavior screening, the ongoing observations, medical and dental evaluations and treatments and parents to determine how the program can best respond to each child’s individual characteristics, strengths and needs.

2. Information from staff and parent observations as well as the developmental screening will be used to complete a developmental assessment on each child three times during the school year. An individual growth plan will be automatically developed by the program’s on-line assessment data base (Creative Curriculum.net) to inform staff and parents about the types of activities that the child needs to engage in.
3. Grantee and delegate agencies will support the individualization for children with disabilities. Children with a diagnosed disability will have an Individual Education Plan (I.E.P.) with specific interventions to meet their needs.
Determining Child’s Health Status

POLICY:
In order to assess and meet individual needs, staff will determine if the child has on-going access to health services and obtain documentation of an age appropriate health assessment upon enrollment or within 90 days of child’s enrollment date.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 ((a.1 & a.2)

PROCEDURE:

1. As part of the enrollment process, parent will be asked to identify their child’s health care provider(s) and to give written consent to enable the Head Start program to establish communication with the provider(s).

2. During the enrollment and family assessment process, the Family Advocate will identify the family barriers in accessing health care and a plan of action will be developed and documented.

3. At the time of intake/enrollment, parents will be informed of the health requirements of the program. Requirements are consistent with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Schedule, Kentucky Immunization Program, the Center for Disease Control, and any other additional recommendation from Big Sandy Health Advisory Committee that is based on prevalent community health problems. Parents will be encouraged to obtain or provide documentation of an up-to-date physical, dental exam, vision exam, and immunization record prior to the child entering the classroom. (See Physical Exam, Dental Exam/Services, Vision Exam, and Immunizations policies).

4. If the family does not have a medical/dental provider (medical/dental home), staff will assist them in choosing one and making scheduling appointments:

   a. If the child is not up-to-date on the recommended schedule of well child care, staff will assist families in making necessary arrangements (including transportation) to bring the child up-to-date. If a child is not eligible for Medicaid/K-Chip or other payment sources, he/she will be referred to medical/dental providers contracted by the Head Start program for services. (see Head Start Payment for Medical/Dental Services Policy)
b. For children who are up-to-date on an age appropriate schedule, the program will ensure that they continue to follow the recommended schedule by closely monitoring each child’s individual health record. (see Tracking and Follow-up Policies)

5. Assessment of the child’s current health status will include the following screenings, examinations, and information:

a. Child Health History
b. Preventive Health Questionnaire
c. Asthma /Allergy Questionnaire (if applicable)
d. Insurance information
e. Physical
f. Blood Pressure
g. Blood lead screening
h. Hemoglobin/Hematocrit
i. Mental health issues
j. Safety
k. Height & Weight
l. Vision exam
m. Vision screening (if applicable)
n. Hearing screening
o. Development screening
p. Immunizations
q. Dental Exam
Child Health History

POLICY:

To ensure that Head Start has a comprehensive picture of each child’s past and present health status and needs.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.20

PROCEDURE:

1. During the enrollment process, the parent will be asked to complete (using a black/blue pen), with staff assistance, the Child Health History to provide information concerning the child’s health and developmental history, special needs, dietary habits, and to identify if the child is at risk for certain disease or illness.

2. The staff interviewer assisting the parent in the completion of the Child Health History will ensure the completion of all questions and necessary information.

3. The Grantee Health Services Manager may review the Child’s Health History in the following situations:
   • If there is a problem or concern from program staff
   • To determine child’s present health status and current needs
   • During the annual grantee record review

4. A completed copy of the Child Health History will be filed in the child’s individual health folder and entered on COPA under the “Health History” tab.

Approved by Policy Council: March 2016
Physical Examination

**POLICY:**

Program staff will support families in completing child physical exams within 90 calendar days of the child’s enrollment date.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a)*

**PROCEDURE:**

1. During the intake/enrollment process, parents will be informed of the health requirements of the program and encouraged to schedule their child to receive a physical examination prior to school entry. If the family does not have health coverage of some type, staff will inform them of the Kentucky Medical Assistance Program, KCHIP, KYNECT, and other low cost resources.

2. If the family does not have a medical provider, staff will assist them in choosing one and in making the necessary arrangements for the child’s exam.

3. A School Physical Exam form will be provided for the parent to take to the medical provider for completion.

4. Staff will inform the parents of the importance of HCT/HGB, blood pressure, and lead blood screening.

5. Physical examinations given within one (1) year prior to enrollment in the program will be considered current. Once the date of the physical has expired, the staff must notify the family and assist them with obtaining another physical. Proof of the examination is to be obtained within 90 calendar days from the child’s enrollment date.

6. If the child is not eligible for KMAP, KCHIP, or does not have private insurance, Head Start funds may be used for payment of the physical exam once eligibility and the enrollment process are completed. *(See Head Start Pay Policy and Procedure)*
7. Physical exams will be completed annually as recommended by the EPSDT schedule and upon yearly date of actual physical.

8. The Family Advocate will utilize tracking procedures to ensure that each child receives timely screenings, exams, and follow-up when needed.

Policy Council Approved: March 2016
Hematocrit/Hemoglobin Determination

POLICY:

The program will ensure that all children are screened for iron deficiency within 90 calendar days of the child’s enrollment date.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a)*

PROCEDURE:

1. During the intake/enrollment process, parents will determine if the child is up-to-date on all screenings/exams according to the recommended schedule. EPSDT recommends that a HCT/HGB screening be done by age 9 to 12 months.

2. Through use of the School Physical Exam form or a form from the WIC office, the parent will be asked to provide the program with the HCT/HGB screening date and results. This can be a previous result. If needed, the parent may sign a “Release of Information” form allowing the program to obtain the results from the provider.

3. If determined that the child has not been screened for iron deficiency or the results of a previous screening cannot be obtained, the Family Advocate, program staff, or Grantee Health Manager, will assist the parent in arranging for and obtaining this screening.

4. The program will ensure that all children are screened for iron deficiency within 90 calendar days of the child’s enrollment date.

5. Hematocrit/Hemoglobin screening results will be kept in the child’s health folder and entered on the child’s Medical Record under the anemia section.
6. A referral will be made to the child’s physician or local health department if:

- The child’s HGB screening result is below 10.0
- The child’s HGB screening result is 15.0 or higher
- The child’s HCT is below 33%
  - If a HCT or HGB result is on the physical exam form and there was no mention of concern from the health care provider, there will be no need to monitor the result
- The classroom staff observe changes in the child’s energy level, eating patterns, and general well-being
- The parent has concerns

Policy Council Approved: March 2016


**Blood Pressure Screening**

**POLICY:**

All children will have a blood pressure screening within 90 calendar days of the child’s enrollment date.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a)*

**PROCEDURE:**

1. Through the use of the School Physical Exam form, physicians will be requested to conduct blood pressure and other health screenings as part of the physical examination.

2. In the event that the blood pressure screening is not completed at the time of the physical exam, the Family Advocate will inform the parent of other resources that can provide the screening and assist with scheduling and coordinating transportation, if needed.

3. If attempts to obtain a blood pressure screening from other sources have failed, Head Start staff will contact the Grantee Health Service Manager, School Nurse, or School Health Aid to complete the screening. Written permission for screening must be obtained from the child’s parent on the Health History or Permission Sheet.

4. The average blood pressure reading for a four-year-old child is 98/64 and most children should fall between the 25th and 75th percentile (88/56 and 106/68). The upper limit or 95th Percentile for three to six-year-old children is 110/70.

5. If the reading is higher than 110/70, the child will be re-screened within 2 weeks, if still over 110/70 the child will be referred. If on the physical exam report, the blood pressure result is over 110/70 and the physician has no comments and determined this as being a normal physical exam, no further action will be taken by the Head Start staff.
6. Blood pressure screening date and results will be maintained in the child’s individual health folder and entered on the Child’s COPA Medical Record under the General Information tab.

7. Staff will monitor/track blood pressure screening, as with all other medical screenings and exams. (See Tracking-Follow-Up policy)

8. All children will have an annual blood pressure screening, as recommended by the EPSDT schedule.

Policy Council Approved:  March 2016
Urinalysis Screening

POLICY:

All children who exhibit signs/symptoms of urinary track infection will have a urinalysis screening.

PROCEDURE:

1. During the intake/enrollment process, staff will ensure that parents are informed of the program’s health requirements and the recommended schedule for screenings and exams.

2. Through the use of the physical exam form, physicians/health care providers will be requested to complete age appropriate screenings following the EPSDT schedule for all children.

3. A child may be referred for urinalysis screening at any time if staff has concerns or if the child has frequent urination, odor, or complaints of burning and/or hurting when urinating.

4. Staff / FSW will notify parent/ guardian that child needs to visit their physician for a urinalysis. If parents need help with transportation and/or scheduling an appointment, staff will assist as needed.

5. The parent will be requested to provide the program with documentation and results of the urinalysis screening or the FSW/ Home Visitor will obtain a Release of Information form, signed and dated by the parent.

6. Urinalysis screening date, results and follow-up documentations will be maintained in the child’s health record/folder and entered into the Medical Record on COPA.

Approved by the Policy Council October, 2007
Tuberculosis Risk Assessment/Screening

POLICY:

To ensure child and staff are healthy and not a threat to other individuals.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a)

PROCEDURE:

1. During the intake/enrollment process, prior to the child attending school, parents will be asked to complete, with staff assistance, the Preventive Health Questionnaire that includes the written TB assessment as part of the child health history.

2. If any question on the T.B. Risk Assessment form is answered “YES” (other than the child has had a negative T.B. Skin Test), the parent/guardian will be contacted and a referral will be made to the local health department/family physician for follow-up at provider’s discretion.

3. The FSW/Home Visitor will assist the family, as needed, in obtaining and/or arranging follow-up services.

4. Tuberculosis risk assessment, screening results and referrals will be filed in child’s individual health folder and entered on Child Immunizations & T.B. on COPA under TB testing.

8. The tuberculosis screening policy will be reviewed and evaluated by the Health Advisory Committee at least once pre program year, to determine if the policy complies with current state/community recommendations, laws and regulations.

9. Grantee and Model City staff will complete a Staff TB Risk Assessment annually. If any risk factors are answered yes, a referral will be made to their family physician or local Health Department for follow-up at provider’s discretion.

Policy Council approved September 2013
Lead Assessment

POLICY:

All children will be assessed for lead poisoning within 90 calendar days of enrollment

• This policy relates to Head Start Performance Standards 45 CFR Part 1304.20(a)

PROCEDURE:

1. The EPSDT (Early Periodic Screening Diagnosis & Treatment) schedule recommends that children should receive a lead screening at 9 and 24 months of age and up to 72 months of age if they did not receive a screening earlier. During the intake/enrollment process prior to entry into the Head Start classroom, staff will inform the parent/guardian of the program’s health requirements and determine if the child is up-to-date on the recommended schedule. (See determining Child’s Health Status Policy)

2. Staff with assist parent/guardian to complete The Preventive Health Questionnaire that includes the Written Lead Assessment. All questions are to be completed. All children, new and returning, will complete this form. The hard copy will be filed in Child’s Health Folder and recorded on the COPA Medical Record.

3. A referral will be made to the local health department or the child’s physician for follow-up at their discretion if:

   a. the child has not previously had a lead blood screening.

   b. the parent answers YES to any question on the Lead Risk Assessment other than,” the child has had a lead screening.”

   c. screening results indicate a blood level of 5 ug/dl and above.

4. Program staff /Family Advocate will assist the parent /guardian in making and keeping appointments or arranging transportation assistance.

5. All Results will be entered on the COPA Medical Record under Lead Screening as follows:
• The Preventive Health Questionnaire will serve as our program’s “written lead assessment”. For 1st year students, the lead assessment will be entered in the “Lead” section as the 12 mo screening. For returning students, it will be identified as the 6 mo screening.

• For the Lead Screening, staff will enter the result as 24 mo for 1st year students and 18 mo (if updated) for returning students.

6. The Family advocate will follow-up and track lead assessments and lead blood screening results using the same procedure used for other screening and exams. (See Tracking –Follow-Up policy)

Policy Council Updated: March 2016
Immunizations

POLICY:

All children entering the Head Start Program are required to meet the minimum standards for immunizations in accordance with Kentucky’s Childhood Immunization Schedule or have a medical or religious exemption.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20

PROCEDURE:

1. Parents will be asked to submit a signed Childhood Immunization Certificate with their child’s enrollment application.

2. Prior to attendance, children must have a minimum dose of the following vaccines:

   - Varicella (Chickenpox)
   - Diphtheria, Tetanus, Pertussis (DTaP)
   - Haemophilus Influenzae Type b (Hib)
   - Measles, Mumps, Rubella (MMR)
   - Inactivated Polio
   - Hepatitis B (Hep B)

3. Health services staff will evaluate each child’s immunization record to ensure that the certificate is signed, has at least the month and dose of vaccine received, or a religious or medical exemption.

4. If a new enrollee does not have at least one of each of the mandatory immunizations, or a religious or medical exemption, staff will inform the parent of what they need and remind them that the child must have one of the immunizations before attending school.

5. The child will not be allowed to attend class until the parent can take the child for the immunization and provide the necessary documentation. The FSW/Home Visitor will assist the family in getting the required immunizations, if needed.
6. A child without a valid immunization certificate may be enrolled in the Home-Base option but must have a valid certificate within two weeks of enrollment to receive additional services and participate in socialization day group activities.

7. Every child should continue to receive immunizations according to schedule. Staff will encourage parents to provide the program with any updated information. The FSW/Home Visitor will work with families to ensure that they are informed and have the resources needed to complete or remain “up-to-date” on the child’s immunizations.

8. The FSW/Home Visitor will remind the parent of needed immunizations thirty (30) days prior to the expiration of the immunization certificate and that the child could be excluded from the program if an up-to-date certificate is not received within two weeks after expiration.

9. If the parent fails to submit an up-to-date immunization certificate within two weeks of expiration, the FSW/Home Visitor will notify the parent that the child could be excluded from the classroom and Social Services may be called if a valid immunization certificate is not received for the child. Staff will assist the parent in obtaining their child’s immunizations, if needed.

10. A child may remain in class with a non-valid immunization certificate if:

   a. A physician/health care provider refuses to immunize because of the child’s illness or physical condition. A signed statement and Medical Exemption Certificate from the physician must be obtained and a copy filed in the child’s individual health record.

   b. Head Start staff have not notified the parent that the child needs an immunization. After written notification, the parent has two weeks to obtain their child’s immunization and up-to-date certificate.

11. A copy of the immunization certificate will be filed in the child’s health folder and the information entered into COPA.

12. The grantee Health Unit Manager and delegate staff will utilize COPA to monitor each child’s immunization record.

Approved by the Policy Council October, 2007
Developmental/Behavior Screening

POLICY:

All children will be screened in the areas of cognition, language, motor, social emotional and behavior skills within 45 calendar days of enrollment.

This policy relates to Head Start Performance Standards 45 CFR Section 1304.20 (b), (e), (i), (2), 1308.6 (b), (3).

PROCEDURE:

1. The program will provide for developmental, sensory, and behavioral screenings for all children within 45 calendar days of the child beginning school.

2. Screening will be scheduled between May-August for children accepted into Head Start. Children that enroll later in the school year will be screened within 45 calendar days of the child beginning school.

3. Screening may be conducted for potential enrollees during Spring/Summer months in collaboration with the LEA’s child find efforts. Head Start will make every effort to identify and include all eligible children in each service area.

4. Age, linguistically and culturally appropriate standardized screening instruments will be used.

5. Prior to screening, parents must be informed of the type and purpose of screening and must give written permission to screen. If parent refuses part or all screening(s), written documental of refusal must be obtained.

6. After screening is completed, individual staffing will determine the need for re-screening or further assessment/evaluation based on screening scores, observations, parent input, and guidance from the Mental Health Consultant.

7. Any child determined to have a FAIL or CNT (cannot test) on the initial screening will be rescreened within 30 calendar days. If screening was done during summer screening, then 2nd attempt will take place as soon as the child feels comfortable in the classroom or within 30 days of enrollment. If child is still CNT or FAIL it will be referred to local
Disability or Disability Coordinator for further evaluation. (see Referral-Evaluation policy)

8. Parents will be provided written notification of their child’s screening results and any recommendations.

9. All screening dates, results, referrals and follow-up will be entered into the child’s individual record and onto COPA data base.

Approved by the Policy Council March 15, 2011
Vision Exam

POLICY:

Every child will receive a vision examination within 90 calendar days of their initial enrollment into the program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20; School Health Services Regulation 704 KAR 4:020

PROCEDURE:

1. Head Start will follow The Kentucky Board of Education, School Health Services regulation which requires a vision examination by an optometrist or ophthalmologist the first year the child is enrolled in school.

2. During the intake/enrollment process, staff will ensure that parents are informed of the program’s health requirements and assist the parent in finding a provider, scheduling appointments and coordinating transportation, if necessary.

3. Each child will receive a vision examination within 90 calendar days of entry into the program and a Kentucky Eye Examination for School entry form completed and signed by the optometrist or ophthalmologist with a copy filed in the child’s individual health folder.

4. Children not eligible for Medicaid, KCHIP, or have no vision insurance, or other payment sources, Head Start funds may be used for payment of the vision exam.

5. Documentation of the vision exam date, result and referral/follow-up will be maintained in the child’s health folder, family case notes, and entered into medical record on COPA.

6. Staff will monitor/track the provision children’s vision exams and follow-up as with all other exams and screenings. (See Tracking-Follow-Up policy)

Approved by Policy Council March 15, 2011
Vision Screening

POLICY:

Every child enrolled into the Head Start Program will have a vision screening completed within 45 calendar days of enrollment.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a) 1304.20

PROCEDURE:

1. Head Start trained staff will conduct a vision screening on all children within 45 calendar days of enrollment.

2. Staff will review health information that parent brings in to see if a new vision exam has been obtained after the last day of the previous school year, then staff may use this exam as a screening.

Screening Procedure:

a. Preparing the Screening Area:
   * Age appropriate Symbols Chart
   * Tape Measure
   * Adequate lighting
   * Individual eye covers (may be made with construction paper cut with rounded corners or colored disposable cups that child cannot see through)
   * Select quiet area free from distractions
   * Light colored wall, no glare or shadows
   * Attach Snellen Symbols chart on wall at child’s eye level
   * Mark exactly 20 feet distance from 20 ft eye chart, or 10 feet if using the 10ft eye chart

b. Preparing the child:
   * Show child the symbols so he/she is familiar with them
   * Place the child in standing position at the 20 /10 foot mark, facing the vision chart
   * The child will put their toes behind the piece of tape to indicate the 20/10 foot distance
c. Procedure:
* Test both eyes together first, then the right eye and then left eye
* If the child wears glasses, test with glasses on
* In testing one eye, occlude the other eye with paper or cup
* Begin on the 50 foot line of the Snell symbol chart for 3, 4, and 5 year olds. If that line is read correctly, go to the 40-foot line.
* To pass a line, the child must see one-half, or more than half of the symbols on that line
* A fail would be if the child misses more than one-half of the line or there is a 2 or more line difference between each eye.
* If staff is unable to complete the screening due to the child’s unwillingness or inability to cooperate, a designation of “CNT” (cannot test) will be listed on the screening form
* 20/40 for 20 foot chart and 10/20 for 10 foot chart is a pass for 3, 4, and 5 year olds
* If a FAIL or CNT occurs, the child will be re-screened within 30 calendar days of the initial screening. If screening was done during summer screening by staff, then the 2nd attempt will take place within 30 calendar days of enrollment.
* If child has 2 Fails or CNTs screenings. Head Start staff will notify the parent /guardian that a referral to an eye care professional is needed for further evaluation.
* Staff will monitor/track the children’s vision screenings and follow-up as with all other exams and screening. (See Tracking Follow-UP Policy)

Approved by Policy Council September 2013
Family Assessment

POLICY:

Identified family needs will be addressed through support, information and Referral.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

PROCEDURE:

1. In an effort to begin collaborative partnership building with parents concerning their long-term goals, it is imperative to address the family in relationship to their immediate concerns. Therefore, the family assessment will be initiated during the enrollment process.

2. The Family Service Worker/Home Visitor will ensure that the family assessment is completed no later than 90 calendar days from the date of enrollment.

3. The Family Service Worker/Home Visitor will ensure that the second family assessment is completed no later than 150 days after the first unless the school year ends prior to this date.

4. Families with the highest or emergency needs will have the opportunity to complete the Family Assessment form as soon as possible.

5. The information provided will assist the Family Service Worker/Home Visitor in determining how best to maximize and maintain family strengths while focusing on needs and/or concerns.

6. While the Family Assessment form is a questionnaire it will serve as a conversational guide to engage families in discussion in what they perceive as their needs.

7. Once the family’s strengths and needs have been identified, the next step is to prioritize. At this point, services will then be made available to meet the needs of each family.

8. In areas where the family has identified needs, the Family Service Worker/Home Visitor will make appropriate referrals and provide resource information and materials.
9. A discussion with the family concerning their goals will occur next. If the family chooses to set a goal, a Family Partnership Agreement form outlining their goal is completed. All parents will be encouraged to complete the Family Partnership Agreement (parent readiness is the guide). (see Family Partnership Agreement policy)

10. To the extent possible, family assessment and goal setting will be developed with the family in a home setting. However, in no case will home visits be a condition of the child’s enrollment in Head Start.

11. Following the home visit/contact, the Family Service Worker/Home Visitor will check with family to see if resources and/or referrals met their need. If not, additional referrals will be given or advocacy efforts will be initiated with relevant agencies.

12. The Family Service Worker/Home Visitor will document as follows:
   1. Complete the Family Assessment form
   2. Document visits and additional contacts.
   3. Note any referrals and resources given to the family.
   4. Document any follow up that needs to be done and completed.

Approved by the Policy Council September 2013
Hearing Screening

POLICY:

All Head Start enrolled children will receive a yearly audiometric (hearing) screening within 45 calendar days of the child’s first day of attendance.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (b), 1308.6 (b)

PROCEDURE:

1. Hearing/audiometric screening will be conducted annually during scheduled screening programs or within 45 days of the child’s first day of enrollment. Staff will review health information to see if a hearing screening has been obtained after the last day of the previous school year. If so, then staff may use this date as a new hearing screening for the new school year.

2. LEA speech/language pathologists will administer the hearing whenever possible. Other persons performing hearing screening may include school nurses or designated program staff who are trained in the use of the equipment and interpretation of the child’s responses.

3. Children will be screened at 20 decibel at frequencies of 1000, 2000 and 4000 Hz. However, it will be at the discretion of the screener as to whether other frequencies are checked.

4. The Head Start Screening Results form will be filled out by the screener, after each screening, and placed in the child’s file. Frequencies and decibel levels screened will be recorded. Any discrepancy as to the noise level during screening, the child’s failure to respond, or observing that the child appears congested, etc., will also be recorded.

5. Parents will receive a copy of the Screening Results form.

6. Children failing to respond at the recommended level (20 db) at any frequency (1000, 2000, 4000 Hz) in either ear will be considered a “fail” on the screening.
7. Children who cannot be conditioned to respond, refuse to respond or give inconsistent responses will be considered “CNT” (cannot test).

8. Any child determined to be a *FAIL* or CNT on the initial screening will be rescreened within 30 calendar days or sooner. If screening was done during summer screening by staff, the 2nd attempt will take place within 30 calendar days of enrollment or sooner.

9. If a child fails two screenings, staff will notify parent/guardian that a referral is being made to their physician or an audiologist for further evaluation.

10. Documentation of hearing screening date, result and referral/follow-up will be maintained in the child’s health folder and entered on COPA Medical Record. Additional comments will be entered on Family Case Notes.

11. Staff will monitor screening and follow-up using the same procedures used for other medical and dental services. (*See Tracking-Follow-up Policy*)

12. The Kentucky Hearing Conservation Program, operated through the Kentucky Commission for Children with Special Health Care Needs will be utilized for assistance in identifying children hearing impairment and/or ear pathology. The Grantee Health Services Manager will assist delegate staff in obtaining and scheduling services provided by the Commission if needed.

Approved by Policy Council, July 2015
Speech/Language Screening

POLICY:

All children will receive a speech/language screening within 45 calendar days of the child’s entry into the program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (b), 1308.6 (b)

PROCEDURE:

1. A speech/language screening will be completed on each child within 45 calendar days of the child’s first day of school.

2. A speech/language screening is implemented by an analysis of the following information:
   a. history
   b. parent concern
   c. staff observation
   d. screening instruments
   e. hearing screening results

3. Whenever possible, speech/language screening will be conducted by a licensed pathologist/therapist using a standardized screening instrument. If not, trained Head Start staff will provide an age appropriate speech/language screening.

4. If the results of the speech/language screening or staff observations show concerns—Head Start staff will refer to the policy (Developmental/Behavior Screening).

5. Adults who speak the child’s primary language will be involved in the screening and evaluation to ensure accuracy in differentiating between language confusion and developmental acquisition.

Approved by Policy Council, September 2015
Growth Assessment

POLICY:
In order to assess patterns of growth, each child will be measured and weighed at least two times during the program year.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20 (a)*

PROCEDURE:

1. As part of the health screening process, each child will be weighed and measured within 45 calendar days of entry into the program and again in April.
   
   - Have child take off shoes when weighing and make sure the scale is on a hard surface, not a rug. Have child step on scale and stand still. Record exactly what the scale shows as the child’s weight.
   
   - Attach height ruler to wall with bottom of ruler at the same level as the floor on which the child stands. For reliable results, measure the child on a hard surface rather than carpet.
   
   - Have child remove shoes and look at an object directly at her eye level. Use a flat ruler or other rigid, straight object. Hold on top of the child’s head and move the end of object straight across, head to ruler. Record height in inches. Round up to the nearest quarter inch.

2. Each child’s height and weight measurement will be entered on the Growth Assessment page on COPA. This will calculate BMI (Body Mass Index 2-20 years) and stature-for-age (2-20 years in inches) for the child.

3. Children who fall above the 95th percentile or below the 5th percentile for BMI will be followed up on. Children with stature-for-age below the 5th percentile will receive follow-up. *(See Nutritional Assessment/follow-up policy)*

4. A copy of the child’s BMI and stature-for-age chart will be kept in the child’s health folder.

*Approved by Policy Council July 2009*
**Observation of Child Health**

**POLICY:**

Staff will observe the health and behavior of each child enrolled in the program.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

**PROCEDURE:**

1. Teachers/Home Visitors will complete, Observations of Health and Behavior forms on each child in September within forty-five (45) days of enrollment, and again during the month of March.

2. Observations will be submitted to the delegate office for review by the Health Services Manager, in collaboration with the other management staff (disability, nutrition, mental health) before being filed in the child’s individual health record/folder.

3. Appropriate follow-up and/or referrals will be made on areas of concern identified by the observations.

Approved by the Policy Council October, 2007
Updated January, 2010
Dental Exams/Services

POLICY:

Program staff will support families in completing the dental exam within 90 calendar days of the child’s entry into the program.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

PROCEDURE:

1. At the time of intake/enrollment, staff will inform parents of the program health requirements and request that they schedule their child for a dental examination. If the parents do not have insurance coverage of some type, staff will refer them to the Kentucky Medical Assistance Program, KCHIP, or other resources.

2. The grantee agency will coordinate agreements/contracts with local area dentists for the provision of dental services to enrolled children who are without an established source for dental care.

3. All children will receive a dental exam within 90 calendar days of the child’s entry into the program.

4. The parent will be asked to complete a Consent for Dental Exam form which is used to permit the option of using the dentist contracted by the Head Start program, or another provider. This form also provides a history of the child’s dental services, source of drinking water, medical conditions and source of payment for services.

5. Contracted dentists will, at the time of the exam, complete a treatment plan to address each child’s dental health needs.

6. The FSW/Home Visitor will contact the parent with the results of the exam and recommended follow-up treatment within five (10) working days after the child’s dental exam. A “Report of Treatment Needed” form provides information to the parent on the minimum requirements for dental services needed to provide their child with a healthy mouth. The form is also used to obtain parental permission for all needed dental treatment.
7. Dental treatment plans from BSACAP contracted dentists totaling more than $300 will be forwarded to the grantee office for pre-approval. Any referral for treatment to a pediatodontist, other specialist, or a dentist who does not have a contract with BSACAP must be pre-approved by the Grantee Health Services Manager and Director before Head Start funds may be used.

8. Records/forms documenting the child’s exam date and follow-up treatment will be maintained in the child’s individual health record and entered into the medical record on COPA.

9. Re-examination will be done one (1) year from the initial exam date unless there are parental concerns and the child is complaining of pain, swelling, other problems, or the dentist recommends more frequent visits. (If child received dental treatment, and completed treatment late in the school year then a new dental exam will be due 1 year from dental treatment completion date, unless dentist makes recommendation for new exam sooner).

10. Staff will monitor/track for the timely provision of dental services throughout the program year (see Tracking-Follow-up policy)

Approved by the Policy Council October, 2007
Referral-Evaluation

POLICY:

Children who fail, or have abnormal screening results, will be referred for further assessment/evaluation.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20

PROCEDURE:

1. A child with abnormal finding(s) on health screenings (hematocrit/hemoglobin, urinalysis, blood pressure, lead screening, tuberculosis screening) will be referred to a physician for further assessment.

2. Children who are determined to be at risk, according to the lead and/or tuberculosis risk assessment, will be referred to a physician or local health department for follow-up at faculty’s discretion.

3. Children who fail or are “CNT” on hearing screening will be referred to an Audiologist for further assessment.

4. A child who fails the speech/language screening will be referred to a Speech/Language Pathologist for additional screening/assessment.

5. A child who is determined to be at-risk according to the developmental screening/assessment, will be referred to the local Board of Education for further assessment and evaluation.

6. Parents will be notified in writing of all screening results and recommended referrals. The FSW/Home Visitor will follow-up with the parent on all referrals and provide any necessary assistance (transportation, scheduling, etc.).

7. Documentation of all referrals, assessments and follow-up will be maintained and filed in the child’s individual health record and listed on COPA.

Approved by the Policy Council October, 2007
Head Start Payment for Services

**POLICY:**

Head Start funds will be used for payment of child medical and dental services when no other source of payment is available.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

**PROCEDURE:**

1. Head Start funds are used for payment of medical and dental services only when no other source of payment is available, or if the length of time needed to obtain payment from another source is detrimental to the health of the child.

2. Payment for mileage cost may be given to the parent/guardian if medical travel is necessary due to a referral to another professional agency as a result of a required Head Start screening or exam.

3. Family Service Worker/Home Visitor will first need to determine if the child is eligible to receive medical and dental assistance through the Kentucky Medical Assistance Program (KMAP), the Kentucky Child Health Insurance Program (KCHIP), or other free or low cost resources.

4. The grantee Health Services Manager and Health Consultant will ensure that the direct service staff has up-to-date information on available state/local resources and eligibility requirements.

5. Staff will have written documentation of efforts to access other available sources of payment before Head Start funds are used.

6. Head Start funds may be used to pay co-pays for medical/dental services if necessary, after other sources/third-party payments have been made, at parent/guardian request.

The following guidelines will be followed when considering payment for child medical or dental services;

a) The child must be enrolled into the Head Start program before any type of payment is requested. Any service that was obtained prior to enrollment will not be paid.
b) If a child is income eligible for Head Start, the parent/guardian must apply for Medicaid/K-Chip. If denied, the parent must provide delegate staff with written documentation from the appropriate agency concerning the denial. The delegate staff will then request assistance through the Grantee Health Services Manager on behalf of the parent.

c) Head Start will only pay for dental or medical fees and travel that have been pre-approved by the Grantee Director and Health Services Manager. If the parent/guardian takes the child to a non-contract dentist, the grantee office will not be responsible for payment without prior permission from the Grantee Director.

d) Head Start will not pay for dental outpatient surgery including hospital fees, anesthesia, pre-labs, and pre-physical for outpatient procedures.

e) Staff will assist the parent/guardian to make necessary arrangements or appointments if requested.

f) Mileage paid by BSACAP will be calculated using Yahoo/MapQuest based on city to city estimates and funds appropriated at a rate of $.41 cents per mile.

g) A request for mileage assistance must be received in the grantee office within 10 working days prior to scheduled travel.

7. The FSW/Home Visitor will notify the Health Services Manager when Head Start payment for services is requested. The following information is to be provided:

1. What is being requested
2. How the need was determined
3. The name(s) of the provider(s) and address, including phone #

8. The Health Services Manager will be responsible for communicating with service providers about payment of services and forwarding information to the FSW/Home Visitor and other appropriate staff. If approved for services, delegate staff will have family complete a Head Start Payment for Services Verification form when receiving check.

9. Staff will ensure that all changes to child’s insurance/KMAP/KCHIP are updated on all appropriate forms and on the COPA data base as they become known.

Approved by the Policy Council December 2011
Tracking-Follow-Up

POLICY:

The program will document, track and ensure health service delivery and follow-up.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20

PROCEDURE:

1. Family contact sheets, health tracking forms, child/family staffing and COPA data base will be used for the purpose of documentation and tracking child health services.

2. During the first 90 days of the school year, the FSW/Home Visitor will update the information weekly on tracking forms and route to the data entry staff to enter on COPA. After the first 90 days, information is updated at least on a monthly basis or as the information becomes available.

3. Through the use of COPA, the continuing progress and status of services to each child is monitored. Reports are analyzed for information in self-assessment activities, outcomes and in the development of action plans.

Approved by the Policy Council October, 2007
Involving Parents

POLICY:

The program will involve parents in their child’s health care/services.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.40*

PROCEDURE:

1. During enrollment, parents are informed of the type and purpose of all health and developmental screenings.

   (a) Consult with parents immediately when child health or developmental problems are suspected or identified. Family services and health staff maintain contact with parents concerning their child’s health. Parents are notified either verbally or by written notification within ten (10) calendar days after a problem is detected.

   (b) During enrollment, the FSW informs parents of the type and purpose of all health and developmental procedures administered through the program. A permission for health services form is used to obtain advance parental authorization for such procedures. Diagnostic and treatment procedures are explained to parents and every effort is made to ensure parents fully understand the findings and the importance of their child receiving on-going care.

   (c) Parents and staff condition children in advance about all procedures they will receive while in the program. Classroom activities are geared toward the individual needs of the children. Teaching staff and FSW/Home Visitor work with the parents on home activities.

   (d) FSW/Home Visitor and other staff members assist parents in accordance with 45 CFR 1304.40 to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children’s health care process.
(e) If a parent or legally responsible adult refused to give authorization for health services, the program maintains written documentation of the refusal.

*Approved by the Policy Council October, 2007*
Parent Authorization/Informed Consent

POLICY:

Parents will have accurate information concerning child services and provide written consent for all screenings, exams, referrals and follow-up provided and/or arranged by the Head Start program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.40

PROCEDURE:

1. Children may not receive health/developmental procedures without advance parent authorization.

2. Steps to obtain informed parental consent will follow in a logical time sequence:
   a. Explain type and purpose of health/developmental procedure to parent.
   b. Acquire parent written authorization before procedure is performed.
   c. Procedure is performed by a qualified provider.
   d. Once performed, provide the parent with the results of the procedure and any recommendations made by the providers.

3. Advance authorization is needed for:
   a. health/developmental screenings
   b. dental exam
   c. dental treatment
   d. emergency medical/dental services
   e. administering medication
   f. release of information
4. Since several health and developmental procedures are completed annually, parent permission for health/developmental services is obtained for second year enrollees as well as new enrollees.

5. If a parent refuses to give authorization for services, the program will obtain and maintain written documentation of the refusal.

6. When a parent refuses services required and provided through the Head Start program, the parent will be asked to provide the program with documentation indicating that the child has received services through another source/provider.

7. The parent must sign an authorization form before any information can be released to another agency, institution, and/or individual. The authorization must specify the type of information to be released, the name of the agency/individual to whom the information is being released and for what purpose.

8. Parent authorization/consent forms and any refusal of services documentation will be filed in the child’s individual record/health folder.

Approved by the Policy Council October, 2007
Consent for Follow Up Services

POLICY:

Parent permission is obtained each time a child is seen for follow-up health services and Head Start is involved in the scheduling and transportation.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

PROCEDURE:

1. The program will obtain written permission from the parent before any follow-up health and developmental services are obtained/provided.

2. The permission for follow-up services form must include the following Information:
   a. Full name of child
   b. Child’s birth date
   c. Type of follow-up recommended
   d. Person/agency providing follow up services
   e. Location of follow up service
   f. Date follow up services are scheduled
   g. Signature of parent/guardian and date signed
   h. Signature of witness/staff person and date signed

3. If the parent schedules and transports his/her child for the needed follow up services, the permission form does not have to be signed. However, the parent will be requested to provide the program with results of follow up services and/or give consent for the program to obtain information/consult with the provider.
4. Documentation in regard to follow up services will be monitored in the child’s health record/folder and entered onto COPA.

Approved by the Policy Council October, 2007
Parent Refusal of Services

**POLICY:**
A parental refusal form is required when a parent/legal guardian refuses to allow their child to participate in or receive services provided or required by the Head Start program.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

**PROCEDURE:**

1. The parent/legal guardian must sign a Head Start Refusal of Services documentation form when services are refused.

2. The Refusal of Service form will be maintained in the child’s individual record and entered on COPA Medical Record under the item(s) refused, with date of refusal signed as being the exam date, and the treatment status marked as Refused/Not Needed. Information will be added in Family Case Notes if need for further explanation.

3. Once the refusal is signed, program staff will follow-up later with the family to see if there has been a change in situation or if they need assistance with anything. Efforts should be documented in Family Case Notes. The child’s COPA Medical Record should be updated as needed when information becomes available.

Policy Council Approved:  *March 2016*
Child’s Health Folder

POLICY:

The program will establish and maintain an individual health folder for each enrolled child. Information will be entered on COPA.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.20

PROCEDURE:

1. The child’s individual health folder will include:
   a. Completed COPA Child Health History
   b. Consent for emergency medical/dental services – COPA Health History.
   c. Health, developmental history, and Dental information – COPA Health History.
   d. Medical Home – COPA Health History & Medical Record
   e. Medical/dental coverage information (KMAP, KCHIP, private insurance, etc.) – COPA Health History & Medical Record
   f. Physical exam report Copa Medical record.
   g. Immunization certificate COPA Immunization & TB
   h. TB certificate (if applicable) or Preventive Health Questionnaire that contains written TB Assessment - COPA immunization & TB
   i. Nutrition assessment – COPA Health History
   j. Height/weight and BMI should have copies of Statue for age 2-20, and BMI for age 2-20. – COPA Growth Assessment
   k. Consent for screening/medical services-COPA Health History or Medical Screening Permission
   l. Consent for dental exam/ treatment- Big Sandy dental forms,
m. Consent for dental exam and treatment COPA Health History or Report of Dental Exam form

n. Dental treatment record COPA Medical Record

o. Blood Lead Screening and Preventive Health Questionnaire that includes the written lead assessment – COPA Medical Record - Lead Screening - 12 month for written lead assessment 24 month for actual Blood Lead Screening.

p. Release of information if applicable

q. Hearing screening result sheet - COPA Medical Record

r. Vision examination / screening - COPA Medical Record

s. Parent notification of screening results – Individual Staff screening result sheets.

t. Documentation of follow-up services/treatment (if applicable)

u. End of the year summary report – COPA Child health information. Under Reports

v. Individual Health plan (if applicable)

w. Any other information related to health

2. Child health records/folders/files are kept confidential. (see Confidentiality policy)

Approved by the Policy Council September 21, 2010
Individualized Health Plan

POLICY:

Head Start will recognize and respond to individual health needs.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20*

PROCEDURE:

1. Head Start will develop and implement an individual health plan for children who:
   a. Have a chronic condition requiring adaptations in daily activities;
   b. Needs medication regularly;
   c. Requires a specialized emergency plan

2. The delegate program will notify the grantee Health Services Manager or Delegate Health Manager of children enrolling in the program who need an individualized health plan.

3. The Health Services Manager or Delegate Health manager, in collaboration with the child’s family, classroom staff, medical professionals, and other relevant management staff (e.g. disabilities, nutrition, and education), will develop a written health care plan to serve as a guide to meeting the child’s health needs.

4. The parent will be asked to sign a release of information allowing the program to obtain relevant medical information and recommendations from the child’s physician/medical provider to develop the plan.

5. The child’s Individual Health Plan will, at a minimum, provide guidance on:
   a. What accommodations are needed in daily programming including meals, playing, resting/sleeping, and toileting;
   b. When and how to give medication and who is to give it;
c. When and how to perform required medical procedures and who may perform them;

d. What procedures to follow in the event of a medical emergency

6. The Health Services Manager, with assistance from other management staff, arrange and/or provide training needed for staff to effectively implement and follow the health plan.

7. Plans will be monitored regularly and updated as needed.

8. Individualized Health Plans are considered confidential and will be filed in the child’s individual health folder.

Approved by the Policy Council October, 2007
Hospitalization (Child)

POLICY:

The program will ensure the health and safety of the child who has been hospitalized, as well as the health and safety of others in the classroom.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. When a child has been admitted into the hospital for any reason, the parent will be requested to obtain a dated and signed medical release upon discharge from the hospital before the child can return to the classroom.

2. The attending physician will include any recommendations or concerns that she/he may have for the child.

3. Head Start will follow the medication policy for any medications that will be administered during class time.

4. This documentation will be kept in the child’s health record/folder.

Approved by the Policy Council October, 2007
Health Services “End of Year” Summary

POLICY:

To provide parents with a summary of the health services provided to their child while enrolled in the Head Start program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Two weeks prior to the end of each school year, the program will provide the parent with a copy of COPA Child Health Information Report.

2. A copy of the report will also be filed in the child’s individual folder.

Approved by the Policy Council October, 2007
Child / Family Staffing

POLICY:
Components of Head Start services will be integrated into the on-going planning process for children and families. The word “staffing” refers to the review of selected child and family information in an organized manner by a team of staff members.
This policy relates to Head Start Performance Standard 45 CFR Parts 1304.20

PROCEDURE:
1. A staffing will be conducted on each child/family at least two (2) times during the program year.

2. The child’s Teacher and Family Service Worker will attend staffing along with any other key individuals whose attendance is deemed necessary by the program director.

3. Everyone will come to the meeting prepared and ready to share information concerning the child and family. The staffing should be a team approach looking at the overall picture of the child/family strengths, accomplishments, interests, goals and needs.

4. After reviewing the information, a plan of action should be discussed if needed. The plan should identify who and what is going to happen to ensure follow up takes place that assist child / family with any identifiable needs.

5. During second staffing, any follow up from first staffing will be discussed to verify that the child/family needs have been met.

6. Staffing will be documented on COPA by responsible staff member using the checklist that can be found on the child’s data sheet. No paper copies are required.

Approved by the Policy Council November 10, 2009
Pedestrian / Bus Training

POLICY:
To ensure that children, staff, and parents know pedestrian and bus safety.

*This policy relates to Head Start Performance Standards 45 CFR Part 1310.21(a) and 1310.21 (c)*

PROCEDURE:

1. Staff will complete pedestrian / bus preparedness with children and parents with 30 calendar days of enrollment.

2. All trainings will be documented and given to Delegate Director or Transportation Supervisor of the program.

3. Documentation of training will be kept in Delegate office for review.

Approved by the Policy Council November, 2009
Goal Statement – Children receive a developmentally appropriate education curriculum.

A. Child Development and Education for All Children

Objective 1: To help children gain the skills and confidence necessary to become school ready by:

1. Implementing a curriculum which is developmentally and linguistically appropriate, recognizing Head Start children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds and learning styles.

2. Children with special needs/disabilities will have an Individual Education Plan (IEP) with specific interventions to meet their needs.

3. Providing an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition.

4. Developing and implementing a daily schedule to allow opportunities for child initiated and adult directed activities and include individual and small group activities.

5. Allowing and enabling children to independently use toilet facilities when it is developmentally appropriate and when effects to encourage toilet training are supported by the parents.

Objective 2: To ensure that parents are actively involved in their child’s education, they will be:

1. Invited to become involved in the development of the program’s curriculum and approach to child development and education.

2. Provided opportunities to increase their observation skills and to share assessments with staff that will help plan the learning experiences.

3. Encouraged to participate in teacher-parent conferences and home visits to discuss their child’s development and education.

Objective 3: Big Sandy Area Head Start and delegate agencies will support each child’s social and emotional development to promote school readiness through the following:

1. Teaching staff will implement developmentally appropriate practices which will encourage and strength children’s social and emotional
development through play. Staff will provide an atmosphere where a child can learn trust, develop confidence in themselves, others and the environment.

2. Fostering concepts of self worth, understanding of feelings and the expression of those feelings. They are setting clear limits to minimize stress and tension. The uses of positive techniques offer encouragement of positive behavior and ultimate respect.

3. Supporting and respecting each child’s home language, culture and family composition.

4. Establishing a consistent daily routine to ensure smooth transitions by familiarizing children with the routine and preparing them for what comes next.

Objective 4: Big Sandy Area Head Start and delegate agencies will promote school readiness by providing for the development of each child’s cognitive and language skills by:

1. Allowing children not only to explore, but also manipulate and discover materials that are age appropriate.

2. Providing an environment that will support the learning process of children and help them in becoming school ready.

3. Providing opportunities for children to express creativity through developmentally appropriate activities (i.e. music, art, dancing, interactive storytelling, etc.).

4. Encouraging verbal communication and interaction among children with adults during mealtimes, indoor and outdoor play, circle time, and work time during the school day.

5. Providing activities that will encourage numeracy and literacy development that are age appropriate through sorting, matching, classifying and a print environment.

Objective 5: The Big Sandy Area Head Start and delegate agencies will promote school readiness through enhancement of each child’s physical development in center based settings by:

1. Providing sufficient time, indoor and outdoor space, equipment, materials, and adult guidance for active play and movement which support the development of gross motor skills (i.e. jumping, running, hopping, skipping, etc.)

2. Providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child’s developmental level (i.e. cutting, stirring, drawing, pounding, rolling, etc.).
3. In accordance with the American Disabilities Act, an appropriate environment and adult guidance will be provided for the participation of children with special needs/disabilities following their Individual Education Plan (I.E.P.).

B. Child Development and Education Approach for Preschoolers

Objective 1: To promote school readiness, BSACAP-Head Start will implement a curriculum in collaboration with the parents:

1. Teaching staff will implement, with assistance from parents, a curriculum that will support each child’s individual learning process. We provide hands on opportunities for children to develop cognitive skills, number concepts, social, emotional, and physical development, language, literacy, decision making and problem solving skills.

2. Health, nutrition and mental health will be integrated throughout the daily schedule of activities.

3. Teaching staff will create an environment to help children develop emotional security, a positive attitude toward learning as well as building social relationships. This will be acquired by use of child-size furniture, adult/child interactions, and sharing/cooperative activities.

4. Each child’s understanding of self as an individual and as a member of a group will be enhanced to promote school readiness by providing experiences that will lead to the development of trust, autonomy and initiative rather than mistrust, shame and doubt.

5. In a supportive setting, each child will be provided opportunities to develop their abilities and interest and to have opportunities to experience success.

6. Teaching staff will provide a daily routine which will consist of specific time segments allotted to certain activities. Individual, small group, indoor and outdoor will be included.

Objective 2: In order to enhance school readiness skills, staff will use a variety of strategies to promote and support children’s learning and developmental progress:

1. Teaching staff will individualize the curriculum and adapt the environment to promote and support children’s developmental progress based on regular observations and the ongoing assessment (TS GOLD) of each child.

2. Parents will be provided opportunities to become involved in their child’s ongoing assessment process (i.e. home visits, parent/teacher conferences, classroom observations, etc.).

Approved by Policy Council August, 2013
Child Assessment Process

POLICY:

Staff will promote and support children’s developmental progress based upon observations and on-going assessments of each child.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21

PROCEDURE:

1. All children will be screened in the areas of motor, language, cognitive, health, social & emotional development within the first 45 days of enrollment. (See Developmental Screening policy)

2. Beginning in the first week of the child’s enrollment, teaching staff will begin a period of observation. During this time, classroom teaching staff will gather information about each child’s strengths, interests and individual needs by setting up assessment activities and making on-going observation notations (anecdotal notes).

3. The child assessment instrument, Teaching Strategies GOLD, is completed in accordance with the instructions to ensure consistency of scoring and validity of the results.

4. The Development and Learning Report on Teaching Strategies GOLD will be developed based on screening results, observations, assessments and parent information.

5. Parents will become aware of school readiness goals through the scheduling of all Education Home Visits and Parent Teacher Conferences. Teaching staff review information with parent(s) and obtain additional parent/family observations and input. Parents choose 2 (two) at home activities to work on with their child(ren) which enhance school readiness skills. Parent(s) and staff identify goals based on screening, observations and assessment data and discuss the “Development and Learning Report” as well as school readiness goals. (See Individual Child Report policy)
6. Children in need of further assessment will be referred as soon as the need is evident. *(See Referral policy)*

7. Staff will continue to assess children’s developmental progress throughout the program year, utilizing staff and parent observations and portfolio/record entrees to keep all individual assessment information current.

8. Each individual child assessment will be completed at three (3) specific times during the school year; (Fall, Winter, and Spring).

9. A final “Parent/Teacher Conference” report is completed to discuss school readiness goals and document the child’s progress toward meeting his/her individual goals. Transitioning to the next level concerning education will be discussed as well. A copy of the report is reviewed with and given to the parent along with 2 (two) Summer activities for the parent to assist the child in continuance of becoming school ready.

*Approved by the Policy Council August, 2013*
Observations

POLICY:

Teaching staff will continuously observe and record information on each child in order to assess their developmental progress and school readiness throughout the year.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21 (c) (2).

PROCEDURE:

1. Collect objective observations of children’s development and behavior using current observation tools & methods (anecdotal records, assessment tool, etc.)

2. Teaching staff focus on child observations daily.

3. Use of observational data will assist in the assessing of progress toward meeting each individual child’s goals and effectiveness of individualizing the curriculum.

4. By use of the Class Profile Report on Teaching Strategies GOLD (TSG), the teaching staff will view the children who fall below the widely held expectations (by viewing color bands) and individualize on the lesson plan for these children throughout the program year.

5. Observations may include a variety of resources including technical devices: Notes, work samplings, photos, voice recordings, etc.

6. Teachers, Family Service Workers (FSW), parents, program managers and consultants may assist in obtaining observation data.

Approved by the Policy Council August, 2013
The Development and Learning Report

POLICY:

The Development and Learning Report will be developed on Teaching Strategies Gold. This report will be generated for each individual child in order to enhance the development of his/her highest potential plus his/her individual participation in the Head Start program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21

PROCEDURE:

1. Complete child’s screening, observations and assessment and document in child’s file. (see Developmental, Sensory and Behavioral Screening, Child Assessment and Observations policies)

2. Scheduling of 2 (two) Education Home Visits and the final Parent Teacher Conference in order to share school readiness goals, assessment data, obtain parent input and to discuss the “Development and Learning Report”. Goals and strategies developed with the parent must be developmentally appropriate, measurable, written clearly, respectful of the child’s gender, culture and ethnic background, and in the child’s home language.

3. During the 2 (two) Education Home Visits and the final Parent Teacher Conference, the teaching staff will discuss a minimum of 4 activities with the parent that he/she feels may benefit the child’s developmental progress. The parent will choose 2 (two) of the activities to use in the home. The teacher will utilize the other 2 (two) activities by placing these in a notebook in his/her classroom. Each week, activities will be chosen from that notebook and added to the lesson plan to ensure individual needs are being met. These will be used during small group as well as other appropriate times.

4. The Development and Learning Report will include both classroom and home activities for helping the child to achieve his/her goals.

5. Keep track of each child’s progress through on-going assessment, using observation/anecdotal notes, parent input, child’s work, photos, as well as technical recordings.
6. The Development and Learning Report will be reviewed and updated with the family during scheduled Education Home Visits and the final Parent/Teacher conference. However, plans can be reviewed and updated with the family as often as needed to assess progress and develop new goals and strategies to ensure school readiness.

Approved by the Policy Council August, 2013
Curriculum

POLICY:

The program will select and utilize curriculum(s) which integrate the various Head Start components and parent input into the daily program and be developmentally and linguistically appropriate for all children to promote school readiness.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21

PROCEDURE:

1. Curriculum must be developmentally appropriate for all ages and stages of development of all children.

2. Curriculum must be consistent with Head Start Performance Standards and based on sound child development principals of how children grow and learn.

3. Curriculum decisions will encourage children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own individual interests.

4. The selected curriculum(s) must support each child’s social, emotional, cognitive and physical development, and incorporate all component areas including:
   a. Health education: personal health, dental, safety and nutrition
   b. Mental health: self-esteem, feelings/emotions, social competence, resolving conflicts, anger management, sharing, coping skills
   c. Anti-bias/cultural
   d. Literacy
   e. Large and fine motor
   f. Math/science
   g. Creative art, music and movement
   h. Community

Approved by the Policy Council August, 2013
Lesson Planning

POLICY:

To promote school readiness, yearly, weekly and daily planning reflects the long term goals of the program as well as individual interests, strengths and developmental needs of the children. Lesson plans will provide a balanced program of child initiated and adult directed activities including individual and small group activities. Routines and transitions are used to help in school readiness preparation to support social, emotional, physical development, cognitive and language skills.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21(a)

PROCEDURE:

1. All teachers are responsible for developing weekly lesson plans aimed at fostering optimal growth of all children in the areas of social/emotional, cognitive, and physical development.

2. Lesson plans will be documented on selected form(s) and maintained at least one (1) week in advance of use with at least one (1) child listed in the Individual Child Planning area.

3. By use of the Class Profile Report, (found on TSG) children who fall below the widely held expectations (color bands) will be placed on the lesson plan in the specific area of need. As a result, teaching staff will be able to focus on particular children during activities that relate to their weaknesses that the Class Profile Report has identified.

4. Lesson plans must provide developmentally appropriate activities to support the development of cognitive skills, problem solving skills, literacy, reasoning, social skills, decision-making skills, gross and fine motor skills, and healthy habits.

5. Plans will document both group and individual activities based on assessment skills, curriculum goals and/or individual goals of the children. The Teaching Strategies Gold report: Class Profile Report will be an integral tool for grouping and planning activities.
6. Integrate personal health, safety, nutrition, mental health activities into the curriculum at least one time weekly and document on the lesson plan to help with child progression toward school readiness.

7. Document those activities and ideas used which parents actually suggested and/or participated in.

8. The lesson plan must indicate the date the plan will be utilized and include enough detail that a substitute can follow the plan.

9. Current lesson plans must be posted in an accessible place in the classroom and initialed by both the teacher and the assistant. Parents should be able to review the lesson plan upon entrance of the classroom. Past lesson plans should be maintained in a binder to be kept on or near the teacher’s desk.

Approved by the Policy Council August, 2013
Developing Cognitive, Numeracy, Language and Literacy Skills

POLICY:

Teachers will provide for the development of cognitive, numeracy, language and literacy skills by designing a physical environment and schedule of activities which will include experimentation, prediction, observation, inquiry, play and exploration. Opportunities for self-expression, language use and emerging literacy and numeracy development will be documented in weekly lesson plans to ensure school readiness. Lesson plans will be inclusive of children with disabilities.

This policy relates to Head Start Performance Standard CFR Section 1302.30, 13.02.31, 1302.32, 1302.60

PROCEDURE:

1. Plan activities for labeling, classifying, or sorting objects by different attributes.

2. Read books and poems daily, tell children stories about real life experiences, talk about pictures and dictate experience stories children tell.

3. Provide a print rich environment and encourage children’s emerging interests in writing (scribbling, drawing, copying).

4. All classroom print that children are exposed to should be in the same, basic font in order to keep from confusing children with different printing styles.

5. Use flannel board, puppets, songs, finger plays, etc.

6. Extend child’s learning during activities by adding new materials, asking open-ended questions, offering ideas or suggestions, joining in their play and facilitating problem solving.

7. Observe natural events such as seeds growing, life cycle of pets and other animals, weather changes, etc.
8. The High Five Mathematize Resource Book will be utilized to create opportunities and events to introduce math vocabulary (sphere, cylinder, etc.) and use routine activities to introduce spatial sense.

9. Plan field trips to provide new learning experiences (see Field Trip policy).

10. Encourage water and sand play and other sensory activities.

11. Document cognitive, numeracy and literacy activities on lesson plans. (see Lesson Planning policy)

12. Establish a library/literacy area in the classroom using the following criteria:

   a. Must be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic
   b. Should be a quiet, comfortable area with soft furnishings for children to relax. Soft furnishings could include a couch, chair, bean bag, pillows, etc.
   c. The library area should have at least 35 books accessible for children with many of them facing forward so the cover can be seen
   d. Books in the library area should be age appropriate, in good condition, and cover a variety of topics such as differing abilities, cultures, health, jobs/work, math, people, nature/science, math, etc.
   e. There should be at least 5 books displayed in the room (doesn’t have to be in the library area) that relate to current classroom activities or themes
   f. Books should be rotated monthly to maintain child interest

13. Provide a writing center in the classroom in the following manner:

   a. This area can be placed at a table during free play or it can be a permanent interest area
   b. There should be various types of writing materials in this area such as markers, crayons, pencils, stencils, lined paper, blank paper, construction paper, journals, tracing cards, etc.
   c. The area should contain items that encourage the child’s interest in learning to write alphabet letters such as a book with names of the children, alphabet in plain view, animal picture cards with names, dry erase word cards, etc.
14. Place appropriate children’s books and other printed materials in all learning centers and throughout the classroom: books, magazines, charts, posters, writing utensils, paper, etc.

15. Provide lots of meaningful print: signs, directions, rules, messages, helpers’ chart, etc.

16. A Word Wall will be posted in the classroom on the child’s level. Words with pictures will be added weekly. Discussion of the word wall will occur weekly to ensure the letter/word/picture have a connection.

17. Ensure the print models used are representative of the different primary languages used by families of enrolled children.

18. Create a classroom environment which is rich with numeracy:
   a. Models of numbers are displayed in various places around the room.
   b. Puzzles, games, books have appropriate number concepts: counting, sorting, seriating, addition, subtraction, geometric shapes, time, etc.
   c. Number charts and graphs are used to represent numbers.
   d. A variety and appropriate supply of manipulatives are available for children to practice counting, sorting, seriating, etc.

Approved by the Policy Council, November 2016
Supporting Social and Emotional Development

POLICY:

While promoting school readiness, staff will support each child’s social and emotional development through design of the physical environment and a schedule of activities. By doing this, they are building trust, encouraging self-control and respect for the feelings and rights of others, fostering development and supporting each child’s home language, culture and family composition.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21 (a) (3), 1304.21 (c) (1), 1304.21 (c) (2).

PROCEDURE:

1. Set clear consistent limits, develop rules, post visual cues, and apply them consistently. Review and update rules throughout the year with input from the children.

2. Have realistic, appropriate expectations of children based on knowledge of early childhood development and each child’s strengths and needs.

3. Include anti-bias curriculum goals in lesson planning. Provide opportunities for children to:
   . Build trust
   . Feel good about his/herself
   . Appreciate and interact comfortably with others who are different from themselves
   . Develop skills to recognize and deal with hurtful attitudes and behavior directed against themselves and others

4. Provide many opportunities for children to initiate activities and make choices.

5. Use goals from Second Step and other available curriculums to address self-control and respect feelings and rights of others (understanding self and others, impulse control and anger management). Document in lesson plans.
6. Help children to make friends and support each child’s efforts to renegotiate friendships as necessary.

7. Create space and time for children to interact and work together; games, build with blocks, dramatic play, puppet show, etc. to promote team-building concepts and activities.

8. Provide encouragement and suggestions to enable children to solve problems on their own, complete challenging tasks, and learn from their mistakes.

Approved by the Policy Council August 2013
Promoting Physical Development

**POLICY:**

Staff will promote the physical development of all children, including participation of children with disabilities as a part of promoting school readiness.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.21 (a) (5), 1308.40 (c)*

**PROCEDURE:**

1. Provide sufficient time and space, both indoors and outdoors, for active play and large motor development such as jumping, running, balancing, climbing, and riding wheel toys (a minimum of 30 min. daily for part-day sessions – 60 min. for full-day sessions). The Just A Minute (JAM) Exercise Program will be implemented daily for 10 minutes (this will count toward the 30 and 60 minute requirements for active play and large motor activities). Attach to lesson plan.

2. Provide a sufficient quantity and variety of equipment and materials to meet individual needs.

3. Provide adult guidance and support during activities and use of materials and equipment.

4. Provide creative movement activities using obstacle courses, activity songs, records, and tapes.

5. Provide fine motor activities such as stacking, stringing beads, pegboards, puzzles, lacing cards, and woodworking.

6. Utilize child’s ongoing assessment information to assist in planning and accessing appropriate activities and skill development (Class Profile Report) Document in lesson plans.

7. Integrate development of social skills by including non-competitive large and small group games.

8. In planning for outdoor play, the play area should offer a balance of activities to support child development across the four develop areas.
social/emotional, physical, cognitive and language to help in the supporting of school readiness.

9. All equipment must meet safety standards.

10. The outdoor play area should meet the following criteria to the extent possible:

   a. There are a variety of activity choices (children can ride, construct, swing, climb, read, pour, dig, kick, throw, pretend, paint, balance, cooperate, and play games).

   b. There are play opportunities and equipment for children with differing abilities.

   c. There are grassy, open areas.

   d. There is a smooth surface for equipment with wheels.

   e. There is enough room for children to move freely without getting in other peoples way.

   f. There are a variety of hard and soft textures and surfaces (grass, sand, paved areas, wood chips).

   g. There are shady areas which include a place for activities such as drawing or working a puzzle.

   h. There is a storage area to hold equipment and toys.

   i. There should be a minimum of 75 sq ft of space per child

Approved by the Policy Council August 2013
Integration of Health/Safety/Wellness In Curriculum

POLICY:

Staff will model, demonstrate and provide activities that encourage positive health, safety, dental and nutritional practices on a daily basis.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.21 (iii), 1304.40 (c)

PROCEDURE:

1. Staff will model and include routine health practices (i.e. hand washing, tooth brushing, regular exercise) into their daily activities. (see Hand washing, Tooth brushing policy)

2. Activities in Personal Health, Nutrition, Safety, and Mental Health will be planned for and clearly documented in lesson plans. Each area should be covered at least weekly.

3. Plan activities to develop safety awareness in the program, home and community.

4. Create learning activities and experiences for children and parents that promote a positive self-concept.

5. Talk to children about visiting the doctor and dentist. Have related books, puzzles, and dramatic play opportunities available.

6. Discuss good nutrition and plan activities and cooking experiences.

7. Serve a variety of nutritious foods and include children in preparation and serving as developmentally appropriate.

8. Utilize the Health and Nutrition Services Managers, program consultants and resources in obtaining information and assistance with integrating and promoting health into the classroom activities.
9. Use the following health/wellness goals as a guide in integrating goals into daily schedule and in science, math, literacy, motor activities and learning centers:

**Health/Wellness**

*Growth and Development*
1. Identify the five senses and the body parts associated with them.
2. Explain why going to the doctor and dentist is important for their health.

*Mental and Emotional Health*
1. Identify the emotions of being happy, surprised, angry, sad & afraid.
2. Identify healthy ways to express their feelings to others.

*Personal Health*
1. Using “teachable moments” to discuss safety and what to do in an emergency and where to go for help.
2. Demonstrate the appropriate technique of brushing teeth correctly.
3. Identify appropriate clothing for different weather conditions.
4. Identify ways that exercise helps their body to grow and develop.

*Nutrition*
1. Identify nutritious snack foods.
2. Name foods found in each of the My Plate groups.
3. Identify ways that food helps their bodies to grow and develop.
4. Identify where some foods come from.
5. Demonstrate appropriate social interactions, sharing and talking during meal-times.
6. Discuss responsibility for clean up after meals.

*Family Life and Community Health*
1. Identify ways children can help at home.
2. Describe different types of family structure.
3. Identify jobs or careers that women and men choose.
4. Describe roles of people in the community who try to help others to become and stay healthy.

*Disease Control*
1. Demonstrate how to wash their hands properly.
2. List the times or situations in which hands should be washed.
3. Tell why it is important to cover their mouth and/or nose before coughing or sneezing.
4. Understand that “germs” are very small living creatures that can make them sick.
5. Explain healthy ways to share foods and drinks.

Safety
1. Describe meaning of traffic signs and signals.
2. Describe the roles/names of community safety helpers.
3. Identify things that are safe to touch, pick up or put in their mouths and things that are not.
4. Demonstrate proper use of seat belts.
5. Identify some types of weapons and what they do if they find one.
6. Demonstrate proper action(s) to take in case of fire or severe weather.
7. List ways that people can help keep classrooms, playgrounds and homes both clean and safe.

Drug Use Prevention
1. Explain when it is okay to take or receive medicine (orally, through vaccinations, etc.)
2. Explain who the appropriate people are to give them medicine.
3. Describe some harmful effects of smoking and drinking alcohol.

Resources
1. Head Start Dental Curriculum
2. Chef Combo
3. Hooray for Hand washing
4. Second Step Violence Prevention
5. Colgate Bright Smiles Bright Futures

Approved by the Policy Council August 2013
Field Trips

POLICY:

Field trips will support classroom educational experiences, current curriculum, each child’s individual developmental level and cultural background of all children. Field trips will be pre-planned.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.21*

GUIDANCE:

1. The field trip must be relevant to the curriculum and reflective of the needs, interests and cultures of the children and this relevance documented on the lesson plan.

2. Field trips will be pre-planned and approved prior to the scheduled trip.

3. Notify parents, in writing, at least five (5) days in advance of the scheduled field trip, and obtain their signed permission.

4. Parents and volunteers should be encouraged to accompany classroom staff on field trips to ensure adequate supervision and the appropriate adult/child ratio. *(see Field Trip Safety policy)* However, no child will excluded from the field trip based on the child’s parent being unable or choosing not to accompany him/her on the scheduled trip.

5. Children and volunteers will be counted and names recorded prior to leaving the classroom. Prior to returning, a head count must be made and names checked to ensure the presence of all children and adults.

6. Each child will wear a durable identification tag including the name of the program, program address and phone number (not the child’s name). *(see Field Trip Safety policy)*

7. Each child’s “Consent for Medical/Dental Emergency” form, Emergency Contact form -COPA Report #702 and a First Aid Kit must be taken on all field trips.
8. Parents may use their private vehicles to transport their own children. No other Head Start enrolled child may ride in the private vehicle to or from the field trip.

9. Siblings attending field trips are the sole responsibility of the parent/guardian.

10. Classroom discussion should occur both before and after a field trip in order to prepare children and assess outcome.

11. Field trips will be discussed at parent meetings to share how the trip integrates into the curriculum and to discuss ways that parents can become involved.

12. Rules and regulations mandated by the delegate agency and/or state Licensing source, in regard to field trips, will be followed.

Approved by the Policy Council August 2013
Child Guidance and Behavior

POLICY:

Positive behavior strategies will be used when teaching children how to manage their own behavior to help in becoming school ready. Child guidance and classroom management decisions will promote positive social skills, foster mutual respect, strengthen self-esteem and support a safe environment.

This policy relates to Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.32, 1302.34, 1302.47, 1302.90

PROCEDURE:

1. Teachers will plan a safe and developmentally appropriate environment that supports pro-social behavior:
   a. Routines will be established and followed to promote predictability and security for children.
   b. All adults in the classroom are expected to interact with the children in a positive, friendly, and socially supportive way, modeling pro-social behaviors with each other and the children.
   c. There will be enough structure in the classroom environment to communicate to children what to do and how to use the equipment and materials.
   d. The classroom furnishings and equipment will be checked regularly for safety and will be arranged to promote ease of movement, separation of loud (Musical Instruments, Dramatic Play, Blocks) and quiet areas (Library, Writing, and Listening), large play spaces and small play spaces.
   e. The cultures of the children will be reflected throughout the environment in a positive and inclusive way.
2. Positive behavioral strategies for guiding and managing behavior of children will typically include the following:
   a. Using praise, encouragement, redirection and other positive means of recognizing appropriate behavior.
   b. Clearly stating expectations for appropriate behavior.
   c. Teaching children positive social skills through direct teaching, modeling and practice with peers including mental health and social skills activities in lesson plans.
   d. Providing children alternative choices and redirection away from inappropriate behavior. Avoid power struggles with children whenever possible.

3. Develop classroom rules that are clear, reasonable and consistent. Establish the rules at the beginning of the year, including children in the process:
   a. Classroom rules will be posted in classroom.
   b. Posted rules will include pictures as much as possible.
   c. Establishing, modifying, and discussing rules will be part of the regular class day.
   d. Rules will be consistent with Head Start policies and procedures.
   e. Rules will be as few in number as possible, being clear and reasonable.
   f. The rules will state what the child should do, instead of what they shouldn’t do.

4. Intervention for behavior problems should be progressive and based on the situation:
   a. Children who forget the rules are redirected and reminded of the expectations. Refer to posted rules when necessary.
   b. Repeated occurrences of inappropriate behavior require intervention through problem solving.
5. When a child presents dangerous behavior with the potential for hurting themselves or others, staff will intervene immediately. Additional strategies could include: Removing the child from the immediate situation, providing time to calm down, problem solve and plan how to re-enter the play environment.

6. For the safety of the child and staff, crisis intervention for the child displaying dangerous behavior will not exceed gentle but firm physical guidance and direction, holding the child only long enough to get them to a safe place to calm down. Physical restraint is not to be used as a routine procedure without an approved, signed behavior plan specifying its use.

7. The use of corporal punishment is strictly forbidden. Use of such methods will result in immediate termination.

8. Withholding food, or access to the bathroom, name calling or any other form of demeaning treatment is strictly forbidden. Use of such methods will result in disciplinary action up to and including termination.

9. Behavior that is chronically unacceptable may be an indicator that further support and assessment is needed. This support may include an in-house referral to the mental health professional (see Referral policy). Special support may be required during the time of referral and assessment. The mental health consultant and management staff should be included in planning the necessary support.

10. Continual communication with parents must be maintained concerning the child’s behavior through staff observation (anecdotal) note taking. Staff will be sensitive to different cultural beliefs and values.

Approved by the Policy Council, November 2016
Child/Adult Interactions

POLICY:

All interactions between children and adults will be respectful and supportive of each child’s gender, culture, language, ethnic background and family composition. These interactions should provide opportunities for children to build trust, to develop understanding of self and others and to encourage respect for feelings and rights of others.

This policy relates to Head Start Performance Standards 45 CFR Part 1302.30, 13.02.31, 1302.32, 1302.60, 1302.90

GUIDELINES:

1. Adults will greet each child upon arrival to acknowledge that they belong in classroom.

2. Adults will actively listen to children and observe non-verbal communication.

3. Adults will respond quickly and positively to children’s needs and questions, comforting distressed children and helping them deal with their problems constructively.

4. Adults will physically place themselves (bend, kneel, sit down) at the child’s eye level while interacting.

5. Adults will show respect for children’s feeling and ideas.

6. Adults will encourage children to talk about their feelings.

7. Adults will describe the behavior(s) they want to see in positive terms.

8. Adults will give attention to children who are less verbal, as well as those who have a lot to say and who demand attention.
9. Adults will allow children to discuss and resolve their conflicts on their own and give support when necessary.

10. The Classroom Assessment Scoring System (CLASS) instrument and the Early Childhood Environmental Rating Scale (ECERS-3) will be used to evaluate the quality of staff-child interaction in all classrooms. Each classroom will have 2 CLASS observations each year (1 in the Fall, 1 in the Spring) and the ECERS on a 2-3 year rotation and results will be shared with teaching staff and administrators to determine if additional professional development is needed.

Approved by the Policy Council, November 2016
Setting Up the Physical Environment

**POLICY:**

The indoor and outdoor classroom environment will foster optimal growth in school readiness and promote development of the child as a whole.

*This policy relates to Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.32, 1302.47, 1302.60*

**GUIDELINES:**

1. Ensure indoor and outdoor spaces are safe, clean, spacious and attractive at all times.

2. Determine activity areas and make sure they are clearly defined while allowing children to work individually or together in small or large groups. Arrange space to provide clear pathways for children to move from one area to another and to minimize distractions.

3. The classroom should not have loud background noise that takes away from the children’s ability to learn. Background music should not be played except for designated music/group time or at rest time. Ensure that air conditioning, heating units, etc. are not loud enough that voices of adults and children must be raised to communicate.

4. Adapt and modify space for special needs (wheelchairs, other adaptive equipment/materials).

5. The classroom must have **stationary** learning centers for block building, dramatic play, experiences in art, fine motor/manipulatives, music/movement, science, computers/tablet/Smartboard, and quiet book reading. Learning centers should be set up in the following manner:

   a. **Block Area**
      
      i. Must be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic
      
      ii. The block area should have a flat, solid surface for building while also giving the children a comfortable place to sit on the floor such as a thin rug.
iii. There must be enough wooden unit blocks for at least 2 children to build independent structures
iv. There must be 2 different kinds of blocks in the center. Wooden blocks are required but there should also be another type of block such as foam, plastic, cardboard, hollow, etc.
v. There must be enough total blocks for 3 children to build independent structures
vi. Should have some accessories (people, road signs, cars, animals, small buildings, etc.) that can be used to enhance block play
vii. Blocks must be separated by type (wooden vs foam)
viii. In order to assist children with self-help skills, wooden blocks should be placed on labeled shelves (not in bins) and organized by size, shape, or identifying marks such as letters, colors, numbers, etc.
x. Legos, Lincoln Logs, interlocking blocks, doll houses, and large barns should not be stored in the block area

b. Art Area
i. Should be the closest center to the water supply since there will always be a lot of mess
ii. The center must provide a variety of materials to children such as crayons, markers, paint, play dough, yarn, stencils, scissors, tape, glue, stampers, etc.
iii. Materials should be arranged so that children can use them with minimal assistance from adults
iv. Must have a table near the area for children to use while creating
v. There should be an art easel within the area
vi. Smocks should be available for children to wear while they are creating, especially when using paint. There should be at least as many smocks as there are children allowed to play in the center at the same time

b. Fine Motor/Manipulatives Area
i. Should be several different types of fine motor materials in this center including those that snap, connect, stack, etc.
ii. The materials should vary in difficulty to address the needs of all children. Some examples are regular and knobbed puzzles, larger and smaller interlocking blocks, smaller and larger stringing beads, etc.
iii. Most fine motor materials should be stored in bins (without lids) and both the shelf and bins should be labeled with pictures and words to help the children with organizational skills, clean-up, and literacy skills
iv. A table should be in or near the fine motor area so children can play with the materials comfortably

d. Library Area
i. Must be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic

ii. Should be a quiet, comfortable area with soft furnishings for at least 2 children to relax at the same time. Soft furnishings could include a couch, chair, bean bag, pillows, etc.

iii. The library area should have at least 35 books accessible for children with many of them facing forward so the cover can be seen

iv. Books in the library area should be age appropriate, in good condition, and cover a variety of topics such as differing abilities, cultures, health, jobs/work, math, people, nature/science, math, etc.

v. There should be at least 5 books displayed in the room (doesn’t have to be in the library area) that relate to current classroom activities or themes

vi. Books should be rotated monthly to maintain child interest

e. Dramatic Play Area

i. There should be a variety of dramatic play materials accessible such as dolls, child-sized furniture, play foods, cooking utensils, dress-up clothes for boys and girls, stuffed animals, camping supplies, mailbox, restaurant menus, doctor tools, play money, etc.

ii. There should be at least 4 examples to represent diversity in the dramatic play area such as dolls of different races, foods of different cultures, equipment used by people with disabilities, etc.

iii. The dramatic play area should be one of the two biggest centers in the room along with the block area

iv. The dramatic play area can be altered to address the interests of the children and does not have to just be a “kitchen” area

f. Science Area

i. The science center cannot be labeled “Science/Math”. Math should be evident in all centers and is not solely combined with science and cannot be labeled as such

ii. There should be a variety of science materials accessible from 5 specific categories:
   a) Living Things such as ant farms, class pet, plants, window bird feeder, etc.
   b) Natural Objects such as a bird’s nest, seeds, leaves, pine cones, rocks, seashells, etc.
   c) Factual Books/Science Picture Games such as books, board games, matching games, plastic animals, etc.
d) **Nature/Science Tools** such as binoculars, color paddles, magnets, magnifying glasses, prisms, smelling cans, tornado tubes, etc.
e) **Sand/Water Table with toys** such as funnels, measuring cups, sand molds, scoops, sifters, bowls, etc.

iii. A sand/water table with toys must be accessible for children during each indoor free play period, but it does not have to be attached to the science area

iv. Sand substitutes such as seeds, rice, aquarium pebbles, etc. can be used in the table

v. Inappropriate sand substitutes would be gravels, beans, styrofoam, leaves, buttons, etc.

vi. It is encouraged, but not required, that each classroom have a living thing such as a classroom pet or a plant so the children have the opportunity to help take care of it

vii. If there is a plant in the classroom, it must be labeled with the name of the plant and information that proves it is not poisonous

6. In addition to the stationary learning centers mentioned above, each classroom must have learning centers for music/movement, writing, and computers/tablet/Smartboard. These 3 additional centers are required and can be stationary, but they can also be mobile centers that are only created during free play time. These learning centers should be set up in the following manner:

a. **Music Area**
   i. There should be at least 10 musical instruments of different types available for children during free play such as bells, rhythm sticks, maracas, drums, shakers, tambourines, rain sticks, etc.
   ii. If musical instruments are used at group time, there must be enough for 1 per child participating
   iii. The music area and instruments must be available for at least 1 hour during free play periods

b. **Writing Area**
   i. This area can be placed at a table during free play or it can be a permanent interest area
   ii. There should be various types of writing materials in this area such as markers, crayons, pencils, stencils, lined paper, blank paper, construction paper, journals, tracing cards, etc.
   iii. The area should contain items that encourage the child’s interest in learning to write alphabet letters such as a book with names of the children, alphabet in plain view, animal picture cards with names, dry erase word cards, etc.
c. Computers/Tablet/Smartboard
   i. There should be an area of technology within the classroom where children can play interactive learning games
   ii. Each classroom must have either a desktop computer for child use, a smartboard, or an interactive computer tablet available during free play
   iii. A timer must be used in this interest area to assure that no child has more than 15 minutes of media time, per day

7. Create a space for child privacy so 1 or 2 children can play alone without expected interruptions. This space should be available during free play and placed in a quiet area where there is not usually a lot of classroom activity. Some examples of a “space for privacy” would be a writing center, a private game that has been set up by the teacher, an interest area with a sign that only allows 1-2 children at a time, etc. The computer area will not be viewed as a space for privacy because children can only stay at the computer for 15 minutes and the space for privacy should not have a time limit.

8. Space should include soft elements such as rugs, cushions, or rocking chairs. Use sound absorbing materials to cut down on excessive noise whenever possible.

9. Develop a cozy area in the classroom with soft furnishings that will allow children to COMPLETELY escape the hardness of the room. This may or may not be your Library/Reading area.

10. Arrange developmentally appropriate materials and equipment on low, open shelves to promote accessibility and independent use by children. Ensure a sufficient quantity of a durable materials and equipment. Rotate and adapt materials, change learning centers to maintain children’s interest and extend their experiences.

11. Check that the environment reflects non-stereotyping and cultural diversity. Reflect the backgrounds and interests of families and children represented in the classroom in pictures, photographs and materials displayed and used in activities.

12. The “Required Classroom Display” document identifies several items that must be posted inside or outside the classroom. In addition to those required items, the display should be used to enhance the child’s environment and promote learning such as literacy and math skills.

13. The weekly theme/topic should be evident in the classroom display.

14. Photos and names of the enrolled children should be found in multiple places throughout the room. Examples would be: Their cubbies, tables,
charts, child identifiers for center selection (i.e. pictures on ice cream sticks), bulletin boards, birthday displays, writing center, etc.

15. About 1/3 of the display materials should be children’s individualized artwork.

16. Most materials in the classroom as well as their designated location should be labeled with pictures and words to promote language development as well as self-help skills.

17. Use signs and pictures in each interest area of the classroom to help volunteers know what skills children can learn and how to facilitate activities in each area.

18. Separate the location of the learning centers that are “quiet” from the ones that are “noisy”. This can be done by having them on opposite sides of the classroom or by placing a “buffer” center between them. Centers should be viewed as quiet, noisy, or a buffer based on the information below:
   - **Quiet Centers:** Library, Writing, Listening (with headphones)
   - **Buffer Centers:** Computers, Science, Fine Motor, Math, Art
   - **Noisy Centers:** Dramatic Play, Blocks, Musical Instruments, Music Without Headphones

19. Provide individual spaces for children to hang their clothing and store their personal belongings. Children’s belongings should not be touching while stored in their individual areas.

20. Arrange a parent bulletin board and message center that is regularly updated with attractive displays, interesting articles and announcements of activities and events of the program, center and community. Refer to “Required Classroom Display” document for guidance.

21. Provide a safe, well-organized outdoor play area which includes a variety of surfaces, equipment and materials for large muscle play and space for activities such as painting, and water play.

22. Ensure outdoor areas are protected by fencing or natural barriers from access to roadway/streets, parking lots and/or other dangers.

Approved by the Policy Council November, 2016
Daily Schedule

POLICY:

The daily schedule will provide for a balanced program of child-initiated and adult-directed activities, including individual and small group activities, routines and transitions.

*This policy relates to Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.32*

GUIDELINES:

1. Teachers will develop and provide a classroom schedule that will provide a balanced program and guide children and adults into a secure and orderly day.

2. The daily schedule provides for alternating periods of quiet and active play.

3. Indoor free play periods allow the children to choose the materials they play with and which learning centers they want to spend time in. Free play should be scheduled as follows:
   - Full day programs (6 hours or more) must have 120 minutes of free play daily
   - Part day programs (less than 6 hours) must have 100 minutes of free play daily

4. Outdoor/gross motor play should be scheduled as follows:
   - Full day programs (6 hours or more) must have 60 minutes of outdoor/gross motor play daily
   - Part day programs (less than 6 hours) must have 40 minutes of outdoor/gross motor play daily

5. JAM or GoNoodle will have a 10-minute block listed on the schedule.

6. Provide a balance of large muscle and small muscle activity.

7. Set aside sufficient time each day for each meal.
8. A 30-60 minute rest/quiet period is scheduled for classes in session for 6 hours or more each day.

9. Incorporate routine tasks into the program as a means of furthering children’s learning, self-help and social skills. Routines such as toileting, hand washing, and tooth brushing should be relaxed, reassuring, and individualized based on developmental needs.

10. Change planned or routine activities according to the needs or interests of the children, and/or to cope with changes in weather or other situations that affect routines without unduly alarming the children.

11. Conduct smooth and unregimented transitions between activities. Children should not always be required to move from one activity to another as a group. Use transition as a vehicle for learning. Wait time/down time should be less than 3 minutes.

12. Post the daily schedule in the classroom and a separate picture schedule for children’s use. The picture schedule should be placed on the child’s eye level.

13. Within a 3 hour block of time on the daily schedule, there should be at least 60 minutes of free play, 40 minutes of gross motor play, and a meal.

14. A copy of the daily schedule is to be submitted to the Education Services Manager by the end of the second week of school and at any time thereafter when changes are made.

Approved by the Policy Council November, 2016
Work Title

Developmentally Appropriate Materials, Equipment and Activities

POLICY:

Materials, equipment and activities will be safe and developmentally appropriate for all children. They will also reflect cultural diversity, avoid stereotyping and will match and challenge the children’s skills and knowledge.

*This policy relates to Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.32, 1302.47*

GUIDANCE:

1. Materials, equipment, and activities are selected to achieve the following goals:
   
   * Foster a positive self-concept
   * Develop social skills
   * Encourage children to think, reason, question, and experiment
   * Scaffolding (Taking children to a higher learning level of thinking)
   * Encourage language development and literacy skills
   * Enhance physical development
   * Encourage and demonstrate sound health, safety and nutritional practices
   * Encourage creative expression and appreciation of the arts
   * Respect cultural diversity

2. Ensure there is a sufficient quantity of materials and equipment to meet the individual developmental needs of the children, including those with special needs and/or disabilities.

3. Free choice time each day for children to interact with a variety of materials and activities should be scheduled in accordance with the BSACAP policy “Daily Schedule”.

4. Provide materials, equipment and activities in each interest area which will reflect the curriculum, interests and life experiences of the children.
5. Ensure that materials in all interest areas are unbiased (i.e.: men and women dress-up clothing, community helper props showing both men and women in all roles, as well as books and pictures having women in leadership roles and men in nurturing roles.)

6. Provide materials that vary in complexity (i.e. 5 piece puzzles as well as 10-12 piece puzzles).

7. Offer various textured materials, such as play dough, finger paint, clay, sand and water as an activity option daily.

8. Materials must be accessible, attractive, and inviting, and should be designed to provide a variety of learning experiences and enhance school readiness.

9. Store all materials and equipment in a safe, orderly fashion when not in use:
   . Organize all materials and equipment in a logical manner with related items stored together.
   . Store toys with small pieces in clearly labeled containers.
   . Label shelves with pictures and words to identify where items belong and to promote language development as well as self-help skills.

10. Keep materials and equipment in good repair with no sharp edges, broken parts, splinters, or other safety hazards.

11. Inventory materials/equipment at least once each program year.

Approved by the Policy Council, November 2016
Use of Media in the Classroom

POLICY:

Media is used to supplement curriculum or as a special event rather than a part of the regular daily routine.

*This policy relates to Agency.*

PROCEDURE:

1. The use of media, such as television and video, must relate to weekly themes.

2. Staff will preview any DVD, videotape, etc., to be used in the classroom prior to use.

3. The use of DVD, videotapes, or other media will be documented on the daily lesson plan.

4. Teachers will provide other options/activities for children who choose not to view a program.

5. Staff will discuss what is viewed with the children before, during, and after viewing the video, to develop critical thinking and observation skills.

6. Television/video time will be limited to no more than 30 minutes per week.

7. Television/media screen viewing is prohibited during meals/snacks.

8. Computer time (including Smart Boards and IPads) will be limited to no more than 15 minutes per day, per child. The only exception will be when a child with a disability has an IEP plan that specifically calls for additional time involving technology devices.

*Approved by the Policy Council March, 2015*
Parent Involvement in Child Development
And Education

POLICY:

Parents are provided opportunities to learn about and participate in educational and developmental activities for children in the classroom, home and community in order to support their progression toward school readiness.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. Parents are given opportunities to be involved in curriculum planning through participation in:
   a. Education Home Visits
   b. Parent/Teacher Conferences
   c. Parent meetings
   d. Curriculum development/advisory committees
      (see Home Visits/Conferences, Parent Meeting policies)
   e. Volunteering in the classroom
   f. Surveys
   g. Individual concerns or input shared with the teaching staff

2. Parents are encouraged to volunteer in the classroom, become members of policy groups, and attend parent meetings in order to become familiar with the program. They receive orientation plus training to support them in these activities. (see Parent Participation, Parent Orientation policies)

3. Issues related to child development and developmentally appropriate practices will be addressed during Education Home Visits/Parent-Teacher Conferences as well as parent meetings and trainings.

4. Staff will help guide parents with age appropriate activities to encourage their children to become engaged in developmental and educational activities at home and in their communities.

5. The Education Home Visits will address developmental/learning opportunities in the home setting by offering choices of activities for parents to participate with their child(ren) in the home.
6. Parents can access literacy as well as career development funds to pursue goals of furthering education. They may take courses that will help them learn early childhood skills of working with their children at home or in the classroom. (see Literacy Assistance, Parent Career Development policies)

7. Staff maintains documentation of parent involvement opportunities including: Education Home Visits, Parent/Teacher Conferences, Parent Curriculum Input, Parent Committee meetings, workshops/trainings, choosing of home activities, printed materials/handouts.

Approved by the Policy Council August 2013
Education Home Visits & Parent/Teacher Conferences

POLICY:

Head Start teachers will conduct a minimum of 2 (two) Education Home Visits and 2 (two) Parent/Teacher Conferences each year to provide families with information to support school readiness as well as describing their roles as the child’s primary teachers and caregivers.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.2, 1304.40

GUIDANCE:

1. Education Home Visits and Parent/Teacher Conferences should be scheduled with location and time options available to meet the needs of individual families.

2. A minimum of 2 (two) Education Home Visits and 2 (two) Parent/Teacher Conferences will be scheduled during the program year for children enrolled in the center-based option. However, additional home visits and/or conferences may be scheduled when needed.

3. Education Home Visits and Parent/Teacher Conferences are not a requirement for enrollment in the program. Staff must respect the parents’ wishes and schedule at their convenience. Every effort should be made by staff to inform parents about the benefits of Education Home Visits and Parent/Teacher Conferences.

4. In the event the parent refuses an Education Home Visit, staff may conduct an Education Home Visit or Parent/Teacher Conference at a location requested by the parent. The denial/request will be documented on the Education Home Visit form and/or the Parent Teacher Conference form.

5. Teachers may coordinate home visits with the Family Service Worker and/or other program staff.

6. Education Home visits and Parent/Teacher Conferences should be well planned and must address educational issues relevant to the child. A sufficient amount of time must be scheduled for each visit and/or
The following is a suggested routine for sharing information with families during the school year:

**Within 30 days of Enrollment - Parent/Teacher Conference # 1**
- Classroom policies and procedures
- Discuss screening results and follow-up
- Copy of the School Readiness Goals given to parent and discussed
- Discuss health & disability services
- Introduce the assessment tool
- Volunteer information
- Family Home Projects
- Discuss home visit
- Health follow-up

**November – Home Visit # 1**
- Discuss assessment data, observations, etc.
- Discussion of School Readiness Goals
- Discuss the Development and Learning Report
- Health and other referral follow-up
- Parent ideas for curriculum
- Volunteer opportunities
- 2 (two) Parent – child activities (Chosen by parent)
- Plan for next home visit

**March – Home Visit # 2**
- Discuss assessment data, observations, etc.
- Discussion of School Readiness Goals
- Discuss the Development and Learning Report
- Progress on assessment
- Parent issues and/or concerns
- Parent ideas for curriculum
- Begin transition discussion
- Volunteer opportunities
- 2 (two) Parent – child activities (Chosen by parent)
- Health follow-up

**May – End of school year – Parent Teacher Conference # 2**
- Discuss assessment data, observations, etc.
- Discussion of School Readiness Goals
- Discuss the Development and Learning Report
- End of year assessment of goals
- Transition
- 2 (two) Summer activities (Chosen by parent)
8. Education Home Visits and Parent/Teacher Conferences will be documented (Home Visit Report form/Family Contact form) and entered into COPA.

Approved by the Policy Council August, 2013
Naptime

POLICY:
Children will be given a nap/rest time each day in full-day classrooms

GUIDELINES:
1. Naptime will consist of dim lighting and soft music.
2. Adults may use reading as a source of relaxation for the children as they prepare for naptime.
3. A naptime period is required for all classrooms that operate more than 5 hours per day. Naptime will not be appropriate for any classroom operating less than 5 hours per day.
4. Naptime should be at least 30 minutes, but no longer than 1 hour each day.
5. Children will continue to be supervised by two adults even at naptime.

Approved by the Policy Council August, 2013
Home Base – Home Visit

POLICY:

Home Visitors will conduct home visits with each family to support the parents as the primary educator of their children.

This policy relates to Head Start Performance Standards 45 CFR Part 1340.40, 1306.33

PROCEDURE:

1. The Home Visitor will ensure that 32 (1-1/2 hour) home visits are completed per program year for each child/family enrolled in the home based program option.

2. Home visits must be conducted with the parent or legal guardian.

3. Interaction during the meeting is parent focused rather than child focused.

4. Encouraged all family members present to become involved during the visit.

5. The following guidelines outline what must occur on the home visit:

   a. Orient parents to the screening process prior to the developmental screening and provide follow up information upon completion.

   b. Involve parents in conducting the on-going assessment of their child using the selected assessment tools.

   c. With the parent, develop an individualized plan for each visit to include an overall goal and specific activities to work towards meeting that goal.

   d. Promote the following activities and experiences that:

      . Are appropriate to the child's developmental level
      . Will develop a positive self-image
      . Will develop literacy and numeracy skills
      . Will encourage children to understand concepts
      . Integrates health, safety, dental
      . Mental health and nutrition education
e. Assist parents on becoming the “teacher” on home visits, and promote the development of parenting skills.

f. Encourage parents to utilize materials readily available in the home.

g. Assure coverage of all component areas.

h. Evaluate the home visit and weekly plan. Encourage parents to record their own comments about the activities, successes or concerns they have. Assist parents to make a comment when needed.

6. Plan time with the parent for the first and all subsequent visits.

7. Develop a regular schedule for conducting home visits.

8. Home visits must be held in the home.

Approved by the Policy Council August 2007
Transition to Head Start

POLICY:

The program will facilitate transition services for children and families enrolling in the Head Start program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41.

PROCEDURE:

1. Children and families will be given the opportunity to participate in planned program activities designed to ease their transition from home or other child care setting, into the Head Start program.
   a. Opportunity to meet the staff and socially interact with a small group of children.
   b. To view the classroom and be involved in activities that will become part of their daily schedule/routine;
   c. To see buses and become conscious of the vehicle, staff and it’s purpose.

2. Methods for conducting transition activities will include one or more of the following:
   a. Open House
   b. Child-Find/Screening programs
   c. Phase-in program
   d. Individual center/classroom visits

3. Each family will have the opportunity to participate in orientation/transition activities to:
   a. Receive information about the program, services, policies and procedures;
b. To socially interact with staff, children and other Head Start families;

c. To view Head Start facilities and materials;

d. To participate in transition meetings for children leaving early intervention programs and/or with disability.

Approved by the Policy Council August, 2007
Transition From Head Start to Kindergarten

POLICY:

Activities will be planned that address the transition needs of children and families as they move from the Head Start program to public school.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. The delegate Head Start Director or designee is responsible for meeting with local school district personnel to discuss and develop a transition services agreement. The agreement will establish procedures for the following activities:
   a. Obtain a current exchange of information form so that Head Start and the school district can exchange necessary information during the school year;
   b. Providing the school district with demographic information Names and addresses of children that will be attending school the following year;
   c. Scheduled school visits for children and families;
   d. Provision of local school district informational materials to assist parents in becoming acquainted with school policies and procedures;
   e. Disability services collaboration and implementation;
   f. Transfer of records as required, with parental permission.

2. Parents are provided opportunity to receive training and information in order to enhance the continuity of children as they move from the Head Start program to public school. Training/information is provided by:
3. In collaboration with school personnel, staff plan and schedule time for children and families to visit their perspective elementary school. The visit includes opportunity to:
   a. Meet kindergarten teacher/school personnel;
   b. Visit the classroom, cafeteria, playground area, rest rooms and Family Resource Center;
   c. Become familiar with the school bus loading/unloading procedures, zones, etc.

4. FSW/Home Visitor will provide families with written notification of scheduled visits and provide necessary support services to encourage their participation.

5. The addition to scheduled visits, Head Start teachers plan and implement a variety of classroom activities to ease the transition of children exiting the program;
   a. Dramatic and role-play new school situations and activities;
   b. Art activities about the new environment;
   c. Personal growth changes, both physical and developmental, are discussed and activities incorporated.
   d. Summer transition packets include both family and child activities.
   e. Helpful Entry Level Skills checklist completed and forwarded with records.

6. Throughout the year, the Disability Services Manager meets with special education personnel in each district to arrange transition plans for children with disabilities.
1. School district personnel may schedule visits to child’s Head Start classroom;

2. Meeting with school district personnel, child’s teacher and parent(s) for IEP review/update;

3. Have permission form signed by parent to allow observation and/or testing (only if necessary).

7. Head Start sends complete, updated records to school district upon request.

8. Transition process is reviewed with districts, parents and staff each year.

Approved by the Policy Council July, 2013
Transition Within Head Start

POLICY:

Children and families will have a smooth transition and continuity of services when they change sites, delegate programs and/or program options within Head Start.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.40(h) (1-4).

PROCEDURE:

1. When a child transfers to another site or program within the same delegate Head Start program, the FSW/Home Visitor at the site the child is leaving will:
   1. Review the child’s file for completeness. (Include family file information if there will be a new FSW)
   2. Place any child abuse reports or other confidential information in the file.
   3. Complete a “Change of Status” form and place in front of the child’s file.
   4. Bring file to the Head Start central office for transition to the new Family Service Worker/Home Visitor.

2. When a child enters a new site, the FSW/Home Visitor and Teacher will:
   1. Review the file and remove child abuse report/other confidential information into a separate file.
   2. Contact the family to arrange a time for meeting and/or visiting the new site/classroom and set a start date.
   3. Consult with program managers and consultants about related services (transportation, therapy, special assistance, etc.) If applicable.
4. The program will ensure that all “Change of Status” information is entered into COPA.

Approved by the Policy Council August, 2007
Goal Statement – Children are protected through appropriate health and safety measures.

A. Child Health and Safety

Objective 1: The Big Sandy Area Head Start program and delegate agencies will have health and emergency policies and procedures for center/home-based programs, with which all staff are familiar and trained. This will include:

1. Posted policies and plans of action for rapid response emergencies, such as choking or immediate medical or dental attention.
2. Telephone numbers and location of emergency response systems posted near the telephone.
3. Up-to-date family contact information and authorization for emergency care for child is readily available for use;
4. Plans/routes for emergency evacuation and other safety procedures for weather related emergencies are posted close to the nearest exit.
5. Method for notifying parents in the event of an emergency involving their child.
6. Established procedures to handle suspected child abuse and/or neglect which are in compliance with Federal and State laws.

Objective 2: To ensure the health and safety of all children enrolled in the program by establishing conditions for short-term exclusion and admittance.

1. Children with acute signs or symptoms of a potentially contagious condition will be excluded from program participation for that generally short period of time when keeping the child in care poses a significant risk to the health of the child or anyone in contact with the child.
2. The grantee and delegate agencies will involve the Health Services Advisory Committee in development of clear policies and procedures which indicate those instances in which a child should be temporarily excluded from the program. Current professionally established guidelines will be used in the development of exclusion and admittance policies.
3. The Big Sandy Area Head Start program and delegate agencies will not deny program admission to any child nor exclude any enrolled child from the program participation for a long-term period solely on the basis of his or her health care needs or medication.

4. Children with conditions requiring health care will be accommodated through modification in program procedures. The exception being if the condition poses a significant risk to the health and safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level.

5. During enrollment and throughout the program year, parents will be requested to inform staff of any health and/or safety needs of the child. The information will be documented in the child’s health folder.

Objective 3: To establish and maintain written procedures regarding the administration, handling and storage of medication for every child. Procedures will include:

1. Labeling and storage under lock, key and refrigeration, if necessary, of all medication including that of staff and volunteers.

2. Designating a trained staff member(s) to administer, handle and store medications.

3. Obtain a physicians instructions and written parent or guardian authorization for all medications administered by staff.

4. Maintaining an individual record of all medications dispensed and reviewing the record regularly with the parents.

5. Recording changes in child’s behavior that may have implications for drug dosage/type and assisting the parent in communicating with the physician regarding the effect of the medication.

6. Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling and storing medication, including the use of necessary equipment.

Objective 4: Big Sandy Area Head Start and delegate agencies will promote and practice injury prevention methods by incorporating it into child and parent activities.

1. Train staff and volunteers on safety practices and insure that they demonstrate these practices.

2. Incorporate safety practices into parent/child activities for home-based program.
Objective 5: To promote and implement good hygiene practices and universal precautions for staff, children and volunteers.

1. Proper hand washing techniques will be practiced by staff, children and volunteers.

2. Universal precautions will be observed to prevent contact with blood and other potentially infectious materials. All bodily fluids will be considered potentially infectious materials.

3. Appropriate sanitation and hygiene procedures will be followed for diapering that adequately protect the health and safety of children.

Objective 6: The program will ensure that first aid kits are readily available at each site.

1. First aid kits, well stocked with age appropriate supplies, will be located in each Head Start classroom. First aid kits will be kept in a location in which they will be readily accessible to staff but out of the reach of children.

2. Kits will be restocked after use and an inventory conducted at regular intervals.
Hand Washing

**POLICY:**

In accordance with School Readiness Goals, Head Start staff and volunteers working in Head Start classrooms will teach and model hygiene practices to maintain a healthier environment and to lower the risk of spreading communicable diseases. On a daily basis, every Head Start classroom will align hand washing procedures with Performance Standards and ECERS-R requirements.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22*

**PROCEDURE:**

1. Antibacterial soap will not be used.

2. Staff, volunteers, and children in the Head Start classrooms will perform hand washing with soap at the following times:
   
   a. Before meals—if staff determine that children have contaminated their hands once they have reached the cafeteria, hand sanitizer can be used before they get their trays.
   
   b. Before and after preparing food
   
   c. After using the bathroom or cleaning
   
   d. After assisting a child with toilet use
   
   e. Before and after treating or bandaging a wound
   
   f. After contact with bodily fluids, even if wearing gloves
   
   g. After diapering
   
   h. After wiping noses, mouths, etc.
   
   i. Before and after giving medications
   
   j. After inspection of hair/scalp for lice
   
   k. After cleaning/handling soiled items
   
   l. After touching animals or contaminated objects

3. The sink must be sanitized after all of the children use the toilet rather than after each child during the regular classroom schedule with the exception of meals/snacks. The sink must be sanitized before the children, volunteers, and staff begin washing for meals/snacks. A staff person needs to turn on the faucet with a paper towel, and the water needs to run until the last child, volunteer, and staff washes his hands. The last staff person will turn off the faucet with a paper towel.
4. To avoid recontamination, trash cans used to dispose of paper towels after hand washing must be hands-free (i.e., have a foot pedal or sensor) or not have a lid. Diapers must be disposed of in a hands-free trash can (trash can must have a lid).

5. Hand washing will be conducted using the following best practices:

   a. Wet hands with warm water.
   b. Apply soap. Soap must be available and within children’s reach.
   c. Lather hands from the front to back of hands and between fingers rubbing vigorously for approximately 20 seconds.
   d. Dry hands with a paper towel.

6. Staff/volunteer will supervise the use of hand sanitizer.

   a. Staff/adult volunteer will use a hand sanitizer that contains 60-95% alcohol.
   b. The manufacturer’s instructions are followed. Staff will apply sanitizer to the child’s hands; the child rubs hands from the front to the back and between fingers.
   c. Staff/volunteer will observe the child rubbing hands together until sanitizer is completely dry to avoid ingestion or contact with the eyes and mucous membranes.
   d. Hand Sanitizer must be locked away or kept on staff/volunteers at all times because the label states *Keep out of reach of children.*
   e. Hand Sanitizer Dispensers are prohibited.

7. Hand Sanitizer can be used under the following circumstances:

   a. Upon arrival in classroom and re-entry from outdoors (if hands are not soiled)
   b. After meals if staff & children touch food
   c. After sand or messy play with dry materials
   d. Before and after water play and play with wet, sensory materials.

*Approved by Policy Council June 17, 2014*
Tooth Brushing

POLICY:

Classrooms will have supervised tooth brushing daily.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Each child will have his/her own toothbrush labeled with his/her name.

2. Toothbrushes will be stored with head of brush upright, in an appropriate toothbrush holder.

3. Toothbrushes and toothbrush holders will be kept clean and sanitary. The holders are placed out of reach of children and other items that may contaminate them.

4. When toothbrushes become worn, they are discarded and replaced (approximately every 3 months).

5. Children are instructed to brush their teeth after breakfast.

6. Fluoride toothpaste is to be used. To eliminate contamination when one large tube of paste is used, place a small dab (pea size) of the paste on the inside of the child’s rinsing cup just prior to the child tooth brushing. The child will use his/her toothbrush to scoop the paste off the cup onto their toothbrush. This will avoid transferring germs from one child’s brush to another.

7. Teachers will provide group activities that allows for children to learn proper brushing techniques.

Approved by the Policy Council October, 2007
Toileting

POLICY:

Bathrooms will be kept clean and sanitized throughout the day and accommodations will be made for each child’s individual toileting and hand washing needs.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22*

PROCEDURE:

1. Bathrooms/toilets for use by the children will be within or immediately adjacent to the classroom whenever possible.

2. All bathrooms will have a sink with running warm water. Water heater/pipes will be regulated to ensure that water temperature does not exceed 110 degrees Fahrenheit.

3. Bathroom fixtures and accessories, including toilets, sinks, mirrors, soap & paper dispensers, will be child-sized and appropriate to the age and height of children whenever possible.

4. All surfaces in bathroom will be cleaned and sanitized daily.

5. Bathrooms will be supplied with paper towels, toilet tissue, and liquid soap within reach of the children.

6. Toilets will be adapted for independent use by the children. A non-slippery plastic stool to step up to the toilet and/or sink, and a toilet seat adapter may be used.

7. Potty chairs will not be used unless a child’s condition is such that other adaptations will not safely accommodate the child. In the event a portable potty chair is necessary, the following guidelines apply:

   a. The potty chair will be individually assigned and used only by that child.
   b. Potty chair frames will be made of a continuous surfaced, smooth, non-porous material. Wood frames are not recommended.
   c. Potties will be used and stored only in the toilet area.
d. Cleaning and sanitation of potties will be done in a utility sink.
e. After each use of the potty chair:
   . Empty contents into the toilet
   . Rinse potty in the utility sink
   . Wash all parts of the potty chair with soap and water using disposable towels
   . Empty soapy water into the toilet
   . Spray with bleach solution
   . Air dry
   . Wash and disinfect sink
   . Wash hands

8. Teachers must have a system in place for knowing when children go and return from the bathroom.

9. Children who require assistance will be accompanied to the toilet by a staff member.

10. Staff will monitor toileting areas to ensure that proper hand washing and safety is maintained.

11. In the event that a child has an accident and visible body fluids are present, staff must wear disposable gloves and wash hands after assisting the child with cleaning themselves and sanitizing toilet, sink, floor, etc. soiled with body fluids.

Approved by the Policy Council October, 2007
Big Sandy Area C.A.P., Inc. – HEAD START  
Program Policies and Procedures

Diapering

POLICY:

Diapering will take place in a designated area and will occur in a safe, sanitary and respectful manner.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. A designated area will be established specifically for diapering. The diapering area is to be as far away from the food area as possible and not easily visible to the other children. Careful planning should be done to ensure that diapering occurs in a respectful and comfortable way.

2. Construct a diapering surface that is flat, safe and a comfortable height for adults.

3. Diapering surfaces will be kept clean, waterproof and free of cracks, tape and crevices.

4. All diapering and cleaning supplies will be stored off the diapering surface and out of the reach of the children.

5. Diapers, wipes and other supplies that may be provided by the parent must be labeled with the child’s name.

6. Only Head Start staff or the child’s parent will engage in the diapering of the child.

7. The following procedures must be followed:
   a. Before bringing the child to the diapering area, gather all needed supplies (a fresh diaper, wipes, gloves, and a plastic bag for soiled diaper/clothes) and place near, not on, the changing mat. Keep all supplies needed for diapering out of the reach of children.
   b. Place non-absorbent paper or disposable cover on the diapering surface.
   c. Wash hands and put on gloves.
d. Bring child to the diapering area. Fold the diaper inward, reseal with tapes and plastic bag, tie off top, place in another plastic bag and place in a plastic lined, covered, foot pedal operated trash can.

e. Keep one hand on the child at all times. Never leave the child unattended.

f. Remove any soiled clothing and securely tie in a plastic bag to send home.

g. Gently clean the child’s bottom with a moist disposable wipe. Remove stool and urine from front to back. Only one swipe per wipe (repeating with fresh wipe until clean). Discard soiled wipes in same plastic bag with diaper.

h. Put clean diaper/clothing on child.

i. Remove and discard gloves using the same process that is needed for handling blood borne pathogens.

j. Have child wash his/her hands.

k. With newly gloved hands, remove disposable covering from diapering surface and place in trash can. Remove any visible soil from diapering surface with soap and water and then disinfect the surface by spraying with a bleach solution (1 teaspoon bleach mixed in 1 quart water). Leave the solution on the surface for 2 minutes before wiping dry:

l. Wash hands thoroughly.

m. Document and report any skin problems or redness to parent/guardian.

Approved by the Policy Council October, 2007
Daily Health Checks

**POLICY:**

Children will be observed for signs of illness or injury which could compromise their health and safety or the health and safety of others.

*This policy relates to Head Start Performance Standards 45 CFR Part 1301.31*

**PROCEDURE:**

1. Teaching staff will observe children as they enter the classroom each morning for any adverse signs indicating illness or injury. Particular attention will be given to children who have been absent due to illness or who have been exposed to a communicable disease.

2. Children who appear alert, responsive and in good health will begin their daily routine.

3. If it is determined that a child is not able to actively participate in the daily routine due to illness, the parent or authorized person from the Emergency Contact List will be contacted to come pick up the child as soon as possible. (See Exclusion of Children and Communicable Disease Control policies)

4. Staff observations of illness or injury will be documented on a Daily Health Check Documentation Sheet. This will include description of concern and any recommendations or referrals. Parent comments will be documented on this also. This will be added in Family Case Notes on COPA, and documentation place in child’s health folder. This will also be documented on COPA Attendance and Meal Count with an “H” when there is a problem.

5. If staff suspect’s that the child’s illness or injury is due to abuse and/or neglect, the child will remain in the classroom and a report will be made immediately to the Department of Protection and Permanency. (See Reporting Child Abuse and Neglect policy).

Approved by the Policy Council September 20, 2010
Daily Health Check Documentation Sheet

Child Name: ________________________________   Teacher: ______________________

Parent(s) Name: ________________________________     Date: ____________________

Description of Problem (s): ____________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Was parent/guardian contacted?  Please circle one: YES    NO

Parent Comment if contacted: __________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Did child go home?  Please circle one: YES    NO

Staff Signature & Title: ____________________________________________

Policy Council approved 09/20/2010
Medical/Dental Emergency

POLICY:

The program establishes and implements policies and procedures to respond to emergency situations of which all staff are familiar and trained.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Management and direct service staff will develop separate plans of action for rapid response to medical and dental emergencies that may occur in the classroom, on field trips, or on a Head Start bus.

2. All staff working with children will have a current First Aid and C.P.R. card.

3. First Aid kits and the medical and dental emergency procedures will be maintained in one designated place and be readily accessible to staff.

4. There must be a sign in the classroom indicating the location of the First Aid kit and the nearest telephone.

5. Telephone numbers and locations of hospitals, fire department, police department, emergency response systems and the Poison Control Center are posted near the telephone.

6. Consent for medical/dental emergency treatment is maintained on each child.

7. Methods for contacting the parent in the event of an emergency involving their child are established.

8. All medical and/or dental emergencies will be recorded on an incident report form. Serious injuries requiring a child to be sent home or to a medical provider must be reported by telephone immediately following the incident. (see Accidents policy)

Approved by the Policy Council October, 2007
**Parent Consent for Emergency Treatment**

**POLICY:**

To insure treatment is provided for a child should an emergency situation arise while he/she is attending Head Start classes or participating in a Head Start activity.

>This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

**PROCEDURE:**

1. The “Consent for Emergency/Dental Treatment” will be checked yes/no on child’s COPA Health History - Consents #9.

2. The parent / guardian will complete the Health History during the enrollment process.

3. The parent / guardian will sign and date Copa Health History at time of completion.

4. A copy of this will be kept in the child’s health folder.

*Approved by the Policy Council October, 2007*
Parent Consent for Child Release

POLICY:

A Head Start child will only be released to authorized individuals based on written authorization from the child’s parent(s).

This policy relates to Head Start Performance Standards 45 CFR Part 1310.10(g)

PROCEDURE:

1. The enrollment application for Head Start will be used to allow the parent to identify all persons with authority to pick up their child from the classroom or to receive their child from the bus.

2. A list of all children and the persons they may be released to will be kept in the classroom and on the bus(es) at all times for reference by staff to assure that children are only released to authorized individuals.

3. Release names from the enrollment application will be entered on COPA. If parent requests for names to be changed, changes will be made accordingly on COPA.

4. If a parent requests to change the release names after his/her child is enrolled, a Change of Status form will be completed with the new information and signed & dated by both staff and parent. Release lists used in the classroom and on the bus will be updated immediately to reflect this new information.

5. In the case of an emergency when a parent requests by telephone for his/her child to be released to a previously unauthorized individual, the following questions will be asked by the staff to verify that the person requesting the release is in fact the parent:
   - Child’s Date of Birth
   - Parent’s Date of Birth

A child will only be released by parent phone verification to a previously unauthorized person when an illness or other unavoidable occurrence has impeded their ability to make a face-to-face change to the list of release individuals.
6. The previously unauthorized person who the parent designates to pick up the child will be asked for identification prior to the child being released.

Approved by Policy Council, July 2015
**Teacher’s Observation of Child Health**

**Child’s Name ___________________________         Teacher _____________________**

**Classroom_______________________          Date of Observation 1\(^{st} \) ___________ 2\(^{nd} \) ___________**

Does this child complain of or demonstrate any of the following more severely or more often than most of his/her classmates?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Tires Easily</strong></td>
<td></td>
<td><strong>Poor Posture, Limp / Abnormal Gait</strong></td>
<td></td>
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<tr>
<td><strong>Frequently Sleepy</strong></td>
<td></td>
<td><strong>Poor Nutrition or eating Habits</strong></td>
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<td><strong>Inactive</strong></td>
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<td><strong>Poor Hygiene</strong></td>
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<tr>
<td><strong>Shortness of Breath with Exercise</strong></td>
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<td><strong>Skin Rash / Skin Sores</strong></td>
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<tr>
<td><strong>Unintelligible Speech</strong></td>
<td></td>
<td><strong>Frequent Scratching</strong></td>
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<td><strong>Poor Hearing</strong></td>
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<td><strong>Pale or Sallow Skin</strong></td>
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<tr>
<td><strong>Discharge or Running from ears</strong></td>
<td></td>
<td><strong>Over or Under Weight</strong></td>
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<tr>
<td><strong>Continuous Runny Nose</strong></td>
<td></td>
<td><strong>Stomachaches</strong></td>
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<tr>
<td><strong>Frequent Nose Picking or Rubbing</strong></td>
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<td><strong>Vomiting</strong></td>
<td></td>
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<tr>
<td><strong>Convulsions, Fits or spells</strong></td>
<td></td>
<td><strong>Frequent Urination</strong></td>
<td></td>
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<tr>
<td><strong>Poor Writing or Drawing</strong></td>
<td></td>
<td><strong>Wet Pants</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Headaches</strong></td>
<td></td>
<td><strong>Soil Self with Bowel Movements</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Clumsy</strong></td>
<td></td>
<td><strong>Cough</strong></td>
<td></td>
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<tr>
<td><strong>Poor Vision</strong></td>
<td></td>
<td><strong>Wheezing</strong></td>
<td></td>
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<tr>
<td><strong>Eyes Crossed Or Out</strong></td>
<td></td>
<td><strong>Red, Runny or Itchy Eyes</strong></td>
<td></td>
</tr>
</tbody>
</table>

**What is your opinion of this child’s Health?**

- [ ] Perfectly Healthy
- [ ] Specific Problem(s) as noted but Generally Healthy
- [ ] Not in Good Health

**Document Follow Up Here:**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Communicable Disease Control**

**POLICY:**

Head Start staff will lower the risk of spreading communicable diseases through preventive health practices and appropriate reporting procedures.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22*

**PROCEDURE:**

1. All children will have a signed Childhood Immunization Certificate indicating that all required immunizations are current and up-to-date. (see Immunizations policy)

2. All staff and regular volunteers have an initial health exam and/or tuberculosis screening. Each Delegate program will follow their local Board of Education policy.

3. Adults and children will wash their hands with soap and running water regularly. (see Hand Washing policy)

4. All classroom surfaces are cleaned and disinfected regularly with a solution of one part household bleach to ten parts water or otherwise appropriate disinfectant.

5. All cloth items used by children will be laundered on a weekly basis. If a documented case of lice or scabies occur, the items will be laundered prior to the next day of class.

6. Toothbrushes are stored in an appropriate holder with brushes upright, and not touching each other. (see Tooth Brushing policy)

7. If a child is ill, or appears to have a communicable disease, measures are taken to prevent the spread of disease by keeping the child isolated from others, but under adult supervision, while contacting the parent(s) or emergency contact person. (see Exclusion policy)

8. Staff who have had direct contact with a person who has a communicable disease will be instructed in the use of universal precautions. (see Blood Borne Pathogen Control Plan policy)

*Approved by the Policy Council October, 2007*
Lice Control

POLICY:

To prevent the spread of pediculosis (head lice), children found to have live lice or nits will be sent home and may only return to the classroom when they have been treated and are lice and nit free.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22*

PROCEDURE:

1. Parents will be informed during orientation that head lice screening will be conducted throughout the school year.

2. Classroom staff will create a time and specific routine for performing regular head checks on children, preferably in the morning prior to circle time or when children begin mingling together.

3. All children will be checked regularly. It is important that we treat children, especially those suspected of having head lice, both tactfully and sensitively in order to avoid loss of the children’s self-esteem and not make them feel guilty or ashamed.

4. If a child is found to have live lice or nits in their scalp/hair, the parent(s) or an emergency contact person will be called to come and take the child home as soon as possible. As with any other communicable disease, the child will need to be separated from the other children in a way that does not damage the child’s self-esteem but will also prevent the spread of lice to others. Delegate programs will follow their local Board of Education policy dealing with lice.

5. Parents will be given information on the most current and safest treatment of head lice.

6. Head Start does not require the family to use pesticide shampoo before returning the child to the classroom. However we do require that the child not have lice present in the hair/scalp. The child will need a statement from a physician, health department, nurse, or appointed staff person that the child is lice and nit free.

7. If a child returns to school more than once with lice or nits still present, a meeting will be arranged to problem solve the issue with the family.
Staff will stress the importance of following the recommended guidelines for treatment of lice. Any parent concerns or requested assistance will be addressed and the potential consequences.

8. A communicable disease report will be sent to the Grantee or Delegate Health Services Manager/Cordinator on each new case of head lice.

9. Staff will limit their discussion of head lice to the employees within the classroom and the health services staff unless it becomes necessary to contact other direct services or management staff concerning the situation. An exception is when the classroom is located within a public school and school personnel provides direct services to the child and family, then the school personnel will be notified. Each Delegate program will follow their local LEA recommendations concerning lice control. Model City will follow State Licensing Recommendations.

Approved by the Policy Council October, 2007
Blood Borne Pathogen Control

POLICY:

The Head Start program will implement workplace practices/controls to eliminate or minimize exposure to blood borne pathogens.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.40

PROCEDURE:

1. Training in the prevention of cross contamination of blood borne pathogens will be provided annually to staff that may have occupational exposure to blood or other potentially infectious materials.

2. Delegate programs operated by the Local Education Agency will follow the school district’s plan/procedures for blood borne pathogens.

3. Model City Head Start program (not operated by a county/city school district) will retain a blood borne pathogen control plan for the site.

4. The Grantee agency will follow the policy for blood borne pathogen control located at the Health Services Manager’s work station.

5. The blood borne pathogen control plan will be available to all personnel for review.

6. The program will maintain documentation of the annual training on blood borne pathogen control.

Approved by the Policy Council October, 2007
Exclusion of Sick Children

POLICY:

Head Start will temporarily exclude children from the program due to acute and/or contagious illness. Parents will be informed of exclusion guidelines during orientation to the program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. In order to ensure the safety and health of children and staff, children who have an acute or contagious illness will be temporarily excluded from the program until the condition subsides, is no longer contagious, or a statement is received from the child’s doctor that the child is no longer contagious.

2. Children who have any of the following conditions/symptoms will be excluded from the classroom:

   1. An oral temperature of 101 degrees or greater.
   2. Vomiting (more than one time in last 24 hours)
   3. Diarrhea (more than two times in last 24 hours)
   4. Deep, hacking uncontrolled cough
   5. Sore, red throat
   6. Severe congestion/difficulty breathing
   7. Unexplained rash
   8. Earache
   9. Yellow discharge from the eyes
   10. Cuts or opening on the skin that are oozing or pus-filled
   11. Lice
   12. A contagious/communicable disease such as; Chicken Pox
       Fifth Disease
       Flu
       Hand, Foot, and Mouth Disease
       Hepatitis Type A/Type B
       Impetigo
       Measles
       Meningitis
       Mononucleosis
Exclusion of Sick Children

3. If a parent knows or suspects that their child has a contagious disease, advise her/him to call the classroom to let you know and to take the child to see a doctor to confirm the diagnosis and receive medications (if needed). Let them know that they will need to bring a note from the doctor describing the condition and when it is okay for the child to return to the classroom.

4. If staff is uncertain regarding the child’s condition or whether the illness poses a risk to others, they will call the parent if available or an emergency contact person. In cases where the parent and staff disagree about the child’s condition, staff will call the Delegate Head Start Director / designated staff person, Grantee Health Services Manager, or child’s physician for further advice.

5. Refer to Communicable Disease and Illness policy and procedures for further guidance.

Approved by the Policy Council October, 2007
Administration of Medications

POLICY:

The administering of medications to children with short term or chronic illnesses only when it is determined by the child’s physician that it is in the child’s best interest to receive the medication during class time or the medication is used to prevent a life threatening emergency.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Medications for both short term illnesses and chronic conditions will be administered by the family at home unless it is verified by the child’s physician that the medication can only be given during the time the child is in the classroom.

2. In all cases the Physician’s Form for Prescribed or over –the-Counter Medication which includes consent/permission from the child’s parent(s), indicating their desire that the Head Start program assist in the administering of the medication, must be obtained, reviewed and signed by health services staff prior to the administration in the classroom.

3. The Physician’s Form must include: child’s first and last name, name of the medication, dosage, and time interval, method of administration, duration of administration, side effects, and contraindications.

4. Staff must read the Physician’s information and be aware of possible adverse reactions included in the instructions.

5. In most instances, medication will be administered by the Teacher unless there is a school nurse on site during program operation hours. If staff feels uncomfortable with the administration of medication, the grantee Health Services Manager may be requested to provide and/or access training and assistance.

6. Staff will ensure that all medication is in the original container and properly labeled by the pharmacist with the child’s name, frequency and amount of dosage, name of drug, duration of administration, expiration date, date filled, storage and name of the prescribing physician.
7. Medications will be kept in a locked container and stored in a locked cabinet or drawer to reduce the potential for misuse or loss. Medications requiring refrigeration will be kept in a locked box and stored to the back of the top shelf in the refrigerator. If medication is for acute and emergency use it will be kept in the first aid kit and/or out of reach of children. (ex: Epi Pen or Inhaler).

8. The Administration of Medication Log will be used to document the date, time, name of the medication, and signature of the person administering the medication and any observed behavior changes or adverse reactions each time medication is given.

9. The Administration of Medication Log will be utilized and kept with the parent permission and physician instructions forms in the child’s file.

10. If a child refuses to take medication, or if an adverse reaction or behavior changes are observed, the parent(s) must be notified immediately. Communication to parents will be documented.

11. Parent/guardian must review Medication Log three (3) times a year and must sign and date each time.

12. The medication forms and documentation will be monitored by both the grantee Health Services Manager and delegate health staff.

13. Unused medication must be returned home or be disposed of when treatment is complete, or at the end of the school year. All medications left at school will be given to designated health services staff for proper disposal.

14. Staff members involved in the administration of medication will be sensitive to and aware of the confidentiality issues in carrying out this responsibility.

Approved by the Policy Council September 21, 2010
Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Classroom Safety

POLICY:

Staff will maintain safety in all aspects of their job working with families, children and staff.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. All staff working with children will have a current First Aid and C.P.R. card.

2. First Aid kits, and emergency procedures will be maintained in one designed location at each site, and be readily accessible to staff, but kept out of the reach of the children.

3. There must be a sign in the classroom indicating the location of the First Aid kit and nearest telephone.

4. Emergency telephone numbers will be posted at or near the telephone.

5. The First Aid kit and a copy of each child’s emergency consent form will be taken on field trips or any trip away from the classroom site.

6. A diagrammed evacuation plan will be posted near the exits in each classroom.

7. Fire drills/building evacuation will be practiced once per month.

8. All electrical outlets accessible to children will have protective caps in place when outlets are not in use.

9. Items of potential danger to children (toxic materials, flammable liquids, etc.) must be kept in the original container, be stored in an area not used by children, be stored separately from food and food service equipment.

10. An emergency light source will be available at all times.

11. Areas and equipment that staff feel are unsafe must be immediately reported to Head Start Director or designee.

Approved by the Policy Council October, 2007
Playground / Gross Motor Area Safety

POLICY:

Routine playground / gross motor area safety inspections and rules will be established and maintained at all times. The Consumer Product Safety Commission and National guidelines related to playground safety will be followed.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22*

PROCEDURE:

1. Staff will thoroughly inspect the playground / gross motor area each day prior to the children’s indoor / outdoor play time. This check will include, but not be limited to a search for the following hazards:
   - glass, needles, or sharp objects
   - dangerous equipment that may cause falls, cuts, pinching, puncture wounds, or serious injury
   - inadequate ground cover underneath play structures and swings
   - unfamiliar people who do not have a legitimate reason for being in or around the playground area
   - poisonous foliage, bees/wasps nests, animals/animal feces, trash/garbage

2. Teaching staff must keep a checklist that shows each day that the children went outside or to a gross motor area. The list should be initialed by the teacher or assistant to verify that someone evaluated the space prior to children’s play beginning. If staff took action to correct a problem (picked up trash, remove dangerous material, etc.), it should be documented on this checklist.

3. Some equipment located on public school playgrounds is inappropriate for very young children. Head Start children should not be allowed to play on these structures.

4. Staff will establish and routinely review playground / gross motor area safety rules with the children. Playground rules will minimally include:
   - Establishment of area that is safe for running (i.e. not under/around play structures).
   - Playground boundaries (if fences are not present).
   - Appropriate play for slide safety: sitting down facing forward on the slide.
   - Inappropriate sand play: throwing, eating, putting down clothing, etc.
Wheel toy play: traffic boundaries and safety rules for both the driver and pedestrians. Children should be encouraged to wear helmets during outdoor trike riding.

5. Proper supervision is of foremost importance in preventing playground / gross motor accidents/injury. There will be a minimum of two (2) staff persons with the children at all times including during indoor / outdoor play. Only Head Start staff will be considered the supervising adults when children are on the playground / gross motor area. Parents and other volunteers may increase the ratio of adults to children but they will not replace the staff.

6. Staff must be strategically located on the playground / gross motor area during play so that all children are within site at all times.

7. First Aid kits must be taken to and carried by a staff person when on the playground / gross motor area. First Aid kits are not to be placed on a bench or other areas where they are in reach of children.

Approved by Policy Council, March 2015
Field Trip Safety

POLICY:

Staff will ensure that safety is the first priority on all field trips and outings away from the Head Start site.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. A minimum of two adults will accompany children on any outings that are not on Head Start premises.

2. Children will wear identification tags on all outings. Identification will consist of the program name and telephone number. The child’s name will not appear on the tag.

3. Emergency consent and contact forms and a fully stocked First Aid kit must be taken on all field trips and other outings.

4. When going places that have either a large number of people present or areas that are remote and have few emergency facilities, the adult child ratio will be at least one adult to 5 children.

5. Teachers must ensure that medications or equipment needed for the safety of a child with special needs (asthma, diabetes or other potential life threatening condition) is taken on the field trip/outing.

Approved by the Policy Council October, 2007
Emergency Preparedness

POLICY:

Each Head Start classroom will have an emergency/disaster preparedness plan in the event of fire, earthquake, severe storm, or other natural disaster. They will practice safety drills for fire, natural disasters, bus evacuation, and pedestrian safety.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.22(a); 1304.53; 1310.21

PROCEDURE:

1. Site personnel will develop an individual emergency/disaster management plan and procedures which are practiced throughout the program year.

2. The emergency/disaster management plan must include evacuation routes, safe meeting places, head count procedures, safety spots in the classroom or building, and procedures for assisting children with disabilities.

3. Safe evacuation routes will be established, illustrated and posted on/near exits.

4. Teachers will plan learning activities, discussions and demonstrations that will increase children’s knowledge and prepare them to respond safely in an emergency situation. These activities, discussions and demonstrations will be included and documented in daily lesson plans.

5. Fire drills will be conducted at least one (1) time per month.

6. Earthquake preparedness drills are held at least three (3) times during the program year.
7. Bus evacuation drills will be completed three (3) times a program year. The first drill will be completed within 30 calendar days of the beginning of school and noted on the lesson plan. The other two (2) completed during the school year at the Director’s discretion and will be documented.

8. Bus and Pedestrian safety training will be conducted within the first 30 calendar days of the beginning of school and will be documented on the lesson plan. When a child enrolls after the first day of school, he/she must have pedestrian training within the first 30 days of enrollment and this must be documented.

9. Head Start parents must have bus and pedestrian safety training within the first 30 days of his/her child’s enrollment. There must be signed statement by the parent of each child to verify their participation in the bus and pedestrian safety training.

10. Tornado drills are held during the first full month of the school year, and during the months of February, March, and April.

11. Additional fire, earthquake and tornado drills may be conducted as necessary until satisfactory proficiency is obtained.

12. All drills will be documented on a Record of Drills form.

13. During evacuation of the building, emergency consent forms, attendance record and first aid kit must be taken.

14. Follow procedures and instructions for notification of parents in the event of an emergency involving their child.

15. Management staff will routinely monitor the emergency preparedness plans, procedures and activities.

16. Classroom housed in public school facilities may follow the school’s emergency plan/procedures.

17. Staff and parents will receive annual training/information on emergency/disaster management.

Approved by the Policy Council July 2012
Accidents

POLICY:

Staff will ensure that all accidents are managed using proper first aid and reporting procedures.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Any accident involving a child that requires staff to provide first aid (bumps, bruises, scrapes, splinters) must be written up on an accident report form and must be reported to the child’s parent(s) on the day of the accident.

2. Any serious injuries (e.g. broken bones, severe bleeding, or any injury requiring the child to be sent home or to a medical provider) must be reported by telephone to the delegate office immediately following the incident. A written incident report is then submitted to the delegate office within 24 hours.

3. Life threatening situations are to be reported immediately to the grantee office who will then report the incident to the ACF Regional Office.

4. The Health Services Manager will review all accidents reports and provide feedback if necessary.

Approved by the Policy Council October, 2007
BUS ACCIDENT REPORTING PROCEDURES FOR MODEL CITY HEAD START

IN THE EVENT OF AN ACCIDENT THAT REQUIRES MEDICAL OR POLICE ASSISTANCE, THE DRIVER OR MONITOR WILL DIAL 911 AS SOON AS POSSIBLE. THE FOLLOWING PROCEDURES SHALL BE FOLLOWED AS WELL:

1. **BUS AND FIXED OBJECT:**
   In the event of an accident involving a fixed project (i.e., sign, mailbox, fence, etc.), the driver shall immediately notify the Model City Site Supervisor. The Site Supervisor will then immediately contact the Head Start Director. The reporting of the accident shall include the following information:
   * Number of injuries
   * Type and seriousness of injuries
   * Damage to bus
   * Damage to other property

2. **BUS AND VEHICLE:**
   In the event of an accident involving another vehicle, the driver shall notify the Model City Site Supervisor who will in turn contact the HS Director. The reporting of the accident shall include the following information:
   * Number of injuries
   * Type and seriousness of injuries
   * Damage to bus
   * Damage to other property

After notification of injury and the determination to contact medical assistance, the driver will make the determination as to whether the bus can continue on the route or if a spare bus is to be dispatched. The police, having jurisdiction where the accident occurs, will be notified and a police investigation requested. The driver will document the location, time, names of all adults and children on board the bus, and any other relevant information for later review by the Head Start Director.

In the event of any accident, the driver’s primary concern shall be for the safety and well being of the students on his/her bus. The driver shall make every effort to care for the injured and calm the students.

If an evacuation is necessary, the type of evacuation will depend on the particular situation. The driver will make sure that the students get off the bus safely and ensure they are safe after they exit from the bus by having them assemble at least one hundred (100) feet from the bus and traffic. All students should be accounted for at this time.
First Aid Kit

POLICY:

Classrooms are equipped with emergency first aid kits readily accessible and stocked with needed first aid items. First aid training will be provided for staff as needed.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.22

PROCEDURE:

1. Well supplied first aid kits, appropriate for the ages and number of children served, will be maintained at each facility.

2. It is recommended that each first aid kit include at least the following items;
   a. Gauze bandages / pads / roll.
   b. Band-aids; one box of assorted sizes
   c. Adhesive or paper tape, one package of 1/2.
   d. Small scissors
   e. Disposable tweezers
   f. CPR mask (disposable).
   g. Water
   h. Non latex gloves (2 Pairs)
   i. Instant ice/cold pack
   j. Sterile eye pads
   k. Eye wash
   l. First aid guide
   m. Disposable thermometer

3. First aid kits are kept in low-traffic areas where they are easily accessible and identifiable for adults. Adults can reach the first aid kit, but children cannot.

4. First aid kits are taken on field trips, any type of safety drills, and outdoor playground areas.

5. Delegate Directors or his/her designee and Model City designee will see that an inventory of each first aid kit is conducted regularly, and that items are restocked for freshness or after use.

6. An inventory checklist will be kept with the first aid kit so that the designee can sign and date when supplies are checked and replaced.

Approved by the Policy Council October, 2007
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Drug – Free Workplace

POLICY:

The Grantee certifies that it will provide a drug free workplace by:

PROCEDURE:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee’s workplace and specifying the actions that will be taken against employees for violation of such prohibition.

2. Establishing a drug free awareness program to inform employees about:
   a) The dangers of drug abuse in the workplace;
   b) The grantee’s policy of maintaining a drug – free workplace;
   c) Any available drug counseling, rehabilitation, employee assistance programs; and
   d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1.

4. Notifying the employee in the statement required by paragraph 1 that as a condition of employment under the grant, the employee will:
   a) Abide by the terms of the statement; and
   b) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
5. Notifying the agency in writing within ten days after receiving notice under subparagraph (4) (b), from employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number (s) of each affected grant.

6. Taking one of the following actions within 30 days of receiving notice under subparagraph (4) (b) with respect to any employee who is so convicted:
   
   a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   
   b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

8. Making a good faith effort to continue to maintain a drug – free workplace through implementation of paragraphs (1) through (6).
Documentation of Child Drop Off / Pick-up

POLICY:

In order to assure the safety of all children, a documentation system must exist that requires the classroom staff to record the daily arrival and departure of each enrolled child.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.22 and OHS document: Caring for Our Children.*

PROCEDURE:

1. Arrival of each child will be documented by teaching staff or designated staff person each day. The time will be recorded.

2. Departure of each child will be documented on the same form used for arrival. Departure will identify the time the child left the classroom and whether the child was released to an individual on the pick-up list or was transported by agency bus.

3. Each delegate is encouraged to use the “Child Arrival/Departure” form created by the grantee for arrival/departure verification. However, the program may choose a different form to be used for documentation as long as it contains the same information as stated in #1 & #2 of this policy.

4. Teaching staff will file the child arrival/departure documentation each week and must be able to produce the documentation when asked by management staff.

*Approved by the Policy Council October, 2015*
Goal Statement – Children receive nutritional services which promote child wellness.

B. Child Nutrition

Objective 1: The Big Sandy Area Head Start program and delegate agencies will work with families to identify each child’s nutritional needs.

1. Height and weight measurements of each child will be taken within the first 45 days of the child’s enrollment; measurements will be taken again in April.

2. Hemoglobin/hematocrit determination will be completed by a health service provider.

3. Information about child/family eating patterns will be obtained through staff and parent interviews and nutrition assessment questionnaire.

Objective 2: To design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and disabilities.

1. Funds with the USDA Food Consumer Service and Child Nutrition Program will be used to cover payment of meals served. These funds will be handled through the Grantee office. Head Start funds may be used to cover the allowable costs not covered by USDA.

2. Each child in a center based full-day program will receive meals and snacks that provide ½ to 2/3 of the child’s daily nutritional needs, depending on the length of the program day.

3. For 3 to 5 year old in center based settings, the quantities and kinds of food served must conform to recommended serving size and minimum standards for meal pattern or nutrient standard menu planning requirements outlined in CFR Parts 210, 220, and 226.

   a. Food served will be low in fat, sugar, salt and high in nutrients.
   b. Meal and snack periods in center-based settings will be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met.
   c. The home-based program will provide appropriate snacks and meals to each child during group socialization activities.
   d. Staff will promote effective dental hygiene among children in conjunction with meals.
Parents and appropriate community resources will be involved in the planning, implementing, and evaluation of the nutrition services program.

**Objective 3: Big Sandy Area Head Start program and delegate agencies will ensure that nutritional services in center-based settings will contribute to the development and socialization of enrolled children.**

1. A variety of food will be served to broaden each child’s food experience.

2. Children will be encouraged but not forced to eat or taste his or her food. Food will not be used as a reward or punishment.

3. Children, staff, and volunteers eat together and share the same menu to the extent possible. Staff will serve as models for the children in conversation and table manners.

4. Sufficient time is allowed for children to eat at a leisurely pace. The meal schedule will be posted in each classroom.

5. Medically based diets, religious based diets, or other dietary needs are accommodated.

6. Developmentally appropriate opportunities are provided for the involvement of children in food related activities.

**Objective 4: To assist Head Start families with nutrition.**

1. Big Sandy Area Head Start and delegate agencies will provide parent education activities. These activities include but are not limited to opportunities to assist individual families with food preparation and nutritional skills.

2. A nutrition newsletter will be provided regularly with information on nutrition education for the whole family, recipes, home & money management, and consumer education.

**Objective 5: To implement food safety and standards that complies with all federal, state and local safety and sanitation laws.**

1. The Head Start program will post evidence of compliance with all federal, state and local food safety and sanitation laws including those related to storage, preparation and service of food and the health of food handlers. The Big Sandy Area Head Start program will contract only with food service vendors that are licensed in accordance with state and local laws.

*Approved by the Policy Council July 2009*
Nutrition Services

**POLICY:**

The program’s nutrition component is designed and implemented to meet the needs of each child to help prepare them for school.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

**PROCEDURE:**

1. Provide food that will help meet the child’s daily nutritional needs in a pleasant environment, recognizing individual differences and cultural patterns.

2. Serve a variety of food that broadens each child’s food experience.

3. Provide an environment that will support and promote socialization and learning.

4. Provide learning and decision making experiences through participation in mealtime activities (i.e. setting table, preparing food, serving food, sampling unfamiliar foods, pouring milk/juice, clean-up, etc.).

5. Provide opportunities for staff, children, and parents to learn and gain an understanding of the relationship between good nutritional habits and increased health and well-being.

6. Involve all staff, parents and community partners, as appropriate, in helping to meet each child’s nutritional needs.

7. Adults model and promote a positive attitude toward nutritious food by eating and socializing with the children at mealtimes.

*Approved by the Policy Council July 2013*
Nutrition Assessment and Referral

POLICY:

Staff and parents will work together to identify and address each child’s nutritional needs.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

PROCEDURE:

1. Through interview-style, parents and staff will complete a nutrition assessment questionnaire (COPA Health History) for the child during the intake/enrollment process. (see Child Health Record policy)

2. A hemoglobin/hematocrit determination is obtained or completed within 90 days of the child’s entry into the program. (see Hematocrit/Hemoglobin Determination policy)

3. Height and weight measurements are taken during the first 45 days of the child’s enrollment and again in April. Results are entered into COPA, which completes various growth charts for each child. A copy of the BMI-for-age (2-20 years) and stature-for-age (2-20 years in inches) chart will be placed in the child’s folder. (see Growth Assessment policy)

4. Teachers will complete an Observation of Health on each child within 45 calendar days of the child’s first day of attendance and again in March. (see Observation of Health policy)

5. All nutrition assessment data (hemoglobin/hematocrit, height & weight, and other related data) will be reviewed by designated delegate staff to determine the need for further review by the Nutrition Services Manager/RD.

6. Nutrition contacts/follow-ups are made if the following occurs:
   1. Growth assessment is at or above the 95th percentile BMI-for-age; at or below the 5th percentile BMI-for-age; stature-for-age is below the 5th percentile.
2. Hemoglobin or hematocrit determination is below 10.0 gm/dl or 33%, respectively. (A hemoglobin result that is 15 gm/dl or above will be monitored.)

3. Appetite, eating habits, eating skills, and energy level are observed to be poor by either the parent or staff.

4. A physician/health provider has indicated on the child’s physical exam a nutrition problem, food allergy, or other special dietary need.

7. Nutrition recommendations are initiated by the Nutrition Services Manager/RD after a referral has been received.

8. Nutrition recommendations are discussed with the child’s parent/guardian to jointly decide upon and develop a plan of action for referral, follow-up, etc.

9. The child/family will be referred for a complete nutrition assessment by a Doctor/RD team if needed.

10. The Family Service Worker will work to support the efforts of the family in meeting the nutrition recommendations.

11. When required by the Nutrition Services Manager, the FSW/Home Visitor will schedule appointments with the family for common nutrition recommendations. Parents will be given the Nutrition Services Manager’s name and work telephone number so that the parent can call to make a direct contact if preferred.

12. Nutrition assessment data, recommendations and any follow-up documentation will be filed in the child’s individual health folder and entered on to the COPA data base under family case notes.

Approved by the Policy Council July 2013
Food Allergies and Dietary Restrictions

POLICY:

There is a plan to accommodate and ensure the safety of children who have food allergies and other dietary restrictions or special needs.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.23, 1308.20*

PROCEDURE:

1. Through an interview with the parent/guardian, staff will document all diagnosed and suspected food allergies and/or dietary restrictions/needs on Health History of COPA. (see Child Health History, Parent Consent for Emergency Medical/Dental Treatment policies)

2. If the dietary restriction is due to a diagnosed allergy, disability or medical condition, specific documentation and information regarding the allergy/condition must be obtained from the child’s physician/health care provider. Any food substitutions recommended must be noted in the documentation. A completed Medical Referral Form for Modified Meals (Model City) or School Food Service Food Modification Form (all other programs) will be used for documentation. If additional instructions are required, the child’s physician/health care provider will complete an individual health plan.

3. It is mandatory to have a doctor’s statement in place to be able to accommodate each child’s dietary needs. Information from the parent will be honored for two weeks from the child’s enrollment date. If a doctor’s statement is not obtained in this period of time, the child will no longer have his/her meals modified.

4. A report of the children who have specific food allergies or other dietary restrictions will be generated by the delegate office prior to the first day of school and distributed to classroom staff and food service personnel. Team Managers will access the report from COPA. Additions to the report will be made immediately when new children enter the program during the year.
5. The program will work with teachers and parents to ensure that dietary restrictions that are personal (religious/cultural) will be accommodated, if possible. A statement from the child’s parent/guardian describing the restriction is required.

6. Delegate staff will consult with the Nutrition Services Manager regarding concerns and to ensure that needed follow-up occurs.

7. The list of children with food allergies/dietary restrictions will be kept confidential in the classroom files. The child’s name with dietary restriction can be posted with parent permission.

8. Physician reports, nutrition assessment information, individual plans and follow-up will be maintained in the child’s individual health record.

9. The Nutrition and Health Services Manager monitors allergy/dietary restriction plans.

Approved by the Policy Council July 2013
Nutrition Activities

POLICY:

Teachers will provide developmentally appropriate opportunities for the involvement of children in nutrition education and food related activities.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.20, 1304.23*

PROCEDURE:

1. Teaching staff will incorporate nutrition education activities in the daily lesson plans that are developmentally appropriate for 3 to 5 year-olds.

2. Staff will receive appropriate resources for nutrition education and food experiences from the Nutrition Services Manager/ RD and Education Services Manager when requested. The internet is the Teacher’s greatest resource for finding innovative activities.

3. Nutrition, language, math, science, and other concepts should be included in the learning experience.

4. Food experiences will occur a minimum of one time per month and documented on the lesson plan. The activity will comply with guidelines of local health departments, the State Fire Marshall, and licensing regulations.

5. Nutrition activities will reflect Head Start and USDA nutrition guidelines to ensure that children are taught healthy food habits.

6. In any nutrition activity where food is going to be eaten raw, children must handle or touch only the food they will be eating. Food handled by children should never be placed in a community bowl for consumption.

7. Food or other supplies needed for food experiences and nutrition education activities should be requested/ordered through the Head Start delegate office.

Approved by the Policy Council July 2013
Meal Service

POLICY:

Meal service is designed to promote the physical, social, and emotional development and healthy eating habits of children to help them achieve school readiness.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.23, 1308.20

PROCEDURE:

1. Every child will receive a quantity of food in meals and snacks which provides at least one-third of their daily nutritional needs. Children enrolled in full day program will receive meals and snacks to meet at least two-thirds of their daily nutritional needs. Because nutritional needs are met during mealtimes, parents are not allowed to send money for extra food for their child.

2. All children who have not received breakfast at the time they arrive to the program site will be served a nourishing breakfast.

3. Breakfast, lunch, and snack must have at least two hours between the beginnings of each meal.

4. Sufficient time is allowed for each child to eat.

5. In order to ensure good appetites and a relaxing mealtme environment, calming transitional activities will occur before meals.

6. Mealtimes will occur in a well-lit and ventilated area.

7. Children, staff, and volunteers eat together family style and share the same menu to the extent possible.

8. Food will not be used as punishment or reward. Children are encouraged but not forced to eat or taste.
9. A variety of foods is served to broaden each child’s food experience.

10. Children are involved in meal related activities which provide opportunities for decision making, communication, sharing, fine motor, and eye-hand coordination (setting tables, preparing food, carrying trays, rinsing plates, etc.).
Meal Substitutions

POLICY:

Head Start will provide food substitutions in the required meal patterns to accommodate medical and/or other dietary needs of children.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.23*

PROCEDURE:

1. Food substitutions will be made to accommodate the needs of children who are unable to eat or drink foods or beverages required by the meal pattern.

2. Substitutions are made only when an authorized statement is obtained from a licensed physician and includes recommended foods that may be used as substitutions. A complete Medical Referral Form for Modified Meals (Model City) or School Food Service Food Modification Form (all other programs) must be used as documentation.

3. Substitutions may be made for foods in the required patterns to accommodate for religious needs of a child. A statement from the parent describing the reason must be obtained.

4. Information from the parent will be honored for two weeks from the child’s enrollment date. If the parent does not provide a medical or religious statement in this period of time, the child will no longer have his/her meals modified. Variations must be nutritionally sound and approved by the Dietitian.

Approved by the Policy Council July 2013
Food Handling and Sanitation

POLICY:

The program will comply with all applicable Federal, State and Local food safety and sanitation laws, including those related to storage, preparation, service and health of food handlers.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.23

PROCEDURE:

1. Meals;
   a. Children who attend a Head Start classroom located within the public school facility eat in the cafeteria.
   b. Children who attend a Head Start classroom located outside a public school facility will eat meals in the classroom or specified dining area and served meals that are prepared on site or provided by the public school or another vendor.

   (i) Food prepared off site is transported to the classroom using insulated containers that keep hot and cold foods at safe temperatures.

   (ii) Prepared food that is cold is held at 45 degrees Fahrenheit or below, and prepared hot foods are held at 140 degrees Fahrenheit or above. Frozen foods are kept frozen and stored at a temperature of zero degrees Fahrenheit or below.

2. Thermometers;
   a. A thermometer is in each refrigerator, cooler and freezer.
   b. Thermometers are placed in areas that can be seen when door is open.
c. In the kitchen, a refrigerator with separate refrigeration and freezer units has a thermometer in each compartment. Temperatures will be monitored daily.

d. Thermometers required for immersion into food or cooking are of metal stem type construction, numerically scaled, and accurate to plus or minus three (3) degrees Fahrenheit.

e. In the classroom, if refrigerator is used to store children’s food, meds etc., Head Start staff will monitor temperatures of appliances daily.

3. Transportation of Food;

a. During transportation, food and food utensils are transported in covered containers, completely wrapped or packaged so as to protect them from contamination.

4. Health of Food Handlers;

a. No person, while infected with a communicable disease that can be transmitted by foods or who is a carrier of organisms that cause such a disease, or has an infested wound or an acute respiratory infection works in food preparation or meal service.

b. Teaching staff are responsible for screening the volunteers who assist in meal service in the classroom. Staff will arrange/provide training at the beginning of each year for volunteers who assist in meal service.

5. Hygiene;

a. Staff and volunteers will wash their hands and exposed portions of their arm thoroughly with warm water and soap before setting tables or assisting with meals.

b. Staff and volunteers will keep their fingernails clean and trimmed.
c. Plastic gloves are worn when preparing or serving foods. Hands and arms are washed thoroughly before putting on gloves. The outer clothing of all staff and volunteers who assist in meal service are clean and suitable.

d. Employees and volunteers do not use tobacco in any form while engaged in food preparation or service.

e. Children should go directly to the table after washing their hands for meals and will be encouraged not to touch any surface with their hands before eating.

6. Sanitation:

a. Cloths used during service for wiping food spills on food contact surfaces are clean, dry and used for no other purpose.

b. Equipment and utensils are pre-scraped and when necessary, presoaked to remove food particles.

c. Sinks are cleaned prior to washing dishes.

(i) A three compartment sink is used for cleaning and sanitization of equipment and utensils.

(ii) Equipment and utensils are thoroughly washed in a hot detergent solution in the first compartment, rinsed in the second compartment and sanitized in the third compartment. If a three compartment sink is not available, a large pan is used as a substitute for the third compartment.

(iii) Sanitation occurs by immersion of equipment and utensils for at least one (1) minute in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite, and having a temperature of 75 degrees Fahrenheit. Approximately 1 tablespoon of bleach to 1 gallon of water is used for sanitizing purposes.
d. All dishes are air-dried. After they are air-dried, they are sorted in such a manner as to prevent contamination (i.e. stored in an inverted position; spoons, knives and forks are stored in a position that would permit the user to easily pick them up by the handle).

e. Garbage and refuse are kept in durable containers that are leak proof and do not absorb liquids. Plastic bags are used to line the containers. There will be a sufficient number of containers to hold all the garbage and refuse that accumulates.

(i) After being emptied, each container is thoroughly cleaned on the inside and outside in a way that does not contaminate food, equipment, utensils or food preparation areas. The garbage and refuse on the premises is stored in a place inaccessible to insects and rodents.

7. Evidence of compliance with all applicable Federal, State and local food safety and sanitation laws is posted and information about the health of food handlers will be on file.

8. The program contracts only with food service vendors that are licensed in accordance with State and local laws.

Approved by the Policy Council July 2013
Evaluation of Meals
Parent Survey

POLICY:

The program will solicit comments from parents, staff and volunteers concerning nutrition services, meals, snacks and food service.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.23

PROCEDURE:

1. Parents, staff and volunteers are provided opportunity and encouraged to notify the Nutrition Services Manager of positive or negative facts relating to quantity, quality and acceptability of meals and snacks served to Head Start children.

2. Written comments may be mailed directly to the Nutrition Services Manager.

3. The enrollment packet for each child will include a parent survey regarding nutrition services and menus. The surveys will be reviewed by the Nutrition Services Manager, and appropriate information will be shared with delegate Food Service Staff.

Approved by the Policy Council August 2007
**Monitoring Nutrition Services**

**POLICY:**

The Nutrition Services Manager and Team Managers will monitor the program’s nutrition services as established by Head Start Performance Standards and CACFP Regulations.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.51*

**PROCEDURE:**

1. The CACFP monitoring form will be completed three times a year for each funding site. Two of the three must be unannounced.

2. Regular on-site visits by the grantee Nutrition Services Manager and Team Managers will be made to review menus, observe meal service, and observe classroom nutrition activities.

3. Team Managers will monitor Parent Training Plans and Parent Committee Minutes for nutrition workshops.

4. Cycle menus approved by a Registered/Licensed Dietitian will be maintained on file in both the delegate and grantee central office.

5. Growth assessment and follow-up information will be monitored based on the Team Manager schedule determined by the Grantee Head Start Director.

6. Hemoglobin/Hematocrit results and follow-up information will be monitored based on the Team Manager schedule determined by the Grantee Head Start Director.

Approved by the Policy Council July 2013
Nutrition Training

POLICY:

Head Start personnel will receive nutrition education training to meet Head Start Performance Standards, USDA, and CACFP regulations.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.52, USDA/CACFP

PROCEDURE:

1. The grantee Nutrition Services Manager/RD, in collaboration with other Grantee and delegate staff, will develop an annual training plan to include nutrition education training.

2. Staff training required for program’s participating in USDA/CACFP will be conducted annually.

3. Nutrition training will be scheduled and implemented during;
   a. Pre-service training
   b. Delegate in-service training
   c. Classroom training
   d. Individual training or technical assistance as needed/required

4. All training will be documented and filed at both the grantee and delegate office.

Approved by the Policy Council July 2013
Family Assistance with Nutrition

POLICY:

The program will provide parent education opportunities that can offer parents new skills and information for providing nutritious meals at home, helping children to become school ready.

This policy relates to Head Start Performance Standards 45 CFR Part 1304-23

PROCEDURE:

1. The program will arrange/provide parent educational activities throughout the program year to assist families with nutrition and food preparation skills through:
   . Training
   . Newsletters
   . Educational materials
   . Workshops
   . Coordination with local agencies

2. The grantee Nutrition Services Manager/RD will assist delegate programs in obtaining/providing nutrition education opportunities as requested.

Approved by the Policy Council July 2013
Child and Adult Care Food Program Application Process

POLICY:

Delegate Head Start programs who participate with the grantee in the Child and Adult Care Food Program will follow the application procedures and adhere to paperwork requirements.

This policy relates to CACFP

PROCEDURE:

1. The grantee will compile and submit the CACFP renewal application to the Kentucky Department of Education by the date requested.

2. Each Head Start delegate program will prepare and present the following completed forms to the grantee following the schedule established by the Kentucky State Department of Education:
   a. Monthly Master Roster;
   b. Monthly Attendance Record (COPA Report 201);
   c. Monthly Meal Count form (COPA Report 208);
   d. Weekly snack menu;

3. Delegate information is compiled and submitted to the KY Department of Education, School and Community Nutrition, for reimbursement.

Approved by the Policy Council July 2013
**Enrollment Form & Application for Free and Reduced Meals**

**POLICY:**

Enrollment Forms will be obtained on every child that participates in the Child and Adult Care Food Program. The program will determine eligibility for free and reduced meals per Head Start’s agreement with the Child and Adult Care Food Program.

_This policy relates to CACFP_

**PROCEDURE:**

1. A completed enrollment form must be obtained on every child that participates in CACFP. The enrollment form must be obtained the month the child enrolls. It also must be signed and dated by designated staff the month the child enrolls. If a child does not have an enrollment form, the child, as well as meals consumed, will not be claimed for reimbursement.

2. An application for Free and Reduced Meals is completed by the child’s parent at the time of enrollment when family income exceeds Head Start income eligibility guidelines.

3. For Head Start income eligible children, the income verification completed by the program for enrollment purposes will be used in lieu of the Application for Free and Reduced Meals.

4. All non-Head Start enrolled children (KERA Pre-school) must have an Application for Free and Reduced Meals regardless of the family income.

5. Applications must be completed by the child’s parent or guardian. If the parent/guardian is unable to complete the application, staff will assist and note this on the application form.

6. All enrollment forms and applications for Free and Reduced Meals will be submitted to the grantee Nutrition Services Manager/RD for review and classification.

7. If the child’s parent/guardian refuse to complete the application, staff will record the child’s name, birthday, parent refusal to complete the form, and classify the child as “paid”.
Refer to the Application for Free and Reduced Meals form for corresponding numbers to complete the application as follows:


2. Program Benefits – If parent receives food stamps or Kentucky Transitional Assistance Program (KTAP) benefits on behalf of the child, list food stamp case number or KTAP case number. Complete Part 4 and Part 5 on the form.

   Foster Child – Fill out a separate application for each foster child. Check Appropriate application box. Enter the foster child’s personal income (put “0” if child has no income). Complete the form by proceeding to Part 4 and Part 5.

3. Household Members and Monthly Income – If a food stamp/KTAP case number is given, skip Part 4.

   If a food stamp or KTAP case number is not reported, list names of all Household members including children not listed under Child Information and the total current household income in the appropriate column.

   The income reported must be last month’s total gross household income listed by source, and for each household member. If last month’s income does not accurately reflect the family’s circumstances, a projection of annual income may be provided. Last year’s income may be used as a basis for making this projection if no significant changes have occurred.

4. The signature, social security number of an adult household member and the date the form was completed must be included in this section. Telephone number and address should be listed.

   USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

5. Race – The racial or ethnic identify of the participant should be included but is not mandatory.
Master Roster of Enrollees

POLICY:

The program will maintain an enrollment roster which lists the names of each child who participates in meal service during the month. All Head Start and KERA pre-school children that participate in CACFP are automatically Free (USDA Policy 11-2013).

This policy relates to CACFP

PROCEDURE:

1. For each month of operation, a Master Roster will be updated to accurately reflect the number of children enrolled in the classroom.

2. The Master Roster is to be submitted to the grantee Nutrition Services Manager monthly.

3. Master Rosters are to be kept up-to-date and filed in a locked cabinet.
   - Master Rosters must be on-going and up-to-date
   - Names on Master Roster should always reflect names on attendance.

Approved by the Policy Council July 2013
Menus

POLICY:

Current breakfast, lunch, and snack menus are posted in the classroom.

This policy relates to CACFP, School Breakfast, and National School Lunch

PROCEDURE:

1. Breakfast and lunch menus can be posted on a weekly or monthly form.

2. School Food Service must use the weekly snack menu form created by the CACFP State Agency. It must always reflect the current week when being posted.

   Additional instructions for completing the weekly snack menu are as follows:

   a. Enter name of classroom;

   b. Enter the calendar date showing month and year

   c. Each weekday must have a date listed.

   d. If the classroom is having an a.m. snack, then the snack must be listed in the a.m. supplement slot. If the classroom is having a p.m. snack, the snack must be listed in the p.m. supplement slot.

   e. At least two creditable components have to be listed (and served) on the menu; serving sizes do not have to be listed.

   f. All snack menus compiled in a month will be submitted to the Grantee Nutrition Services Coordinator for review to determine the CACFP claim for reimbursement.

Approved by the Policy Council July 2013
COPA Daily Meal Count

POLICY:

Meal counts are completed in accordance with procedures outlined by Child and Adult Care Food Program policies and Head Start reporting requirements.

This policy relates to USDA and Reporting

PROCEDURE:

1. Meal counts are taken by classroom staff at the time each meal is served. Meal counts are not taken before or after meal service, but rather at the time of meal service.

2. The meal count is taken and recorded on COPA Attendance and Meal Count.

3. If a child is served food but does not wish to eat, the child is still counted in the meal count.

4. After the last meal is served each month, the COPA Meal Count Form (Report 208) is submitted to the delegate office following established procedures. The meal count will then be sent to the grantee Nutrition Services Manager who must submit the program’s total tally of snacks served to the KDE-CACFP office for reimbursement.

5. USDA child participation and a total for meals & snacks are reported monthly to Policy Council and the Board of Directors.

Approved by the Policy Council July 2013
Outside Food

POLICY:

In order to foster the health and safety of children, food served during breakfast, lunch, and snack will be prepared by School Food Service and Model City Daycare’s kitchen staff. Food served to children must be high in nutrients and low in fat, sugar, and salt. Outside food poses potential risk to children including food allergies and food-borne illness.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.23 (b) (vi), 1304.23 (c) (4), 1304.23 (e) (1), 1308.20

PROCEDURE:

1. Children will be served breakfast, lunch, and snack handled and prepared by cafeteria staff. Children are not allowed to pack their meals.

2. Food prepared at home will not be allowed.

3. During classroom socials and other functions, food brought into Head Start must come from licensed vendors and must be in unopened packages. Teachers must be aware of food allergies in the classroom, and when the case arises, give prior approval for foods brought in.

4. Fresh fruits and vegetables may be brought in. However, they must be washed in the center before being prepared and served.

Approved by the Policy Council July 2011
Enrollment Form

POLICY:

Enrollment Forms will be obtained on every child that participates in the Child and Adult Care Food Program. All Head Start and KERA pre-school children are automatically eligible for Free meals. (USDA Policy 11-2013)

. This policy relates to CACFP

PROCEDURE:

1. A completed enrollment form must be obtained on every child that participates in CACFP. The enrollment form must be obtained the month the child enrolls. It must be signed and dated by the parent/guardian the month the child enrolls. If a child does not have an enrollment form, the child’s attendance, as well as meals consumed, will not be claimed for reimbursement.

2. All original enrollment forms will be submitted to the Grantee Nutrition Services Manager/RD for review. The forms will be kept on file in the Grantee Office, and copies will be kept in each classroom and delegate office.

Approved by the Policy Council July 2013
Goal Statement – Children will receive mental health services.

Child Mental Health

Objective 1: To work collaboratively with parents concerning children’s behavior and mental health issues, to include:

1. Soliciting parental information, observations and concerns about their child’s mental health during intake/enrollment, parent-teacher conferences and home visits.

2. Staff will share information regarding their observations with parents during home visits, parent-teacher conferences and when the child displays a typical behavior.

3. Through meetings, workshops, individual conferences, Mental Health staff will provide parents with information concerning appropriate responses to their child’s behavior.

4. During group meetings, trainings, individual conferences, Mental Health staff discuss and provide parents with information on how to Strengthen nurturing, supportive environments and relationships.

5. Parents will be helped to better understand mental health issues through literature, individual conferences and group training, as well as referrals for parenting classes, or mental health counseling, according to the specific needs of each family.

6. Staff will support parents’ participation in any needed mental health interventions.

Objective 2: Big Sandy Area Head Start program and delegate agencies will secure the services of mental health professionals on a schedule of sufficient frequency to enable a timely and effective identification and intervention in family and staff concerns about a child’s mental health.

1. The grantee will secure the services of qualified mental health professional through written contracts and agreements with community mental health service providers.

2. Additional services may be secured by delegate agencies through contract and agreements with local Board of Education personnel.
3. Mental health services staff will coordinate mental health services under the guidance of the mental health professional.

**Objective 3:** Mental Health program services will include a regular schedule of on-site mental health consultation involving the mental health professional, program staff and parents.

1. Mental health services will design and implement program practices responsive to the identified behavioral and mental health concerns of individual children or groups of children.

2. Mental health services will promote children’s mental wellness by providing group and individual staff and parent education on mental health issues.

3. The mental health services program will assist in providing special help for children with a typical behavior.

4. Big Sandy Area Head Start and delegate agencies will utilize community mental health resources as needed.

*Approved by the Policy Council June, 2007*
Mental Health Consultant

POLICY:

Head Start will secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child’s mental health.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.24(a)(2)

PROCEDURE:

1. The grantee agency secures the services of Mental Health Consultant(s) for provision of mental health services to Head Start program’s children, families and staff. A contract will provide for availability of the mental health professional for consultation, assessment, training and planning of mental health services.

2. If delegates choose not to utilize the services of the Mental Health Consultant(s) obtained by the grantee agency, there must be an amendment attached to the Agreement for Delegation of Activities which identifies who the delegate mental health professional will be and how services will be provided.

3. Grantee Mental Health Services Manager will work closely with the Mental Health Consultant(s) in scheduling and provision of services.

4. The Mental Health Consultant(s) contract and the Mental Health Services written plan will be reviewed and updated annually with input by the Health Advisory Committee and presented to the Policy Council for approval.

Approved by the Policy Council June, 2007
On-Site Consultation

POLICY:

Mental health services includes a regular schedule of on-site mental health consultation involving the mental health professional, program staff and parents.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.24(a) (3), 1304.24(a)(3)(i) and 1304.24(a)(3)(ii)

PROCEDURE:

4. Mental Health Consultant(s) will be in the agency’s directed operated as well as delegate programs according to a schedule of frequency which allows the professional to identify needs of child (ren), families and staff. And provide support on:

   a. Designing and implementing program practices responsive to the identified behavioral and mental health concerns of a child or a group of children;

   b. Promoting each child’s mental wellness by providing group and individual staff and parent education on mental health issues;

   c. Providing recommendations for children with atypical behavior or development; and

   d. Recommendation for utilization of other community mental health resources, as needed.

2. Methods for selecting a site within each program for onsite consultation with the mental health professional will be based on the following;

   a. Request by teacher, staff, family service staff, program managers or Head Start director.

   b. Director/designee will address the request at the program level and forward necessary information to the Grantee Mental Health Services Manager for scheduling.

3. Grantee Mental Health Manager provides Head Start director/designee with consultation dates via e-mail, fax, letter, phone, and calendar.

Approved by the Policy Council June, 2007
Mental Health Services: Parent Involvement/Education

POLICY:

Staff will assist parents in better understanding their child’s behavior and mental health issues.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.24, 1304.40

PROCEDURE:

1. Parent observation and information regarding their child’s behavior and mental wellness will be solicited through;
   a. Parent Information/Observation forms completed during screening or at the time of enrollment;
   b. Completion of the child’s health history;
   c. Discussions during home visits and conferences.

2. Teachers will share information regarding their observation with parents during home visits and conferences, and at any time the child displays any atypical behavior. This will include separation and attachment issues.

3. During parent contacts, staff will discuss and provide parents with literature, as well as specific techniques and/or recommendations on how to respond appropriately to their child’s behavior.

4. Parents will receive information on how to strength nurturing, supportive, environments and relationships through training, printed materials and referral for counseling.

5. Parents will be helped to better understand mental health issues through literature(printed materials, individual consultations and group training. Referral to parenting classes or mental health counseling will be made according to the specific needs of each family.

Approved by the Policy Council June, 2007
Violence Prevention Curriculum

POLICY:

The Second Step violence prevention curriculum will be implemented in all classrooms to serve as a tool for teaching pro-social skills focusing on Empathy, Problem Solving/Impulse Control, and Anger Management.

This policy relates to the Agency

PROCEDURE:

1. To lay a foundation for developing, student’s social-emotional skills, a “Second Step” lesson will implemented on a weekly basis.

2. Teachers will follow up daily with discussion specific to the weekly lesson.
   
a. Teachers will use the transfer-of-learning tools contained within the kit and designed to promote students’ use of skills covered in the curriculum.

b. Teachers will implement additional mental health activities pertinent to classroom needs weekly (I.e. happy, angry, etc.).

3. The Mental Health Services Manager will visit classrooms in a rotation basis to coordinate support team meetings, distribute pre-post evaluations, conduct surveys work with delegate Director to ensure the curriculum is implemented effectively and efficiently.

4. All activities will be documented on the lesson plan showing specific component area lesson number being implemented and at least one way to transfer training.

Approved by the Policy Council June, 2007
Mental Health Services/Referrals

POLICY:

To provide mental health services to children and families.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.23, 1304.24, 1304.40

PROCEDURE:

At enrollment or during orientation, parents will be informed of Mental Health Consultant(s), role of the Mental Health Consultant and services available through the program.

1. All attempts will be made to schedule the Mental Health Services Manager to visit programs during delegate orientation for Parent Committee meetings.

2. A short presentation on mental health, as it relates to children and families is recommended for all classrooms and should occur within two months of the beginning of the school year.

3. If the parent identifies a mental health need during enrollment or orientation, the staff person obtaining the information will complete a referral form regarding the need and forward to the delegate director/designee who will then forward to Grantee Mental Health Services Manager. If the child/family is currently receiving mental health services from another agency, the staff person will ask the parent to sign a Release of Information form and explain the need for this in order to coordinate and share information for this family/child.

4. Teachers will gather information during the screening and assessment period utilizing the appropriate screening/assessment forms and procedures.

5. Enrollment, observation forms and screening results will be reviewed during the initial staffing and the Mental Health Services Manager or Mental Health Consultant may assist delegate staff in making an appropriate decision and mental health referrals.

a. In cases where there is a behavior management concern ONLY, the delegate Education Services Manager will visit the
classroom to complete an observation and to consult with classroom staff to make suggestions and decide on a course of action best suited to the situation.

6. During home visits or other contacts, parents may also request mental health services. At this point, the staff person will generate a referral, documenting the reasons given by the parent for the need for the mental health services.

7. Regardless of how the referral is generated, parents will need to sign a Permission for Mental Health Services form prior to forwarding to the Grantee Mental Health Services Manager. This form must be on file before the Consultant can observe the child in the classroom setting.

8. If the parent refuses to give permission, the staff person will document the refusal. At this point, other ideas and ways to work with the child will be decided upon and staff will continue to work with the family to address the behavior problem or need.

9. All referrals should include the following information:
   - Completed referral form
   - Record of classroom observations of the child
   - Permission for Mental Health Services form signed by parent
   - Parent input/special request
   - Permission to Release Information form if another agency was involved

10. The Grantee Mental Health Services Manager and the Consultant(s) coordinate a plan for site/program needs.

11. The Mental Health Consultant(s) will submit a monthly record of the hours utilized for mental health services to the grantee Mental Health Services Manager for review and submittal of payment.

12. The Consultant(s) will provide timely written reports and verbal feedback on classroom/child observation and parent-staff consults. Information/reports/feedback will be shared during staffing or sooner if it is an urgent situation.

13. All relevant information, plans of action, referrals and follow-up will be documented and filed appropriately.

Approved by the Policy Council June, 2007
Goal Statement – To create partnerships with Head Start families.

A. **Family Partnerships**

**Objective 1:** To ensure that a Family Assessment is completed on all families to identify interests, desires, goals, needs and strengths.

1. In an effort to begin the process of collaborative partnership building with families, concerning their short-term and long-term goals, staff will address the family in relationship with their immediate concerns.

2. Initiating a Family Assessment at the time of enrollment, or as early as possible, taking into consideration, each family’s readiness and willingness to participate.

3. Encouraging all families to establish an individualized Family Partnership Agreement which describes family goals, responsibilities, time tables, and strategies and progress in achieving these goals. In the home-based program option, this agreement will include the above information as well as the specific roles of parents in home visits and group socialization activities.

4. To avoid duplication or conflict, the Family Partnership Agreement will build upon any pre-existing plans developed between the family and other programs/agencies. Big Sandy Head Start program and delegate agencies will coordinate, to the extent possible, with families and other agencies, to support the accomplishment of goals in pre-existing plans.

5. A variety of opportunities will be created by the program for interactions with parents throughout the year.

6. Meetings and interactions with families shall be respectful of each Family’s diversity, culture and ethnic background.

**Objective 2:** Big Sandy Head Start program and delegate agencies will work cooperatively with all participating parents to identify and continually access, either directly or through referrals, services and resources which are responsive to each family’s interest and goals, including:

1. Emergency and crisis assistance in areas such as food, housing, clothing and transportation.
2. Education and other appropriate interventions including, opportunities for parents to participate in counseling programs, and/or support groups, or to receive information on mental health issues which place families at risk, such as substance abuse, child abuse and neglect, and domestic violence.

3. Opportunities for continuing education and employee training and other employment services through formal and informal networks in the community.

Objective 3: Big Sandy Area Head Start program and delegate agencies will follow-up with each family to determine whether the kind, quality and timeliness of the services received though referrals meet the families’ expectations and circumstances.

1. Staff will follow-up with the family, via telephone contact or home visits, to ensure that they receive the requested service in a timely manner.

2. Follow-up with the agency that the family was referred to will also take place if needed.

3. Staff will solicit from parents their overall satisfaction concerning services that they received.

Objective 4: To provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents, both as individuals and as members of a group.

1. In addition to involving parents in program policy making and operations, the grantee and delegate agencies will provide parent involvement and education activities that will include workshops, training; orientations, parent groups and individual counseling that will be responsive to the ongoing and expressed needs of the parents. Other community agencies will be encouraged to assist in the Planning and implementation of these programs.

2. All Head Start settings will be open to parents during all program hours. Parents will always be welcomed as visitors and observers. Parents will be encouraged to spend time observing children in the classroom and to participate in group activities with children. The participation of parents in any program activity will be voluntary, and will not be required as a condition of their child’s enrollment.

3. Big Sandy Head Start program and delegate agencies will provide parents with opportunities to participate in the program as employees or volunteers.

Objective 5: To ensure parent involvement in child development and Education by:
1. Providing parents with opportunity to make suggestions regarding the curriculum and have input into the daily lesson plans.

2. Planning and making available training opportunities to enhance parenting skills, knowledge and understanding of child development and education.

3. Encouraging parents to share any suggestions and/or concerns that they may have, regarding the services their child receives, during parent conferences and home visits in the program.

4. Providing, either directly or through referral to other agencies, Opportunities for children and families to participate in family literacy services by:
   a. Increasing family access to materials, services and activities essential to family literacy development.
   b. Assisting parents as adult learners to recognize and address their own literacy goals.

**Objective 6: To ensure parent involvement in health, nutrition, and Mental health education, Big Sandy Head Start program and delegate agencies shall;**

1. Provide medical, dental, nutrition and mental health education programs for staff parents and families.

2. Ensure that, at a minimum, the medical and dental health program;
   a. Assists parents in understanding how to enroll and participate in a system of ongoing formal health care;
   b. Encourages parents to become active partners in their child’s medical and dental health care process and to accompany their child to medical and dental examinations and appointment times;
   c. Provides parents with the opportunity to learn the principals of Preventive medical and dental health, emergency first-aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics, information specific to the health needs of individual children will also be made available to the extent possible.

3. Big Sandy Head Start and delegate agencies will ensure that the Nutrition education program includes, at a minimum;
   a. Nutrition education in the selection and preparation of foods to meet family needs..
b. Parent discussions with program staff about the nutritional status of their child.

4. Ensure that the mental health education program provides, at a minimum;
   a. A variety of group opportunities for parents and program staff and consultants to identify and discuss issues related to child mental health.
   b. Individual opportunities for parents to discuss mental health issues related to their child and family with program staff and consultants.
   c. The active involvement of parents in planning and implementing any mental health interventions for their children.

Objective 7: To ensure that parent involvement in community advocacy, Big Sandy Head Start program and delegate agencies will:

1. Support and encourage parents to influence the character and goals of community services in order to make them more responsive to their interests and needs.

2. Establish procedures to provide families with comprehensive information about community resources.

3. Provide parents with regular opportunities to work together, and with other community members, on activities which they have helped to develop and in which the families show an interest.

Objective 8: To ensure parent involvement in transition activities.

1. Big Sandy Area Head Start and delegate agencies will assist parents in becoming their child’s advocate as they transition both into the Head Start program from the home or other child care setting, and from Head Start to the Primary Program.

2. Staff will work to prepare parents to become their child’s advocate through transition periods by conducting staff/parent conferences and meetings throughout the year. These activities will enable parents to understand their child’s progress while enrolled in Head Start, and what to expect in next school setting.

3. To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, the program will;
   a. Provide education and training to parents to prepare them to
exercise their rights and responsibilities concerning the education of their children in a school setting.

b. Assist parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children’s education.

**Objective 9: To provide parent involvement in home visits.**

1. Big Sandy Head Start program and delegate agencies will not require that parents permit home visits as a condition of the child’s participation in Head Start center-based programs. Every effort will be made to explain the advantages of home visits to the parents.

2. The child’s teacher in the center-based program will make no less than two (2) home visits per program year to the home of each enrolled child, unless the parents expressly forbid the visits. Other staff working with the family will make or join home visits as appropriate.

3. Staff shall schedule home visits at times which are mutually convenient for the parents, primary caregivers and staff.

4. In cases where parents whose children are enrolled in the center-based program ask that the home visits be conducted outside the home, or in cases where a home visit to the home presents significant safety hazards for staff, the home visit will take place at the Head Start site or at another safe location which affords privacy.

5. Home visits in the home-based program must be conducted in the family’s home. In addition, the program shall meet the requirements of 45 CFR 1306.33 (a) (1) regarding home visits.

**Goal Statement – To create and utilize partnerships with the Community.**

**A. Community Partnerships**

**Objective 1: To take an active role in community planning**

1. Big Sandy Area Head Start and delegate agencies will take an active role in community planning to encourage communication cooperation and the sharing of information to improve the delivery of community service to children and their families. This will take place in accordance with the agency’s confidentiality policy. Documentation will be maintained to reflect the level of effort undertaken to establish community partnerships.

2. Agency staff will serve on Community Boards and Committees such as:
1. Human Services Coordinating Council
2. Interagency Committees
3. Pre-K
4. Child Care
5. First Steps/Early Intervention

3. The program will take affirmative steps to establish ongoing collaborative relationships with community organizations to promote access of children and families to community services which are responsible to their needs to include:
   a. Health care providers, such as clinics, physicians, dentists, and other health professionals;
   b. Mental health providers;
   c. Nutrition service providers;
   d. Individuals and agencies which provide services to children with disabilities and their families;
   e. Family preservation and support services;
   f. Child protection services and any other agency to which child abuse must be reported under state law;
   g. Local elementary schools and other educational and educational and cultural institutions, such as libraries, for both children and families;
   h. Providers of child care services;
   i. Any other organizations or businesses which can provide support and resources to families.

4. The grantee and delegates will perform outreach strategies and techniques to encourage volunteers from the community to participate in the program.

5. To enable the effective participation of children with disabilities and their families, Big Sandy Area Head Start and delegate agencies will make specific efforts to develop interagency agreements with local Educational agencies and other agencies within the service area.
Objective 2: To establish and maintain a Health Services Advisory Committee.

1. The grantee and delegate agencies shall establish and maintain a Health Services Advisory Committee to address program issues in medical, dental, mental health, nutrition and human services fields. Membership of the Committee shall include professionals and volunteers from the community.

2. Big Sandy Area Head Start and delegate agencies shall also establish other service advisory committees as deemed appropriate to address program service issues and to help respond to community needs.

Objective 3: To establish and maintain procedures which support successful transitions for enrolled children and families from previous child care programs into Head Start and from Head Start into elementary school.

1. Big Sandy Area Head Start and delegate agencies shall implement procedures to support successful transitions of children and families by:
   
a. Coordinating with the elementary schools and other agencies to ensure that Head Start children’s relevant records are transferred to the school or next placement in which the child will enroll or from earlier placements to Head Start.

b. Outreach to encourage communication between Head Start staff and their counterparts in the schools and other child care settings; including principals, teachers, social workers, and health staff to facilitate continuity of programming.

c. Initiating meetings involving Head Start teachers, parents and primary teachers to discuss the developmental progress and abilities of individual children.

d. Initiating joint transition-related training for the Head Start staff and other child development staff.

e. Ensuring parental participation in their child’s transition to and from Big Sandy Area and delegate Head Start programs.

Approved by the Policy Council October, 2007
Family Assessment

POLICY:

Identified family needs will be addressed through support, information and Referral.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

PROCEDURE:

1. In an effort to begin collaborative partnership building with parents concerning their long-term goals, it is imperative to address the family in relationship to their immediate concerns. Therefore, the family assessment will be initiated during the enrollment process.

2. The Family Service Worker/Home Visitor will ensure that the family assessment is completed no later than 60 calendar days from the date of enrollment.

3. The Family Service Worker/Home Visitor will ensure that the second family assessment is completed no later than 150 days after the first unless the school year ends prior to this date.

4. Families with the highest or emergency needs will have the opportunity to complete the Family Assessment form as soon as possible.

5. The information provided will assist the Family Service Worker/Home Visitor in determining how best to maximize and maintain family strengths while focusing on needs and/or concerns.

6. While the Family Assessment form is a questionnaire it will serve as a conversational guide to engage families in discussion in what they perceive as their needs.

7. Once the family’s strengths and needs have been identified, the next step is to prioritize. At this point, services will then be made available to meet the needs of each family.

8. In areas where the family has identified needs, the Family Service Worker/Home Visitor will make appropriate referrals and provide resource information and materials.
9. A discussion with the family concerning their goals will occur next. If the family chooses to set a goal, a Family Partnership Agreement form outlining their goal is completed. All parents will be encouraged to complete the Family Partnership Agreement (parent readiness is the guide). (see Family Partnership Agreement policy)

10. To the extent possible, family assessment and goal setting will be developed with the family in a home setting. However, in no case will home visits be a condition of the child’s enrollment in Head Start.

11. Following the home visit/contact, the Family Service Worker/Home Visitor will check with family to see if resources and/or referrals met their need. If not, additional referrals will be given or advocacy efforts will be initiated with relevant agencies.

12. The Family Service Worker/Home Visitor will document as follows:
   1. Complete the Family Assessment form
   2. Document visits and additional contacts.
   3. Note any referrals and resources given to the family.
   4. Document any follow up that needs to be done and completed.

Approved by the Policy Council July, 2011
Family Partnership Agreement

POLICY:

Staff and parents will develop a Family Partnership Agreement which seeks to support families in their efforts to reach the goals they have identified.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. Family Advocates will visit families within 120 calendar days of enrollment to:
   I. Complete a Family Assessment form or update as needed.
   II. Establish a Family Partnership Agreement
       (a) Document goal and steps to reach that goal.
       (b) Problem solve to remove barriers to reaching goal and make appropriate referrals as needed.
       (c) Discuss opportunities available through Head Start to help achieve the goal.
       (d) If the family is already working with another agency and has established goals or pre-existing plans, goals will be the same as those previously identified. Efforts to exchange information regarding pre-existing plans should be made.
   III. Discuss parent opportunities:
        (a) Volunteer opportunities
        (b) Policy Committee
        (c) Literacy/career development options
        (d) Childcare support/subsidy
        (e) Community advocacy opportunities
   IV. Follow up in medical and dental needs
   V. Update child/family information

2. Family Advocates will have a least one (1) written goal and one (1) referral for no less than 50% of their assigned families.

3. Family Partnership Agreements will be reviewed at subsequent visits. Progress will be documented in the update section of the agreement form and COPA.
4. Contents of the Family Partnership Agreement will be shared with other staff as appropriate.

5. Family Partnership Agreements can be altered, changed or replaced at the family’s request.

Approved by the Policy Council July, 2015
Accessing Community Resources and Services

POLICY:

Staff will work collaboratively with parents in the identification and use of community resources and services to meet family needs and interests.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. Parents are provided information on available community resources for emergency or crisis assistance, opportunities for continuing education and employment training, and programs/agencies which provide counseling and/or information on mental health issues that place families at risk (e.g. substance abuse, domestic violence, child abuse and neglect).

2. Each family received a Community Resource Directory during orientation with instructions on how to use it to access information and services. (see Family Assessment/Goal Setting policy)

3. During home visits or other opportunities that arise, the FSW/Home Visitor will give referrals on needs the family has identified in the Family Agreement/Partnership Agreement process. (see Family Assessment/Goal Setting policy)

4. Families will receive notice and information on additional opportunities for education, community collaboration, resource/referral throughout the program year. These could be posted on parent bulletin boards, referenced during parent meeting/training, during home visits or conferences and in newsletters.

5. The FSW/Home Visitor follows up with each family to determine whether the quality and timeliness of the services received through referrals met the family’s expectations and circumstances.

Approved by the Policy Council October, 2007
Community Resource Book/Directory

POLICY:

Families will be provided information on resources and services within their community.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. Every family receives a directory of resources and services available in their community/county.

2. Community Resource books/directories will be annually updated with name, address, services and contact person listed for each resource.

3. Training on use of the Community Resource book/directory is done during parent orientation and at the first parent committee meeting.

4. Families will receive notice and information regarding new community resources and services as they become available throughout the year.

Approved by the Policy Council October, 2007
Crisis Intervention/Emergency Assistance

POLICY:

Emergency assistance and crisis intervention services will be made available to families in need.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

PROCEDURE:

1. The focus on services will be to address the most immediate needs of the family.

2. Needs identified and prioritized through the family assessment process will be addressed with follow-up services.

3. Services to address emergency food, shelter, clothing and transportation needs may be accessed directly through the CAA, or when appropriate, referrals made to other agencies, including the local Department for Children and Families, Christian Appalachian Project, Salvation Army, Goodwill Industries, Sandy Valley Transportation Program, The Ministerial Association, and emergency housing programs that are available.

4. Family services staff will be familiar with a number of providers in an effort to ensure that families receive appropriate counseling and services in regard to substance abuse, child abuse/neglect, domestic violence and criminal justice.

5. Family service staff will have the community resource directory from COPA in conjunction with other resource guides available to them that reflect services for their assigned geographical area, their county and surrounding areas.

6. The program will provide families with necessary support services in order to access crisis intervention or emergency assistance.

*Approved by the Policy Council October, 2007*
Advocating for Families

POLICY:

Head Start will assist families in obtaining and receiving needed services. Staff will advocate for the family when necessary, and while training them To become an advocate for their child and for themselves.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. Upon enrollment family service staff is assigned to begin advocacy efforts when necessary.

2. If a family brings to the attention of the staff that they are having difficulty in communicating with an agency, staff will act as a spokesperson for the family.

3. After the family has contacted an agency, the FSW/Home Visitor, will follow-up to see that services were obtained.

4. If a family fails to receive services or benefits to which they are entitled, the FSW/Home Visitor, in collaboration with other relevant staff, will assist in identifying the problems in an effort to obtain services for the family.

5. Family and agency contacts are documented and maintained in the child / family file or entered on COPA.

Approved by the Policy Council October, 2007
Family Services Home Visits

POLICY:

Staff will ensure opportunity for interaction with parents throughout the program year concerning the Family Assessment and Partnership Agreement.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.41

PROCEDURE:

1. The Family Service Worker will schedule a minimum of one (1) home visit/conference with each family within 120 calendar days of enrollment in regards to the Family Assessment and Partnership Agreement. (see Family Assessment and Family Partnership policies)

2. To the extent possible, assessment, goal setting and service plan will be developed with the family in the home setting. In cases when the family requests visits be conducted outside the home, or in cases where there is a safety issue for staff, the home visit may take place at the classroom site or another safe location.

3. Home visits may be scheduled in conjunction with the teacher’s education home visits when possible.

4. Additional home visits/contacts will be scheduled with the family as needed throughout the year concerning attendance, referrals, direct services of the program.

5. All family contacts and home visits will be documented in the child/family file and entered into the COPA data base.

Approved by the Policy Council July 2015
Referral Tracking

**POLICY:**

Family Advocate will track family services referrals and follow up services.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.41*

**PROCEDURE:**

1. Head Start will make services available to each family based on identified needs. *(see Family Assessment policy)*

2. Services will be rendered directly through the agency or by referral when appropriate. *(see Accessing Community Resources and Services policy)*

3. Family Advocate will follow up on referrals with families within 60 days, as to whether the referral was used and the timeliness and responsiveness of the agency to which they are referred.

4. Referrals and follow up will be documented on the Family Assessment/Family Partnership Agreement and maintained confidentially in the family file.

5. Referral documentation will also be entered on the COPA data base and on the Family Services Monthly Report and submitted to the grantee Family Services Manager by the 5th working day of each month. *(see Family Services Monthly Report policy)*

*Approved by the Policy Council July, 2015*
Community/Parent Complaint

POLICY:

A standard procedure will be used in the event a parent or legal guardian has a complaint that cannot be resolved at the center level

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

GUIDELINES:

1. When a parent has a complaint that cannot be resolved at the center level, he/she is instructed by the center staff to complete a Community/Parent Complaint form. This form may be found on the Parent Board in each classroom. The center staff will then forward the form to their Site Supervisor or supervisory staff member.

2. The supervisor may contact the parent/guardian in an attempt to resolve the problem. If a solution is not reached, the supervisor will forward the complaint and all documentation on to the Head Start Director.

3. The Head Start Director will contact all parties involved including the center staff and responsible supervisors for clarification on the situation. The director will also contact the parent/guardian making the complaint to gather all relevant information.

4. After reviewing the information, the Head Start Director may contact the parent by telephone to offer a solution to the situation. If the parent does not agree with the proposed action, he/she must then request in writing within ten (10) days, for the director to arrange a hearing before the Policy Council Grievance Committee.

5. The director will then notify the Executive Director of the agency about the situation.

6. The director will schedule a hearing for the parent/guardian with the PC Grievance Committee at a time and location acceptable to all parties within thirty (30) days after the written request from the parent/guardian.

7. The action recommended by the Grievance Committee as a result of the hearing will be reported to the Executive Committee and the Executive Director of the agency.

Approved by the Policy Council, July 2015
Parent / Community Complaint form

Type of Complaint

__________ Civil Rights
__________ Services
__________ Age
__________ Denial
__________ Sex
__________ Exclusion
__________ Race or Color
__________ General Program Operation
__________ National Origin
__________ Disability / Handicap
__________ Religion

Give Name and address below of staff you believe discriminated against you. If more than one, list all.

Name_______________________________________________________________

Title(if known)________________________________________________________

Street Address_______________________________________________________

City______________________ State_______________ Zip Code________________

The actual date or the most recent date on which this act of discrimination occurred:

Time of day _________ Month ______________ Day __________ Year___________

Explain what unfair thing you believe was done to you:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Please attach additional page if necessary)

________________________________________________________________________

Signature of Complainant

Telephone Number

Address ________________________________________________________________

City_____________________________ State_____________________ Zip__________
Article I: Name

The name of this organization shall be The Big Sandy C.A.P., Inc. Head Start Health Advisory Committee.

Article II: Purpose

Section 1: Purpose

The Head Start Health Advisory Committee is organized to provide an opportunity to share information, discuss issues and concerns, and to provide advice to the Head Start Program. This advice shall relate to planning, operation, and evaluation of health services which are provided to the Head Start children and families. These health services include: medical, dental, nutrition, and mental health.

Section 2: Goals / Objectives

1. Provide input into the planning of the health program.
2. Advise on the budget relating to the health services.
3. Assist in solutions / resolutions relating to health problems.
4. Assist in evaluating the health component.
5. Provide new ideas for services and education.
6. Facilitate the provision of health services and education.

Article III: Membership

Section 1: Membership

a. The Big Sandy Area C.A.P., Inc. Head Start Health Advisory Committee shall consist of parents / guardians of currently enrolled children, representatives from local health resources including physicians, dentists, nutritionists, psychologists, etc., grantee and delegate staff, and other interested and appropriate persons.

b. Selection of members will be made by suggestions from staff, Policy Council, HAC members or from volunteers.
c. Each delegate Head Start program will select two parent member and one alternate member from Policy Committee to serve as members to the Grantee HAC. Model City will select 2 parents and 1 alternate member to service on this committee.

d. Prospective members of local health resources will be contacted in writing by the Grantee Health Services Unit Manager, and their participation verified in writing and signed.

e. Head Start staff representatives will include: The Grantee Health Services Unit Manager, Grantee Disability Services Coordinator, Grantee Head Start Director and one staff member from each delegate program.

f. There be a minimum of 19 committee members.

g. The membership term shall be one years.

**Article IV: Responsibilities of Members of HAC**

**Section 1: Responsibilities**

a. The members shall attend meetings as scheduled by the Grantee Health Services Unit Manager.

b. Members shall participate in the establishment of goals and objectives for the Health Component.

c. Members will have an input into the development and updating of the health and disabilities plan, the emergency plan, and the health educational plan for staff, children and parents.

d. Members will assist in the annual self assessment for the program year.

e. Members will be available to the Health Services Unit Manager on a one to one consultation basis by telephone or in person as is convenient and as the need arises.

f. Members will be advocates for the entire health program and children of Head Start agency as well as the total Head Start effort.

g. Members will develop and update bylaws for their committee as needed.
Section 2: Voting

a. Each member of the committee will have one vote, with the exception of the Head Start staff.

* All Staff will serve as non-voting members *

Article V: Officers

Section 1: Officers

a. Officers shall consist of a chairperson and a vice-chairperson.

b. The officers will be democratically elected by the parents and community representatives, annually at the Fall meeting.

Section 2: Responsibilities

a. It is the responsibility of the chairperson to chair the meeting, and in his / her absence the vice-chairperson will chair the meeting.

Article VI: Meeting

Section 1: Frequency

a. Meeting will be held two times a year during the months of October/November and March/April. These shall have a time frame limit of two hours.

b. Members will be notified 10-14 days in advance of meeting by letter. (Follow up by telephone reminder or email)

* A special meeting may be called, if deemed necessary

d. The Health Services unit Manager will be responsible for notifying members in writing of scheduled meeting, with time, date, and place.

Section 2: Requirements

All suggestions / recommendations presented must have a simple majority of the 5 (non-staff) members for approval and for presentation to the Policy Council for consideration.

All suggestions / recommendations will be fully discussed and then presented to full committee for approval of submission to Policy Council.
Section 3: Quorum

At least 5 committee members (non-staff) must be present in order to constitute a quorum.

**Article VII: Amendments**

These bylaws may be amended for change by being presented in writing and obtaining a majority of the Health Advisory Committee approval.

________________________
Chairperson

________________________
Date

Revised: 04-28-09
Policy Council/Policy Committee/Parent Committee Structure

POLICY:

Head Start establishes and maintains a formal structure of shared governance.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. The formal structure of shared governance consists of the following groups:

   i. **Policy Council** - The Policy Council is established at the grantee level and is comprised of at least 51% parents of children currently enrolled in the program as well as community representatives.

   ii. **Policy Committee** - The Policy Committee is established at the delegate level and consists of parents (51%) of children currently enrolled in the Head Start program and community representatives.

   iii. **Parent Committee** - The Parent Committee is established at the Center level. Parent Committees are comprised exclusively of the parents of children currently enrolled in the program.

2. The Policy Council, Policy Committee and Parent Committees are established as early in the program year as possible.

3. The Policy Council/Policy Committee is not dissolved until successor Council and Committee members are elected and seated.

4. The grantee and delegate agency’s governing body (Board of Directors), and the Policy Council or Policy Committee do not have identical membership or functions.

Approved by the Policy Council June, 2007
Policy Council Formation and Composition

POLICY:

The membership of the Policy Council will be at least 51% parents of currently enrolled children.

. This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Each delegate Policy Committee will elect two parent representatives and two alternates as members to the Policy Council during the September meeting. If the delegate agency operates more than one program option (i.e. center-based, home-based, etc.) then representatives to the Council must be equally proportioned.

2. If a Head Start program is not a delegate but is operated by the grantee agency, they will not have a Policy Committee and will elect their two members to the Policy Council from their Parent Committees.

3. A Head Start parent will be defined as the Head Start enrolled child’s mother, father, other family member who is the child’s primary care giver, foster parent, guardian, or the person with whom the child has been placed for purposes of adoption.

4. Participation of past parents and other community representatives will be encouraged as long as the total Policy Council membership is at least 51% parents of currently enrolled children. All community representatives will be elected by the full Policy Council before they can be seated.

5. Until new representatives are elected, the prior year representatives will remain as members.
6. When new members are elected to the Policy Council, each delegate program will forward the names, mailing addresses, and telephone numbers to the grantee office who will then compile a roster to be distributed by the November meeting. As new members are elected to fill vacancies that may occur during the year, the delegate will forward those names, mailing addresses, and phone numbers to the grantee office.

7. New Policy Council members will be seated in the month of October.

8. All Policy Council members must stand for election or re-election annually.

Approved by the Policy Council June, 2007
Policy Committee Formation and Composition

POLICY:

Each delegate agency will establish and maintain a Policy Committee through which parents can participate in policy making and other decisions about the program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Each delegate agency will establish procedures for the composition and information of the Policy Committee which ensures the election of parents and community representatives.

2. The procedures will ensure that:
   a. All parents are informed of their vital role in program governance;
   b. There is a fair method of nomination;
   c. Proportionate representation is provided for parents in all program options;
   d. Consideration is given to using Parent Committees to facilitate the process for nomination and electing parents to the Policy Committee.

3. The Policy Committee is comprised of two types of representatives: parents of currently enrolled children and community representatives. The procedures must ensure that at least 51% of the members of the Policy Committee are parents of currently enrolled children.

4. Community representatives are drawn from the business community (public and private), civic and professional organizations, parents of former Head Start children, and others who are familiar with resources and services for low-income children and families within the community served.
5. All community representatives selected to serve on the Policy Committee must be approved by the parent members of the committee. Community representatives must not exceed 49% of the total committee membership.

6. All parent members of the committee stand for election or re-election annually. All community representatives are selected and approved annually.

7. Policy Committee limits the number of one-year terms any individual may serve to a combined total of three terms.

8. No delegate staff (or members of their immediate families) may serve on the Policy Committee except parents who occasionally substitute for the Head Start staff.

Approved by the Policy Council June, 2007
Policy Council/Policy Committee Objectives

POLICY:

The program will provide a formal means of involving parents, agency and community persons in decisions affecting the operation and management of the Head Start program.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. At a minimum, the Policy Council/Policy Committee is expected to, in cooperation with the agency’s governing board and key management staff:
   
   > Assist in the development of and give approval to all Head Start funding applications and amendments to funding applications prior to their submission.
   > Participate in planning and formulating long and short range goals.
   > Approve/disapprove selection of Delegate Agencies and service areas.
   > Establish criteria defining recruitment, selection and enrollment priorities.
   > Actively participate in the program’s annual self-assessment process.
   > Approve/disapprove agency Personnel Policies and subsequent changes to those policies, including standards of conduct.
   > Participate in establishing criteria for the selection of Head Start staff.
   > Approve/disapprove the hiring and/or firing of the Head Start Director and other staff who work primarily for the Head Start program.

2. In addition, the Policy Council/Policy Committee must perform the following functions directly:

   > Serve as a link to the Board of Director’s, public and private organizations and the community served.
> Assist Parent Committees in communicating with parents to ensure that they understand their rights, responsibilities and to encourage their participation in the program.
> Assist Parent Committees in planning, coordinating and organizing program activities for parents.
> Ensuring that funds set aside from program budgets are used to support parent activities.
> Assist in recruiting volunteer services from parents, community residents and community organizations.
> Establish and maintain procedures for hearing and resolving community complaints about the Head Start program.

Approved by the Policy Council June, 2007
Policy Council/Policy Committee Provision Of Information

POLICY:

A system for regular distribution of information to members of the Policy Council/Policy Committee is provided.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Information provided to Policy Council/Policy Committee members includes:
   - Timetables for planning, development and submission of proposals
   - Head Start policies, guidelines and communications from ACF
   - Financial reports and statements of funds expended
   - Work plans, grant applications and personnel policies

2. Appropriate staff distribute information and materials to Policy Council/Committee members in a timely manner. The Grantee Head Start Director, the Administrative Secretary and the Family Services Manager take primary responsibility as support staff to the Policy Council.

3. Distribution of information may include written reports, minutes of meetings, official correspondence and oral presentations at meeting or training sessions.

4. Notification of date and time and location of the next regular Policy Council/Committee meetings will be mailed to all members at least five working days prior to the meeting. The written notification will include:
   - minutes of the previous meeting
   - agenda for upcoming meeting
   - items to be approved by the Council/Committee

Approved by the Policy Council July, 1998
Policy Council/Policy Committee and Personnel Policies

POLICY:

Parents are knowledgeable about Head Start Personnel Policies.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.50*

PROCEDURE:

1. Personnel Policies are reviewed annually with the Policy Council/Policy Committee.

2. The Policy Council/Policy Committee must approve all agency personnel policies and procedures for Head Start.

3. The Personnel Committee may review Personnel Policies and Procedures and make recommendations to the full Council/Committee for approval or disapproval.

4. The Director and Family Services Manager will monitor Policy Council/Committee activity to determine compliance with this requirement.

Approved by the Policy Council June, 2007
Policy Council/Policy Committee
Limitations on Membership

POLICY:

No representative shall serve as a member of the Policy Council/Policy Committee for more than three (3) years.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. After three consecutive or intermittent years of Policy Council/Policy Committee membership, a person is no longer a voting member of the Policy Council/Policy Committee.

2. Representatives identified as having served three years on the Policy Council/Policy Committee will be recognized for their service and removed from the membership roster.

Approved by the Policy Council June, 2007
Policy Council/Committee Alternates

POLICY:

Policy Council/Policy Committee members shall secure the services of an alternate representative if they are unable to attend a meeting themselves.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. The Policy Council/Committee member who is unable to attend a meeting or secure the services of an alternate member must notify the staff.

2. All privileges are granted to alternate members when the member is not present for that meeting.

3. Alternates shall notify the Secretary of who they are replacing for that meeting.

4. Members shall have a roster of all members and alternates on the Policy Council/Policy Committee.

5. Alternate representatives may not be elected as an officer of the Policy Council/Committee.

Approved by the Policy Council June, 2007
Policy Council Regular Meetings

POLICY:

Policy Council meetings are held on the third Tuesday of each month throughout the calendar year, or as determined by the membership at the last scheduled meeting.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Policy Council meetings will be conducted as usual if a quorum is present within thirty minutes after the scheduled meeting time.

2. A quorum will be declared when 51% of the membership (9 out of 17) are present at the meeting.

3. If no quorum is present after thirty minutes, the meeting shall proceed as an informal discussion. No official session shall occur without a quorum.

4. This quorum will apply to all regular Policy Council meetings and any special called meetings.

Approved by the Policy Council June, 2007
Policy Council/Policy Committee
Special/Emergency Meetings

POLICY:

Special/Emergency meetings may be called by the Policy Council/Policy Committee Chairperson.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. The Chairperson may only call an emergency/special meeting when business requires such action.

2. If 51% of the Policy Council/Policy Committee members petition, in writing, to call a meeting, the Chairperson is obligated to schedule a meeting within three days of the receipt of the petition.

3. The Administrative Secretary will notify Council/Committee members of a need for the meeting and work with the Executive Committee to produce an agenda for the meeting.

Approved by the Policy Council July, 1998
Policy Council Voting

POLICY:

Each member of the Policy Council/Policy Committee shall have one vote, with the exception of the Chairperson who shall cast the deciding vote only in the case of a tie vote of the body at large.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Each regular representative will have a maximum of one vote.

2. During the transition period when the out-going and in-coming Policy Council members are together, both will vote on each agenda item including election of officers.

3. Parent alternates are encouraged to attend all Policy Council meetings and will vote only in the absence of the regular member.

4. Votes are taken after motions are made, seconded and discussed. The Chairperson calls for the vote asking for an indication of approval, disapproval, or abstaining from the vote. Manner of voting procedure is determined by the council (voice, show of hands or secret ballet).

5. The Policy Council Secretary tabulates the vote and the Chairperson announces whether the motion was approved or disapproved. These decisions are included in the minutes.

Approved by the Policy Council June, 2007
Policy Council Subcommittees

**POLICY:**

Subcommittees will make recommendations to the full Policy Council to consider items for approval or disapproval.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.50*

**PROCEDURE:**

5. The Policy Council establishes subcommittees to perform specific duties.

6. Standing committees are established in the month of October.

7. There are minimum of four (4) Standing Committees:

   - **Executive Committee**
     The Executive Committee is comprised of the officers of the Policy Council. The Executive Committee may conduct business for the Policy Council between regular meetings. The Executive Committee shall meet with staff to obtain information as needed for reports.

   - **Personnel Committee**
     The Personnel Committee shall review and discuss Head Start Personnel Policies and make recommendations to the full membership prior to the Policy Council approving said policies and procedures. This committee shall also screen, interview and recommend persons to be hired to fill vacancies in the Head Start program. They shall oversee personnel actions in regard to firing of Head Start employees.


. **Finance Committee**
  The Finance Committee shall discuss matters of the budget, timelines and the planning of financial issues of the program and make recommendations to the full Policy Council.

. **Grievance Committee**
  The Grievance Committee shall hear grievances from the community and from parents who have followed the grievance procedure of the committee. This committee may also hear grievances of the Head Start staff and present their findings to the Personnel Committee and the Board of Directors.

3. Members of these committees shall be comprised of Policy Council members, alternates and volunteers as approved by the Council.

8. Staff will provide support, training and technical assistance to standing committees.

5. Ad Hoc Committees are formed for the purpose of accomplishing a specific task and disbanded once their purpose is achieved.

Approved by the Policy Council June, 2007
Location of Meetings

POLICY:

The Policy Council determines the location of its meetings.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Policy Council members decide on the location of the next meeting by majority vote if more than one site is requested.

2. Announcements of the time and place of regular meetings shall be sent to all members, in writing, at least five (5) working days prior to such meetings.
Policy Council Reimbursement

POLICY:

The Head Start program enables low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursement for reasonable expenses incurred by the members.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

1. Travel expenses will be reimbursed at the same rate as which Head Start employees are reimbursed for program travel (i.e. $.34 per mile).

2. Baby-sitting services will be reimbursed at the average rate for child care services:

   $ 10.00 per child – for up to five hours service
   $ 15.00 per child – for five or more hours of service

3. Meal/food costs are provided by the program.

Approved by the Policy Council June, 2007
Policy Council Termination of Membership

POLICY:

Membership in the Policy Council may be voluntarily terminated at any time by written notice to the Council. Failure to perform duties or attend meetings can result in termination of membership.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.50

PROCEDURE:

9. The resigning member must write, sign and date a letter of resignation and submit it to the Policy Council.

2. Delegate program elections for replacements of parent members shall occur at their next scheduled Policy Committee meeting.

3. Alternate members will be requested to attend Policy Council meetings until a new member is elected.

4. In the event of a termination or resignation of a community representative, the agency represented may be asked to provide a replacement. The Policy Council must vote to approve or disapprove any potential replacement. Such election shall take place within one month of resignation or termination of the member.

5. Any member who misses three consecutive meetings of the Policy Council without submitting an excuse or securing the attendance of an alternate may be terminated by the Policy Council/Committee with a 2/3 majority vote. The Council must submit written notification of termination to the member.

6. Members may be terminated by means of written notice and by a 2/3 vote from the Policy Council at any time for:
- failure to uphold the standards of Head Start;
- displays of inappropriate behaviors while representing the Policy Council/Committee;
- gross misconduct;
- acting on behalf of the Policy Council without their prior approval;
- blatant disrespect of Head Start philosophies, goals or objectives;
- neglect of duties.

7. Any member being considered for termination will be sent notification in writing after the second unexcused absence.

8. A member being considered for termination may ask for a hearing to present justification to the Policy Council.

9. If the terminated member is dissatisfied with the decision, he/she may request an impartial hearing.

Approved by the Policy Council June, 2007
SUBJECT:

**Internal Dispute Resolution**

POLICY:

To resolve internal dispute including impasse procedures between the governing Body and policy group.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1304.50*

PROCEDURE:

After informal discussion, if the Board of Directors believes that the Policy Council will not approve its decision and the agency wants to formalize the approval process, it should notify the Policy Council in writing. The notice will contain a statement of the reasons in support of the proposed decision or action.

Within ten (10) days after the receipt of the notice, the Policy Council will hold a special meeting for consideration of the Agency proposed decision or action.

Immediately after the special meeting, the Policy Council shall notify the Agency in writing of its approval or disapproval of the proposed decision or action. If it is a notice of disapproval, it will contain a statement of reason.

In the event of disapproval, and if the Agency desires further consideration of the matter, it shall initiate a meeting between itself and the Policy Council for the purpose of attempting to resolve their differences.

If after these efforts, the Agency and Policy Council are unable to reach an agreement, the Agency must invoke the arbitration procedures:

**MEMBERSHIP**

The arbitration panel will consist of three members.

1. A member will be designated by the Policy Council.
2. A member will be designated by the governing body.
3. A member will act as chairperson of the arbitration panel and shall be selected by the Agency. This member must be acceptable to both parties.
The arbiters shall be members of the community and not be associated with the Head Start program. None of the arbiters shall be relatives of any of the parties and shall serve without compensation.

NOTICE OF ARBITRATION:

When the Agency decides to submit the impasse to arbitration, it shall notify the Policy Council and the board of Directors in writing that the impasse is to be resolved by binding arbitration. The notice shall include:

1. A statement of the issue on which the groups are at impasse.

2. A request of both parties to submit (within seven (7) days) the names and addresses of their selection member to serve on the arbitration panel.

Failure by the Policy Council or Governing Board to designate an arbiter within seven (7) days of the receipt of the Notice of Arbitration shall be a default, and shall be considered to be approval of the proposed decision or action.

The Arbitration Panel shall schedule the hearing within twenty (20) calendar days. The hearing shall be conducted at a place acceptable to the panel members. The agency shall notify all members of the panel as to time and place and shall assume any expenses incurred by the arbitration and shall provide clerical and other support as needed.

The proceedings of the Arbitration Panel shall follow Parliamentary Procedures and consist of:

- oral presentation from both parties;
- response by both parties including questions;
- additional presentation and written materials as deemed necessary
  (This may or may not include witnesses.)

It is the responsibility of the Agency to provide the panel with needed materials such as budget, regulations, or other materials of that nature.

STANDARD OF CONDUCT

Both parties are obligated to act in good conduct before and during the proceedings. Neither party may communicate with the arbitrations once the panel has been selected unless all parties are present.

Arbitration does not preclude the parties from compromising their differences as long as no decision as been issued by the Panel.

On conclusion of the hearing, the Panel shall issue the decision in writing within fifteen (15) days after the Panel meeting. The final decision shall be binding on all parties and there shall be no appeal.

Approved by the Policy Council June, 2007
BY-LAWS

BIG SANDY HEAD START POLICY COUNCIL

ARTICLE I

(Name)

The name of this organization shall be the Big Sandy Head Start Policy Council.

ARTICLE II

(Purpose and Functions)

SECTION I: Purpose

The purpose shall be to: Implement 45 CFR Part 1304.50 Head Start Program Performance Standards, Subpart D and Appendix A for which this Head Start Policy Council is created to serve as a link between public and private organizations, the Grantee Board of Directors, the communities of Head Start Programs in the counties of Floyd, Johnson, Magoffin, Martin and Pike in the state of Kentucky.

SECTION II: Functions

The functions of the Big Sandy Head Start Policy Council, in accordance with ACF/DHHS Regulations are:
1. Initiate suggestions and ideas for program improvements and to receive periodic reports on action taken by the administering agency with regard to its recommendations.

2. Plan, coordinate and organize agency-wide activities for Head Start parents with the assistance of staff.

3. Recruit volunteer services from parents, community residents, community organizations and mobilize community resources to meet identified needs.

4. Communicate with all parents and encourage their full participation in the Head Start Program.

5. Approve the goals for Head Start within the agency as proposed by the Grantee Board of Directors and develop ways to meet these goals within ACF/DHHS Guidelines.

6. Approve the locations of Head Start centers.

7. Assist in developing a plan for recruitment of eligible children and approve such a plan.

8. Approve the composition of the appropriate parent policy making groups and methods for getting them within ACF/DHHS Guidelines.

9. Approve the services provided to Head Start from the Grantee Central Office.

10. Policy Council will serve as an intermediary or group that assists or attempts to resolve complaints about Head Start.

11. Be consulted to ensure that standards for acquiring space, equipment and supplies are met.

12. Approve or disapprove of the Head Start Personnel Policies and Procedures, including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures.
13. Approve or disapprove the request for funds and proposed work programs (the grant package) prior to sending to ACF/DHHS, with sufficient time to study the grant package and ask questions of Head Start personnel.

14. Approve or disapprove major changes in the Head Start operating budget and work program while the program is in operation.

15. Approve or disapprove information prepared for the pre-review to ACF/DHHS.


ARTICLE III

(Membership)

SECTION 1: Composition

The Big Sandy Head Start Policy Council shall be comprised of parents of children currently enrolled in Head Start as well as community representatives in accordance with ACF/DHHS Guidelines.

SECTION 2: Membership

Membership on this Policy Council shall consist of two categories: 14 parent members and 3 community representatives.

a. Each Head Start Program Policy Committee will elect two parent members to the Policy Council. These members will be parents of children currently enrolled in all program options and elected by a quorum stated in their Policy Committee By-laws. If a Head Start program does not have status as a delegate program and is directly
operated by the grantee agency who holds the awarded grant, they will not have a Policy Committee and therefore, will elect their two Policy Council members from their Parent Committees.

b. Each Policy Council member shall have an alternate representative who is elected democratically by the Delegate Policy Committee. Alternates may attend each Policy Council meeting, but vote on issues only when the member they represent is absent. Each community representative will have an alternate designated by the agency he/she represents if applicable.

c. The community representatives must be approved by the parent members of the Policy Council before he/she can be seated. Elections for the community representatives will be held during the November meeting. Nominations may be made by parent members at that time and then voted on by the entire Council. The community representatives shall represent major agencies of the communities and counties served by the Head Start agency or be parents of former Head Start Children.

SECTION 3: Term of Office

Policy Council members shall serve for a term of one (1) year. No member shall serve on the Policy Council as a parent member and/or community representative for no more than three (3) years. Policy Council parent members shall be seated at the October meeting.

SECTION 4: Voting Rights

Each member of the Policy Council shall have one (1) vote. There shall be no proxy voting by or for any member. The manner of voting procedure is determined by the Policy Council (voice, show of hands or secret ballot).
SECTION 5: Termination of Membership

A member of the Policy Council can be terminated by a two-thirds vote of the Policy Council if he/she is absent from three (3) consecutive meetings without having submitted a legitimate excuse in writing to the Policy Council Chairperson (or in his/her absence the Vice-Chairperson) prior to the meeting.

SECTION 6: Resignation

A member shall give a written statement of reasons before resigning.

SECTION 7: Vacancy

Any program shall elect, within 30 days, a new member to the Policy Council whenever there is a vacancy on the Policy Council occurring at the program. If a vacancy for a community representative occurs, the Policy Council members will nominate and elect a replacement as soon as possible.

SECTION 8: Nepotism and Conflict of Interest

In accordance with 45 CFR Section 1304.50 (b) (6), no person can serve as a member of the Policy Council while any of his/her immediate family is employed in the Head Start Program. A member of an immediate family includes any of the following persons:

1. Husband
2. Wife
3. Mother, mother-in-law
4. Father, father-in-law
5. Brother, brother-in-law
6. Sister, sister-in-law
7. Grandparents or grandparents of spouse
8. Son, son-in-law
9. Daughter, daughter-in-law
10. Step children, step parents, step brother or sister.
SECTION 9: Duties

All members of the Policy Council shall attend meetings regularly, arrive on time, and actively participate by reading the agenda prior to meeting and discussing matters to be considered with other parents in the unit(s) he/she represents, keep informed of the Policy Council, remember the rights of other members to express their opinions, consider all information and arguments before voting, remembering the parents he/she represents, debate the issues, not persons, accept and support any final decisions of the majority of the Policy Council.

ARTICLE IV

(Officers)

SECTION 1: Officers

The Policy Council shall elect a Chairperson, Vice-Chairperson and Secretary who shall be parent members of the Policy Council.

SECTION 2: Election and Term of Office

Each officer shall be elected at the October meeting and shall serve a term of one year. If an officer resigns or is removed by the Council, a replacement must be elected as soon as possible.

SECTION 3: Removal

Any officer or member of the Policy Council who fails to perform his duties as outlined above or below, can be removed by two-thirds vote of the Policy.

SECTION 4: Chairperson

The Chairperson shall preside at all meetings, talk no more than necessary when presiding, have an understanding of the By-Laws of the Policy Council, refrain from entering debates of questions before assembly, shall extend every
courtesy to the discussions of the motions, shall call meetings to order and formally close them, note whether a quorum is present and declaration of same, help prepare an agenda for each regular meeting, call special meetings and give explanations of same to each member, appoint chairperson to all committees, explain each motion before it is voted upon and may vote to break a tie.

**SECTION 5: Vice-Chairperson**

The Vice-Chairperson shall preside in the absence of the Chairperson or whenever the Chairperson temporarily vacates the chair; in case of resignation or death of the Chairperson, the Vice-Chairperson shall assume the office of Chairperson until a permanent Chairperson is elected.

**SECTION 6: Secretary**

The Secretary shall record the minutes of every Policy Council meeting once the meeting has been called to order, keep a copy of the By-Laws, list of members and a copy of the agenda.

**ARTICLE V**

(Committees)

**SECTION 1: Appointment of Committees / Members**

The Policy Council shall appoint such committees as are necessary to the proper conduct of its business, including but not limited to the following: Executive Committee, Personnel Committee, Finance Committee and Grievance Committee. At the October meeting, members of the Council can volunteer to be on a specific committee with the exception of the Executive Committee. At least three (3) members should be on each committee with a maximum of six (6). If there are not enough Council members willing to serve on the committees to reach the minimum number, members may serve on
multiple committees in order to assure that each one has a minimum number of three (3).

SECTION 2: Executive Committee

The Executive Committee shall be composed of the Officers of the Policy Council. The Executive Committee shall have power to conduct business for the Policy Council between regular meetings of the Policy Council.

SECTION 3: Personnel Committee

This committee shall discuss the Head Start Policies and Procedures and make recommendations to the membership prior to the Policy Council approving said Personnel Policies and Procedures. This Committee shall also screen, interview and recommend persons to be hired to fill vacancies in the grantee Head Start staff.

SECTION 4: Finance Committee

This committee shall discuss matters of the budget, timelines, planning and financial issues of the program and make recommendations to the full Policy Council.

SECTION 5: Grievance Committee

This committee shall hear grievances from the community and from parents who have followed the grievance procedures and take recommendations to the Policy Council to resolve these complaints. The committee may also hear grievances of the Head Start staff and present their findings to the full Policy Council and Grantee Board of Directors.

SECTION 6: Special Committees

Special Committees may be appointed by the Chairperson or selected by the Policy Council as the need arises.
ARTICLE VI

(Meetings)

SECTION 1: Regular Meetings

Regular meetings of the Policy Council shall be held on the 3rd Tuesday of each month during the school year and as needed in the summer. There shall be special called meetings as the Policy Council sees a need and shall be called by the Chairperson at least 48 hours in advance.

SECTION 2: Notice of Meetings

Written notices shall be mailed to reach any member of the Policy Council at least five (5) days prior to the date of each regular meeting. A copy of the agenda and minutes of the previous meeting shall be enclosed.

SECTION 3: Quorum

Fifty-one percent (51%) of the members of the Policy Council must be present to constitute a quorum for regular or special called meetings to transact business.

ARTICLE VII

(General)

1. All meetings of the Policy Council shall be open to the public.

3. Compensations for travel and baby-sitting fees for poverty level parent members shall be paid in accordance with guidelines.

4. Standing committees shall be at least fifty one percent (51%) parents.

**ARTICLE VIII**

(Amendments)

These by-laws may be amended by sending a copy of the proposed amendment to each Policy Council member at least one week before the meeting. The Policy Council may debate an amendment before adoption. Amendments must be approved by a two thirds vote of these Members present, a quorum being present and approval of the Directors of the Big Sandy Area Community Action Program Board.

REvised 01/02
A. **Program Planning**

1. Big Sandy Head Start program and delegate agencies will implement a systematic, ongoing process of program planning which includes consultation with the Board of Directors, Policy Council(Committee), program staff, parents and children in our service area. Program planning shall include:

   a. Head Start will conduct a Community Assessment within the five (5) county areas once every three years.

   b. The formulation of both multi-year (long-range) program goals, short-term goals and financial objectives which address the findings of the community assessment, be consistent with the philosophy of the Big Sandy Head Start program and reflect the findings of the program’s annual self-assessment.

   c. The development of written plans for implementing services in each program area.

   d. All written plans for implementing services, and the progress in meeting them, shall be written with input from staff, reviewed and approved by the Policy Council or Policy Committee at least annually, and shall be revised and updated as needed.

B. **Communications System - General**

1. Big Sandy Head Start program and delegate agencies will establish and implement communication systems to ensure that timely and accurate information is provided to parents, Policy groups, staff and the general community.

C. **Communication with Families**

1. Big Sandy Head Start program and delegate agencies will ensure that effective two-way, comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.

2. Communications with parents shall be carried out in the parent’s primary or preferred language or through an interpreter, to the extent feasible.
D. Communication with Governing Bodies and Policy Groups

1. The program will ensure that the following information is provided regularly to the agency Board of Directors and to members of our Policy Council (Committee).
   a. Procedures and timetables for program planning;
   b. Policies, guidelines, and other communications from Big Sandy Head Start program and delegate agencies;
   c. Program and financial reports;
   d. Program plans, polices, procedures and Head Start grant applications.

E. Communications Among Staff

1. The grantee and delegate agencies shall have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

F. Record-Keeping Systems

1. Big Sandy Head Start program and delegate agencies will establish and maintain efficient and effective record keeping systems to provide accurate and timely information regarding children, families and staff. The program will ensure appropriate confidentiality of this information.

G. Reporting System

1. The grantee and delegate agencies will establish and maintain efficient reporting systems which:
   a. Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability and advise governing bodies, policy groups, and staff of program progress.
   b. Generate official reports for federal, state and local authorities, as required by applicable law.

H. Program Self-Assessment and Monitoring

1. Once each program year, with the consultation and participation of Policy Council (Committee) and other community members, the Big Sandy Head Start and delegate agencies will conduct a self-assessment
of their effectiveness and progress in meeting program goals and objectives and in implementing federal regulations.

2. The grantee and delegate agencies will establish and implement procedures for the ongoing monitoring of their own Head Start operation to ensure that these operations effectively implement Head Start regulations.

3. The program will inform Policy Council (Committee) and the Board of Directors of results (positive or negative) in the program’s operations that are identified in the monitoring review. The Council (Committee) will help develop plans, including time tables, for addressing identified problems.

Approved by the Policy Council October, 2007
SUBJECT:

Program Planning

POLICY:

The grantee and delegate agencies develop and implement a systematic on-going process of planning that includes consultation with the program’s governing body, policy groups, parents, program staff and community organizations that serve Head Start or other low-income children and families.

- This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. The program will conduct a Community Assessment within the Big Sandy service area once every three years with a review in each of the following years to determine any significant change. The collection of data about community strengths, needs and resources will be used to make decisions about the way the agency will respond through its program and services. (See Community Assessment policy)

2. The grantee and each delegate agency will perform and annual program evaluation/self-assessment process to determine its effectiveness and progress in meeting program goals and objectives and in implementing Federal, State and local regulations. (see Program evaluation/Self-Assessment policy)

3. The program will use the information gathered to update the current long range goals and to establish shorter one-year program and financial objectives that address the findings of both the Community Assessment and the program’s annual self-assessment.

4. Summarized data of the assessment findings will be given to grantee and delegate governing boards, Policy Committee/Policy Council, advisory groups and staff. The information provided will allow the governing bodies, parents, staff and community members to have a voice in establishing Head Start’s direction and service delivery strategies. The process will also aid in establishing priorities to address the short and long term goals and objectives.

5. The Policy Council and BSACAP Board of Directors will approve the final long and short term goals established through the planning and governing bodies.
6. Written work plans and an operating budget to implement services are then developed with input from staff, parents, community, and governing bodies.

7. Draft plans and budget are then presented to the Policy Council’s Finance and Executive Committee for review and input. When the written plans and budget are finalized, they will be forwarded to the Policy Council for final approval.

8. Written plans will be monitored quarterly and budgets will be analyzed at management meetings to determine the need for improvement and adjustments. Reports are then forwarded to the Policy Committee/Policy Council for input and approval. Written plans are revised and budget modifications are made as required/needed.

Approved by the Policy Council October, 2007
SUBJECT:

Community Assessment

POLICY:

The grantee determines community strengths and needs.

- This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. A Community Assessment is conducted within the service area once every three years. Completion of the assessment will allow the program to collect data about community strengths, needs and resources, and to use that data to make decisions about the way the agency will respond through its program and services. (see Program Planning policy) Information is gathered by:

   a. Securing demographic information from the Big Sandy Area Development District and Planning Council.

   b. Consulting and securing statistical information from the CAA, school districts, health departments, Department of Social Services, and other community and child development agencies.

   c. Reviewing census data/reports and population research results.

   d. Reviewing parent and community surveys.

2. The Community Assessment will include the collection and analysis of the following information:

   a. The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location and racial and ethnic composition.

   b. Other child development and child care programs that serve Head Start eligible children, including KERA, and other local pre-school programs and the approximate number of Head Start eligible children served by each.
c. The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies.

d. Data concerning the education, health, nutrition and social service needs of Head Start eligible children and their families as defined by communities that serve young children.

e. Resources in the community that are used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

3. The grantee and each delegate agency uses information from the community assessment to:

   a. Determine program philosophy and long range and short range program objectives.

   b. Determine the type of services that are most needed and the program option or options to be implemented.

   c. Determine the recruitment area to be served, if limited resources make it impossible to serve the entire service area.

   d. Determine appropriate locations for centers and the areas to be served by home based programs.

   e. Set criteria that define the children and families who will be given priority for recruitment and selection.

4. In each of the two years following completion of the Community Assessment, the program will review the county demographics and other statistical information to determine whether there have been significant changes in the information described in the assessment. The Community Assessment will be updated and plans adjusted to reflect these changes.

5. The grantee will collaborate with the delegate agencies, other social service agencies, health providers, childcare providers, the public schools in conducting and updating the Community Assessment and in interpreting it’s results.
6. Once the Community Assessment is completed, the Policy Council/Policy Committee, the agency’s Board of Directors, Advisory Committees and staff will be given summarized data. This will allow the governing bodies, parents and community members to have a voice in establishing Head Start’s direction and service delivery strategies.

7. Community Assessment information is used, along with the program’s Self-assessment findings, to establish long range goals of the program and shorter one-year program and financial objectives and to develop written plans for implementing services in each of the component areas (see Program Planning and Program Self-Assessment/Evaluation policies).

Approved by the Policy Council October, 2007
SUBJECT:

Program Evaluation/Self-Assessment

POLICY:

The program will conduct an annual self-assessment of the effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

- This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. The Head Start program evaluation is performed by the following levels:

   a. Work plans (objectives) are monitored by the staff quarterly.

      i. Program managers and coordinators monitor work plan objectives and report results to Head Start Director.

      ii. Head Start Director reports results to policy groups and the governing body for approval/amendments.

   b. Staff performance evaluations are conducted prior to the end of the program year.

      i. Performance evaluations are conducted on each employee by the immediate supervisor.

      ii. Employee and supervisor set individual performance goals and determine training needs.

   c. Policy groups, staff, parents and community representatives perform an annual program self-assessment of the effectiveness and progress in meeting goals and objectives and in implementing federal regulations.

      i. The process is initiated by the Policy Council/Policy Committee and teams are identified in November – December.

      ii. The Head Start Director and/or Unit Managers provide training to delegate Policy Committees, self-assessment team members and staff (December – January).

iv. Results from the self-assessment are compiled, deficiencies corrected or a plan of correction written and submitted to the grantee (March – April).

v. The grantee Head Start Director compiles all self-assessment results and report to the Policy Council and Board of Directors (April – May).

d. Parents and staff are encouraged to complete program evaluation forms for the purpose of planning and quality improvement.

i. Evaluation forms are prepared and distributed to staff and parents. (March – May)

ii. Unit Managers/Coordinators are responsible for the distribution and collection of the evaluation forms. (April – May)

iii. Compiled evaluation results are used to plan for program changes, trainings, and overall quality improvements. (May – June)

Approved by the Policy Council October, 2007
SUBJECT: Reporting Systems

POLICY:

The program will maintain an effective and efficient reporting system that generates reports for financial status and program operations.

- This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. The grantee and each delegate agency will utilize data tracing and financial management software that allows the program to:
   a. Generate periodic reports for financial status and program operations in order to control program quality, maintain program accountability and advise the governing board, Policy Council and staff of program progress, and
   b. Generate official reports for Federal, State and local authorities as required by applicable law.

2. The program currently uses the COPA data tracking system. The printouts frequency, use and type of data staff receive is determined by need.
   a. The Family Service Manager reviews and/or generates reports on enrollment, waiting lists, attendance, terminations/transfers, eligibility, family assessments/partnership, referrals, parent involvement and volunteer services.
   b. The Head Start Service Managers review and/or generates reports of developmental/sensory/behavior screenings, medical/dental exams, immunizations status, referrals and follow-up treatment.
   c. The Education Service Manager(s) reviews and/or generates reports of developmental screening and child assessment, child outcomes, educational home visits, parent/teacher conferences, teacher accreditation, and training.
   d. The Nutrition Services Coordinator reviews and/or generates reports on enrollment, eligibility, daily attendance, child’s growth and nutritional assessment data.
e. The Disability Services Coordinator reviews and/or generates reports on child referral/evaluation, eligibility/disability status, special education & related services.

f. The Mental Health Coordinator reviews and/or generates reports on mental health referrals and services.

3. All information is used to assess needs, plan service delivery activities and training, track the provision of services, monitor progress and compliance with Head Start Performance Standards, federal and state regulations.

4. The program uses the data to support and increase the integration of services as follows:

   a. Attendance data is used by family and nutrition services staff to monitor compliance with the 85% average daily attendance requirement, identify family support needs, and compare with meal counts for CACFP reimbursement.

   b. Health services data is used in all component areas to address individual child & family needs and to monitor compliance with federal, state, local regulations and licensing requirements.

   c. Family services and parent involvement data is used in all component areas, in program planning, identifying and obtaining needed services outside the program, and in the provision of information and training for parents.

   d. Developmental/sensory/behavioral screenings and child assessment data is used by education, disability, health and family services to develop individualized education plans for children and to involve and train parents.

   e. Volunteer services data is used by family services, health and administrative staff to ensure volunteer training and health requirements are met and to determine in-kind for the 20% funding match.

5. All financial information at the grantee level is maintained on the Fund Ware accounting system. Monthly reports are generated that compare monthly and yearly expenditures to budgets and itemize line item expenditures. Financial information from the general ledger is transferred to the appropriate line item of the Financial Status Report (SF269) annually for each grant year. The report is submitted to the ACF Regional Office within 90 calendar days after the end of the grant year.

Approved by the Policy Council October, 2007
SUBJECT:

Monitoring Program Objectives and Activities

POLICY:

Program monitoring will be an on-going process that assures program objectives and activities are being completed in a timely manner.

PROCEDURE:

1. An on-going monitoring system will be established that provides immediate feedback to ensure that the grantee and delegate agencies implement federal regulations and that appropriate services are being provided to children and families.

2. The monitoring system will address key areas to determine whether:
   a. Program objectives are being met;
   b. Component work plans are being followed;
   c. Head Start Performance Standards and other regulations are being met;
   d. Budgets are being managed;
   e. Staff are performing assignments;
   f. Enrollment slots are filled;
   g. Attendance is regular;
   h. Centers/classrooms are welled supplied, organized and safe;
   i. Parent involvement is occurring;
   j. Services are being provided and/or arranged to meet child/family needs.

3. The following monitoring procedures will be used:
a. Desk top monitoring – includes reviewing manual and computer data/reports.

b. On-site observations- include visits to offices and classroom to visually observe and monitor.

c. Staff and parent interviews – include talking with staff and parents concerning program operations.

4. Staff responsibilities for monitoring are as follows:

a. Grantee Head Start Director will monitor administrative activities at grantee and delegate levels.

b. Grantee management staff will monitor delegate program operations in their respective area of expertise.

c. Fiscal staff will monitor grantee and delegate fiscal operations including budget, audits, non-federal share.

5. Monitoring reports will be shared with delegate Head Start Directors and grantee management staff so that their follow-up can be done in a timely manner.

6. Findings relative to all delegates will be shared during monthly director/management meetings.

7. When the grantee identifies a deficiency in the delegate program operations, the grantee will notify the delegate agency in writing of such deficiencies. The grantee will arrange for individual consultation with appropriate administrative and/or management staff to assist the delegate in the development of a correction action plan and to provide technical assistance to either resolve the deficiencies immediately or within a 90 day period.

8. The grantee and all delegates will develop and implement their own “Monitoring Structure” format to guide all monitoring activities for each individual agency. The Monitoring Structure will designate responsibilities, methods to be used, and timelines for all necessary monitoring activities to the appropriate staff according to job title and field of expertise.

9. The grantee staff (director and managers) will keep individual monitoring logs to verify the Monitoring Structure is being followed. The grantee director will be responsible for checking these logs on a regular basis in order to assure the appropriate monitoring is occurring based on the timeline of the Monitoring Structure.

Approved by the Policy Council October, 2007
SUBJECT:

Communication/ Information Systems
Between Grantee and Delegates

POLICY:

Two-way communication will occur between the grantee and delegate agencies on a regular basis.

- This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. The grantee ensures that delegate agencies receive all regulations, policies, memorandums, instructions and other pertinent information in a timely manner.

2. Communication with delegate agencies will flow through a variety of methods:
   - interoffice-agency mail and correspondence
   - telephone, fax & e-mail in order to expedite delivery of dated information
   - memos
   - calendars
   - message posting on COPA
   - agency webpage

3. Meetings will also be an avenue for sharing information.
   - Director’s/Management meeting held monthly
   - Unit manager’s meeting (Family Services, Education & other advisory group meetings as needed).
   - Grantee bookkeeper and/or fiscal officer meet with delegate fiscal staff monthly.
   - Meeting scheduled to discuss matters/concerns relevant to a delegate as needed.
4. Training will be arranged/conducted by the grantee and delegate agencies throughout the program year as identified on the training plan/calendar.

5. Communication will also occur through delegate on-site visits by the grantee to monitor and provide technical assistance.

Approved by the Policy Council October, 2007
SUBJECT:

Communication/ Information Sharing with the Governing Body and Policy Groups

POLICY:

The program ensures that information is provided regularly to the grantee and delegate agencies governing body, Policy Council and/or Policy Committee members.

• This policy relates to Head Start Performance Standards Part 1304.51

PROCEDURE:

1. The program insures information such as procedures and time tables for program planning, policies, guidelines, and other communications, program and financial reports, program plans, policies and procedures and the Head Start grant is provided on a regular basis to the agencies Board of Directors and members of the Policy Council and Policy Committees.
   
   > Unit Managers, Coordinators and Family Service workers collect information for the Head Start Directors prior to Policy Council, Policy Committee and Board meetings.
   
   > Written reports are given to the group.
   
   > Meeting notices, agendas and previous minutes are mailed prior to meeting.
   
   > Newsletters are distributed quarterly.
   
   > Other items are distributed as necessary.

Approved by the Policy Council October, 2007
SUBJECT:

Communication/ Information Systems
For Staff

POLICY:

Regular communication occurs among all program staff to facilitate quality outcomes for children and families.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.51

PROCEDURE:

1. Most central office staff meets each morning in the Head Start office where urgent items are discussed and distributed daily.

2. Director’s/Management meetings are held monthly or more frequently if needed.

3. Administrative secretary receives and distributes mail, memos and other items daily.

4. Interoffice memos and/or e-mail are used to inform staff of program issues, meetings, training events, etc.

5. The grantee office will maintain a webpage with information and downloadable forms in each service area to be used by delegate staff. The webpage will also serve as a tool for grantee and delegate staff to post comments, questions, information, etc. regarding Head Start related topics.

6. Urgent announcements and bulletins will be posted on the opening page of the COPA online database software and/or sent via e-mail and phone calls.

Approved by the Policy Council October, 2007
SUBJECT:

Communication/ Information Systems for Families

POLICY:

Effective two-way communication between staff and parents is carried out on a regular basis throughout the program year.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.51

PROCEDURE:

1. Communication between the program and families is a continuous process. Parents receive information through participation in center/classroom activities or committees, home visits, letters, news media, telephone, newsletter, conferences and trainings.
   
a. Unit managers, teachers, assistant teachers and family services workers organize initial parent meetings. Meetings are held monthly or as needed. Information is discussed at these meetings.

b. Letters are mailed to parents.

c. Parent receives information through Head Start newsletters, radio, television, and newspaper.

d. Parents and staff communicate by phone.

e. Parent bulletin board in center is updated as needed.

f. Information is given during home visits.

g. Parents visit central office for information.

h. Conferences are held with parents concerning special problems.

i. Parents participate in training.
3. Communication with parents is carried out in the parent’s primary or preferred language or through an interpreter, to the extent feasible.

Approved by the Policy Council October, 2007
Relocation of Child Records

POLICY: When a parent terminates their child’s enrollment in one of the BSACAP Head Start programs and then desires enrollment in a different BSACAP Head Start program, the subsequent procedure will be followed regarding the transfer of child records:

PROCEDURE:

1. When a delegate program is contacted with a request for a formerly enrolled child’s records, a Release of Information form signed by the parent or guardian must be obtained before any records are disclosed.

2. When a signed Release of Information form is received, a program must respond to the request with a transfer of records within ten working days of the notice.

3. If a program has received a request for a child’s record and has obtained the signed Release of Information, a Record Relocation Check Sheet form must be completed by the responding program and accompany the forwarded records.

4. All child information being sent upon request by a BSACAP program should be original documents. The program forwarding the records can choose to make copies of the information if needed.

5. A child who is relocating from one BSACAP program to another should not be enrolled until all enrollment information is received, reviewed, and verified by the enrolling program. Once a program enrolls a child, they are responsible for all required documentation. If a child lacks any required information, the enrolling program must work with the family to obtain the needed information and assure compliance with Head Start policies.

Approved by the Policy Council November, 2009
SUBJECT:

Parents, Area Residents and the Program

POLICY:

Parents participate in the evaluation and planning of the Head Start program.

- This policy relates to Head Start Performance Standards Part 1304.50

PROCEDURE:

1. Parents are given the opportunity to receive training and participate on committees formed for the purpose of self-assessment and program planning.

2. The program provides training for staff, parents, governing bodies, Policy Council/Committee and community partners.

3. A grievance procedure will be posted in all classrooms available to parents and the public as well, to voice their concerns about the program at any given time.

Approved by the Policy Council October, 2007
SUBJECT:

Confidentiality of Information

POLICY:

The grantee and its delegate agencies will enforce and maintain the confidentiality of client information.

- This policy relates to Head Start Performance Standards
  Part 1304.51, 1304.52

PROCEDURE:

1. Identifying information concerning children and families will be kept in locked files at all times.

2. Access to files may be made after signing disclosure form which states who accesses, the date and reason for access.

3. Staff will not discuss children or families with anyone other than Head Start staff when necessary, unless parents have given written permission.

4. All program volunteers and consultants will be informed of the program’s confidentiality policy. Staff will ask others to leave Head Start premises if they are discussing Head Start children and families.

5. A client’s rights regarding the confidentiality of records will be ensured and enforced.

6. Written permission will be obtained from the client before releasing confidential information (telling about it, giving a copy of it or allowing someone to see it) that actually identifies a client.

7. Confidential information is defined as any of the following information when the client’s name is attached: Specific screening data, family needs assessment, service plans, client counseling reports, client progress reports.

8. Personally identifiable information is defined as that information about a client or family which would make it possible to identify the family or client with reasonable certainty. This includes any information that has on it: the client’s name, address, telephone number, insurance number, or any other data that can readily identify a client or family.
9. General information which is non-specific, unidentifiable, does not include the name, address, or other identifying information may be released without written consent. (Examples includes: number of client’s in agency programs, compiled family needs assessment data, number in families, family members by age, etc.)

10. Client permission is not needed to release client information to the following:

   a. Agency staff and consultants directly involved in planning and delivery of services.

   b. Local School District that the client or child plans to attend.

   c. Funding source officials and contractors who are conducting an audit or assessment.

   d. Officials dealing with client’s application for/and receipt of financial aid (e.g. DSI, DDS, Home Health).

   e. Courts via a judicial order or subpoena.

   f. Officials involved in health and safety emergencies.

   g. Agencies from whom the client is receiving additional services.

11. However, any of the above parties to whom records are released must be informed in writing that the information is not to be released to anyone else without written client approval. Exceptions to this include courts, state, federal, and local education agencies.

12. A list of citing each time another agency/organization asked for and received information on a client, who asked for it, and why the information was needed will be maintained in each client’s record for as long as the record is maintained.
13. Client records shall be maintained prior to destruction for 3 years from the date which the client leaves the program or longer:

   a. If any litigation claim, negotiation, audit or other action is stated before expiration of the 3 year period.

   b. If records are formally transferred to the awarding party, or

   c. If there are any outstanding requests to review them.

14. All portions of client’s records must be destroyed at the same time. To destroy a record means to burn, shred, or render no longer legible or identifiable.

15. A client shall have the right to inspect his records within 45 days of written request.

16. A client shall file in writing complaints regarding the violation of confidentiality to the agency Personnel Finance and Grievance Committee. If the Committee cannot resolve the complaint to the satisfaction of the complainant, he may file in writing the complaint to the appropriate funding source.

17. An employee found guilty of violating the client’s rights to confidentiality may be dismissed from the agency.

Approved by the Policy Council October, 2007
SUBJECT:

Child Abuse and Neglect

POLICY:

Affirmative steps are taken to protect child abuse and neglect.

- This policy relates to Head Start Performance Standards Part 1303.31

PROCEDURE:

1. Head Start personnel certify that they have not been convicted of child abuse and neglect prior to employment.

2. Head Start personnel receive instructions on Kentucky laws governing their responsibilities for reporting child abuse and neglect.

3. Head Start personnel reports child abuse and neglect in compliance with state and local laws. (see Reporting Suspected or Known Child Abuse/Neglect policy)

4. Head Start maintains confidentiality of records concerning child abuse and neglect in accordance with state and local laws and Head Start Performance Standards.

5. Head Start works with protective service agencies in the area that deal with abused and neglected children. Head Start is not a primary treatment program and does not provide treatment on its own.

6. Head Start tries to retain abused and/or neglected children and/or enroll allegedly abused and neglected children referred by child protective service agencies.

7. The Head Start Director appoints a staff member to coordinate child abuse and neglected activities.

8. Head Start provides an annual orientation program for staff regarding identification and reporting child abuse and neglect.

Approved by the Policy Council July, 2010
SUBJECT:

Standards of Conduct

POLICY:

The grantee and delegate program ensures that all staff, consultants, and volunteers abide by the program’s standards of conduct.

- This policy relates to Head Start Performance Standards Part 1302.90(c)

PROCEDURE:

1. These standards specify that staff consultants, and volunteers will:
   a. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
   b. Follow program confidentiality policies concerning information about children, families and other staff members.
   c. Assure that no child is left alone or unsupervised while under their care.
   d. Refrain from using any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child.
   e. Use positive methods of child guidance and not engage in corporal punishment. Corporal punishment is defined as physically striking or hitting a child in any manner that is meant as a punishment.
   f. Not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
   g. Not bind or tie a child to restrict movement or tape a child’s mouth.
   h. Not use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family.
   i. Not use physical activity or outdoor time as a punishment or reward.

2. The program ensures that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.

3. Staff members will not falsify Head Start related information of any kind for any reason including an attempt to help a child qualify for services by requesting or encouraging incorrect information from a parent or family member.
4. The Personnel Policies and Procedures for each individual program (grantee and delegate) include the provision of appropriate penalties for violating the standards of conduct. If an individual delegate program does not have a policy that addresses the violation of the standards above, employees in that program will be held accountable to the BSACAP personnel policies on disciplinary actions found in the most recent personnel policies manual. As a result, any violation of these standards by a staff member will result in disciplinary action up to and including termination.

5. If a staff member is accused of abuse against an enrolled Head Start child or using any form of corporal punishment, the individual will be immediately suspended from his/her position of interacting with children until an investigation is conducted and it is determined whether the claim is substantiated. If it is found that the staff person is guilty of child abuse/corporal punishment, their employment with the agency will be immediately terminated.

6. While the employee is under investigation by child protective services or the agency, it will be the decision of the individual delegate program to determine whether the employee will receive their regular wages while suspended.

Approved by the Policy Council, September 2016
CONFIDENTIAL REPORTING FORM: Suspected Child Abuse

When a report is made to the Department of Protection & Permanency alleging child abuse committed by a non-staff member, the reporting staff or their supervisor must immediately complete this form and submit to their local Head Start Director.

Child's Name: 

Date of Birth: 

Address: 

Phone: 

Parent(s) Name: 

Head Start Center: 

Classroom: 

Description of Report to DPP: 

Name of Reporting Staff   Date
CONFIDENTIAL REPORTING FORM: Suspected Child Abuse by Staff Member

When a report is made to the Department of Protection & Permanency accusing a Head Start staff member of suspected child abuse, the reporting staff or their supervisor must immediately complete this form and submit to their local Head Start Director.

Child's Name: ____________________________
Date of Birth: ____________________________
Address: ________________________________
Phone: _________________________________
Parent(s) Name: __________________________
Head Start Center: __________________________
Classroom: ______________________________
Staff Member Suspected: __________________________

Description of Report to DPP:

Name of Reporting Staff __________________________ Date ______________
SUBJECT:

Organizational Structure

POLICY:

To structure the program to support the three major service areas.

- *This policy relates to* Head Start Performance Standards
  45 CFR Part 1304.52

PROCEDURE:

1. The Head Start program will establish and maintain an organizational structure that supports the accomplishments of program objectives.

   i. The organizational structure will include the major functions and responsibilities, each staff position, and the reporting structure.

   ii. The organizational structure will be reviewed annually during the budget process. This process will ensure that the program maintains a current organizational chart.

2. The Head Start Director will ensure that the program management functions are formally assigned and adopted by staff.

   i. The Head Start Program Director will oversee all program management functions. Additional agency management staff will assist the Head Start Director in ensuring that program management functions are accomplished.

      . **CAA Fiscal Office** – oversees financial and budget function
      . **CAA Administrative Assistance & CAA Human Resources Manager** – oversees personnel administration

   ii. Management of Early Childhood Development and Health Services is as follows:

      . **Education Services Manager** – oversees Education Services, Transition services, and child assessment and progress.

      . **Health Services Manager** – oversees Health Services (child medical and dental)

      . **Nutrition Services Manager** – oversees Nutrition Services and USDA CACFP operations
. **Mental Health Services Manager** – oversees Mental Health Services in collaboration with the Mental Health Professional

. **Disabilities Services Manager** – oversees services for children with Disabilities

. **Quality Control Manager** – oversees child attendance, training and career development opportunities, and assists with ERSEA procedures.

iii. Management of Families and Community Partnerships is managed as follows:

. **Family Services Manager** – oversees Family Services and Parent Involvement functions.

*Approved by the Policy Council October, 2015*
SUBJECT:

Staff Qualifications - General

POLICY:

The grantee and delegate programs ensure that staff have the knowledge, skills and experience they need to perform their assigned functions responsibly.

- This policy relates to Head Start Performance Standards
  45 CFR Part 1304.52

PROCEDURE:

1. The program ensures that only candidates with the qualifications specified in this Part and in 45 CFR 1306.21 are hired.

2. Current and former Head Start parents receive preference for employment vacancies for which they are qualified.

3. Staff and program consultants are familiar with the ethnic background and heritage of families in the program and are able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.

4. The program complies with Section 648A of the Head Start Act and any Big
SUBJECT:

Head Start Director Qualifications

POLICY:

The Head Start Director demonstrates skills and ability in a management capacity relevant to human services program management.

- This policy relates to Head Start Performance Standards Part 1304.52

PROCEDURE:

1. The Head Start Director must demonstrate skills and ability in a management capacity relevant to human services program management.

2. All other requirements as specified in the job description must be met.

Approved by the Policy Council June, 2007
SUBJECT:

Qualifications of Content Area Specialists

POLICY:

Content area specialists/managers meet specific qualifications.

- This policy relates to Head Start Performance Standards Part 1304.52

PROCEDURE:

1. The program hires staff or consultants who meet the qualifications listed below to provide content area expertise and oversight on ongoing or regularly scheduled basis. The program determines the appropriate pattern necessary to provide these functions.

   i. Education and Child Development Services are supported by staff or consultants with training and experience in areas that include: the theories and principles of child growth and development, early childhood education, and family support. In addition, staff or consultant meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

   ii. Health Services are supported by staff or consultants with training and experiences in public health, nursing, health education, material and child health, or health administration. In addition, when a health procedure must be performed only by a licensed/certified health professional, the agency assures that the requirement is followed.

   iii. Nutrition Services are supported by staff or consultant who is a registered dietician or nutritionist.

   iv. Mental Health Services are supported by consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.

   v. Family and Community Partnership Services are supported by staff or consultants with training and experience in field(s) related to social, human, or family services.

   vi. Parent Involvement Services are supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.
vii. Disabilities Services are supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities.

viii. The program secures the services of a qualified Fiscal Officer.

ix. In addition to the above requirements, staff must meet all requirements specified in the current job description.
SUBJECT:

Teaching Staff Qualifications

POLICY:

Head Start will comply with section 648 of the Head Start Act and any subsequent amendments regarding the qualifications of classroom teachers.

- This policy relates to Head Start Performance Standards 45 CFR Part 1306.21

A. Teachers

1. The program will ensure that each Head Start classroom is assigned a teacher who has at least one of the following:
   a. An associate, baccalaureate, or advanced degree in early childhood education;
   b. An associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; or
   c. A baccalaureate or advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching pre-school age children.

2. The program will increase the percentage of teachers with a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree in any subject and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children, to 50%.

B. Assistants

1. The program will ensure that all teaching assistants have a child development associate (CDA) credential.

C. Education Managers

1. The program will ensure that all education managers have:
   a. A baccalaureate or advanced degree in early childhood education; or
b. A baccalaureate or advanced degree in any subject and coursework equivalent to a major relating to early childhood, with experience teaching preschool-age children.

D. Prior to employment, all teaching staff must either meet the current degree and credentialing requirements set forth by the Head Start Act or they must be willing to work toward obtaining the stated requirements as described by a waiver that may be obtained from the Region IV Head Start Office.
SUBJECT:

Home Visitor Qualifications

POLICY:

Home Visitors meet specified qualifications.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.52

PROCEDURE:

1. Home Visitors have knowledge and experience in child development and early childhood education; the principals of child health, safety, and nutrition; adult learning principles; and family dynamics. They are skilled in communicating with and in motivating people. In addition, they have knowledge of community resources and the skills to link families with appropriate agencies and services.

Approved by the Policy Council June, 2007
SUBJECT:

Program Staffing Patterns

POLICY:

Classroom staff meets specified qualifications.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.52, 1306.20

GUIDELINES:

1. The program ensures that appropriate adult/child ratios are maintained in all program options.

2. For center-based programs, the class size requirements specified in 45 CFR 1306.32 are maintained through the provision of substitutes when regular classroom staff are absent.

3. Staff are provided adequate time for planning and record keeping.

4. When a majority of children speak the same language, at least one classroom staff or Home Visitor interacting regularly with the children speak their language.

5. Parents are actively encouraged to volunteer or observe in classrooms.

6. Additional classroom staff (Teacher Assistant, Special Aide) is employed to ensure inclusion of children with special needs/disabilities if needed.

7. Kentucky Day Care licensing regulations in regard to program staffing are met when applicable.

8. The grantee and delegate agencies provide adequate supervision of the staff.

Approved by the Policy Council June, 2007
SUBJECT:
Staff and Volunteer Health

POLICY:
To ensure staff and volunteer health.

- This policy relates to Head Start Performance Standards Part 1034.52

PROCEDURE:

1. Each staff member has an initial health examination that includes screening for tuberculosis and periodic re-examination (as recommended by their health care provider and/or Health Services Advisory Committee) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others.

2. Regular volunteers are screened for tuberculosis in accordance with recommendations of the Health Services Advisory Committee.

3. The program makes mental health and wellness information available to staff with concerns that may affect their job performance.

Approved by Policy Council June, 2007
SUBJECT:

Staff Performance Appraisals

POLICY:

The program performs an annual performance review of all staff.

- *This policy relates to Head Start Performance Standards Part 1304.52*

PROCEDURE:

1. At a minimum, the program performs an annual performance review of each Head Start staff member and uses the results of these reviews to identify staff training and professional development needs, modify staff job descriptions/performance agreements, as necessary, and assist the staff member in improving his/her skills and professional competence.

2. The staff evaluation and other appropriate information will be used by the supervisor and staff member to develop an Individual Growth Plan.

3. The employee’s immediate supervisor is responsible for the performance review.

4. The review is completed before the program year ends for all classroom staff and on or before July 1 for all other staff employees.

Approved by the Policy Council June, 2007
SUBJECT:

Standards of Conduct

POLICY:

The grantee and delegate program ensures that all staff, consultants, and volunteers abide by the program’s standards of conduct.

- This policy relates to Head Start Performance Standards Part 1302.90(c)

PROCEDURE:

7. These standards specify that staff consultants, and volunteers will:

   a. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
   b. Follow program confidentiality policies concerning information about children, families and other staff members.
   c. Assure that no child is left alone or unsupervised while under their care
   d. Refrain from using any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
   e. Use positive methods of child guidance and not engage in corporal punishment. Corporal punishment is defined as physically striking or hitting a child in any manner that is meant as a punishment.
   f. Not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
   g. Not bind or tie a child to restrict movement or tape a child’s mouth.
   h. Not use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child’s family.
   i. Not use physical activity or outdoor time as a punishment or reward.

8. The program ensures that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.

9. Staff members will not falsify Head Start related information of any kind for any reason including an attempt to help a child qualify for services by requesting or encouraging incorrect information from a parent or family member.
10. The Personnel Policies and Procedures for each individual program (grantee and delegate) include the provision of appropriate penalties for violating the standards of conduct. If an individual delegate program does not have a policy that addresses the violation of the standards above, employees in that program will be held accountable to the BSACAP personnel policies on disciplinary actions found in the most recent personnel policies manual. As a result, any violation of these standards by a staff member will result in disciplinary action up to and including termination.

11. If a staff member is accused of abuse against an enrolled Head Start child or using any form of corporal punishment, the individual will be immediately suspended from his/her position of interacting with children until an investigation is conducted and it is determined whether the claim is substantiated. If it is found that the staff person is guilty of child abuse/corporal punishment, their employment with the agency will be immediately terminated.

12. While the employee is under investigation by child protective services or the agency, it will be the decision of the individual delegate program to determine whether the employee will receive their regular wages while suspended.

Approved by the Policy Council, September 2016
SUBJECT:

Training and Development

POLICY:

To provide orientation and structured training for all staff, consultants and volunteers.

- This policy relates to Head Start Performance Standards Part 1304.52

PROCEDURE:

1. The grantee and delegate Head Start programs will provide orientation to all new staff, consultants, and volunteers that include the goals, objectives and philosophy of the program, and the ways in which they are implemented. Methods for providing orientation will include: annual Pre-Service Training, new employee orientation by supervisors, Employee Handbooks, center/classroom orientation programs for parents, staff and volunteers, and through regional, state and local in-service training.

2. The Grantee Office staff will provide an additional two-day training to all new classroom teachers and teacher assistants at the beginning of each program year covering, among other topics: the mission of Head Start, early childhood philosophy and best practices, appropriate classroom procedures, available resources, timelines, etc.

3. The program develops a structured approach to staff training and development. This will be done through several mechanisms: Staff training workshops and seminars; the grantee Career Development Program wherein staff will receive assistance with tuition costs for accredited college coursework; through contracts and professional services agreements with local and out-of-area consultants; and through the annual training and meeting calendar.

4. The grantee and delegate program will provide on-going opportunities for staff to acquire job knowledge and skills. The approach to staff development will; build on prior staff development activities; be linked to the employee’s performance appraisals; support individual needs to staff; and makes use of locally available resources. Methods will include program pre-service and in-service training, collaborative training/workshops with local LEA and other agencies, state and cluster training, individual consultation/technical assistance and printed materials.

The program will ensure that staff development opportunities include:

i. Methods for identifying and reporting child abuse and neglect.
. Provide staff with copy of relevant laws;
. Workshops on how to identify and report child abuse and neglect;
. The assignment of one individual to support staff in their efforts to prevent, identify, and report child abuse and neglect.

ii. Methods for supporting successful transitions of children and families.

. Preparing children and families for transition;
. Assisting parents in advocating for their children in school systems and exercising their rights;
. Supporting parents in identifying and selecting child care;
. Maintaining on-going communication and cooperation between Head Start and the elementary schools or other child care settings.

5. The grantee and delegate programs will provide orientation and training to the Head Start governing body members on an on-going basis through the provision of written reports, presentations and training sessions.

6. The programs will also provide orientation and ongoing training to Head Start Policy Council and Policy Committee members to enable them to carry out their Program governance responsibilities effectively.

7. The grantee office will schedule and conduct an annual training on ERSEA policies and procedures. This will be a comprehensive training that covers each area of the Eligibility, Recruitment, Selection, Enrollment, and Attendance of children. The training may be conducted in a face-to-face group setting, through written information provided to staff, or an online meeting.

8. ERSEA training for new members of the BSACAP Governing Board as well as the Policy Council will consist of relevant information that will help members make informed decisions in their role including information from the OHS document: The Final Rule on Eligibility.

9. The timeframe for providing ERSEA training to individuals is as follows:
   - Staff members with duties that relate to ERSEA functions: Within 90 days of hire.
   - Governing Board members: Within 180 days of becoming a member
   - Policy Council Member: Within 180 days of becoming a member.

Approved by the Policy Council October, 2015
SUBJECT:

Staff Professional Development Assistance

POLICY:

Head Start staff will be considered for tuition assistance and additional support for professional development efforts directly related to their current position and/or movement up the career ladder.

- This policy relates to Head Start Performance Standards 45 CFR 1304.52

PROCEDURES:

1. Career Development assistance for Head Start staff will be as follows:
   - Teaching staff (teachers, assistants, & education managers) who do not have an associate degree may request up to three (3) college classes per semester.
   - Teaching staff who have an associate, baccalaureate or advanced degree, but lack the emphasis in early childhood education may request up to three (3) early childhood classes per semester.
   - Teaching staff who have the appropriate associate degree (at least 15 hours of early childhood courses) and are working towards a baccalaureate degree in early childhood education may request three (3) college class per semester.
   - Teaching staff who have the appropriate baccalaureate degree (at least 30 hours of early childhood courses) are not eligible for career development assistance.
   - Teaching staff who have Interdisciplinary Early Childhood Education (IECE) certification are not eligible for career development assistance.
   - All other staff positions may be approved for one (1) class per semester in a field related to their current position depending on available funds.

2. All professional development activities must be directly related to the employee’s present position and/or movement up the career ladder (i.e. Teacher Assistant to Teacher to Education Service Manager).

3. The program will only approve tuition and/or professional development costs not covered by other sources. Verification that a Free Application for Federal Aid (FAFSA) has been completed for the current school year must be submitted to the grantee office along with a signed Release of
Information. Staff working in a blended program must also submit verification that a KHEAA Early Childhood Development Scholarship application has been completed for the semester.

4. Those applicants working towards a child development associate (CDA) credential must submit a signed CDA Tuition Reimbursement Agreement to the grantee office by the stated deadline. All other applicants must submit a Tuition Reimbursement Agreement to the grantee office by the stated deadline. If the agreement is not submitted, tuition assistance will be voided.

5. Procedure for submitting a professional development request is as follows:
   a. Submit the request for assistance to the delegate Head Start Director for initial approval.
   b. The delegate Head Start Director reviews request for completeness and forwards any approved request to the grantee office in a timely manner (10 days maximum from day received).
   c. Approved professional development requests must be received in the grantee office by the stated deadline given by the grantee office. The deadline will be scheduled according to registration dates at the local colleges.
   d. Submitted requests will be reviewed for approval by the grantee office and the agency’s Executive Director.
   e. Upon approval, the grantee office will prepare approval vouchers for all approved requests.
   f. The applicant will be notified by mail.
   g. The Delegate Head Start Director will be notified of all staff approved for professional assistance.

6. Any Head Start employee approved for tuition assistance who does not complete the class requested must reimburse the grantee for the tuition cost or forfeit any future professional development assistance. The grantee Head Start Director and the Executive Director may waive payment in the event of an employee’s extended illness or circumstances beyond their control.

7. The employee must provide proof of the successful completion of the class for which tuition assistance was received before any future request will be approved.
8. Receipts for any textbooks purchased for college level coursework may be submitted to the grantee office for reimbursement immediately upon purchase. Reimbursement of textbook costs may be suspended during any given semester dependent on the number of staff taking college courses.

9. Staff members enrolled in an early childhood education course are eligible to be reimbursed at the rate of 41 cents per mile for each mile traveled to and from regularly scheduled class time. Mileage must be recorded on a Class Attendance Voucher Form and must be initialed by the instructor each date for which mileage is being claimed. Mileage claims must be submitted within thirty (30) days of completion of the early childhood course.

10. A standard supply fee of $100.00 may be paid to staff who enroll in and complete a three (3) credit early childhood education college course that is directly related to their present position and/or movement up the career ladder. Early childhood education courses that are less than three (3) credits or are offered in a condensed time period will be reviewed on an individual basis to determine eligibility for the standard supply fee or a modified amount of the fee. Documentation of successful completion of early childhood education course work must be submitted to the grantee office no later than thirty (30) days after grades have been posted or a certificate of completion has been issued. This practice may be suspended during any semester dependent upon the number of staff taking college courses.
SUBJECT:

Emergency Staffing Procedure

POLICY:

The grantee and delegate programs may hire an employee on an interim basis prior to approval/disapproval by Policy Council or Policy Committee.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.52

PROCEDURE:

1. In order to ensure continued program quality, the program Head Start Director or Executive Director may determine a need to fill a position vacancy ASAP. For this reason, an employee may be hired prior to an approval from the Policy Council / Policy Committee under the agreement that the employee will be listed as “provisional” and continued employment will be dependent on PC approval.

2. Employees will only be hired as “provisional” in extreme situations that require this action in order to keep the program in compliance with the Head Start Program Performance Standards.

3. Any staff person hired on a provisional basis will be approved/disapproved during the next Policy Council / Committee meeting.

4. All job openings, with the exception of substitutes, will be posted as usual and interviews will be conducted on a normal schedule even if the filling of a position is considered an emergency. The only step in the hiring process that may be delayed due to emergency status is the Policy Council / Committee approval which must be addressed at the next scheduled meeting.

5. Teacher Assistants and Substitute Teacher Assistants are two positions that may frequently require provisional employment status in order to meet classroom staffing requirements at all times.

Approved by the Policy Council June, 2007
Disability Services

“In these days it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity is a right which must be made available to all on equal terms if provided by the state.”

With this philosophy in mind, and in accordance with the Head Start mandate to make at least 10 percent of its enrollment opportunities available to children with disabilities, the Big Sandy Area Community Action Program, Inc Head Start has developed an active recruitment process designed to seek out children with special needs within it’s five county service area who are in need of comprehensive services.

The Disability Services Plan was written to ensure that each child enrolled will receive the maximum benefits of participation in the six delegate agencies and one direct operating agency of the Big Sandy Area C.A.P., Inc.. These include but are not limited to:

1. Helping each child become more independent, self-reliant and to develop a positive self-concept.

2. Provide the opportunity for the child with disabilities to play and learn with non-disabled children.

3. Approach each child’s needs on an individualized basis through the formulation and implementation of an Individualized Education Program, thus meeting the unique needs and capabilities of the child and the special circumstances of his/her family.

4. Offering services to parents in meeting the special needs of their child.
Specific Objectives of the Disability Component Plan

To provide, in accordance with school readiness goals, a comprehensive child development services which promotes the physical, cognitive, social and emotional growth of all Head Start students.

To maintain an outreach and recruitment process to ensure a minimum enrollment of 10% diagnosed disabled children.

To provide a comprehensive program for this population of children and support services to their families.

To provide training to staff, parents and volunteers on disability services and resources available to them.

Provide for a smooth transition for children from Head Start to public school or other service delivery agencies.

P.S. 1308.5 THE IDENTIFICATION AND RECRUITMENT OF CHILDREN WITH DISABILITIES

The recruitment, selection and enrollment of all children including disabled children is the primary responsibility of the Family Services component.

To actively participate in the important role of Child Find, it will be the responsibility of the Family Service Worker to accept all applications. Those applications will become part of the Child Find Recruitment for the county-wide preschool screening and LEA referrals.

In order to comply with the P.S. 1308.6, a comprehensive recruitment and enrollment effort will be completed by June 30, to ensure cooperation between LEA (pre-school program) and the Head Start program in the placement of children needing preschool services.

The grantee Disability Services Manager will coordinate with LEA, Health Departments, Community Mental Health Agencies, early intervention programs, social service agencies, private medical providers, speech/language clinics, interagency councils, and other service agencies to initiate referrals to the Head Start program.

These recruitment contacts are made throughout the year, but in depth efforts are put forth during the months of March – April to ensure the program of meeting the 10% mandate at the end of the recruitment period with pre-diagnosed children.

All applications or referrals received by the Disability Services Manager, regardless of type or severity of the disability, shall be checked for completeness and forwarded to the appropriate delegate agency.
Selection/Enrollment:

Children will be selected for enrollment following the policies/procedures and selection criteria established by each delegate agency. However, it is the responsibility of the grantee Disability Services Manager and the delegate agency staff assigned to the disability services component, to ensure that referrals received through Transition Committees or Interagency Councils, and any extenuating circumstances are identified as priority factors on the child’s eligibility application prior to enrollment selection.

The program must not deny enrollment on the basis of a disability or the severity to any child when:

1. The child meets the age and income eligibility criteria;
2. The parents wish to enroll the child;
3. Head Start is an appropriate placement;
4. The program has space to enroll more children.

If a disabled child is not accepted into the program, the Disability Services Manager or delegate staff will inform parents of other appropriate resources, such as LEA Preschools, early intervention and child development programs.

Budget:

Children with disabilities will be eligible for the services offered by Head Start for all children. The special education and related services above and beyond the regular services will be available to disabled children and their families through the LEA, other available resources and the grantee and delegate Head Start program accounts.

The Disability Services Manager is responsible for initiating these special services throughout the program year with the guidance from the grantee and delegate Head Start Directors.

The Disability Services Manager will review program history of the types and disabling conditions served, the disabilities of returning students, and the severity of conditions to be served, to determine budgetary needs for service delivery. During the program’s planning process, the Disability Services Manager will meet with Directors and other management staff to plan and budget for the grant application which is submitted in July.

Contracts:
To assist the Disability Services Manager and Head Start Directors in planning the budget and service delivery, contractual agreements will be
developed with LEA, mental health providers and other service agencies and individuals as deemed necessary.

In the event that Head Start is unable to secure contracts with the LEA, the grantee Director will notify the Program Specialist and the ACF Regional Office immediately.

**Program Accessibility:**

The Disability Services Manager will work closely with the Head Start Director and Services Managers to ensure that all facilities are accessible to children with disabilities. The Education services Manager, teachers, Mental Health Services Manager and the Disability Services Manager will also work collaboratively to address any limited mobility, behavior or other safety concerns.

All possible resources will be utilized to meet identified needs (i.e. Assistive Technology Centers, Commission for Children with Special Health Care Needs, the Kentucky Statewide Network of Special Education Cooperatives, Medicaid, etc.) as well as Head Start program funds. Accessibility issues will be addressed upon each child’s enrollment and continue to be monitored throughout the program year.

**P.S. 1308.6 ASSESSMENT OF CHILDREN**

**Screening / Assessment**

The Health Services Manager shall be responsible for the health and developmental screening of all children, including those with disabilities. Screenings must be completed within 45 calendar days of the child’s enrollment into the program. A vision exam will occur within 90 calendar days of initial entry into the program.

The Disability Services Manager shall assist the Health Services manager in fulfilling this responsibility by securing appropriate providers and individuals to assist with screenings, scheduling of screening dates/times and preparation of screening sites and materials.

Through collaboration and cooperation with LEA, screening will be conducted from May – August.

The Family Service Worker shall be responsible for notifying the Health Services Manager of any new enrollees that need to be screened.
The Education Services Manager will be responsible for seeing that teachers are provided training on Teaching Strategies Gold prior to administering them to the children. The Disability Services Manager will be knowledgeable of and assist with this process as needed.

**Evaluations:**

The Disability Services Manager has the responsibility to refer a child as possibly having a disability to the LEA for further evaluation, as soon as the need is evident. A conference with the child's parent(s) will be held to discuss screening results and the referral process. Referrals will be made in writing and submitted to the LEA Special Education Director or his/her designee.

Parental consent for evaluation is the responsibility of the LEA. The Disability Services Manager will work closely with the LEA to ensure that parents informed consent is secured.

If the LEA is unable to conduct the evaluation in a timely manner, then it will be the Head Start program’s responsibility to obtain parental consent and secure the evaluation. The Disability Services Manager and the Health Services Manager will use only licensed professionals in the field of the suspected disabling condition to provide evaluations.

When possible, the Disability Services Manager will obtain, with parental permission, previous evaluation information that may have been completed on the child prior to his/her enrollment in Head Start.

Only those children who require special education and related services due to a disabling condition shall be counted as disabled.

**Staffing:**

Staffing sessions will be conducted periodically for all children. Special staffing may be called by the Disability Services Manager upon receipt of a teacher referral of a child with a diagnosed or suspected disability.

All components will be notified to have representation at the staffing conference by the Disability Services Manager. Written staffing reports will be given to the Head Start Director for review of appropriate staff who could not attend the scheduled staffing.
**P.S. 1308.18  DISABILITY AND HEALTH SERVICES COORDINATION**

The Disability Services Manager, Health Services Manager, and delegate agency staff will work closely together in the screening, assessment, and follow-up process to assure the special needs of each child with a disability is met.

The Disability Services Manager and Health Services Manager will schedule periodic re-tests of children failing any part of the screening process.

To assist teachers in identifying children who appear to have a problem in social/emotional development, the Disability Services Manager will work closely with the Mental Health Services Manager / Consultant in scheduling classroom observations, staff/parent consultations and training.

Teachers will maintain anecdotal records on the child’s activities and events to assist the Mental Health Services Manager / Consultant in making specific recommendations.

Referrals to the Mental Health Services Manager for individual observation and/or evaluation of a child with disability will be made by the Disability Services Manager.

The Disability Services Manager will work closely with the Health Services Manager and Head Start Director to ensure that program policies for the administration of medication to children includes necessary requirements to meet disability regulations.

**P.S. 1308.19  DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS**

The Disability Services Manager or LEA representative shall serve as the designated chairperson for the Admission and Release Committee (ARC) meetings. Other committee members shall include, but not limited to: the child’s parents, teacher and diagnosticians. The Committee Chairperson shall be responsible for notifying Committee members at least seven (7) days before the IEP conference is held.

IEP’s are to be completed within 60 school days after the enrolled child is diagnosed. If the child is pre-diagnosed, and has an IEP completed prior to entry, services must begin within two weeks of program attendance.

The Disability Services Manager will ensure that IEP’s encompass a statement of the child’s present level of functioning, annual goals and short term objectives, criteria for progress, special educational services to be provided, projected dates of initiation/duration of services and evaluation procedures to determine if objectives have been achieved. All documentation of written and verbal attempts to involve the child’s parents in the IEP process will also be maintained.
When Head Start develops the IEP, an LEA representative will be invited in writing to attend. When the LEA develops the IEP, the Disability Services Manager and appropriate delegate staff, including the child’s teacher must make every effort to attend.

IEP conferences will be held at the Head Start site whenever possible.

If parents are unable to attend the IEP conference after three (3) attempts (written, phone call, home visit), the IEP will be developed by the remaining Committee members. Efforts will be made to make a home visit or obtain the parents input and signature. If a home visit or other opportunity to meet cannot be arranged, a copy of the IEP will be sent to the parent by registered mail.

The Admissions and Release Committee (ARC) will review the child’s progress and update the IEP a minimum of every 12 months. The ARC Chairperson will provide copies of the IEP to the parents, teacher and other staff as deemed necessary.

The Disability Services Manager, Education Services Manager, and delegate staff responsible for disability services will monitor the implementation of the IEP in the classroom throughout the program year. This will be done through teacher observations/anecdotal records, service provider progress reports and the on-going developmental assessment process.

**Program Options:**

During the IEP conference, the diagnostician(s) findings and recommendations, observations made by Head Start staff and parental desires will be considered by the ARC when deciding on the program option that will be most beneficial for the child. Various options may include, but are not limited to: joint placement with other agencies, alternate schedule of hours and/or days in attendance, shared enrollment slot, shared personnel to supervise special education services, etc.

In all situations, the child’s full participation in the total Head Start program will be the first option considered. The Disability Services Manager will ensure necessary modifications in activities, classroom environments and/or additional staff be provided in order to make this participation possible.

If it is decided by the ARC that Head Start is not an appropriate placement for meeting the needs of the disabled child, the Disability Service Manager will refer to another existing agency/program.

**Specific Services for Children with Disabilities:**

The Disability Services Manager will coordinate all comprehensive services for children with disabilities throughout the program year. Once the child is diagnosed and the IEP developed, services are to begin as soon as possible and consistent with the beginning and ending dates stated on the IEP. If the child meets LEA criteria, the LEA is responsible for ensuring that these services are provided. Head Start may share the provision of services as determined in the child’s IEP.
If the child does not meet LEA criteria, but is eligible to receive services through the Head Start criteria, then the Disability Services Manager will be responsible for securing all services to meet the needs of the child.

The Family Service Worker will review with the Disabilities Services Manager the Family Needs Assessment in order to further plan for delivery of services to the child with disabilities and their families.

The Disability Services Manager will coordinate the delivery of related services (speech/language therapy, physical therapy, occupational therapy, special transportation, etc.) for diagnosed children for whom Head Start has the responsibility of providing said services.

**P.S. 1308.20 NUTRITION SERVICES**

The Disability Services Manager will work closely with the Nutrition Services Manager to ensure that provisions to meet the needs of children with disabilities are incorporated into the nutrition program.

Professionals such as physical therapists, speech/language therapists, occupational therapists, and physicians, will be consulted to obtain information and guidance for staff and parents of children who have difficulty chewing and swallowing, who cannot feed themselves or who have severe allergies or other medical conditions.

The Nutrition Services and Disability Services Manager will assist the classroom staff in making any necessary adaptations or modifications to see that children with disabilities are participating in all nutrition and meal service activities to the extent possible.

**TRANSPORTATION:**

The Disability Services Manager will coordinate through the Director to arrange any special transportation needs for children with disabilities. Transportation will be provided by the LEA and/or Head Start program as deemed necessary for children to keep therapy or other follow-up care services.

**STATE CERTIFICATION:**

Special education and related services will be provided by or under the supervision of personnel meeting State Qualifications. The Disability Services Manager or an LEA representative who meets these qualifications will supervise special education and related services to children needing these services.
TRAINING AND TECHNICAL ASSISTANCE:

Training will be conducted or arranged by the Disability Services Manager at the scheduled Pre-Service training program in July/August. Training will address any new forms, review of disabling conditions, working with children with specific disabilities, updates on rules and regulations regarding disability services and transition into and from Head Start.

During the program’s in-service training, the Disability Services Manager will continue to arrange and provide information on topics that will better enhance staff, parents and volunteer’s skills and understanding of children with disabilities, the use of specialized equipment and materials, and ways of including children in curriculum activities. Topics may include ways to prevent disabilities, indications/warning signs of possible disabilities, techniques and instruction on particular disabilities and other training needs that arise.

The Disability Manager will work closely with the Family Services Manager in planning and arranging parent workshops in each county throughout the program year. Workshop topics will include parental rights and responsibilities, recognizing characteristics of disabling conditions and developmentally appropriate activities.

A list of appropriate referral resources will be included in the Community Resource Book/Directory and provided to parents.

Parents will be informed and referred to existing Parent Advocacy groups and other local organizations in order to obtain additional training and to be amongst others with similar needs and concerns.

The Disability Services Manager will work closely with the Head Start Director to plan for and conduct orientation for all new staff. Information will be comprehensive coverage of disability and mental health services.

Teaching staff will be selected to attend other local, cluster, regional and state training provided through the Regional Training Center, the Head Start Association, the Kentucky Board of Education, etc.. Selection of teaching staff will be done according to the training topics being offered, identified training needs and the disabling conditions of the children they are serving.

Technical assistance will be provided and/or arranged for teaching staff as needed/requested.

The Disability Services Manager will keep abreast of the latest legislation, updates and techniques by attending training related to disability services throughout the year. Information will be shared with other managers and direct service staff during scheduled training, staff meetings, written reports, classroom visitations, etc..
TRANSITION:

The Head Start Director, Education Services Manager and Disability Services Manager will work with area Transition Committees and the LEA in developing and implementing agreements/plans for transition of children with disabilities.

The Disability Services Manager will coordinate with the Family Services and Education Services Manager in providing training and appropriate transition activities for parents and children.

RECORD KEEPING:

A comprehensive file, kept under lock, will be maintained in the delegate Head Start office by an assigned staff person. All information regarding the child’s disability will be kept separate from his/her cumulative record. Each file will contain a copy of the child’s IEP, health information, enrollment application, staffing reports, diagnostic evaluations, consent forms, screening/assessment data, progress reports and other pertinent information as deemed necessary.

A record of disclosure will be maintained for each file and anyone having access to the files must sign and date the record access form.

Parents may view their child’s file by arranging an appointment with the Head Start Director.

HEALTH ADVISORY COMMITTEE:

The Health Advisory Committee will be the vehicle by which the Disability Services Manager will secure guidance and assistance in carrying out the Disability Services Plan and regulations.

1. In coordination with the Health Services Manager, the Disabilities Services Manager will secure LEA, MCC and other agency representatives that provide services to children with disabilities to be a viable part of this Committee.

ANNUAL UPDATE/REVIEW:

The Disability Services Plan will be reviewed annually and revisions made as deemed necessary. Recommendations from the Health Advisory Committee, new regulations, input from other component managers, staff, and parents will be the basis for change.

The Disability Services Manager will have the responsibility for preparing the plan for submission to the Policy Council for their approval.

Approved by the Policy Council July, 2013
SUBJECT: Recruitment and Enrollment of Children with Disabilities

POLICY: To actively recruit and enroll children with special needs/disabilities.

This policy relates to Head Start Performance Standards 45 CFR Part 1308.5

PROCEDURE:
1. The program will adhere to the recruitment and enrollment procedures as outlined in Recruitment, Selection and Enrollment policies and procedures.

2. The grantee Disability Services Manager and designated delegate staff will communicate and coordinate with the LEA, health professionals, mental health providers, social services agencies, special services professionals, and Interagency Councils to solicit and initiate referrals to the Head Start program.

3. The grantee will coordinate and assist the delegate agencies in their participation in local “child find” efforts in collaboration with LEA’s and other specialized agencies.


5. The program will access resources and a plan for placement options, such as dual placement, use of resource staff and training, so that a child with a disability for whom Head Start is an appropriate placement according to the child’s IEP is not denied enrollment because of:
   a. staff attitudes and/or comprehension
   b. inaccessibility of facilities
   c. unfamiliarity with the disabling condition, or
   d. need for special equipment or personalized special services
6. No child shall be denied enrollment solely on the basis of the disability or its severity.

7. The program’s established eligibility and selection criteria for all children apply to children with disabilities.
SUBJECT:

**Enrolling Children with Disability at Age 3**

POLICY:

To determine eligibility and enroll children with a disability that turns 3 years of age after October 1st.

_This policy relates to Head Start Performance Standards 45 CFR Part 1305.7, 1308.6_

PROCEDURE:

1. The program receives and processes application.

2. Health and Disability Services Managers are notified of children with suspected or diagnosed disability.

3. If information in the application indicates the child has an IEP, the Disability Services Manager obtains a copy of the IEP and pertinent information relating to the disability.

4. If the child does not have an IEP, the Disability Services Manager will coordinate with appropriate staff to implement screenings / interventions to determine if a referral for further evaluation is needed.

5. If warranted, the Disability Services Manager makes a referral to the LEA for further evaluation. After the evaluations are completed, the Admission & Release Committee meets to determine eligibility.

6. After eligibility is determined, the child is eligible for Head Start enrollment, if slots are available.

Approved by the Policy Council August, 2010
LEA Referral and Evaluation Procedure

POLICY:

Children will be referred to the Local Education Agency (LEA) for Evaluation as soon as the need is evident.

This policy relates to Head Start Performance Standards 45 CFR Part 1308.6, 1304.21

PROCEDURE:

1. Complete all developmental and sensory screenings (see Developmental and Behavior Screening, Vision Exam/Screening, Speech/Language Screening, and Hearing Screening policies).
2. Review and discuss screening results and possible actions (see Child/Family Staffing, Involving Parents policies). Possible actions include:
   a. No action needed
   b. Review documentation related to implementation of interventions.
   c. Refer for speech/language evaluation only
   d. Refer for cognitive and/or motor and/or multiple evaluations
   e. Refer for emotional/behavior evaluation (see Mental Health Services – Referrals policy)
   f. Uncertain: request additional observation(s), interventions/progress documentation and or screening be completed to help determine further action.
3. If further evaluation is recommended, a referral is made to the LEA utilizing state approved due process forms for Administering Exceptional Children’s Programs in Local School Districts.
4. The LEA Special Education Director or designee will coordinate the Admissions and Release Committee (ARC) meetings, send out the notices, chair the meeting and complete the required paperwork.
5. School district evaluators can arrange the evaluation time and place with the parent and/or teachers. This will be determined based on the type of evaluation, time needed and parent preference.
6. If the LEA does not evaluate the child, Head Start is responsible for providing or arranging for the evaluation. In this case, the following requirements will be met:
a. Testing and evaluation procedures are selected and administered so as not to be racially or culturally discriminatory, and administered in the child’s native language or mode of communication, unless it clearly is not feasible to do so.
b. No single procedure may be the sole criterion for determining an appropriate educational program for a child.
c. The evaluation is made by multi-disciplinary team or group of person including at least one teacher or specialist with knowledge in the area of suspected disability.
d. Evaluators use only assessment materials which have been validated for the specific purpose for which they are used.
e. Tests used for children with impaired sensory, manual, or communication skills are administered so that they reflect the children’s aptitudes and achievement levels and not just the disabilities.
f. Tests and materials must assess all areas related to the suspected disability.
g. In the case of a child whose primary disability appears to be a speech or language impairment, the team ensures that enough tests are used to determine that the impairment is not a symptom of another disability and a Speech / Language Pathologist is involved in the evaluation.
h. Confidentiality is maintained in accordance with these and State requirements. Parents are given the opportunity to review their child’s records in a timely manner and are notified and must give permission if additional evaluations are proposed. The Disability Services Manager explains the purpose and results of the evaluation and makes concerted efforts to help the parents understand them.
i. The ARC, which includes the parent and a Head Start representative, provides the results of the evaluation, and it’s professional opinion that the child does or does not need special education and related services. If it is their professional opinion that a child has a disability, the team states which of the eligibility criteria applies and provides recommendations for program and services.
When the LEA Develops the Individualized Education Program (IEP)

POLICY:

To implement instructional objectives for the attainment of a child’s specific annual goals.

*This policy relates to Head Start Performance Standards 45 CFR Part 1308.19*

PROCEDURE:

1. Head Start screens enrolled children prior to or within forty-five (45) days of child’s enrollment date.

2. Screenings, observation, implementation of interventions and/or other information lead to referral of a child for further evaluation and as a possible candidate for special education services.

3. Referral is made to LEA for evaluation. (If the child has a known disability at the time of enrollment, notify the Local Education Agency immediately)

4. A Head Start representative is included in the Admissions and Release Committee membership.

5. The ARC determines content of evaluation.

6. Parent permission for evaluation is obtained.

7. Child is evaluated to determine disability with adverse on educational performance and need for special education.

8. Evaluation must meet state requirements.

9. Head Start and/or other current data are used rather than repeated.

10. Head Start is part of the evaluation team.

11. ARC determines eligibility based on the evaluation and state eligibility criteria. If not eligible, ARC gives parent notice of refused services and alternative remedial actions, with due process rights.
12. Child has an Individual Education Program (IEP) developed for the special education and related services needed.

13. The IEP addresses only special services. (These services over and above what every other child receives).

14. The IEP addresses what services will be provided by the school district and by the Head Start program.

15. The school district has the Free Appropriate Public Education (FAPE) responsibility and due process.

16. Child is included on district’s Individuals with Disabilities Education (IDEA) count.

17. Child must be identified and served under an IEP by December 1 to be included in the count.

18. IDEA Count is for supplemental federal funds.

19. IDEA and Head Start funds are not duplicated. (The child may be counted funded under both).

20. The child is not counted in the State preschool (KERA) count.

Approved by the Policy Council July, 2013
When Head Start Develops the Individualized Education Program (IEP)

POLICY:

An Individualized Education Program is developed for each child enrolled in the Head Start program who has been evaluated and found to have a disability.

- This policy relates to Head Start Performance Standards 45 CFR Part 1308.19

PROCEDURE:

1. When Head Start provides for the evaluation, the multi-disciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The team assures that the evaluation findings and recommendations, as well as information from the developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.

2. Every child receiving services in the Head Start program and who had been evaluated and found to have a disability and in need of special services, must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child’s program.

3. If Head Start develops the Individual Education Program (IEP), the IEP takes into account the child’s unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child’s disabilities. The IEP includes:

   a. A statement of the child’s present level of functioning in the areas of communication status, academic performance, health, vision, hearing and motor abilities, social-emotional, self-help, and cognitive levels of development and the identification of needs in areas requiring specific programming.
   b. A statement of annual goals, including short term objectives for meeting goals.
   c. A statement of the specific special education services to be provided to the child and related services necessary for the child to participate in a Head Start program.
This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals.

d. The projected dates for initiation of services and the anticipated duration of services.

e. A statement of objectives related to the child’s disability when they are essential to the child’s progress.

4. When Head Start develops the IEP, the team includes:

a. The Head Start Disability Services Manager or a representative who is qualified to provide or supervise the provision of special education services.

b. The child’s Teacher or Home visitor.

c. One or both of the child’s parents or guardians.

d. At least one of the professional members of the multidisciplinary team which evaluated the child.

e. The LEA representative is invited in writing if Head Start is initiating the request for a meeting.

f. Head Start may also invite other individuals at the request of the parents and other individuals at the discretion of Head Start program, including other Head Start staff, particularly those involved due to the nature of the child’s disability.

5. A meeting is held at a time convenient for the parents and staff to develop the IEP within thirty calendar days of a determination that the child needs special education and related services. Services are to begin as soon as possible after the development of the IEP.

6. Head Start makes vigorous efforts to involve parents in the IEP process:

a. Notify parents in writing and, if necessary also verbally or by other appropriate means, of the purpose, persons requested to attend, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate.
b. Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child’s program.

c. Provide, interpreters, if needed, and offer the parents a copy of the IEP, in the parents’ language of understanding, after it has been signed.

d. Hold the meeting, without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation, through records of contacts, (i.e. phone calls, letters, home visits or visits to parent’s place of work), along with the responses or results.

e. Arrange an opportunity to meet the parents to review the results of the meeting and secure their input and signature.

7. Head Start initiates the implementation of the IEP as soon as possible after the IEP meeting by modifying the child’s program in accordance with the IEP and arranging for the provision or related services.

8. If a child enters the Head Start program with an IEP completed within two (2) months prior to entry, services are to begin within the first two (2) weeks of program attendance.
SUBJECT

Special Education and Related Services

POLICY:

The Head Start program arranges and/or provides special education and Related services necessary for children with diagnosed disabilities.

This policy relates to Head Start Performance Standards 45 CFR Part 1308.19

PROCEDURE:

1. The program arranges or provides special education and related services necessary to foster the maximum development of each child’s potential and to facilitate participation in the regular program unless the services are being provided by the LEA or other agency. The program will arrange for, provide, or procure services which may include, but not limited to:

   1. Audiological services
   2. Speech/language therapy
   3. Physical therapy
   4. Occupational therapy
   5. Psychological services
   6. Transportation services
   7. Assistive technology services
   8. Special equipment and materials
   9. Classroom assistant

2. The child’s IEP identifies the special education and related services needed. The ARC will determine who will provide or arrange for the needed services (LEA or Head Start).

3. When the ARC determines that a special classroom assistant is appropriate in order for the child to remain in the least restrictive environment, Head Start and/or the LEA will make arrangements for recruitment and placement for this position.

4. When a child is in the referral process, eligibility has not been determined and a special classroom assistant is needed for the child to remain in the classroom:
1. Contact the Disability Services Manager to observe and confirm the need.

2. The Disability Services Manager will notify the Head Start Director and coordinate the provision of services until the child’s eligibility is determined.
Interagency Agreement

POLICY:

Head Start commits to specific efforts to develop interagency agreements with the LEA’s and other agencies within the grantee’s service area.

This policy relates to Head Start Performance Standards 45 CFR Part 1308.19

PROCEDURE:

1. Head Start participates in the coordination of services to eligible preschool children through state (Kentucky Preschool) and federal (Head Start) funds. The agreement is based on the planned growth criteria set by the Kentucky Board of Education in conjunction with Head Start in January 1994 regarding Local school districts requirements for full utilization of Head Start in Kentucky.

2. Efforts are made to develop interagency agreements with the LEA’s and other agencies within the Big Sandy Head Start service area. If no agreements can be reached, the grantee documents its effort and informs the Regional Office.

   a. Head Start participation in the public agency’s Child Find plan under Part B of IDEA;

   b. Joint training of staff and parents;

   c. Procedures for referral for evaluations, IEP meetings and placement decisions;

   d. Transition;

   e. Resource sharing

   f. Head Start commitment to provide the number of children receiving services under IEP’s to the LEA Child Count report by December 1st annually.

   g. Cooperation in assessing the community’s needs for preschool services;
h. Maximize the use of Head Start funds to provide services to as many three and four year old children as possible;

i. Coordinate the recruitment of preschool children for publicly funded preschool programs;

j. Coordinate the location of preschool sites in the community in order to minimize the transportation of young children and to facilitate parent involvement in the preschool program;

k. Coordinate services to children with disabilities;

l. Update the agreements annually.

Approved by the Policy Council August, 2010
SUBJECT

Eligibility of Child with Communication Disorder

POLICY:

Children with communication (speech or language impairments) are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.9

GUIDELINES:

Criteria include:

1. A speech or language impairment means a communication disorder in one or more of the following areas: stuttering, articulation, language, delayed acquisition of language, absence of language, or a voice impairment which adversely affects a child’s educational performance.

2. A child is classified as having a speech or language disorder whose speech is unintelligible much of the time, or who has been professionally diagnosed as having speech impairments which require intervention or who is professionally diagnosed as having a delay in development in his or her primary language which requires intervention and meets eligibility requirements of the State.

3. A language disorder may be receptive or expressive. A language disorder may be characterized by difficulty in understanding and producing language, including word meanings (semantics), the component of words morphology), the components of sentences (syntax), or the conventions or conversion (pragmatics).

4. A child should not be classified as having a speech or language impairment whose speech or language differences may be attributed to:
   a. Culture, ethnic, bilingual, or dialectical differences or being non-English speaking;
   b. Disorders of a temporary nature due to conditions such as a dental problem;
   c. Delays in developing the ability to articulate only the most difficult consonants or blends of sounds within the broad general range for the child’s age.

Approved by the Policy Council July, 2013
Eligibility of Child with Developmental Delay

POLICY:

Children with a delay in one or more areas of development are eligible for special education services.

- This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.17

GUIDELINES:

1. The child is three through five years of age and meets the criteria as defined by the state.

2. The child has not acquired skills or achieved commensurate with recognized performance expectations for his/her age in one or more of the developmental areas and

3. The child demonstrates measureable, verifiable difference between expected performance and the current level of performance documented by: scores of 1.5 standard deviations or more below the mean in two or more developmental areas or scores of 2.0 standard deviations below the mean in one or more of the developmental areas listed below:
   a. Cognition
   b. Motor development
   c. Communication
   d. Social - emotional development
   e. Self-help /Adaptive behavior

4. When making the determination that a very young child exhibits delays in social, emotional or behavior development, consideration must be given to the following factors:
   a. Isolated traumatic events may lead to emotional/behavior changes in young children, while serious are often short in duration.
b. Young children are often responsive to short term behavior intervention.

c. Medical factors can have potential impact on child behavior.

d. Differing culture norms can influence behavior.

e. Inappropriate educational programs/practices can affect child behavior.

Approved by Policy Council July 2013
Eligibility of Child with Emotional/Behavior Disorders

POLICY:
Children with emotional or behavioral functioning disorders are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.8

GUIDELINES:
Criteria include:
1. An emotional/behavior disorder is a condition in which a child’s behavior or emotional responses are different from those generally accepted age appropriate norms of children with the same ethnic and culture background as to result in significant impairment in social relationships, self-care, educational progress, or classroom behavior. A child is classified as having an emotional/behavior disorder who exhibits one or more of the following characteristics with such frequency, intensity, or duration as to require intervention.
   a. Seriously delayed social development including an inability to build or maintain satisfactory age-appropriate interpersonal relationships with peers or adults.
   b. Inappropriate behavior (e.g. dangerously aggressive toward others, self-destructive, severely withdrawn, non-communicative).
   c. A general pervasive mood of unhappiness or depression, or evidence of excessive anxiety or fears (e.g. frequent crying episodes, constant need for assurance).
   d. Has a professional diagnosis of serious emotional disturbance.
   e. Meets criteria for emotional-behavioral disability as defined by the state.
   g. The eligibility decision is based on multiple sources of data, including assessment of the child’s behavior or emotional functioning in multiple settings.

2. The evaluation process includes a review of the child's regular physical examination to eliminate the possible of misdiagnosis due to an underlying physical condition.

Approved by the Policy Council July, 2013
SUBJECT:

Eligibility of Child with Hearing Impairment, Including Deafness

POLICY:

Children with hearing impairments are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.11

GUIDELINES:
Criteria include:

1. A child is classified as deaf if a hearing impairment exists which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, and learning is affected. A child is classified as hearing impaired who has a permanent or fluctuating hearing impairment which adversely affects learning or:
   a. Meets the legal criteria for hearing impairment established by the State or
   b. Experiences recurrent temporary or fluctuating hearing loss caused by otitis media, allergies, or eardrum perforations and other outer or middle ear anomalies over a period of three months or more.

2. Problems associated with temporary of fluctuating hearing loss can include impaired listening skills, delayed language development, and articulation problems.

3. Children meeting these criteria must be referred for medical care, have their hearing checked frequently, and receive speech, language or hearing services as indicated by the IEP.

Approved by the Policy Council July, 2013
SUBJECT:

Eligibility of Child with Mental Disability

POLICY:

Children classified as mentally disabled are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.10

GUIDELINES:

Criteria include:

1. A child is classified mentally disabled who exhibits significant sub-average intellectual functioning and exhibits deficits in adaptive behavior which adversely affect learning. Adaptive behavior refers to age appropriate coping with the demands of the environment though independent skills in self-care, communication and play.

2. Measurement of adaptive behavior reflects objective documentation through the use of an established scale and appropriate behavior/anecdotal records. An assessment of the child's functioning also is made in setting outside the classroom.

3. Valid and reliable instruments appropriate to the age range are used. If they do not exist for the language and cultural group to which the child belongs, observation and professional judgment are used instead.

4. Determination that a child is mentally disabled is never made on the basis of any one test alone.

Approved by the Policy Council August, 2010
Eligibility of Child with Orthopedic Impairment

POLICY:

Children with orthopedic impairments are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.12

GUIDELINES:

1. A child is classified as having an orthopedic impairment if the condition is severe enough to adversely affect a child’s learning. An orthopedic impairment involves muscle, bones and joints and is characterized by impairment ability to maneuver in educational or non-educational settings, to perform fine or gross motor activities, or to perform self-help skills and by adversely affected educational performance.

2. An orthopedic impairment includes the existence of an impairment caused by a congenital anomaly, an impairment caused by disease or an existence of an impairment from other causes such as: cerebral palsy, amputations, or contractures caused by burns.
Eligibility of Child with Other Disabilities

**POLICY:**

Children with autism, traumatic brain injury, and other categories are eligible for special education services.

*This policy relates to Head Start Performance Standards 45 CFR Part Part 1304.21, 1308.15, 1308.16, 1308.17*

**GUIDELINES:**

Criteria include:

1. A child is classified as having autism when the child has a developmental disability that significantly affects verbal and non-verbal communication and social interaction that is generally evident before age three, and that adversely affects educational performance.

2. A child is classified as having traumatic brain injury whose evaluation information collected across multiple settings verifies an acquired injury to the brain caused by an external force, resulting in total or partial functional disability or psychosocial impairments, or both, and is not a congenital, degenerative, or brain injury induced by birth trauma. Traumatic brain injury is evidenced by information that indicates an open or closed head injury resulting in an impairment in one or more of the following areas: cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, motor abilities; psycho-social behavior; physical functions; information processing and speech.

3. If the State Education Agency eligibility criteria for preschool children include an additional category which is appropriate for a Head Start child, children meeting the criteria for that category must receive services as children with disabilities in Head Start programs.

4. Children age three to five, inclusive, who are experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical development, cognitive development, communication development, social / emotional development, or adaptive development, and who by reason thereof
need special education and related services may receive services as children with disabilities in Head Start programs.

5. Children who are classified as deaf-blind, who’s hearing and visual impairment cause such severe communication and other developmental problems that they cannot be accommodated in special education programs solely for deaf or blind children are eligible for services under this category.

Children classified as having multiple disabilities whose impairments (such as mental disabilities and blindness) in combination, cause such severe educational problems that they cannot be accommodated in special education program solely for one of the impairments are eligible for services under this category. The term does not include deaf-blind children, or children with a combination of speech or language and one other disabling condition, for record keeping purposes.
SUBJECT:

**Eligibility of Child with Visual Impairment**

POLICY:

Children with visual impairments are eligible for special education services.

*This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.13*

GUIDELINES:

Criteria include:

1. A child is classified as visually impaired when visual impairment, with correction, adversely affects a child's learning. The term includes both blind and partially seeing children.

2. A child is visually impaired if:

   The vision loss meets the definition of a visual impairment in the State.

   *Or*

   Central acuity does not exceed 20/200 in the better eye with corrective lenses, or visual acuity is greater than 20/200 but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends and angle no greater than 20 degrees.

3. A child is classified as having a visual impairment if central acuity with corrective lenses is between 20/70 and 20/200 in either eye, or if visual acuity is undetermined but there is demonstrated loss of visual function that adversely affects the learning process, including faulty muscular action, limited field of vision, cataracts, etc.

Approved by the Policy Council July, 2013
SUBJECT:

Eligibility of Child with Health Impairment

POLICY:

Children with health impairments are eligible for special education services.

This policy relates to Head Start Performance Standards 45 CFR Part 1304.21, 1308.7

GUIDELINES:

Criteria include:

1. A child is classified as health impaired who has limited strength, vitality or alertness due to a chronic or acute health problem which adversely affects educational performance.

2. The existence of a health impairment caused by chronic or acute health problems such as cancer, cystic fibrosis, heart conditions, tuberculosis, sickle cell anemia, hemophilia, epilepsy, rheumatic fever, nephritis, asthma, lead poisoning, leukemia, diabetes, acquired immune deficiency syndrome, attention deficit disorder, or attention deficit hyperactive disorder.

Approved by the Policy Council July, 2010
SUBJECT:

Age and Income Eligibility

POLICY:

Program eligibility is based on age of children, family income & special needs.

• This policy relates to Head Start Performance Standards 45 CFR Part 1305.4

PROCEDURE:

1. To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school. The date used to determine eligibility in Kentucky is August 1st. The only exception will be if an enrollment slot has remained unfilled because there are no age eligible children on the waiting list. In this situation, a child that has already turned three but did not do so by August 1 may be enrolled as a last resort.

2. Birth certificates will be used to verify that a child will be three by August 1st for enrollment purposes. If a parent cannot produce a birth certificate, other documentation will be accepted. Other forms of age documentation that will be acceptable are:
   ♦ Immunization Card
   ♦ Medical Card
   ♦ Hospital Certificate
   ♦ Community Based Services list (TANF List)
   ♦ Documentation from appropriate agencies who have previously verified a child’s age

3. Children with diagnosed disabilities may be enrolled on or after their third birthday at any point of the calendar year.

4. An income eligible child is any child whose family has an annual income before taxes that is equal to, or less than, the poverty guideline or any child whose family is eligible for public assistance.

5. Head Start enrollment for a Grantee or Delegate program must adhere to the following income guidelines:
   ♦ 90% of enrolled children must be from families whose income does not exceed 130% of the low-income guidelines.
   ♦ Of the 90% mentioned above, a minimum of 65% of enrolled children must be from families whose income does not exceed 100% of the
low-income guidelines. The remaining 25% can be children from families whose income falls within the 101%-130% range of the low-income guidelines.

- Up to 10% of the children who are enrolled in the program may be children from families whose income exceeds 130% range of the low-income guidelines but who meet criteria the program has established for selecting such children and who could benefit from Head Start.

6. The family income is verified by the program before determining a child is eligible to participate in the program. Income verification is required at the time of application. Verification includes examination of any of the following:

- Individual Income Tax Form 1040
- W-2 forms
- Pay stubs
- Pay envelopes
- Written statements from employers
- Documentation showing current status as recipients of public assistance.

7. A copy of the documents used to verify income will be kept in the child’s enrollment folder.

8. An “Eligibility Verification” sheet will be completed and signed by a designated Head Start staff member and kept on file for each child admitted into the program. This sheet will identify the documentation used to determine a child’s age and income eligibility.

9. A “Child Eligibility Information” sheet will be printed from COPA and kept on file for each child admitted into the program. This sheet will identify the eligibility points the child received prior to enrollment based on the eligibility criteria used by the program.
SUBJECT:

Recruitment and Enrollment Opportunities

POLICY:

All families with Head Start eligible children are encouraged to apply for admission to the program.

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.5

PROCEDURE:

1. In order to reach those most in need of Head Start services, the program implements a recruitment process that is designed to actively inform all families with Head Start eligible children within the service area of the availability of services and encourage them to apply for admission to the program.

2. Staff will solicit applications from as many families within the recruitment area as possible.

3. Special efforts will be made to recruit and serve children with disabilities.

4. Addresses of eligible families are accessed by utilizing the network the agency has with local schools and Social Services. Families are contacted by mail with announcements of recruitment information.

5. Parents are asked to call for appointments to pre-register children.

6. Head Start parents are requested to inform relatives and friends with eligible children about the program recruitment.

7. Select pre-registration sites:
   a. Set up recruitment locations, dates and time
   b. Ensure there is adequate staff at each site to accept applications
   c. Assist parents as needed.

8. Send notices to newspapers, radio and television stations of recruitment schedule, locations, etc. (February)
9. Notify parents of children currently enrolled that child is eligible for second year in Head Start.

10. Contact social services and schools for referrals.

11. Post public notices in places such as post offices, doctor/dentist offices, social agencies, grocery stores & health departments.

12. Make door to door contacts seeking children who may be eligible for Head Start.

13. Contact health and disability services providers & early intervention programs for referrals of children with disabilities.

14. Contact families on the list provided from Cabinet of Human Resources. (TANF)

15. Review all applications for completeness and enter into the computer.

16. Each application is assigned points utilizing the selection criteria listed on COPA.

17. The list generated by COPA includes names of applicants ranked by highest number of eligibility points.

18. The program will obtain a number of applications greater that the number of enrollment opportunities anticipated being available over the course of the next year in order to select those with the greatest need for Head Start services.

19. The Grantee will monitor delegate agencies to review the recruitment process and activities in accordance with the requirements.
SUBJECT: Selection Process

POLICY:

The program has a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services.

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.6

PROCEDURE:

1. The BSACAP Head Start grantee and its delegates will use the information from the annual Community Assessment/update to determine appropriate eligibility criteria for enrollment into Head Start. This information will be discussed with all parties involved including staff, parents, governing body members, and policy groups. The eligibility criteria will be approved by the Policy Council as well as the Policy Committees of each delegate program on an annual basis.

2. The income of eligible families, the age of the child, the availability of kindergarten or first grade to the child, and the extent to which a child or family meets the criteria that is established will be considered. When a child’s information is loaded on COPA, the Eligibility Waiting List will rank each child by number of points given based on the eligibility criteria used during the program year.

3. At least 10 percent of the total number of enrollment opportunities in the grantee and each delegate agency during an enrollment year are made available to children with disabilities.

4. A maximum of 10 percent of enrolled children may be from over-income families who meet the criteria and who could benefit from Head Start services. Over-income children are only enrolled in the absence of enough under-income children to fill the program slots.

5. Parents and staff review & update the program’s selection process and criteria annually to make sure enrollment opportunities continue to be based on community needs.

6. The program develops at the beginning of each enrollment year, and maintains during the year, a waiting list that ranks children according to the selection criteria to assure that eligible children enter the program as vacancies occur.
Each enrollment slot is filled as soon as a vacancy occurs and not to exceed 30 days.

**Center-Based Option**

Eligibility Requirement- taken form Federal Register, Volume Number 68, dated April 7, 1978, Rules and Regulations.

1. Age Eligibility of Children
2. Family Income Eligibility
3. Children with Disabilities (No less than 10%)
4. Enrollment and Re-enrollment
5. Income Verification
6. Location

**Full-Day/Full-Year Option**

Eligibility Requirements-taken from the Office of Health and Human Developmental Services HHS 1306.32 Regulations.

1. Age Eligibility of Children
2. Family Income Eligibility
3. Children with Disabilities (No less than 10%)
4. Enrollment and Re-enrollment
5. Income Verification
6. Location
7. No care taker present in the home
8. Families with special needs (caretaker disabled, social services needed)

**Home-Based Option**

Eligibility Requirements-taken from the Office of Human Development Services, HHS bulletin A Home Based Program.

1. Age Eligibility of Children
2. Family Income Eligibility
3. Children with Disabilities (No less than 10%)
4. Enrollment and Re-enrollment
5. Income Verification
6. Location
7. Families/children with special needs (caretaker disabled, social services needed)

*Approved by the Policy Council October, 2007*
SUBJECT: Enrollment

POLICY:

Children are enrolled accordance with Head Start regulations.

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.6

PROCEDURE:

1. Selection of Applications

   a. The Eligibility Waiting List on COPA provides a list of children for enrollment selection ranked highest to lowest with priority points. When a child’s application is logged on COPA, his/her name and information is automatically sent to this waiting list and their designated points are assigned.

   b. Based on the number of points received, children are identified as accepted or waiting. If a child is accepted, he/she is moved to the Eligible/Accepted List on COPA.

   c. The parent is notified of the selection decision, by a letter of acceptance, or a letter stating the child is on the waiting list and will be notified if an enrollment opportunity becomes available.

   d. The classroom where each child will be enrolled is determined and an appropriate code recorded on the preliminary classroom roster.

   e. A preliminary list is given to the teaching staff and family service staff containing an alphabetical listing of children assigned to each classroom, including names, addresses, and telephone numbers of parents.

   f. The Emergency Contact Report and listing of child transportation information is distributed to classroom staff.

   g. The preliminary list is edited and printed as needed to complete enrollment of children.
2. **Enrollment of Children:**

   a. Once all enrollment slots have been designated on COPA, staff will then move the children from the Eligible/Accepted List to officially enrolled.

   b. The Master Roster Report may be printed when above process is completed.

   c. The Master Roster Report, which is the list of children officially enrolled in each classroom, is distributed to teaching, family services and administrative staff. The report is printed as needed and contains the names of active and inactive children (if desired).

   d. The Eligibility Waiting List maintains the names of children who were not selected for enrollment initially. The staff will monitor this list frequently and when a vacancy occurs, will refer to the list to determine the next eligible child to enroll.

3. Vacancies are filled in no more than thirty (30) calendar days. Programs may choose not to fill vacancies when 60 days or less remain in the enrollment year.
SUBJECT: 

Re-Enrollment

POLICY:

The program re-enrollees returning, age and income eligible children.

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.7

PROCEDURE:

1. A returning child is a child who was participating in the program at the end of the preceding year. If a child withdrew before the year ending, he/she is not considered a returning child.

2. If a PIR age three year old child enrolls in the Head Start program, he/she is allowed to remain in the program until kindergarten is available for the child.

3. If the child has been found income eligible and is participant in the program, he or she remains income eligible through that enrollment year and the immediately succeeding year. It is not necessary to re-verify income before enrolling the child for the 2nd year. However, if a parent reports to the Head Start program that their income has changed between program years, it will be at the discretion of the program to decide whether the increase or decrease warrants re-verification.

4. If a child withdraws or is terminated from the program and then wants to return, his/her income must be re-verified if it has been more than 12 months since the last income verification.

5. If a child is withdrawn from the program on the request of the parent, that child will be placed on the Ineligible/Terminated List on COPA and will not be considered as part of a program’s waiting list. If the parent contacts the program at a later date for enrollment consideration of the same child, the child will be placed back on the waiting list at that time.

6. A child who is withdrawn from the program forfeits any rights to reenrollment during the current or succeeding year. The child will only be reenrolled if determined to be the most in need at the time of potential reenrollment.

Approved by the Policy Council October, 2007
SUBJECT: Attendance

POLICY:

To encourage regular attendance and assist families whose children are frequently absent.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1305.8*

PROCEDURE:

1. Each delegate program will have a written attendance policy. A copy of the policy will be given to and discussed with each parent during orientation.

2. Teaching staff will designate the reasons why children are absent on the daily attendance record of COPA. Attendance will be monitored monthly by delegate office staff, using COPA report # 236.

3. If a program’s daily attendance rate falls below eighty-five percent (85%), the causes of absenteeism are analyzed carefully by delegate program staff and the grantee office. This will be done by using COPA report # 236. Appropriate actions will be determined and implemented by the delegate program to improve the attendance whenever possible.

4. It is the policy of this program to encourage regular attendance and to withdraw from the program children who are chronically absent without a medical reason or valid cause.

Valid reasons for absenteeism may include the following:

- child is hospitalized
- child is unable to attend due to serious illness or injury
- child has a contagious disease
- death in child’s family
- illness of parent
- child’s attendance is affected by temporary family situation
- child must receive medical treatment or therapy at the time when class is held

5. After three consecutive days of a child’s absence or after a pattern of irregular attendance has been determined, parents are contacted by the
appropriate staff. A conference with the family is held to determine how or if the program can assist in resolving problems which may be causing the child’s absence. Contacts with the family emphasizes the benefits of regular attendance, while at the same time remaining sensitive to any special circumstances influencing attendance patterns.

6. The program initiates appropriate family support procedures for all children with three or more consecutive unexcused absences.

7. All contacts with the child’s family as well as special family support activities provided by program staff are documented.

8. In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or a different program option, the child may be withdrawn from the program. The child’s slot is considered an enrollment vacancy.

Approved by the Policy Council January, 2010
SUBJECT:

Attendance Counting

POLICY:

An attendance count for each classroom is completed daily

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.8

PROCEDURE:

1. Teachers will maintain an attendance record for each class daily. The attendance record will be the primary source document for audit purposes.

2. A code for making present, excused absence, and unexcused absence is used consistently throughout each program. Teaching staff will designate each absence as “excused” or “unexcused” on the Absentee List on COPA in a timely manner.

3. Attendance documents contain the teacher’s original signature and a statement verification by the teacher.

4. A child is counted in attendance when he/she has arrived on-site even if it was only for a short period of time. A child will also be counted in attendance if he/she is transported off-site by the Head Start staff for alternate Head Start activities (i.e. dentist, health department, field trips, etc.). Attendance records should indicate if child is present off-site.

5. If a child is transported by the parent to alternate Head Start activities off-site such as the ones mentioned in the item above, the child will only be counted in attendance if he/she is present in the classroom at some point during the school day.

6. Attendance reports will be forwarded to the delegate office monthly.

7. Monthly reports will be forwarded to the grantee office with attendance date.

8. Monthly reports are given to the Policy Committees & Policy Council which includes attendance count for the entire program as well as individual classrooms at the Policy Committee level.

Approved by the Policy Council October, 2007
Updated by the Policy Council February, 2011
SUBJECT: Parent/Child Fees

POLICY:

The program does not charge any fees for participation.

- This policy relates to Head Start Performance Standards 45 CFR Part 1305.9

PROCEDURE:

1. Under no circumstances will the program solicit, encourage, or in any way condition a child’s enrollment or participation in the program upon the payment of a fee.

2. If the family of a child determined to be eligible for participation in the program volunteers to pay part or all of the cost of the child’s participation in Head Start, the program may accept the voluntary payments and record the payments as program income.

Approved by the Policy Council October, 2007
SUBJECT:

**Voluntary and Involuntary Withdrawal of Children**

POLICY:

If a parent decides to voluntarily withdraw his/her child from the Head Start program, every attempt is made by Head Start staff to determine the cause. All feasible attempts are made to maintain a child’s enrollment in the program.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1305.8*

PROCEDURE:

1. When Head Start learns a parent is considering withdrawing their child, an attempt to determine the reason is made. Staff will work with the parent to eliminate or reduce any problems identified relating to the potential withdrawal of the child and will encourage the parent to allow the child to remain in the program. The only exception is when a child is to be withdrawn due to medical reasons and remaining in the program would be detrimental to the child’s health. Staff will try to persuade the parent(s) to postpone a final decision regarding withdrawing the child until all attempts to solve any problems are exhausted.

2. Staff will make the initial contact to summarize the initial meeting contact on a Family Contact Form.

3. The family service staff immediately makes a home visit to determine if the parent(s) will allow the child to remain in Head Start. A resolution of any conflict or problems concerning the family or child is then suggested by the Family Service Worker. A presentation about benefits the child derives from remaining in Head Start is made at this time. Documentation of this conference is made by the FSW on Family Contact Form and then placed in the Family Visits section of COPA.

4. The Family Service Worker informs the child’s teacher of the conference and whether the parent has been persuaded to allow the child to remain in Head Start. A careful review of the parent’s concerns or reasons for considering withdrawal is discussed between the FSW and the teacher. Documentation of the FSW/teacher conference summarizing the problem is completed.
5. If the parent(s) still insist on withdrawing the child from the program, the teacher and family advocate proceed with the withdrawal procedures. Documentation of withdrawal is recorded and entered into COPA.

6. Final approval of the withdrawal is made by the Head Start Director after ensuring everything possible has been done to prevent the child from withdrawing.

7. In certain situations, it may be necessary for a child to be voluntarily withdrawn from the Head Start program.

**Factor Warranting Withdrawal**

1. **Irregular Attendance**
   - If a child is consistently absent without a medical reason or a valid cause, he/she may be withdrawn from the program.

2. **Inappropriate Placement or Progression**
   - If a child is disruptive to the point of affecting the atmosphere of the classroom.
   - If a child is being detrimental poses a threat to himself/herself and/or other children.

3. **Extreme Health Problems**
   - If a child has a communicable disease such as tuberculosis.
   - If being in the program daily is professionally declared medically harmful to the child.

4. **Failure to provide documentation of immunization or refusal to begin and maintain immunization schedule.**

**Steps Prior to Involuntary Withdrawal**

1. Home visit (if parent will allow) is made by the teacher and/or family service staff to determine any problems.
   - Every effort is made to explore all variables.
   - Documentation has been presented.
   - Alternative resources with other agencies have been discussed.
Steps for Involuntary Withdrawal

2. Parents will receive an official notice of withdrawal from the Head Start Director which includes:
   ♦ Reason for withdrawal
   ♦ Date and signature of the Head Start Director

Parents will have five (5) working days after receiving the official notice of withdrawal to appeal the decision.