




**Community Services of Northeast Texas, Inc.**  
**Head Start**  
**Policy Council Meeting**  
**Tuesday, December 8, 2020 9:00 am**  
**Linden Administrative Offices**  
**304 East Houston**  
**Linden, Texas**


**CALL TO ASSEMBLY**


*Please rise.*

 **Pledge of Allegiance (US)** – *I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.*

 **Pledge of Allegiance (TX)** – *Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.*

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

 **Our CSNT Mission** – *CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.*

 **Our Head Start Vision** – *To provide a system of education and encouragement which results in school-readiness for young children and their families.*

**Invocation**

1. **Call Meeting to Order**
2. **Recognize New Policy Council Members**
3. **Establishment of Quorum**
4. **Approval of Agenda**
5. **Approval of Minutes for October 27, 2020**
6. **Presentations**
  - A. Eligibility Final Rule Training Misty Van Hooser
  - B. 2021 Detailed Monitoring Questions Misty Van Hooser
7. **Reports**
  - A. Financial Report Shelley Mitchell
    - a. Head Start Financial Report November 2020
    - b. Credit Usage Report November 2020
    - c. CACFP Financial Report November 2020
  - B. Head Start Director Report Bernadette Harris
    - a. Head Start Report November 2020
    - b. PIR November 2020
  - C. Executive Director Report Dan Boyd

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**Head Start**  
**Policy Council Meeting**  
**Tuesday, December 8, 2020 9:00 am**  
**Linden Administrative Offices**  
**304 East Houston**  
**Linden, Texas**

**8. Committee Reports**

- A. Appoint Committee Member(s)
  - a. Health Services Advisory Committee Meeting

**9. Action Items**

- A. Discuss and/or Approve Amendment to the ERSEA Operating Procedures – COVID-19
- B. Discuss and/or Approve Head Start Standard Operating Procedures – EHS Revision
- C. Discuss and/or Approve Head Start Standard Operating Manuals – EHS Revision
- D. Discuss and/or Approve Health Services Advisory Action Items
  - 1. Physical Form
  - 2. Head Start Enrollment Health History Form
  - 3. Early Head Start Health History Form
  - 4. Daily/Weekly/Monthly Duties
  - 5. Asthma Action Plan for Home and School
  - 6. Child Care Diabetes Medical Management Plan
  - 7. Seizure Action Plan
- E. Discuss and/or Approve Personnel Policy and Procedure Recruitment/Pre-Employment Requirements #183
- F. Discuss and/or Approve TB Survey Form #206
- G. Discuss and/or Approve Update Disability Waiver Request Grant# 06CH011282/02 – 2020-2021 School Year

**10. Discussion Items**

- A. Discuss Circle Assessment Wave 1 Fall 2020 Data
- B. Discuss CLASS Fall 2020 Data
- C. Discuss Data School Readiness Performance Fall 2020 Data
- D. Discuss Parent, Family and Community Engagement Goals Fall 2020 Progress
- E. Discuss Head Start Program Goals Fall 2020 Progress

**11. Audience Comments**

**12. Executive Session**

**A. Personnel**

**1. New hires and terminations**

Discussion with respect to any matter specifically made confidential by law or regulation. Topics may include, but are not limited to: Approval of new hires, terminations, and employee matters of a confidential nature.

**13. Required Action from Executive Session**

**14. Adjourn**

**Community Services of Northeast Texas, Inc.  
Head Start Policy Council Meeting Minutes  
Tuesday, October 27, 2020 9:00 am  
Linden Administration Offices  
304 East Houston Street  
Linden, Texas**

PC Attendance	Campus	Title	Sep-20	Oct-20
<b>Chairperson - Cecelia Huff</b>			x	x
<b>Vice Chairperson - Ashley Roberts</b>			x	
<b>Secretary - Marsha Luong</b>			x	x
Brenda Swisher	Board Liaison/CC	Representative	x	x
Cecelia Huff	Bowie County	Representative	x	x
Marsha Luong	Atlanta	Representative	x	x
Audrey Maxie	Atlanta	Alternate		
Anita Sullivan	Bloomburg	Representative		x
Courtney Stewart	Bloomburg	Alternate		
Amber White	D/LS	Representative		
Peggy Peters	D/LS	Alternate		
Tanisha Jones	Hughes Springs	Representative		
Matthew Bonaparte	Hughes Springs	Alternate		
Ashley Roberts	Naples	Representative	x	
Alvita Moore	Naples	Alternate		
Raven Martinez	New Boston	Representative	x	x
Karlisha Bland	New Boston	Alternate		
Gisel Garcia	Pittsburg	Representative		x
OPEN	Pittsburg	Alternate		
Charmaine Jones	Texarkana	Representative		
Dneishia Bruce	Texarkana	Alternate		

**Others in attendance: CSNT Staff:** Bernadette Harris, Bridgette Parton, Charlotte Hall, and Shelley Mitchell

**1. Call to Order:** The meeting was called to order by Cecelia Huff, Policy Council Chairperson at 9:07 am, October 27, 2020, in the Linden Administrative Conference Room.

**2. Recognize New Policy Council Members:**  
Gisel Garcia – Pittsburg Head Start Representative

**3. Establishment of Quorum:**  
Quorum was established with the following Policy Council Members present: Brenda Swisher, Cecelia Huff, Marsha Luong, Anita Sullivan, Raven Martinez and Gisel Garcia  
Marsha Luong left at 9:22 am

**4. Approval of Agenda:**

Members reviewed the agenda. Marsha Luong moved to accept the agenda. This motion was seconded by Anita Sullivan. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

**5. Approval of Minutes from September 22, 2020:**

Marsha Luong moved to accept the minutes of September 22, 2020 meeting as presented. The motion was seconded by Brenda Swisher. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

**6. Presentations:**

**A. Policy Council Question**

Bernadette Harris reviewed that Head Start Facts – What is the Head Start Community Assessment to the members.

**7. Reports:**

**A. Financial Report**

Shelly Mitchell gave the financial report as presented.

**B. Head Start Report**

Bernadette Harris gave the Head Start Report as presented. She stated that Head Start is under enrolled.

**C. Executive Directors Report**

None

**8. Committee Reports:**

**A. Appoint Committee Members**

**B. Committee Report**

a. Community Assessment Committee Report

Bernadette Harris reviewed during the Action Items.

**9. Action Items:**

**A. Discuss and/or Approve Head Start Standard Operating Procedures**

- a. Administrative Requirements
- b. Disability Services
- c. Education and Child Development
- d. ERSEA Policies
- e. Family and Community Engagement
- f. Financial Requirements
- g. Health Program Services
- h. Human Resources Management
- i. Program Governance
- j. Program Management and Quality Improvement
- k. Program Structure
- l. Protections for the Privacy of Child Records
- m. Transition Services
- n. Transportation

Bernadette Harris and Bridgette Parton reviewed the Head Start Standard Operating Procedures. Brenda Swisher moved to approve the Head Start Standard Operating Procedures as presented. Anita Sullivan seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

**B. Discuss and/or Approve Head Start Standard Operating Manuals and Forms**

- a. **Education**
- b. **Family and Community Engagement**
- c. **Mental Health-Disabilities**
- d. **Nutrition**
- e. **On-going Monitoring**
- f. **Staff Development – Training**
- g. **Strategic Plan**

Bridgette Parton reviewed the Head Start Standard Operating Manuals and Forms. Anita Sullivan moved to approve the Head Start Standard Operating Manuals and Forms as presented. Raven Martinez seconded the motion. The motion was put to a vote with a majority of members voting in favor by signaling aye. The motion carried.

**C. Discuss and/or Approve Financial Policies and Procedures including the Financial Code of Conduct**

Bernadette Harris reviewed the Financial Policies and Procedures and Financial Code of Conduct. Brenda Swisher moved to approve the Financial Policies and Procedures including the Financial Code of Conduct as presented. The motion was seconded by Anita Sullivan. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

**D. Discuss and/or Approve Personnel Policies and Procedures**

- a. **#520 Remote Work (Formerly known as Telecommuting)**
- b. **#601 Medical Leave**
- c. **#602 Family Medical Leave**

Charlotte Hall reviewed the Personnel Policies and Procedures including the updated policies #520, #601 and #602 as presented. She stated there was a typo on the Agenda and the Policy Change is #520 instead of #502. Bernadette Harris and Charlotte Hall reviewed Policy #183, #405 and #701 in detail on the hiring and termination process. Anita Sullivan moved to approve the Personnel Policies and Procedures as presented. The motion was seconded by Raven Martinez. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

**E. Discuss and/or Approve Job Descriptions**

- a. **Mental Health Advocate**
- b. **Family Service Coordinator**
- c. **Content Area Assistant**
- d. **Head Start Project Coordinator**

Charlotte Hall reviewed the Job Descriptions. Anita Sullivan moved to approve the Job Descriptions as presented. The motion was seconded by Raven Martinez. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

**F. Discuss and/or Approve Updated Volunteer Rates**

Bernadette Harris reviewed the Updated Volunteer Rates. Raven Martinez moved to approve the Updated Volunteer Rates as presented. The motion was seconded by Anita Sullivan. The motion was put to a vote with a majority of members in favor of by signaling aye. The motion carried.

**G. Discuss and/or Approve 2021 Community Assessment Update**

Bernadette Harris reviewed the 2021 Community Assessment Update. Anita Sullivan moved to approve the 2021 Community Assessment Update as presented. The motion was seconded by Raven Martinez. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

**10. Discussion Items:**

None

**11. Audience Comments:**

None

**12. Executive Session:**

Brenda Swisher moved for Policy Council to go into Executive Session at 9:49 am. Raven Martinez seconded the motion.

**Discuss new hires, terminations, transfers and employee matters of a confidential nature.**

Raven Martinez made a motion to come back into regular session at 9:53 am. Anita Sullivan seconded the motion.

**13. Required Action from Executive Session:**

A motion was made by Brenda Swisher to accept new hires, transfers, and terminations as presented. The motion was seconded by Anita Sullivan. There was no discussion of the matter. The motion was put to a vote with a majority of members voting in favor of by signaling aye. The motion carried.

**14. Adjourn:**

A motion to adjourn was made by Raven Martinez at 9:55 am. The motion was seconded by Anita Sullivan.

**Minutes Submitted by: Bridgette Parton**

**Minutes approved by:**

# Head Start

## Financial Report for the month of November 2020

(October 2020 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2020</i>							
Personnel	\$2,576,645.00	\$160,018.32	\$2,238,934.99	\$337,710.01	\$214,720.42	\$2,361,924.58	\$122,989.59
Fringe Benefits	\$644,337.00	\$41,756.12	\$557,973.29	\$86,363.71	\$53,694.75	\$590,642.25	\$32,668.96
Travel (4120)	\$22,150.00	(\$299.20)	\$6,608.45	\$15,541.55	\$1,845.83	\$20,304.17	\$13,695.72
Equipment	\$73,638.00	\$0.00	\$63,621.75	\$10,016.25	\$6,136.50	\$67,501.50	\$3,879.75
Supplies	\$456,346.00	\$13,102.28	\$184,688.98	\$271,657.02	\$38,028.83	\$418,317.17	\$233,628.19
Contractual	\$18,330.00	\$0.00	\$10,442.90	\$7,887.10	\$1,527.50	\$16,802.50	\$6,359.60
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$23,488.00	\$10,071.00	\$29,274.40	(\$5,786.40)	\$1,957.33	\$21,530.67	(\$7,743.73)
Other (4122)	\$784,356.00	\$80,675.19	\$763,312.77	\$21,043.23	\$65,363.00	\$718,993.00	(\$44,319.77)
<b>Total</b>	<b>\$4,599,290.00</b>	<b>\$305,323.71</b>	<b>\$3,854,857.53</b>	<b>\$744,432.47</b>	<b>\$383,274.17</b>	<b>\$4,216,015.83</b>	<b>\$361,158.30</b>
T&TA	\$45,638.00	\$9,771.80	\$35,882.85	\$9,755.15	\$3,803.17	\$41,834.83	\$5,951.98
<b>Total</b>							<b>\$68,777.89</b>
USDA Reimbursements through September 2020							\$14,108.96
Estimated USDA Reimbursement for October 2020							\$444,045.15
							<b>Resulting (over)/under with USDA</b>

\* Total Over/Under without USDA

### Accruals:

Actual year end payroll accrual \$10,500.00

<b>Further Analysis</b>	
Number of children	516
Number of classrooms	20

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$229,964.50	\$15,266.19	\$192,742.88	\$19,163.71	\$210,800.79	\$18,057.92
Per Child	\$8,913.35	\$591.71	\$7,470.65	\$742.78	\$8,170.57	\$699.92

<b>IN-KIND (Non-Federal Share)</b>				
	<u>Needed</u>	<u>This month</u>	<u>Total</u>	<u>Still need</u>
	\$1,036,456.00	\$302,678.32	\$1,324,371.94	(\$287,915.94)

**Community Services of Northeast Texas, Inc.**  
*Credit Usage Report*

**Board Report - November 2020**

Sam's Club

Purchases for September 2020 and October 2020		1,113.80
Payment due by 10/28/2020	Paid on 10/15/2020	<u>(1,113.80)</u>
Balance		-

Line of Credit

Program	CSBG B	CSBG CARES	CEAP B
Highest October 2020 Balance	21,150.00	10,300.00	6,000.00
Current balance	33,750.00	-	7,000.00
Exp pay off date	12/31/2020		12/31/2020

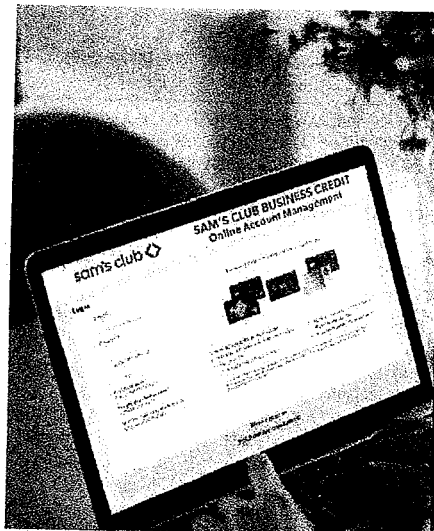
In House Line of Credit

Program	CSBG B	CSBG D	EARLY HS	CEAP B	CSBG CARES
Highest October 2020 Balance	43,240.00	4,730.00	100.00	39,700.00	10,560.00
Current balance	43,240.00	-	100.00	7,800.00	-
Exp pay off date	12/31/2020		12/1/2020	12/31/2020	

U.S. SMALL BUSINESS ADMINISTRATION LOAN

\$150,000





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**COMMUNITY COUNCIL OF CASS**  
Account Number ending in ~~4122~~

**Statement Closing Date 10/08/2020**

Visit [samsclub.com/credit](http://samsclub.com/credit) or Call 1-800-203-5764

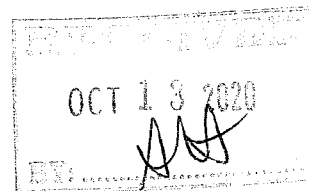
Payments must be received by 5pm ET on due date if mailed, or by 11:59pm ET on due date for online and phone payments.

**Payment Information**

Account Summary	
Previous Balance as of 09/09/2020	\$0.00
Purchases/Debits	+1,113.80
<b>New Balance as of 10/08/2020</b>	<b>\$1,113.80</b>

New Balance	\$1,113.80
Total Minimum	
Payment Due	\$50.00
Payment Due Date	10/28/2020

Credit Limit	\$5,500
Available Credit	\$1,837
Statement Closing Date	10/08/2020
Days in Billing Cycle	30



To make a payment, please visit us online or mail your payment using the coupon below. Payments are also accepted at your local CheckFreePay\* or MoneyGram locations\*. \* Fees may apply.

**Transaction Summary**

Tran	Post	Transaction Reference #	Description	Amount
09/23	09/23	P928000LW01FG116A	WALMART 000226 ATLANTA TX SAM'S/WAL-MART PURCHASE(S)	\$314.00
10/02	10/02	P928000M601HATDB1	SAM'S CLUB 008295 TEXARKANA TX SAM'S/WAL-MART PURCHASE(S)	\$799.80
Total for COMMUNITY COUNCIL OF CASS				\$1,113.80

**Interest Charge Calculation**

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) = variable rate

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge	Balance Method
Regular Purchases	N/A	22.90% (v)	\$0.00	\$0.00	2D

**NOTICE:** We may convert your payment into an electronic debit. See reverse side for details, Billing Rights and other important information.

**MEMBER SERVICE:** For Account Information log on to [samsclub.com/credit](http://samsclub.com/credit). This account is registered. See your On-line Administrator to get a User ID & Password. Or call toll-free 1-800-203-5764.

COMMUNITY COUNCIL OF CASS					
ACCOUNT #:	<del>6122102000</del>	DATE OF SALE #:	200923	P.O. #:	
INVOICE#:	000000	AUTHORIZATION #:	001359	CLUB #:	226
REFERENCE #:	P928000LW01FG116A	TRANSACTION #:	0	REGISTER #:	2
<u>S.K.U</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
SALES TAX		0.000		\$0.0000	\$0.00
196464194	BLACK BOTTOM LOAD	2.000	EA	\$157.0000	\$314.00
<b>SUB \$314.00</b>		<b>TAX \$0.00</b>		<b>TOTAL INVOICE</b>	<b>\$314.00</b>
				<b>CREDITS TOTAL</b>	<b>\$0.00</b>
				<b>BALANCE DUE</b>	<b>\$314.00</b>

COMMUNITY COUNCIL OF CASS					
ACCOUNT #:	<del>6122102000</del>	DATE OF SALE #:	201002	P.O. #:	
INVOICE#:	000000	AUTHORIZATION #:	001853	CLUB #:	8295
REFERENCE #:	P928000M601HATDB1	TRANSACTION #:	0	REGISTER #:	1
<u>S.K.U</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
SALES TAX		0.000		\$0.0000	\$0.00
030740262	8' FOLDING TABLE	10.000	EA	\$79.9800	\$799.80
<b>SUB \$799.80</b>		<b>TAX \$0.00</b>		<b>TOTAL INVOICE</b>	<b>\$799.80</b>
				<b>CREDITS TOTAL</b>	<b>\$0.00</b>
				<b>BALANCE DUE</b>	<b>\$799.80</b>

# HEAD START NUTRITION PROGRAM

## November 2020 Financial Report

For the month of October 2020

### CACFP

	<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$ 5,184.40	5,184.40
Administrative Labor	993.69	993.69
Food	4,444.61	4,444.61
Supplies & Equipment	1,158.21	1,158.21
Purchased Services	-	0.00
Financial Costs	-	0.00
Media Costs	-	0.00
Operating Org Cost	-	0.00
Other	-	0.00
Total	<u>\$ 11,780.91</u>	<u>\$ 11,780.91</u>

TDHS REVENUE                      14,108.96              14,108.96 (Income Starts October 2020)

# CSNT Head Start Monthly Report

Program Year 01 2020 06CH011282/01

2020

CSNT HS Report  
Revised 2/21/17

## Head Start Attendance/Enrollment

	December	January	February	March	April	May	June	July	August	September	October	November
Funded Enrollment HS/EHS	516	516	516	516	516	516	NA	NA	418/0	422/0	427/0	
# additional students (partnerships)	9	11	9	7	7	7	NA	NA	0	-43	-38	
% with Special Needs	6%	7%	8%	7%	10%	10%	NA	NA	5%	7%	6%	
ADA Funded Enrolled* (516)	92%	92%	91%	90%	0%	0%	NA	NA	83%	83%	84%	
Enrollment (acutal students)	90%	90%	89%	89%	0%	0%	NA	NA	94%	93%	93%	
Present/ Absent	476/49	477/50	471/54	469/54	COVID-19	COVID-19	NA	NA	381/37	387/35	390/37	
* If below 85% (Why) -	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	

## Non-Federal Share

\$965,823 (\$359,060) \$1,324,883 -37% Needed

	December	January	February	March	April	May	June	July	August	September	October	November
\$	1,324,883	\$ 122,595	\$ 132,053	\$ 130,822	\$115,760	\$ 113,319	\$ 113,819	\$ 52,738	\$ 54,503	\$ 54,620	\$ 131,976	\$ 302,678

## Adimin Expenditures (including non-federal share)

*Should not be above 15%	December	January	February	March	April	May	June	July	August	September	October	November
11%	\$ 37,765	\$ 98,536	\$ 150,027	\$ 200,628	\$ 250,858	\$ 310,151	\$ 357,201	\$ 408,865	\$ 465,013	\$ 531,330	\$ 579,652	

## Meals/Reimbursements

\$	December	January	February	March	April	May	June	July	August	September	October	November
83,837												
# of service days	14	18	19	11	5	NA	NA	NA	12	21	21	
# of meals served	5,496	6,924	7,014	2,504	426	NA	NA	NA	2,904	6,393	6,329	
CACFP Reimbursement	\$ 12,081	\$ 15,143	\$ 15,293	\$ 5,588	\$ 950	COVID-19	NA	NA	\$ 6,462	\$ 14,211	\$ 14,109	

## Program Monitoring

	December	January	February	March	April	May	June	July	August	September	October	November
# Child Files Reviewed	195	195	141	20	0	0	NA	NA	0	132	567	
# Classrooms Observed	42	47	73	32	0	0	NA	NA	23	40	92	
Incomes Verified	15	6	4	0	0	0	NA	NA	0	20	142	
# Parents Interviewed	20	4	10	0	0	0	NA	NA	0	0	11	
# of Staff interviewed	0	18	14	0	0	0	NA	NA	0	20	11	
# Bus Routes Observed	3	1	2	0	0	0	NA	NA	0	0	0	
# Staff Files Reviewed	5	0	0	0	0	0	NA	NA	0	0	4	
# Community Contacts	11	68	72	0	0	0	NA	NA	0	28	30	
# of Findings/# Corrected	38	22	30	0	0	0	NA	NA	18/10	18/3	150/31	

## Annual Self-Assessment Findings

Date: Week of 2/18/2020 Completed 0/00/00

	December	January	February	March	April	May	June	July	August	September	October	November
# of findings	2	3	3	3	3	3	3	3	3	3	3	
# findings corrected	2	0	0	0	0	1	1	1	1	3	3	
# findings remaining	0	3	3	3	3	2	2	2	2	0	0	

## Annual Detailed Monitoring Findings

Week of 1/17/2020 Completed 6/5/2020

	December	January	February	March	April	May	June	July	August	September	October	November
# of findings	7	9	9	9	9	9	9	9	9	9	9	
# findings corrected	7	2	5	5	5	9	9	9	9	9	9	
# findings remaining	0	7	4	4	4	0	0	0	0	0	0	

## Program Updates

Continue to follow COVID-19 procedures  
 Enrollment has increase slightly from the beginning of school - More parents are opting to send their children to school  
 Health Requirements such as heights and weights are difficult to complete for virtual students - Some parents do not want their children to come to the school



# Community Services Of Northeast Tex

## 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### A. Enrollment & Program Options

#### Funded Enrollment by Funding Source

1. Funded Enrollment	
a. Head Start/Early Head Start Funded Enrollment, as identified on NOA that captures the greatest part of the program year	481
b. Funded Enrollment from non-federal sources, i.e. state, local, private	0
c. Funded Enrollment from the MIECHV Grant Program using the Early Head Start home visiting model	0

#### Funded Enrollment by Program Option

2. Center-based option	
a. Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	465
1. Of these, the number available for the full-working-day and full-calendar-year	0
b. Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0
1. Of these, the number that are available for 3.5 hours per day for 128 days	0
2. Of these, the number that are available for full working day	0
3. Home-based option	0
4. Family child care option	0
5. Locally designed option	0
6. Pregnant women slots	0

#### Funded Slots at Child Care Partner

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

#### Classes in Center-based

9. Total number of center-based classes operated	26
a. Of these, the number of double session classes	0

#### Children by Age

10. Children by Age:			
a. Under 1 year	0	d. 3 years old	188
b. 1 year old	0	e. 4 years old	268
c. 2 years old	1	f. 5 years and older	0
g. Total cumulative enrollment of children			<i>System Calculates Total</i>

#### Cumulative enrollment of pregnant women

11. Cumulative enrollment of pregnant women	0
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#### Total cumulative enrollment

12. Total cumulative enrollment	<i>System Calculates Total</i>
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## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

#### A. Enrollment & Program Options

##### Primary type of Eligibility

13. Report each enrollee only once by primary type of eligibility:	
a. Income at or below 100% of federal poverty line	272
b. Receipt of public assistance such as TANF and SSI	37
c. Foster care	20
d. Homeless	25
e. Eligibility based on other type of need, but not counted in A.13.a through d	41
f. Incomes between 100% and 130% of the federal poverty line, but not counted in A.13.a through e	62
14. If the program serves enrollees under A.13.f, specify how the program has demonstrated that all income-eligible children in their area are being served.	
Selection Criteria used to ensure all income-eligible children selected prior to 101-130	

##### Prior enrollment

15. Enrolled in Head Start or Early Head Start for:	
a. The second year	153
b. Three or more years	0

##### Transition and Turnover (HS Programs)

16. Total number of preschool children who left the program any time after classes or home visits began and did not re-enroll	25
a. Of the preschool children who left the program during the program year, the number of preschool children who were enrolled less than 45 days	15
17. Of the number of preschool children enrolled in Head Start at the end of the current enrollment year, the number projected to be entering kindergarten in the following school year	256

##### Transition and Turnover (EHS Programs)

18. Total number of infants and toddlers who left the program any time after classes or home visits began and did not re-enroll	0
a. Of the infants and toddlers who left the program above, the number of children who were enrolled less than 45 days	0
b. Of the infants and toddlers who left the program during the program year, the number who aged out of Early Head Start	0
1. Of the infants and toddlers who aged out of Early Head Start, the number who entered a Head Start program	0
2. Of the infants and toddlers who aged out of Early Head Start, the number who entered another early childhood program	0
3. Of the infants and toddlers who aged out of Early Head Start, the number who did NOT enter another early childhood program	0
19. Total number of pregnant women who left the program after receiving Early Head Start services but before the birth of their infant, and did not re-enroll	0
20. Number of pregnant women receiving Early Head Start services at the time their infant was born	0
a. Of the pregnant women enrolled when their infant was born, the number whose infant was subsequently enrolled in the program	0
b. Of the pregnant women enrolled when their infant was born, the number whose infant was NOT subsequently enrolled in the program	<i>System Calculates Total</i>

# Community Services Of Northeast Tex

## 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### A. Enrollment & Program Options

#### Transition and Turnover (Migrant Programs)

21. Total number of children who left the program any time after classes or home visits began and did not re-enroll	0
a. Of the children who left the program during the program year, the number of children who were enrolled less than 45 days	0
b. Of the children who left the program during the program year, the number of preschool children who aged out, i.e. left the program in order to attend kindergarten	0

#### Attendance

22. The total number of children cumulatively enrolled in the center-based or family child care program option	457
a. Of these children, the number of children that were chronically absent	134
1. Of the children chronically absent, the number that stayed enrolled until the end of enrollment	111
23. Comments on children that were chronically absent:	
COVID-19/Family Issues, Cough/Cold, Allergies, Strep Throat	

#### Child Care Subsidy

24. The number of enrolled children for whom the program and/or its partners received a child care subsidy during the program year	0
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#### Race and Ethnicity

25. Race and Ethnicity	(1) Hispanic/Latino	(2) Non-Hispanic
a. American Indian or Alaskan Native	1	2
b. Asian	0	2
c. Black or African American	6	205
d. Native Hawaiian or Pacific Islander	0	1
e. White	29	120
f. Biracial/Multi-racial	15	44
g. Other	31	1
h. Unspecified	0	0
25.g.1 Comments:	Hispanic	
25.h.1 Comments:		

#### Primary Language of the Family at Home

26. Primary language of family at home:			
a. English		412	
1. Of these, the number of children acquiring/learning another language in addition to english			
b. Spanish	43	h. Pacific Island Languages	0
c. Native Central American	0	i. European/Slavic Languages	0
d. Caribbean Languages	0	j. African Languages	0
e. Middle Eastern & South Asian	0	k. American Sign Language	0
f. East Asian Languages	2	l. Other	0
g. Native North American/Alaskan	0	m. Unspecified	0
26.l.1 Comments:			

#### Dual Language Learners

27. Total number of Dual Language Learners	<i>System Calculates Total</i>
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#### Transportation

28. Number of children for whom transportation is provided to and from classes	92
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# Community Services Of Northeast Tex

## 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### A. Enrollment & Program Options

#### Management Information Systems

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

Name/title

a. ChildPlus/ChildPlus.net

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### B. Program Staff & Qualifications

Staff by type	(1) Head Start Early Head Start Staff	(2) Contracted Staff
1. Total number of staff members, regardless of the funding source for their salary or the number of hours worked	95	19
a. Of these, the number who are current or former Head Start parents	47	2

Volunteers by type	
2. Number of persons providing any volunteer services to the program during the program year	13
a. Of these, the number who are current or former Head Start or Early Head Start parents	13

Preschool Classroom and Assistant Teachers (HS and Migrant Programs)	(1) Classroom Teacher	(2) Assistant Teachers
3. Total number of preschool education and child development staff by position	26	28
a. An advanced degree in:  early childhood education or  any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children.	1	0
b. A baccalaureate degree in one of the following:  early childhood education  any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children or  any field and is part of the Teach for America program and passed a rigorous early childhood content exam	18	1
c. An associate degree in:  early childhood education  a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children	1	8
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	0	13
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	0	13
e. None of the qualifications listed in B.3.a through B.3.d	1	6

#### Preschool Classroom Teachers Program Enrollment

4. Total number of preschool classroom teachers that do not meet qualifications listed in B.3.a or B.3.b	<i>System Calculates Total</i>
a. Of these preschool classroom teachers, the number enrolled in a degree program that would meet the qualifications described in B.3.a or B.3.b	0

#### Preschool Classroom Assistant Teachers Program Enrollment

5. Total number of preschool assistant teachers that do not meet qualifications listed in B.3.a through B.3.d	<i>System Calculates Total</i>
a. Of these preschool assistant teachers, the number enrolled in a degree, certification, credential, or licensure program that would meet the qualifications listed in B.3.a through B.3.d	2

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### B. Program Staff & Qualifications

#### Infant and Toddler Classroom Teachers (EHS and Migrant Programs)

6. Total number of infant and toddler classroom teachers	0
a. An advanced degree in:	0
early childhood education with a focus on infant and toddler development or any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	
b. A baccalaureate degree in:	0
early childhood education with a focus on infant and toddler development or any field and coursework equivalent to a major relating to early childhood education, with experience teaching infants and/or toddlers	
c. An associate degree in:	0
early childhood education with a focus on infant and toddler development or a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching infants and/or toddlers	
d. A Child Development Associate (CDA) credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	0
1. Of these, a CDA credential or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements and that is appropriate to the option in which they are working	0
e. None of the qualifications listed in B.6.a through B.6.d	0
7. Total number of infant and toddler classroom teachers that do not have any qualifications listed in B.6.a through B.6.d	<i>System Calculates Total</i>
a. Of these infant and toddler classroom teachers, the number enrolled in a degree, certifications, credential, or licensure program that would meet one of the qualifications listed in B.6.a through B.6.d	0

#### Home Visitors and Family Child Care Provider Staff Qualifications

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

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### B. Program Staff & Qualifications

#### Child development staff - average salary

11. Average salary:	Avg. Annual Salary	Avg. Hourly Rate
a. Classroom teachers	0	0
b. Assistant teachers	0	0
c. Home-based visitors	0	0
d. Family child care providers	0	0

#### Classroom teacher salary by level of education

12. Classroom teacher salary by level of education:	
a. Advanced degree in early childhood education or related degree	0
b. Baccalaureate degree in early childhood education or related degree	0
c. Associate degree in early childhood education or related degree	0
d. A Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements	0
e. Classroom teachers that do not have the qualifications listed in B.12.a - B.12.d	0

#### Child development staff - race

13. Race and Ethnicity:	(1)Hispanic/Latino	(2)Non-Hispanic
a. American Indian or Alaskan Native	0	1
b. Asian	0	0
c. Black or African American	0	31
d. Native Hawaiian or Pacific Islander	0	0
e. White	4	13
f. Biracial/Multi-racial	0	0
g. Other	0	0
h. Unspecified	0	0
13.g.1 Comments:		
13.h.1 Comments:		

#### Child development staff - language

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

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### B. Program Staff & Qualifications

#### All Staff Turnover

	Staff	Contract Staff
16. Total number of staff who left during the program year (including turnover that occurred while the program was not in session, e.g. summer months)	8	0
a. Of these, the number who were replaced	7	0

#### Education and Child Development Staff Turnover

17. The number of teachers, preschool assistant teachers, family child care providers, and home visitors who left during the program year (including turnover that occurred while classes and home visits were not in session, e.g. during summer months)	1
a. Of these, the number who were replaced	1
b. Of these, the number who left while classes and home visits were in session	0
18. Of the number of education and child development staff that left, the number that left for the following primary reason:	
a. Higher compensation	0
1. Of these, the number that moved to state pre-k or other early childhood program	0
b. Retirement or relocation	1
c. Involuntary separation	0
d. Other (e.g. change in job field, reason not provided)	0
19. Number of vacancies during the program year that remained unfilled for a period of 3 months or longer	0

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

	(1) At enrollment	(2) At end of enrollment year
<b>Health Insurance - children</b>		
1. Number of all children with health insurance	433	230
Of these, the number of children whose primary insurance fits into the following categories:		
a. Number enrolled in Medicaid and/or CHIP	390	202
b. Number enrolled in state-only funded insurance (for example, medically indigent insurance)	<i>System Calculates Total</i>	<i>System Calculates Total</i>
2. Number of all children with no health insurance	<i>System Calculates Total</i>	<i>System Calculates Total</i>

	(1) At enrollment	(2) At end of enrollment year
<b>Health insurance - pregnant women (EHS programs)</b>		
3. Number of pregnant women with at least one type of health insurance.	0	0
a. Number enrolled in Medicaid	0	0
b. Of these, the number enrolled in state-only funded insurance (e.g. medically indigent insurance), private insurance, or other health insurance	<i>System Calculates Total</i>	<i>System Calculates Total</i>
4. Number of pregnant women with no health insurance	<i>System Calculates Total</i>	<i>System Calculates Total</i>

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible Health Care - Children</b>		
5. Number of children with and ongoing source of continuous, accessible health care provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care	410	150
a. Of these, the number of children that have accessible health care through a federally qualified Health Center, Indian Health Service, Tribal and/or Urban Indian Health Program facility	7	4

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible Health Care - Pregnant Women (EHS Programs)</b>		
6. Number of pregnant women with an ongoing source of continuous, accessible health care provided by a health care professional that maintains their ongoing health record and is not primarily a source of emergency or urgent care	0	0

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

	(1) At enrollment	(2) At end of enrollment year
<b>Medical services - children</b>		
7. Number of all children who are up-to-date on a schedule of age-appropriate preventive and primary health care, according to the relevant state's EPSDT schedule for well child care	61	303
a. Of these, the number of children diagnosed with any chronic condition by a health care professional, regardless of when the condition was first diagnosed		33
1. Of these, the number who received medical treatment for their diagnosed chronic health condition		15
b. Specify the primary reason that children with any chronic condition diagnosed by a health care professional did not receive medical treatment		<b>Number of Children</b>
1. No medical treatment needed		0
2. No health insurance		0
3. Parents did not keep/make appointment		0
4. Children left the program before their appointment date		0
5. Appointment is scheduled for future date		0
6. Other		0
8. Number of children diagnosed by a health care professional with the following chronic condition, regardless of when the condition was first diagnosed:		
a. Autism spectrum disorder (ASD)	0	f. Hearing Problems
b. Attention deficit hyperactivity disorder (ADHD)	1	g. Vision Problems
c. Asthma	7	h. Blood lead level test with elevated lead levels > u5 g/dL
d. Seizures	0	i. Diabetes
e. Life threatening allergies (e.g. food allergies, bee stings, and medication allergies that may result in systemic anaphylaxis).		3

#### Body Mass Index (BMI) - children (HS and Migrant programs)

	Children at enrollment
9. Number of children who are in the following weight categories according to the 2000 CDC BMI-for-age growth charts	
a. Underweight (BMI less than 5th percentile for child's age and sex)	58
b. Healthy weight (at or above 5th percentile and below 85th percentile for child's age and sex)	234
c. Overweight (BMI at or above 85th percentile and below 95th percentile for child's age and sex)	57
d. Obese (BMI at or above 95th percentile for child's age and sex)	86

	(1) At enrollment	(2) At end of enrollment year
<b>Immunization services - children</b>		
10. Number of children who have been determined by a health professional to be up-to-date on all immunizations appropriate for their age	425	285
11. Number of children who have been determined by a health care professional to have received all immunizations possible at this time, but who have not received all immunizations appropriate for their age	8	0
C.12 Number of children who meet their state's guidelines for an exemption from immunizations	8	5

## Community Services Of Northeast Tex

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Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

#### Medical services - pregnant women (EHS programs)

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

#### Prenatal health - pregnant women (EHS programs)

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

	(1) At enrollment	(2) At end of enrollment year
<b>Accessible dental care - children</b>		
C.16 Number of children with continuous, accessible dental care provided by an oral health care professional which includes access to preventive care and dental treatment	395	147

#### Preschool dental services (HS and Migrant programs)

17. Number of children who received preventive care during the program year	180
18. Number of all children, including those enrolled in Medicaid or CHIP, who have completed a professional dental examination during the program year	195
a. Of these, the number of children diagnosed as needing dental treatment during the program year	13
1. Of these, the number of children who have received or are receiving dental treatment	9
b. Specify the primary reason that children who needed dental treatment did not receive it:	<b>Number of Children</b>
1. Health insurance doesn't cover dental treatment	0
2. No dental care available in local area	0
3. Medicaid not accepted by dentist	0
4. Dentists in the area do not treat 3 - 5 year old children	0
5. Parents did not keep/make appointment	0
6. Children left the program before their appointment date	0
7. Appointment is scheduled for future date	1
8. No transportation	0
9. Other	0

#### Infant and toddler preventive dental services (EHS and migrant programs)

19. Number of all children who are up-to-date according to the dental periodicity schedule in the relevant state's EPSDT schedule	0
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## Community Services Of Northeast Tex 9700 - PIR Report (precalculated values and overrides)

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### C. Child & Family Services

#### Mental health consultation

20. Total number of classroom teachers, home visitors, and family child care providers	<i>System Calculates Total</i>
a. Indicate the number of classroom teachers, home visitors, and family child care providers who received assistance from a mental health consultant through observation and consultation	0

#### IDEA eligibility determination

21. The total number of children referred for an evaluation to determine eligibility under the Individuals with Disabilities Education Act (IDEA) during the program year	44
a. Of these, the number who received an evaluation to determine IDEA eligibility	5
1. Of the children that received an evaluation, the number that were diagnosed with a disability	2
2. Of the children that received an evaluation, the number that were not diagnosed with a disability under IDEA	1
1. Of these children, the number for which the program is still providing or facilitating individualized services and supports such as an individual learning plan or supports described under Section 504 of the Rehabilitation Act	0
b. Of these, the number who did not receive an evaluation to determine IDEA eligibility	<i>System Calculates Total</i>
22. Specify the primary reason that children referred for an evaluation to determine IDEA eligibility did not receive it:	
a. The responsible agency assigned child to Response to Intervention (RTI)	0
b. Parent(s) refused evaluation	1
c. Evaluation is pending and not yet completed by responsible agency	1
d. Other	6
1. Specify: Student tested/observed and did not qualify	

#### Preschool disability services (HS and Migrant programs)

23. Number of children enrolled in the program who had an individualized Education Program (IEP), at any time during the program year, indicating they were determined eligible by the LEA to receive special education and related services under the IDEA	26
a. Of these, the number who were determined eligible to receive special education and related services:	
1. Prior to this program year	17
2. During this program year	9
b. Of these, the number who have not received special education and related services	0

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

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

# Community Services Of Northeast Tex

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### C. Child & Family Services

<b>Preschool primary disabilities (HS and Migrant programs)</b>	<b>(1) Determined to have Disability</b>	<b>(2) Receiving Special Services</b>
25. Diagnosed primary disability:		
a. Health impairment	0	0
b. Emotional disturbance	0	0
c. Speech or language impairment	17	17
d. Intellectual disabilities	0	0
e. Hearing impairment, including deafness	1	0
f. Orthopedic impairment	1	1
g. Visual impairment, including blindness	0	0
h. Specific learning disability	1	1
i. Autism	0	0
j. Traumatic brain injury	0	0
k. Non-categorical/developmental delay	2	2
l. Multiple disabilities, excluding deaf-blind	4	4
m. Deaf-blind	0	0

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

#### Education and Development Tools/Approaches

##### Screening

26. Number of all newly enrolled children since last year's PIR was reported	304
27. Number of all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns since last year's PIR was reported	165
a. Of these, the number identified as needing follow-up assessment or formal evaluation to determine if the child has a disability	13
28. The instrument(s) used by the program for developmental screening:	
a. Dial 4	
b.	
c.	

##### Assessment

29. Approach or tool(s) used by the program for ongoing child assessment:	Locally designed
a. CIRCLE	No
b.	No
c.	No

##### Curriculum

30. Curriculum used by the program:	
a. For center-based services:	Locally designed
1. Frog Street Pre-K	No
2.	No
3.	No
b. For family child care services:	Locally designed
1.	No
2.	No
3.	No
c. For home-based services:	Locally designed
1.	No
2.	No
3.	No
d. For pregnant women services:	Locally designed
1.	No
2.	No
3.	No
e. For building on the parents' knowledge and skill (i.e. parenting curriculum)	Locally designed
1.	
2.	
3.	

##### Staff-child interaction observation tools

	Yes (Y)/ No (N)
31. Does the program routinely use classroom or home visit observation tools to assess quality?	Yes
32. If yes, classroom and home visit observation tool(s) used by the program:	Locally designed
a. Center-based settings CLASS	No
b. Home-based settings	No
c. Family child care settings	No

**Community Services Of Northeast Tex**  
**9700 - PIR Report (precalculated values and overrides)**  
 Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

**C. Child & Family Services**

**Family and Community Partnerships**

**Number of families**

33. Total number of families:	430
a. Of these, the number of two-parent families	154
b. Of these, the number of single-parent families	276
34. Of the total number of families, the number in which the parent/guardian figures are best described as:	
a. Parent(s) (e.g. biological, adoptive, stepparents)	404
1. Of these, the number of families with a mother only (biological, adoptive, stepmother)	251
2. Of these, the number of families with a father only (biological, adoptive, stepfather)	8
b. Grandparents	15
c. Relative(s) other than grandparents	2
d. Foster parent(s) not including relatives	9
e. Other	0

**Parent guardian education**

35. Of the total number of families, the highest level of education obtained by the child's parent(s) / guardian(s)	
a. An advanced degree or baccalaureate degree	85
b. An associate degree, vocational school, or some college	52
c. High school graduate or GED	244
d. Less than high school graduate	49

**Employment, Job Training, and School**

36. Total number of families in which at enrollment	
a. At least one parent/guardian is employed, in job training, or in school at enrollment	311
1. Of these families, the number in which one or more parent/guardian is employed	305
2. Of these families, the number in which one or more parent/guardian is in job training (e.g. job training program, professional certificate, apprenticeship, or occupational license)	52
3. Of these families, the number in which one or more parent/guardian is in school (e.g. GED, associate degree, baccalaureate, or advanced degree)	52
b. Neither/No parent/guardian is employed, in job training, or in school at enrollment (e.g. unemployed, retired, or disabled)	119
37. Total number of families in which at end of enrollment:	
a. At least one parent/guardian is employed, in job training, or in school at end of enrollment	18
1. Of these families, the number of families that were also counted in C.36.a (as having been employed, in job training, or in school at enrollment)	14
2. Of these families, the number of families that were also counted in C.36.b (as having not been employed, in job training, or in school at enrollment)	4
b. Neither/No parent/guardian is employed, in job training, or in school at end of enrollment (e.g. unemployed, retired, or disabled)	412
1. Of these families, the number of families that were also counted in C.36.a	297
2. Of these families, the number of families that were also counted in C.36.b	115

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

#### Military Families

38.a At least one parent/guardian is a member of the United States military on active duty	4
38.b At least one parent/guardian is a veteran of the United States military	11

Federal or other assistance	(1) At enrollment	(2) At end of enrollment year
39. The number of families receiving any cash benefits or other services under the Federal Temporary Assistance for Needy Families (TANF) Program	8	9
40. Total number families receiving Supplemental Security Income (SSI)	40	37
41. Total number of families receiving services under the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	126	78
42. Total number of families receiving services under the Supplemental Nutrition Assistance Program (SNAP), formerly referred to as Food Stamps	202	121

#### Family Services

Family Services	Services Received
43. The number of families who received the following program service to promote family outcomes:	
a. Emergency/crisis intervention such as addressing immediate need for food, clothing, or shelter	20
b. Housing assistance such as subsidies, utilities, repairs, etc.	1
c. Asset building services (e.g. financial education, debt counseling)	68
d. Mental health services	5
e. Substance misuse prevention	3
f. Substance misuse treatment	1
g. English as a second language (ESL) training	17
h. Assistance in enrolling into an education or job training program	25
i. Research-based parenting curriculum	325
j. Involvement in discussing their child's screening and assessment results and their child's progress	230
k. Supporting transitions between programs (i.e. EHS to HS, HS to kindergarten)	207
l. Education on preventative medical and oral health	363
m. Education on health and developmental consequences of tobacco product use	58
n. Education on nutrition	247
o. Education on postpartum care (e.g. breastfeeding support)	7
p. Education on relationship/marriage	6
q. Assistance to families of incarcerated individuals	2
44. Of these, the number that received at least one of the services listed above	376

#### Father engagement

45. Number of fathers/father figures who were engaged in the following activities during this program year:	
a. Family Assessment	33
b. Family goal setting	34
c. Involvement in child's Head Start child development experiences (e.g. home visits, parent-teacher conferences, volunteering)	57
d. Head Start program governance, such as participation in the Policy Council or policy committees	4
e. Parenting education workshops	9

# Community Services Of Northeast Tex

## 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

### C. Child & Family Services

#### Homelessness Services

46. Total number of families experiencing homelessness that were served during the enrollment year	20
47. Total number of children experiencing homelessness that were served during the enrollment year	22
48. Total number of families experiencing homelessness that acquired housing during the enrollment year	2

#### Foster care and child welfare

49. Total number of enrolled children who were in foster care at any point during the program year	21
50. Total number of enrolled children who were referred to Head Start/Early Head Start services by a child welfare agency	3

## Community Services Of Northeast Tex

### 9700 - PIR Report (precalculated values and overrides)

Head Start 2020-2021 (Last calculated: 11/30/2020 4:36PM)

#### D. Grant Level Questions

#### Intensive Coaching

1. The number of education and child development staff (i.e. teachers, preschool assistant teachers, home visitors, FFC providers) that received intensive coaching	30
2. The number of individuals that provided intensive coaching, whether by staff, consultants, or through partnership	1

#### Management Staff Salaries

	(1) Annual Salary	(2) Percent Funded by Head Start or Early Head Start	(3) Number of Management Staff in this Position
3. Management staff:			
a. Executive Director	0	0	0
b. Head Start and/or Early Head Start Director	0	0	0
c. Education Manager/Coordinator	0	0	0
d. Health Services Manager/Coordinator	0	0	0
e. Family & Community Partnerships Manager/Coordinator	0	0	0
f. Disability Services Manager/Coordinator	0	0	0
g. Fiscal Officer	0	0	0

#### Education Management Staff Qualifications

	# of education managers /coordinators
4. Total number of education managers/coordinators	System Calculates T
a. Of these, the number of education manager/coordinators with a baccalaureate or advanced degree in early childhood education or a baccalaureate or advance degree and equivalent coursework in early childhood education with early education teaching experience	3
b. Of these, the number of education manager/coordinators that do not meet one of the qualifications in D.4.a	0
1. Of the education manager/coordinators in D.4.b, the number enrolled in a program that would meet a qualification described in D.4.a	0

#### Family Services Staff Qualifications

	# of family services staff
5. Total number of family services staff	15
a. Of these, the number that have a credential, certification, associate, baccalaureate, or advanced degree in social work, human services, family services, counseling, or a related field	14
b. Of these, the number that do not meet one of the qualifications described in D.5.a	1
1. Of the family services staff in D.5.b, the number enrolled in a degree or credential program that would meet a qualification described in D.5.a.	0
2. Of the family services staff in D.5.b, the number hired before November 7, 2016	0

#### Formal Agreements for Collaboration

	# of formal agreements
6. Total number of formal agreements with child care partners	0
7. Total number of LEAs in the service area	23
a. Of these, the total number of formal agreements with those LEAs to coordinate services for children with disabilities	8
b. Of these, the total number of formal agreements with those LEAs to coordinate transition services	8

**(b) Age Requirements. (Standard 1302.12(b))**

**(1) For Early Head Start, except when the child is transitioning to Head Start, a child must be an infant or a toddler younger than three years old.**

**(2) For Head Start, a child must:**

**(i) Be at least three years old or, turn three years old by the date used to determine eligibility for public school in the community in which the Head Start program is located; and,**

**(ii) Be no older than the age required to attend school.**

**(3) For Migrant or Seasonal Head Start, a child must be younger than compulsory school age by the date used to determine public school eligibility for the community in which the program is located. Not Applicable to CSNT Head Start.**

**PROCEDURE**

1. Children must turn one year old before their start date to be eligible for enrollment in Early Head Start.
2. Children are eligible for Early Head Start services until they are able to transition into the Head Start Program upon their third birthday.
3. Children must turn three years old on or before September 1 to be eligible for enrollment at Campuses that the child will be dually enrolled with the ISD. (Children with professionally diagnosed disabilities are eligible for enrollment upon their third birthday).
4. Children will be accepted on or after their 3<sup>rd</sup> birthday at locations that the child is not dually enrolled in the ISD. (Pittsburg location only)
5. Children that are eligible to receive kindergarten services are not eligible for Head Start services.



## ATTENDANCE (Standard 1302.16)

(a) **Promoting regular attendance.** A program must track attendance for each child.

(1) A program must implement a process to ensure children are safe when they do not arrive at school. If a child is unexpectedly absent and a parent has not contacted the program within one hour of program start time, the program must attempt to contact the parent to ensure the child's wellbeing.

(2) A program must implement strategies to promote attendance. At a minimum, a program must:

(i) Provide information about the benefits of regular attendance;

(ii) Support families to promote the child's regular attendance;

(iii) Conduct a home visit or make other direct contact with a child's parents if a child has multiple unexplained absences (such as two consecutive unexplained absences); and,

(iv) Within the first 60 days of program operation, and on an ongoing basis thereafter, use individual child attendance data to identify children with patterns of absence that put them at risk of missing ten percent of program days per year and develop appropriate strategies to improve attendance among identified children, such as direct contact with parents or intensive case management, as necessary.

(3) If a child ceases to attend, the program must take appropriate efforts to reengage the family to resume attendance, including as described in paragraph (a)(2) of this section. If the child's attendance does not resume, then the program must consider that slot vacant. This action is not considered expulsion as described in 1302.17.

## PROCEDURE

1. If parent has not contacted the program within one hour of start time, a phone call will be made by Family Service Worker to ensure the safety of the child.
2. If absenteeism continues a home visit will be made.
3. A note from the parent or doctor/dentist should be provided on the child's return to school and will excuse a child's absence.
4. The following are acceptable reasons for excused absences:
  - a. A child is hospitalized.
  - b. A child is incapacitated due to serious injury.
  - c. A child contracts a communicable disease (virus or flu, etc.)

- d. A child has other health related ailments which temporarily prevent attendance such as asthma.
  - e. There is a death in the family.
  - f. A child cannot attend class because he/she has received a medical treatment or therapy at the time school was being held.
  - g. The child's attendance is affected by a family situation.
  - h. Weather conditions.
  - i. Transportation, water and heater problems may necessitate closing the campus.
5. Family Service Staff look at individual attendance data within the first 60 days of school to identify children that are at risk of missing more than ten percent of the year.
  6. Family Service Administrator attends the first parent meeting of the year at each campus and stress the importance of attendance to the parents.
  7. Family Service Staff work with the family and encourage regular attendance. If a situation prevents child from attending the program, Family Service Staff should use available resources to help the family reengage in the program.
  8. If child does not reengage in the program and staff has had no contact with the family after two weeks, the slot will be considered an enrollment vacancy.
  9. If a home visit is made with the family, the discussion centers on the reasons for the absence and any assistance program can provide the family to encourage regular attendance and the importance to the child and the program for the child to attend regularly.

**Justification**  
**Adding Early Head Start to**  
**Operating Policies**  
**Grantee 06CH011282/01**

Date	Description	
12/18/2020	Early Head Start has been added to the Program Operating Policies and the Program Operating Manuals Policies and Procedures. The results are:	
	<b>Operating Policies Area</b>	<b>Changes</b>
	Program Governance	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	ERSEA	Page 9 – Age Eligibility for EHS children Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Program Structure	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Early Childhood/CLASS	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Additional Services	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Transition Services	Page 5 – Transitions for EHS children Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Family & Community Engagement/Transition	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”

	Health Program Services	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Human Resources Management	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Program Management & QI	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Financial Requirements	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Administrative Requirements	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”

**Justification**  
**Adding Early Head Start to**  
**Operating Manuals**  
**Grantee 06CH011282/01**

Date	Description	
12/18/2020	Early Head Start has been added to the Program Operating Policies and the Program Operating Manuals Policies and Procedures. The results are:	
	<b>Operating Manuals Area</b>	<b>Changes</b>
	Education and Child Development	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Family and Community Engagement	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will” Pg.12 – Added Transition from Early Head Start
	Health Services	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Disability/Mental Health	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Non-Federal Share/In-Kind	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Nutrition	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	On-Going Monitoring Plan	Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”
	Staff Development/Training	Page 18 – Added EHS Lead Teacher Requirements Add Early Head Start where Head Start was mentioned – changed “CSNT Head Start will” to “the Program will”



304 E. Houston Street  
Linden, Texas 75563  
(903) 756-7784  
(903) 756-3254 (fax)

# Head Start

*"Building partnerships, changing lives"*



## Head Start Physical Form

Child's Name/Nombre de Nino	Birthdate/Fecha de Nacimiento
-----------------------------	-------------------------------

<p><b>Section 1: Physical Exam/Assessment</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: center;">Normal</th> <th style="width: 35%; text-align: center;">Abnormal</th> </tr> </thead> <tbody> <tr> <td>Skin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>EENT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Abdomen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Neuromuscular /Social</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Genitalia</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="padding-top: 10px;">Comments:</td> </tr> </tbody> </table>		Normal	Abnormal	Skin	<input type="checkbox"/>	<input type="checkbox"/>	EENT	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	Neuromuscular /Social	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	Comments:			<p><b>Section 2: Standard Tests &amp; Measurements</b></p> <p>Blood Pressure ____/____</p> <p>Height _____ Weight _____</p> <p>*HGB or HCT _____ Date _____</p> <p>*Lead Level _____ Date _____</p> <p><b>*Head Start requires the test to be done after 2<sup>nd</sup> birthday.</b></p> <p>Vision _____ Hearing _____</p> <p>Child is up to date on schedule of age appropriate preventative and primary health care:  <div style="text-align: right;">_____ Yes    _____ No</div> </p> <p>Allergies: _____</p> <p>Please indicate any significant past medical history (Surgeries, PT, OT, Etc)</p> <p>Please indicate if there are any concerns regarding mental health or cognitive delays.</p>
	Normal	Abnormal																										
Skin	<input type="checkbox"/>	<input type="checkbox"/>																										
EENT	<input type="checkbox"/>	<input type="checkbox"/>																										
Heart	<input type="checkbox"/>	<input type="checkbox"/>																										
Lungs	<input type="checkbox"/>	<input type="checkbox"/>																										
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Genitalia	<input type="checkbox"/>	<input type="checkbox"/>																										
Comments:																												

<p>Doctor's Name:</p> <p>Address:</p> <p>Phone Number:</p>	<p>Is child currently being treated for any medical conditions? Please state diagnosis and medication,</p>
--	--

I certify that I have examined the above child on this date and that he/she is able to participate in Head Start activities.

**Doctor/Health Care Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EARLY HEAD START ENROLLMENT HEALTH HISTORY FORM**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Birth**

Delivery Method:  Vaginal  C-Section

Birth Weight: \_\_\_\_\_ Length: \_\_\_\_\_

Gestation Age: \_\_\_\_\_ weeks  Unknown

Birth Facility: \_\_\_\_\_

Describe any complications associated with this delivery (Pre-term labor, fetal distress, etc.)

Did the baby have any problems at birth? \_\_\_\_\_

Describe any observable defects. \_\_\_\_\_

Did the mother have any health problems during this pregnancy (High Blood Pressure, Diabetes, etc.)

**Medication**

Is your child currently taking any medication?  Yes  No

If yes, what medication and when does the child receive the medication? \_\_\_\_\_

*\*if your child receives medication at school, medication administration forms need to be completed by doctor*

**Medical**

Is your child current with well-child exams?  Yes  No Date of Last Exam: \_\_\_\_\_

Is your child being treated by a physician for any of the following conditions?

- |   |   |
|---|---|
| <input type="checkbox"/> Anemia/Sickle Cell | <input type="checkbox"/> Vision Problems(glasses/difficulty seeing/headaches) |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Hearing Problems (difficulty hearing/tubes/earaches) |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> High Lead Levels                                     |
| <input type="checkbox"/> Seizures           |   |
| <input type="checkbox"/> Cardiac Disorders  |   |

Please specify: \_\_\_\_\_

Does your child have any of the following allergies?

- Insect Stings/Bites
- Medication: \_\_\_\_\_
- Poison Ivy/Oak

Does your child require an EPI-PEN?  Yes  No

*\*If your child has an allergy, an ALLERGY ACTION PLAN will need to be completed by doctor*

Does your child use diapers or pull ups?  Diapers  Pull Ups  Potty Trained

Preferred Brand: \_\_\_\_\_

Size: \_\_\_\_\_

**Does your child have any of the following conditions?**

- Bone/joint/muscle disease
- Fainting spells
- Bone/joint/muscle injury
- Hyperactivity
- Frequent fevers
- Trouble sleeping
- Lack of energy

**Is your child seeing a medical specialist for ANY reason?**  Yes  No

If yes, specify: \_\_\_\_\_

**Would you like to set up a meeting with the Health Coordinator to discuss your child’s health issues?**

- Yes  No

**Dental**

**Is your child in pain right now because of their teeth?**  Yes  No

**Nutrition**

Is your family currently involved with WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____
What does your child drink from?	<input type="checkbox"/> Regular Cup <input type="checkbox"/> Sippy Cup <input type="checkbox"/> Bottle
What milk does your child drink?	<input type="checkbox"/> Breast <input type="checkbox"/> Whole Milk <input type="checkbox"/> 2% <input type="checkbox"/> 1% <input type="checkbox"/> Lactose Free <input type="checkbox"/> Other: _____
Is your child documented as lactose intolerant per physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child take a vitamin or mineral supplement that contains iron and/or fluoride?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Were the supplements prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there foods not eaten for medical, religious, cultural, or personal reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Is your child on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Has your child’s appetite changed in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child have trouble chewing or swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns about what your child eats or your child’s weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please list concerns: _____ _____
Does your child have a food allergy documented by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child need nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment you feel your child needs _____ _____
Is your child receiving nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment your child is receiving _____ _____



## Disability/Mental Health

Did your child receive services from Early Childhood Intervention (ECI)?  Yes  No

*\* speech/language, physical/occupational therapy*

If yes, which agency? \_\_\_\_\_ IFSP in place?  Yes  No

Does your child have any sleeping problems?  Yes  No

What time does your child go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_

Does your child take a nap?  Yes  No

Does your child sleep through the night?  Yes  No

Does your child have frequent nightmares?  Yes  No

Has your child been in daycare or go to a babysitter?  Yes  No

Does your child play well with others?  Yes  No

## Special Concerns

List any additional concerns

---

---

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

I verify that I have reviewed this health history form and have taken any needed actions regarding this child.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

ENTERED INTO CHILD PLUS

BY: \_\_\_\_\_

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



**HEAD START ENROLLMENT HEALTH HISTORY FORM**

**Medication**

Is your child currently taking any medication?  Yes  No

If yes, what medication and when does the child receive the medication? \_\_\_\_\_

*\*if your child receives medication at school, medication administration forms need to be completed by doctor*

**Medical**

Is your child current with well-child exams?  Yes  No Date of Last Exam: \_\_\_\_\_

Is your child being treated by a physician for any of the following conditions?

- |   |   |
|---|---|
| <input type="checkbox"/> Anemia/Sickle Cell | <input type="checkbox"/> Vision Problems(glasses/difficulty seeing/headaches) |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Hearing Problems (difficulty hearing/tubes/earaches) |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> High Lead Levels                                     |
| <input type="checkbox"/> Seizures           |   |
| <input type="checkbox"/> Cardiac Disorders  |   |

Please specify: \_\_\_\_\_

Does your child have any of the following allergies?

- |  |   |
|--|---|
| <input type="checkbox"/> Insect Stings/Bites | <input type="checkbox"/> Poison Ivy/Oak |
| <input type="checkbox"/> Medication: _____   |   |

Does your child require an EPI-PEN?  Yes  No

*\*If your child has an allergy, an ALLERGY ACTION PLAN will need to be completed by doctor*

Does your child have any of the following problems?

- |   |   |
|---|---|
| <input type="checkbox"/> Seasonal Allergies: _____          | <input type="checkbox"/> Painful urination            |
| <input type="checkbox"/> Eczema, hives, other skin problems | <input type="checkbox"/> Wears diapers/training pants |
| <input type="checkbox"/> Bed wetting                        | <input type="checkbox"/> Frequent indigestion         |
| <input type="checkbox"/> Daytime wetting                    | <input type="checkbox"/> Frequent stomachaches        |
| <input type="checkbox"/> Frequent diarrhea                  | <input type="checkbox"/> Frequent vomiting            |
| <input type="checkbox"/> Frequent urination                 | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Frequent constipation              | _____   |

Does your child have any of the following conditions?

- |  |   |
|--|---|
| <input type="checkbox"/> Bites when angry/frustrated | <input type="checkbox"/> Hyperactivity    |
| <input type="checkbox"/> Bone/joint/muscle disease   | <input type="checkbox"/> Frequent fevers  |
| <input type="checkbox"/> Fainting spells             | <input type="checkbox"/> Trouble sleeping |
| <input type="checkbox"/> Bone/joint/muscle injury    | <input type="checkbox"/> Lack of energy   |

Is your child seeing a medical specialist for ANY reason?  Yes  No

If yes, specify: \_\_\_\_\_

Would you like to set up a meeting with the Health Coordinator to discuss your child's health issues?

Yes  No

**Dental**

Is your child in pain right now because of their teeth?  Yes  No

## Nutrition

Is your family currently involved with WIC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have concerns about your child's eating patterns? (picky eater, over/under eating, other)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child take a vitamin or mineral supplement that contains iron and/or fluoride?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Were the supplements prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there foods not eaten for medical, religious, cultural, or personal reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Is your child on a special diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Has your child's appetite changed in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Does your child have trouble chewing or swallowing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____
Do you have any concerns about what your child eats or your child's weight?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please list concerns: _____ _____
Does your child have a food allergy documented by a physician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child need nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment you feel your child needs _____ _____
Is your child receiving nutritional treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No List the treatment your child is receiving _____ _____

## Disability/Mental Health

Is your child currently seeing a counselor or therapist?  Yes  No

If yes, who? \_\_\_\_\_

Did your child receive services from Early Childhood Intervention (ECI)?  Yes  No

*\* speech/language, physical/occupational therapy*

If yes, which agency? \_\_\_\_\_ IFSP in place?  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

I verify that I have reviewed this health history form and have taken any needed actions regarding this child.

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

ENTERED INTO CHILD PLUS

BY: \_\_\_\_\_

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

**Daily/Weekly/Monthly Duties**

**HS/EHS Campus:**

**Month/Year:**

Checklist	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
<b>Daily Indoor Duties</b>																																	
Sweep/vacuum/mop																																	
Bathroom sinks/commododes																																	
Dispose of garbage & Replace garbage can liners																																	
Inspect & Replenish Glove Dispensers																																	
Sanitize all toys after illness or remove toy until sanitized																																	
Inspect Electrical outlets for missing plug protectors																																	
<b>Wash:</b>																																	
Tables/Chairs after meals/snacks																																	
Water Cooler																																	
Door knobs/Glass doors/Mirrors Light Switch plates																																	
Cots/kinder mats																																	
<b>Daily Outdoor Duties:</b>																																	
Sweep porches																																	
Inspect/ Maintain Fall Surface Clear property of debris/trash																																	

Weekly Duties	Date/Init	Date/Init	Date/Init	Date/Init	Date/Init	Monthly Duties	Date/Init
Dust and Deep clean, as necessary, all furniture, toys, doormats, vents, window sills etc.						Inspect/Maintain A/C Filters—change last day of each month	
Help load/unload supplies as needed						Inspect/Maintain Interior walls (free of dust, holes, chipping/peeling paint)	
<b>Wash and/or Sanitize Weekly:</b>						Maintain/Clean coils to refrigerators & freezers	
Bathroom & campus floors w/sanitizing solution, including baseboards						Inspect for and remove collections of water on the playground	
Toothbrush Sanitizers each Friday						Inspect/Maintain Playground equipment / retaining walls for safety hazards	
Inspect & Sanitize all toys after episodes of illness or remove toy until sanitized						Inspect/Maintain Fixed equipment / Large equipment for safety hazards	
<b>Weekly outdoor duties:</b>						Check Fire Extinguishers, Carbon Dioxide and Smoke Detectors, and Vent Hood for current certification.	
Mow, weed eat, trim shrubs						Inspect/Maintain safety equipment	
Inspect/Maintain outside toys/tricycles						Inspect Electrical outlets for missing plug protectors, electrical equipment and submit MAT ticket for major repairs	
Clear sidewalks, porches, play structure of grass						Inspect/Maintain playground fall surface markers—ensure markers remain intact and fall surface level meets requirement (9”).	

Maintenance/Custodial staff required to complete all assigned duties. Campus Directors or designated staff must monitor all duty items or perform items when indicated & document findings and actions taken. (i.e. MAT/Supply tickets, etc.) **Submit to Health Specialist by the 5<sup>th</sup> of each month.**

\_\_\_\_\_  
**Campus Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Maintenance/Custodial Staff**

\_\_\_\_\_  
**Date**

## Inspection Criteria:

- Fall Surface should be at depth indicated by markers on equipment (9"). There should not be any compaction, holes or uneven areas.
- There should be no obstructions or foreign objects in the Fall Zone under or around fixed equipment, including grass and/or weeds.
- Concrete supports and large equipment should be secure and supports below the ground.
- There should be no obstructions that interfere with normal play activities.
- There should be no sharp edges, broken parts, loose bolts, or locations which may cause pinching action.
- Check A/C filters monthly and replace the last day of each month.
- Inspect plastic retaining walls for cracks and positioning.
- All toys should be in good repair and sanitized daily/weekly and after periods of illness
- No protrusions that can catch clothing or skin.
- No crush points or shearing actions as with seesaws and undercarriages of revolving equipment.
- Gates should be secure and in good repair.
- No standing water or toxic materials on the playground.
- Grass, trees, shrubs trimmed appropriately.
- Inspect play structure monthly to ensure there is no bending, warping, breaking, sinking, or rusting areas.
- Maintain and clean coils on refrigerators and freezers monthly.
- Safety equipment such as guard rails, padded areas, and protective covers are without tears, wear or damage.
- No sanitary hazards, broken glass or rocks.
- Check date on Fire Extinguishers, they should be inspected by contractor annually.
- Test battery on Carbon Dioxide and Smoke Detectors monthly-**Change battery twice a year** or as needed if detector malfunctions.
- Check date on vent hood fire suppression system, contractor should inspect every 6 months.
- Monitor electrical equipment for frayed or damaged cords, loose or missing safety covers, damage, etc...
- Check all electrical outlets for covers on a daily basis; be sure to inspect computer surge suppressors.
- Deep clean, as necessary, all furniture, toys, doormats, vents, window sills, etc.
- Clean Toothbrush Sanitizers each Friday.

Indicate any problems or concerns noted (sign and date): \_\_\_\_\_

Maintenance/Custodial staff required to complete all assigned duties. Campus Directors or designated staff must monitor all duty items or perform underlined items when indicated. & document findings and actions taken. (i.e. MAT tickets/Supply Tickets etc.) Submit to Health Specialist by the 5<sup>th</sup> of each month.



# My Asthma Action Plan

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Severity Classification:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

Peak Flow Meter Personal Best: \_\_\_\_\_

## Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter \_\_\_\_\_ (more than 80% of personal best)

Control Medicine(s)	Medicine	How much to take	When and how often to take it
	_____	_____	_____
	_____	_____	_____

Physical Activity  Use Albuterol/Levalbuterol \_\_\_\_\_ puffs, 15 minutes before activity  
 with all activity  when you feel you need it

## Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Quick-relief Medicine(s)  Albuterol/Levalbuterol \_\_\_\_\_ puffs, every 4 hours as needed

Control Medicine(s)  Continue Green Zone medicines

Add \_\_\_\_\_  Change to \_\_\_\_\_

You should feel better within 20–60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

## Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter \_\_\_\_\_ (less than 50% of personal best)

Take Quick-relief Medicine NOW!  Albuterol/Levalbuterol \_\_\_\_\_ puffs, \_\_\_\_\_ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

Emergency Contact Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Child Care Diabetes Medical Management Plan

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Dates Plan in Effect: \_\_\_\_\_

Parent or guardian Name(s)/Number(s): \_\_\_\_\_

Diabetes Care Provider Name/Number: \_\_\_\_\_

Diabetes Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location of diabetes supplies at child care facility: \_\_\_\_\_

## Blood Glucose Monitoring

Target range for blood glucose is:  80-180  Other \_\_\_\_\_

When to check blood glucose:  before breakfast  before lunch  before dinner  before snacks

When to do extra blood glucose checks:  before exercise  after exercise  when showing signs of low blood glucose  
 when showing signs of high blood glucose  other \_\_\_\_\_

**Insulin Plan:** Please indicate which type of insulin regimen this child uses (check one):

Insulin Pump  Multiple Daily Injections  Fixed Insulin Doses

Specific information related to each insulin regimen/plan is included below for this child.

Type of insulin used at child care (check all that apply):  Regular  Apidra  Humalog  Novolog  NPH  
 Lantus  Levemir  Mix  Other \_\_\_\_\_

### Plan A: Insulin Pump\*

1. Always use the insulin pump bolus wizard:  Yes  No  
If no, use Insulin:Carbohydrate Ratio and Correction Factor dosage on Plan B.
2. Blood glucose must be checked before the child eats and will (check one):  
 Be sent to the pump by the meter  
 Need to be entered into the pump
3. The insulin pump will calculate the correction dose to be delivered **before** the meal/snack.
4. **After the meal/snack**, enter the total number of carbohydrates eaten at that meal/snack. The insulin pump will calculate the insulin dose for the meal.
5. Contact parent/guardian with any concerns.

For a list of definitions of terms used in this document, please see the *Diabetes Dictionary*.

**\*Providers should complete Insulin:Carbohydrate ratio and Correction dosage under Plan B section for ALL pump users.**

### Plan B: Multiple Daily Injections

1. Child will receive a fixed dose of \_\_\_\_\_ long-acting insulin at \_\_\_\_\_  Yes  No
2. Follow blood glucose monitoring plan above.
3. Use \_\_\_\_\_ insulin for meals and snacks. Insulin dose for food is \_\_\_\_\_ unit(s) for meals **OR** \_\_\_\_\_ unit(s) for every \_\_\_\_\_ grams carbohydrate.  
Give injection after the child eats.
4. If blood glucose is above target, add correction dose to:  
 Breakfast  Snack  
 Lunch  Snack  
 Other: \_\_\_\_\_  
Use the following correction factor \_\_\_\_\_ or this scale:  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_

**Only add correction dose if it has been 3 hours since the last insulin administration.**

### C: Fixed Insulin Doses

1. Child will receive a fixed dose of long acting insulin?  Yes  No  
If yes, give child \_\_\_\_\_ units of \_\_\_\_\_ insulin at \_\_\_\_\_.
2. Insulin correction dose at child care ( \_\_\_\_\_ insulin)?  
 Yes  No
3. If blood glucose is above target, add correction dose to:  
 Breakfast  Snack  
 Lunch  Snack  
 Other: \_\_\_\_\_  
Use the following correction factor \_\_\_\_\_ or the following scale:  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ units if BG is \_\_\_\_\_ to \_\_\_\_\_

**Only add correction dose if it has been 3 hours since the last insulin administration.**

## Managing Very Low Blood Glucose

### Hypoglycemia Plan for Blood Glucose less than \_\_\_\_\_ mg/dL

1. Give 15 grams of fast acting carbohydrate.
2. Recheck blood glucose in 15 minutes.
3. If still below 70 mg/dL, offer 15 grams of fast acting carbohydrate, check again in 15 minutes.
4. When the child's blood glucose is over 70, provide 15g of carbohydrate as snack. Do not give insulin with this snack.
5. **Contact the parent/guardian** any time blood glucose is less than \_\_\_\_\_ mg/dL at child care.

#### Usual symptoms of hypoglycemia for this child include:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Shaky    | <input type="checkbox"/> Fast heartbeat | <input type="checkbox"/> Sweating          |
| <input type="checkbox"/> Anxious  | <input type="checkbox"/> Hungry         | <input type="checkbox"/> Weakness/Fatigue  |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Blurry vision  | <input type="checkbox"/> Irritable/Grouchy |
| <input type="checkbox"/> Dizzy    | <input type="checkbox"/> Other _____    |  |

1. If you suspect low blood glucose, check blood glucose!
2. If blood glucose is below \_\_\_\_\_, follow the plan above.
3. If the child is unconscious, having a seizure (convulsion) or unable to swallow:
  - Give glucagon. Mix liquid and powder and draw up to the first hash mark on the syringe. Then inject into the thigh. Turn child on side as vomiting may occur.
  - If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance). After calling 911, contact the parents/guardian. If unable to reach parent, contact diabetes care provider.

## Managing Very High Blood Glucose

### Hyperglycemia Plan for Blood Glucose higher than \_\_\_\_\_ mg/dL

#### Usual symptoms of hyperglycemia for this child include:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Extreme thirst | <input type="checkbox"/> Very wet diapers, accidents       |  |
| <input type="checkbox"/> Hungry         | <input type="checkbox"/> Warm, dry, flushed skin           | <input type="checkbox"/> Tired or drowsy |
| <input type="checkbox"/> Headache       | <input type="checkbox"/> Blurry vision                     | <input type="checkbox"/> Vomiting**      |
| <input type="checkbox"/> Fruity breath  | <input type="checkbox"/> Rapid, shallow breathing          |  |
| <input type="checkbox"/> Abdominal pain | <input type="checkbox"/> Unsteady walk (more than typical) |  |

\*\*If child is vomiting, contact parents immediately

#### Treatment of hyperglycemia/very high blood glucose:

1. Check for ketones in the:
  - urine
  - blood (parent will provide training)
2. **If ketones are moderate or large**, contact parent. If unable to reach parent, contact diabetes care provider for additional instructions.  
Contact parent if ketones are trace or small:  Yes  No
3. Children with high blood glucose will require additional insulin **if the last dose of insulin was given 3 or more hours earlier**. Consult the insulin plan above for instructions. If still uncertain how to manage high blood glucose, contact the parent.
4. Provide sugar free fluids as tolerated.
5. You may also:
  - Provide carbohydrate free snacks if hungry
  - Delay exercise
  - Change diapers frequently/give frequent access to the bathroom
  - Stay with the child

## Diabetes Dictionary

**Blood glucose** - The main sugar found in the blood and the body's main source of energy. Also called blood sugar. The **blood glucose level** is the amount of glucose in a given amount of blood. It is noted in milligrams in a deciliter, or mg/dL.

**Bolus** - An extra amount of insulin taken to lower the blood glucose or cover a meal or snack.

**Bolus calculator** - A feature of the insulin pump that uses input from a pump user to calculate the insulin dose. The user inputs the blood glucose and amount of carbohydrate to be consumed, and the pump calculates the dose that can be approved by the user.

**Correction Factor** - The drop in blood glucose level, measured in milligrams per deciliter (mg/dl), caused by each unit of insulin taken. Also called **insulin sensitivity factor**.

**Diabetic Ketoacidosis (DKA)** - An emergency condition caused by a severe lack of insulin, that results in the breakdown of body fat for energy and an accumulation of ketones in the blood and urine. Signs of DKA are nausea and vomiting, stomach pain, fruity breath odor and rapid breathing. Untreated DKA can lead to coma and death.

**Fixed dose regimen** - Children with diabetes who use a fixed dose regimen take the same "fixed" doses of insulin at specific times each day. They may also take additional insulin to correct **hyperglycemia**.

**Glucagon** - A hormone produced in the pancreas that raises blood glucose. An injectable form of glucagon, available by prescription, is used to treat severe hypoglycemia or severely low blood glucose.

**Hyperglycemia** - Excessive blood glucose, greater than 240 mg/dL for children using and insulin pump and greater than 300 mg/dL for children on insulin injections. If untreated, the patient is at risk for **diabetic ketoacidosis (DKA)**.

**Hypoglycemia** - A condition that occurs when the blood glucose is lower than normal, usually less than 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness, and confusion. If left untreated, hypoglycemia may lead to unconsciousness.

**Insulin** - A hormone that helps the body use glucose for energy. The beta cells of the pancreas make insulin. When the body cannot make enough insulin, it is taken by injection or through use of an insulin pump.

**Insulin Pump** - An insulin-delivering device about the size of a deck of cards that can be worn on a belt or kept in a pocket. An insulin pump connects to narrow, flexible plastic tubing that ends with a needle inserted just under the skin. Pump users program the pump to give a steady trickle or constant (basal) amount of insulin continuously throughout the day. Then, users set the pump to release bolus doses of insulin at meals and at times when blood glucose is expected to be higher. This is based on programming done by the user.

**Ketones** - A chemical produced when there is a shortage of insulin in the blood and the body breaks down body fat for energy. High levels of ketones can lead to **diabetic ketoacidosis** and coma.

**Multiple Daily Injection Regimen** - Multiple daily insulin regimens typically include a basal, or long acting, insulin given once per day. A short acting insulin is given by injection with meals and to correct hyperglycemia, or elevated blood glucose, multiple times each day.

**Type 1 Diabetes** - Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults. It is one of the most common chronic diseases diagnosed in childhood.

Physician Signature





# SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

### How to respond to a seizure (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact at \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Other \_\_\_\_\_

### First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens \_\_\_\_\_
- Other \_\_\_\_\_

### When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

### When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

### When rescue therapy may be needed:

#### WHEN AND WHAT TO DO

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is person able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_

\_\_\_\_\_

Emergency Department: \_\_\_\_\_

\_\_\_\_\_

## Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other information

Triggers: \_\_\_\_\_

Important Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS  RNS  DBS Date Implanted \_\_\_\_\_

Diet Therapy  Ketogenic  Low Glycemic  Modified Atkins  Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

## Health care contacts

Epilepsy Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature \_\_\_\_\_ Date \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

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# ***Community Services of Northeast Texas, Inc.***

## **Personnel Policies & Procedures**

### **183 Recruitment/Pre-Employment Requirements**

Effective Date: 9/1/2003

Revision Date: 12/28/16

The hiring of key staff including the Executive Director, Head Start Director and Finance Director, or any other key personnel whose compensation is covered principally (i.e.; greater than 50%) by the Head Start grant, require notification to the Head Start Regional Office prior to making a job offer. The Regional Office will take no more than a few days to respond to Grantee's proposal [*Pursuant to ACF-PI-HS-06-01 Policy Clarification*].

The Governing Board of Directors approves the hiring, evaluation and compensation of the Executive Director, Head Start Director, Human Resources Director, Finance Director and any other person in an equivalent position with the Agency [*Pursuant to the Office of Head Start On-Site Review Protocol 642(e)(iv)(IX)*]. The Governing Board of Directors actively participates with input and approval of the Personnel Policies and Procedures. Annually the Personnel Policies and Procedures are brought before the Governing Board for discussion and approval. Minutes of meetings support the Executive Session discussions and approvals of said key staff by the Governing Board of Directors.

The Executive Director will then select the balance of the CSNT staff.

The Executive Director, or his/her designee, receives the application, conducts the interview, and obtains reference reports. Where possible the supervisor of the position that is being filled shall be in consultation with the Executive Director or his/her designee during the interview. The Human Resources Director extends the offer of employment with the approval (by signature) of the Executive Director and/or the Program Director.

Policy Council provides input and approves Personnel Policies and Procedures [*Pursuant to Head Start Performance Standard 1302.90(a)*]. Minutes of meetings support discussion, approval and training on such policies. Policy Council members annually review and approve the agency's procedures concerning employment. Policy Council additionally approves decisions to hire employees, as the final step of the hiring process, within the Head Start program [*Pursuant to Head Start Performance Standard 1301.3(c)(1)*]. Minutes of meetings support the Executive Session discussions regarding personnel matters, required approvals and training on such policies. This procedure is in compliance with respect to the inclusion of Policy Council in the policy-making process as it pertains to the hiring of persons paid primarily with Head Start funds.

CSNT is an Equal Opportunity Employer. Job vacancies shall be posted at relevant CSNT locations and advertised through area newspapers when necessary, unless a reasonable applicant pool exists from a previous recruitment effort. Eligible CSNT staff have the right to apply for any posted vacancy (see Policy 116).

# ***Community Services of Northeast Texas, Inc.***

## **Personnel Policies & Procedures**

CSNT will verify the accuracy of the information given on all applications for employment, including background checks, criminal history checks, former employment verification, personal and professional references.

All new employees will have a pre-employment drug screening test, as well as a TB skin test. In the event, TB skin testing and/or chest x-ray is deemed medically contraindicated, a Health Statement from a qualified healthcare provider or certified TB clinician is required. A pre-employment physical exam will be required of all new Head Start employees. The Agency will cover the cost of the TB skin test to a maximum of \$25.00. In the event a chest X-ray is required in addition and/or in lieu of the TB skin test, CSNT will cover this cost. Every 12 months, each CSNT employee will be required to complete a confidential TB survey. The completed survey will be returned to the Human Resources Director. The results of the survey will determine if an employee is to be referred to their Health Care Provider for further evaluation. ~~Employees will be required to have a current TB skin test every 36 months.~~ *ISD contracted staff are not required to complete pre-employment screens other than those initiated by the school district. TB Screens are required annually and appropriate action will be taken based on the results of the annual screen..*

<b>FORM</b>	<b>P</b>	<b>CSNT</b>
<b>206</b>	Revised	
	DEC. 1, 2020	

**Community Services of Northeast Texas, Inc.**

304 E.Houston • P.O. Box 427  
Linden, Texas 75563



# TB Questionnaire / Survey

## Why do I have to fill out this form?

### CSNT Personnel Policies and Procedures - Policy 183

All new employees will have a pre-employment TB skin test and/or chest x-ray; additionally every 12 months, each CSNT employee will be required to complete a confidential TB survey and every 36 months a repeat TB skin test and or chest x-ray will be required. (appropriate action will be taken based on the results of the screen).

### State Minimum Standard Rules for Licensed Child-Care Centers - 746.901

a copy of a health care or physician's statement verifying the employee is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority must be maintained in the employee's personnel file.

### Head Start Performance Standards - 1304.52(k)1

Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

## What is the purpose of this form?

This survey/questionnaire is to assess an adult individual's risk for TB infection or TB disease. TB is transmitted from one person to another through airborne droplets that are coughed or sneezed into the air and breathed in by another person who spends a lot of time with an infectious person. An individual can have TB infection but not have TB disease. TB infection (positive Skin test, no symptoms, chest x-ray normal) may cause TB disease in some people years later. TB infection is more likely to be transmitted in certain risk categories. TB disease in adults frequently causes symptoms. See your health care provider if you have unexplained symptoms.

## Who gets this form, and how should I deliver it to them?

Directions: Please complete this confidential questionnaire / survey and return it in a **SEALED ENVELOPE** marked **PERSONAL and CONFIDENTIAL** to the Human Resources Department within ten (10) days. Head Start Campus Directors are required to keep a copy of this form in the employee/provider/volunteer confidential medical file.

**You do not have to provide a YES or NO answer to the following questions, however, if you can answer YES to ANY of the questions below, you must mark the SCHEDULE ME box at the bottom.**

- Have you lived or worked with anyone with TB disease? (see above)
- Were you born in or have you lived in or visited a country where there is a lot of TB? (Asia, Africa, Central or South America, Eastern Europe)
- Have you been homeless or stayed in a shelter within the last 12 months?
- Have you been incarcerated or worked in a jail or prison within the last 12 months?
- Have you lived or worked in a nursing home within the last 12 months?
- Do you have Diabetes, Chronic Kidney Failure, Cancer, HIV, Hemophilia or Silicosis?
- Do you receive Cancer Treatment, Dialysis or Steroid therapy?
- Do you have any of the following **unexplained and untreated** conditions?  
Cough for more than two weeks, loss of appetite, unexpected, rapid weight loss, chest pain, fever, chills or night sweats.

**SCHEDULE ME** for a TB screen. (Human Resources will contact you)

Printed Name	Work Location
Signature	Date
Please check one: Agency Employee <input type="checkbox"/> Service Provider <input type="checkbox"/> Volunteer/Other <input type="checkbox"/>	For office use



This data reflects demographic information on the students who participated in this assessment session.

<b>Total Students Participating:</b>	<b>337</b>
<b>On Campus Students</b>	

**Students Age**

<b>Three Year Old :</b>	<b>40%</b>	<b>Four Year Old:</b>	<b>60%</b>
-------------------------	------------	-----------------------	------------

**Gender**

<b>Male:</b>	<b>50%</b>	<b>Female:</b>	<b>50%</b>
--------------	------------	----------------	------------

**Race**

<b>White:</b> <b>37%</b>	<b>Black/African American:</b> <b>38%</b>	<b>Two or more:</b> <b>16%</b>
	<b>Other:</b> <b>9%</b>	<b>Not Specified:</b> <b>0%</b>

**Language\***

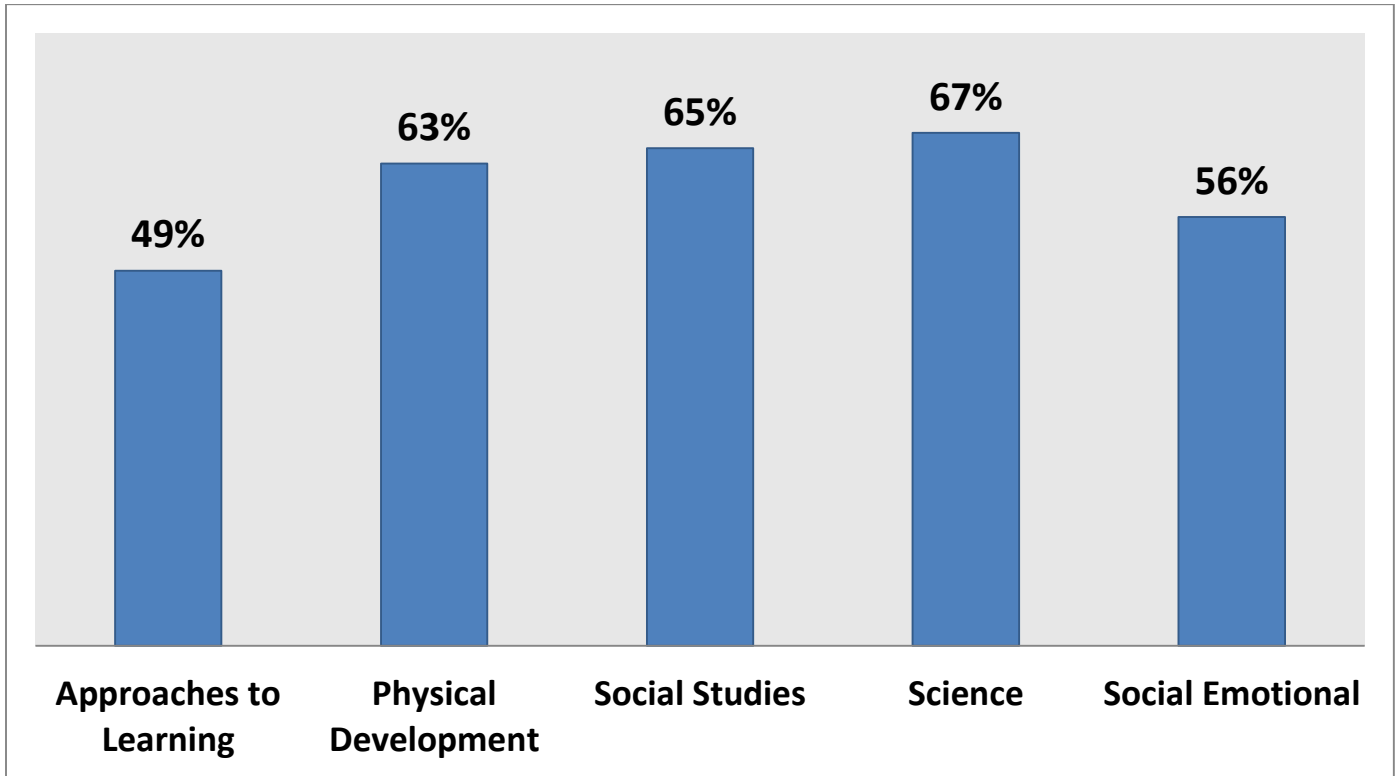
<b>English:</b> <b>91%</b>	<b>Spanish</b> <b>9%</b>	<b>Unknown:</b> <b>0%</b>
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**Disabilities**

<b>Yes:</b>	<b>7%</b>	<b>No:</b>	<b>93%</b>
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# CSNT Head Start CIRCLE Assessment

## Program Report - Wave 1 2020-2021



Head Start Campus	Approaches to Learning	Physical Development	Social Studies	Science	Social Emotional
Atlanta	41%	57%	69%	69%	64%
Bloomburg	78%	98%	63%	75%	84%
Daingerfield	36%	56%	74%	78%	49%
Hughes Springs	67%	62%	65%	71%	63%
Naples	53%	74%	75%	61%	61%
New Boston	29%	38%	63%	60%	35%
Pittsburg	31%	39%	50%	56%	34%
Texarkana	57%	76%	61%	62%	61%

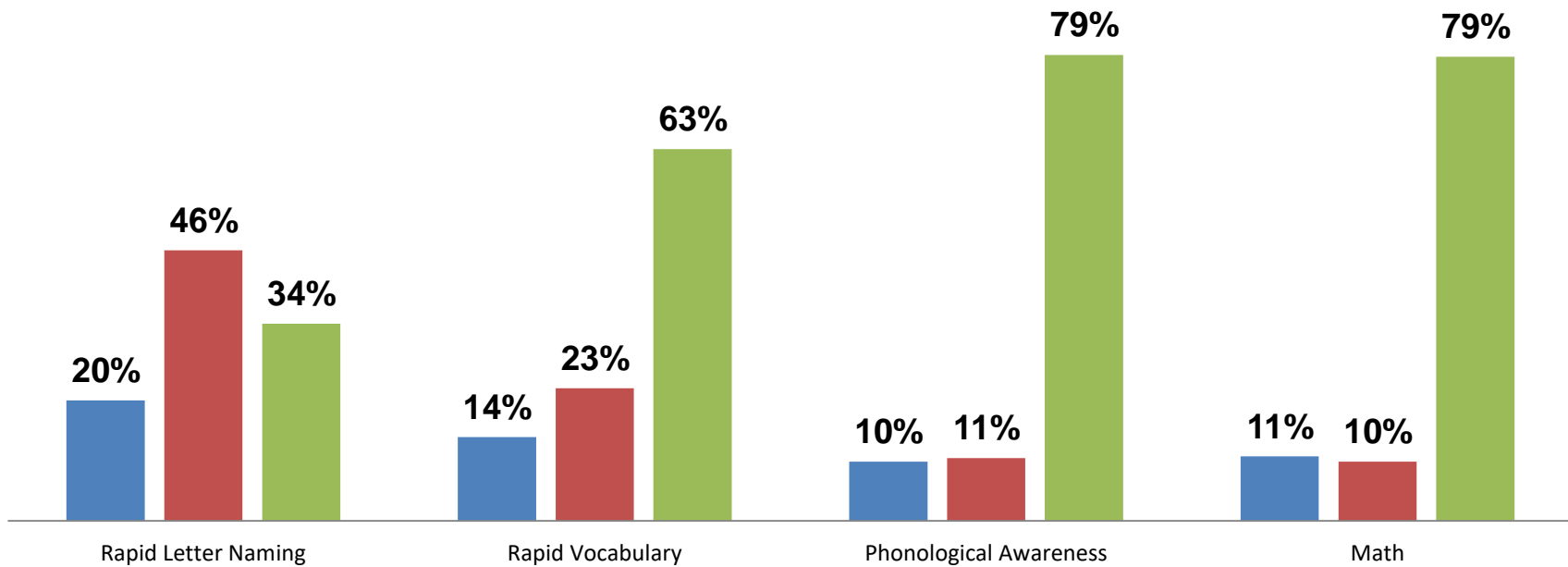
**Total percentage represents average of correct responses for each domain.**





## CSNT Head Start CIRCLE Assessment Wave 1 Program Report 2020-2021

■ Monitor ■ Needs Support ■ On Track



Students were assessed in Math and Phonological Awareness in the following area:

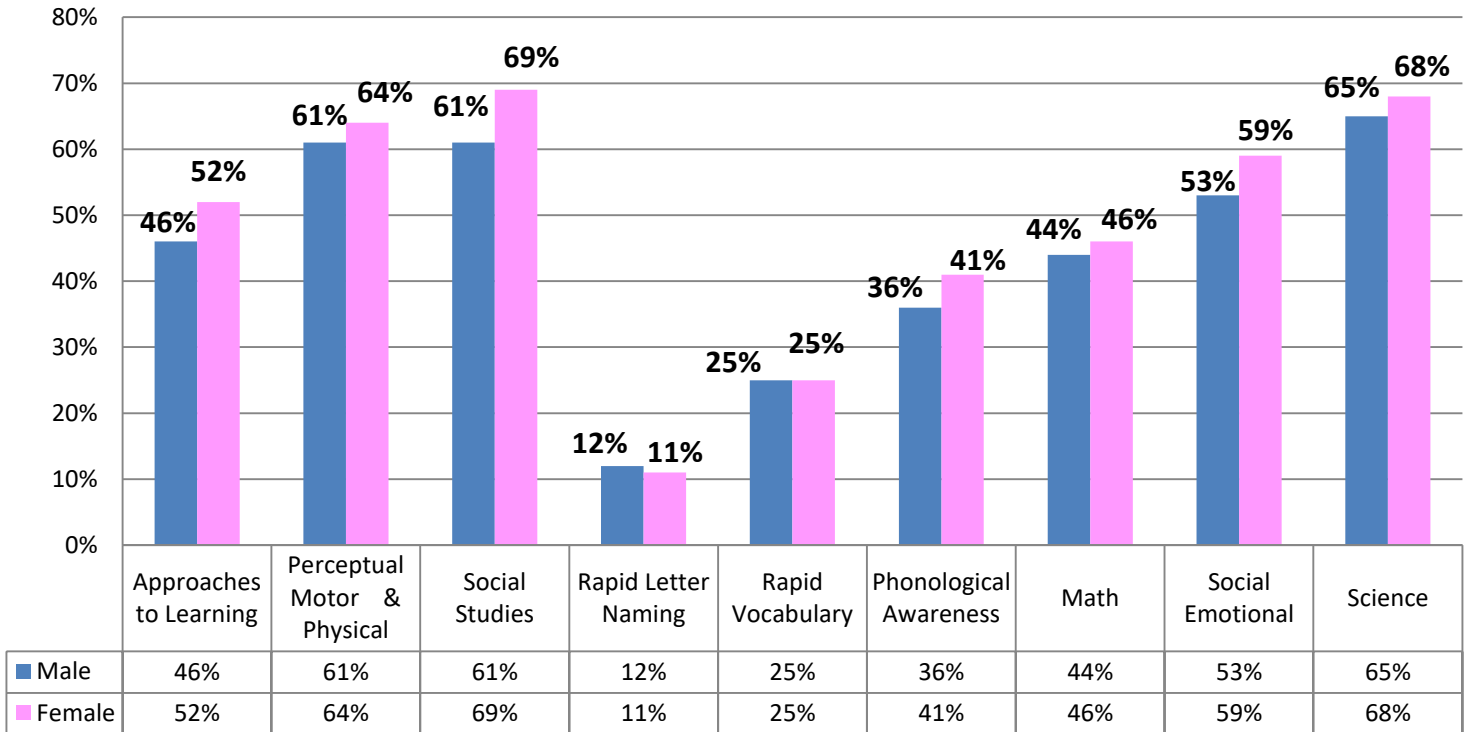
**Math:** Rote Counting, Shape Naming, Number Discrimination, Number Naming, Shape Discrimination, Counting Sets, Operations and Patterns.

**Phonological Awareness:** Syllabication, On-set Rime, Alliteration, Rhyming, Listening and Words in a Sentence.

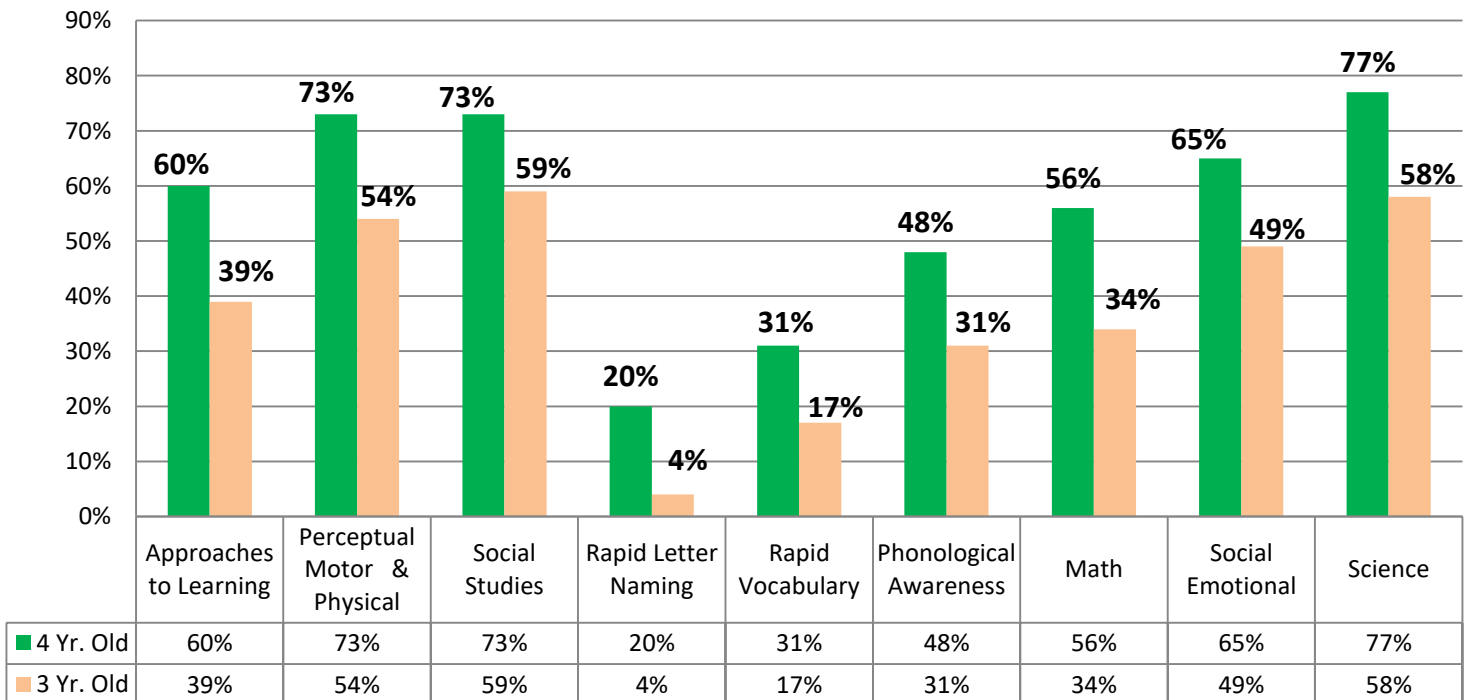
# CSNT Head Start – CIRCLE Assessment

## Wave 1 Comparison Data 2020-2021

### Gender Comparison



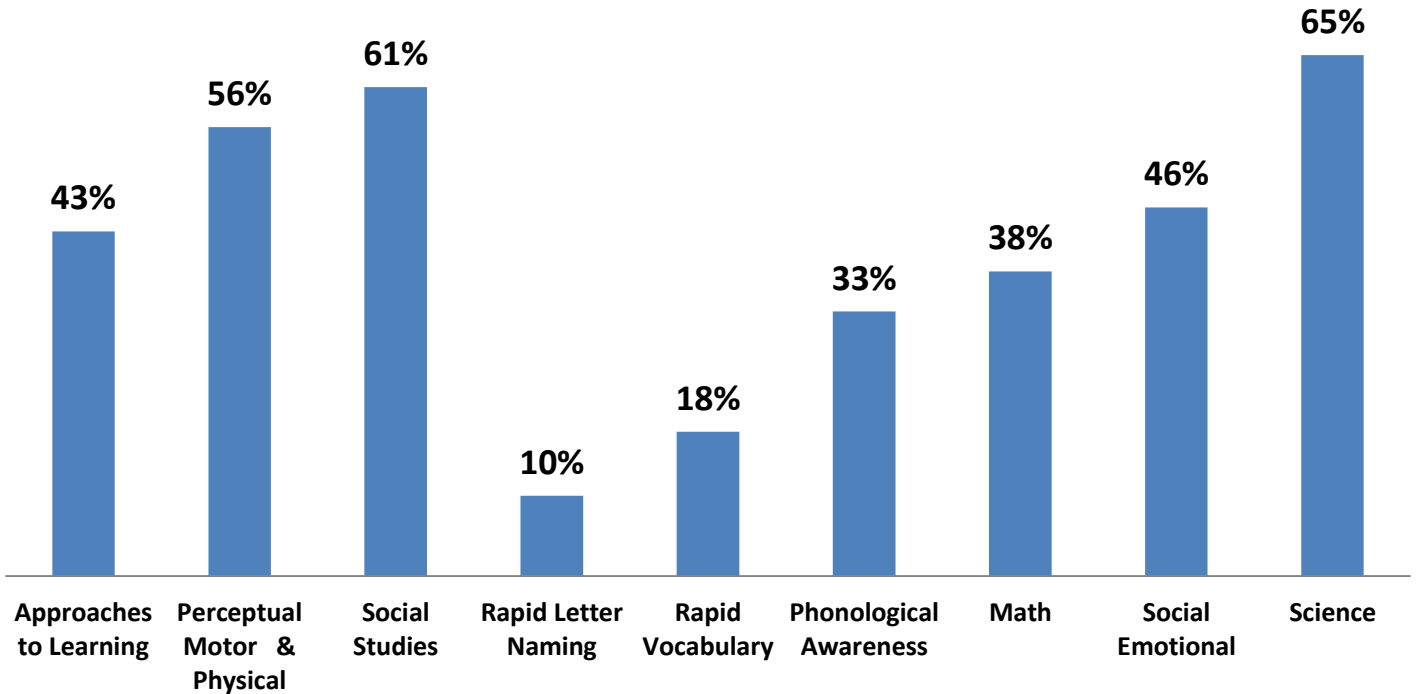
### Age Comparison



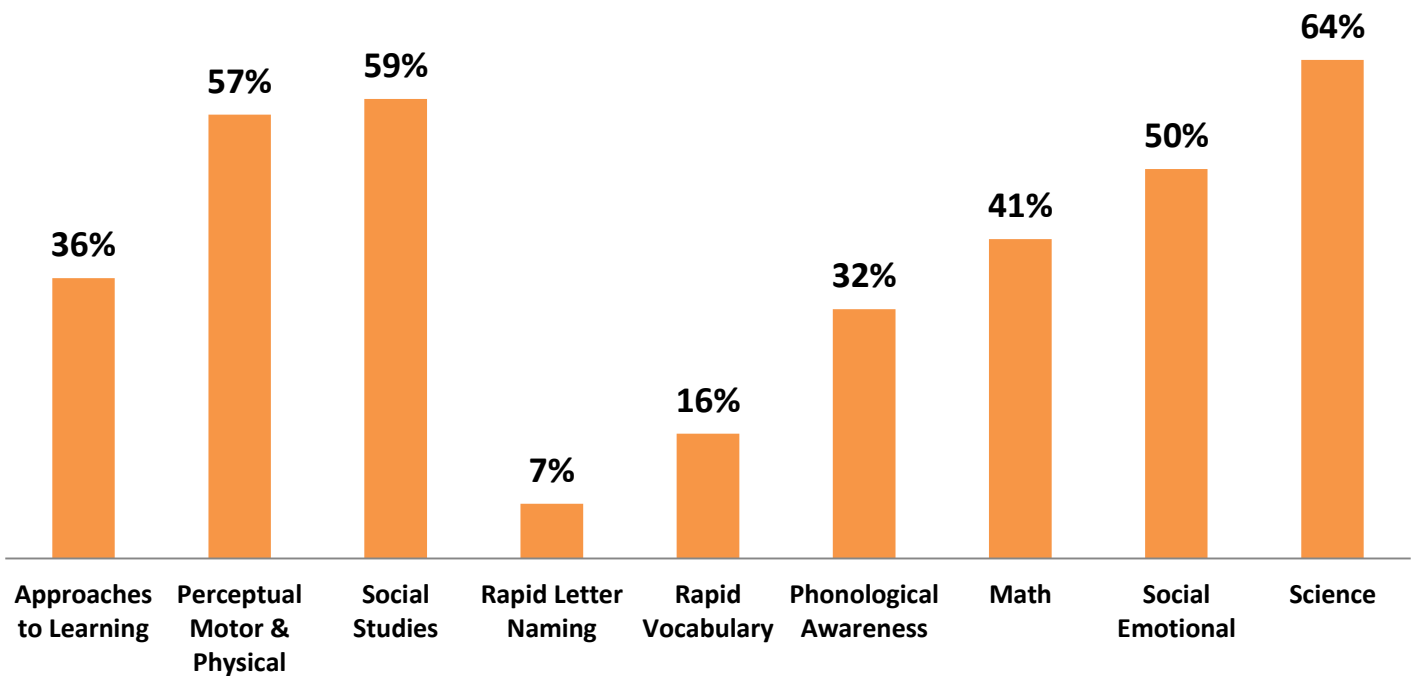
# CSNT Head Start – CIRCLE Assessment

## Wave 1 2020-2021

### Disabilities



### Dual Language Learners



## **CSNT Head Start – CIRCLE Assessment**

### **Wave 1 Race Comparison Data 2020-2021**

	White	Black / African American	Other	2 or More Races
Approaches to Learning	51%	43%	48%	48%
Perceptual Motor/Physical	61%	57%	69%	66%
Social Studies	66%	65%	65%	63%
Rapid Letter Naming	12%	12%	9%	14%
Rapid Vocabulary	27%	23%	20%	29%
Phonological Awareness	41%	38%	34%	41%
Math	46%	42%	45%	46%
Social Emotional	57%	52%	60%	55%
Science	69%	61%	69%	69%
<b>Total Students Tested</b>	126	127	32	52

**Percentage represents total number of correct responses for each domain.**





This data reflects demographic information on the students who participated in this assessment session.

<b>Total Students Participating:</b>	<b>73</b>
<b>Virtual Students</b>	<b>65 Tested – 8 Did not Test</b>

**Students Age**

<b>Three Year Old :</b>	<b>22%</b>	<b>Four Year Old:</b>	<b>78%</b>
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**Gender**

<b>Male:</b>	<b>48%</b>	<b>Female:</b>	<b>52%</b>
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**Race**

<b>White:</b> 6%	<b>Black/African American:</b> 85%	<b>Two or more:</b> 1%
	<b>Other:</b> 8%	<b>Not Specified:</b> 0%

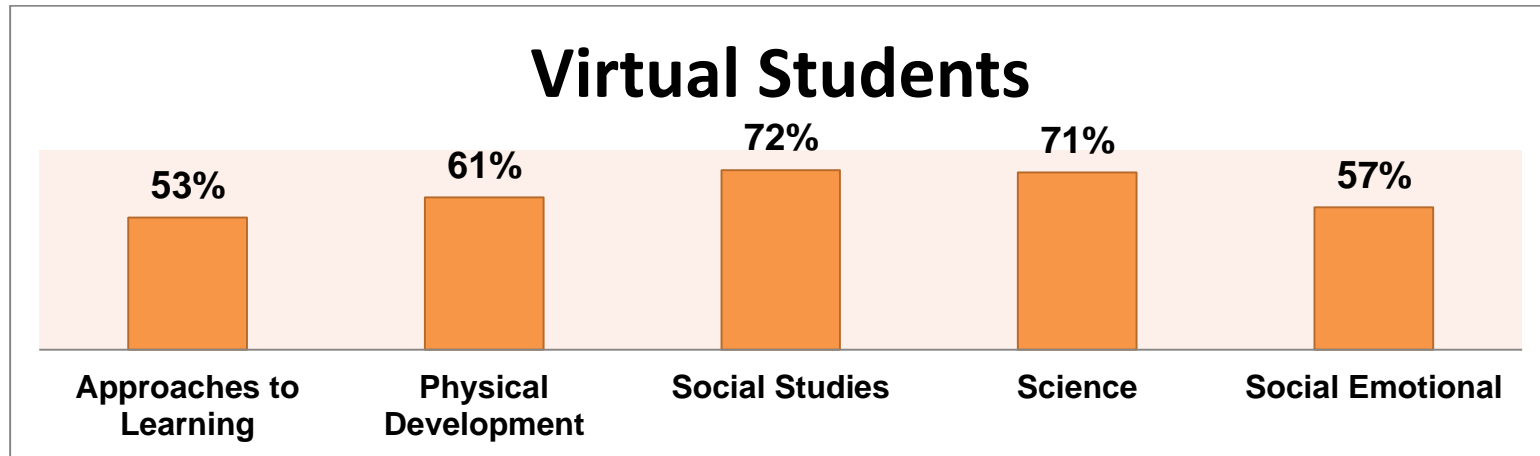
**Language\***

<b>English:</b> 84%	<b>Spanish</b> 6%	<b>Unknown:</b> 0%
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**Disabilities**

<b>Yes:</b>	<b>0%</b>	<b>No:</b>	<b>100%</b>
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# CSNT Head Start- CIRCLE Assessment Program Report – Wave 1 - 2020-2021



Out of 65 only 44 tested in these areas.

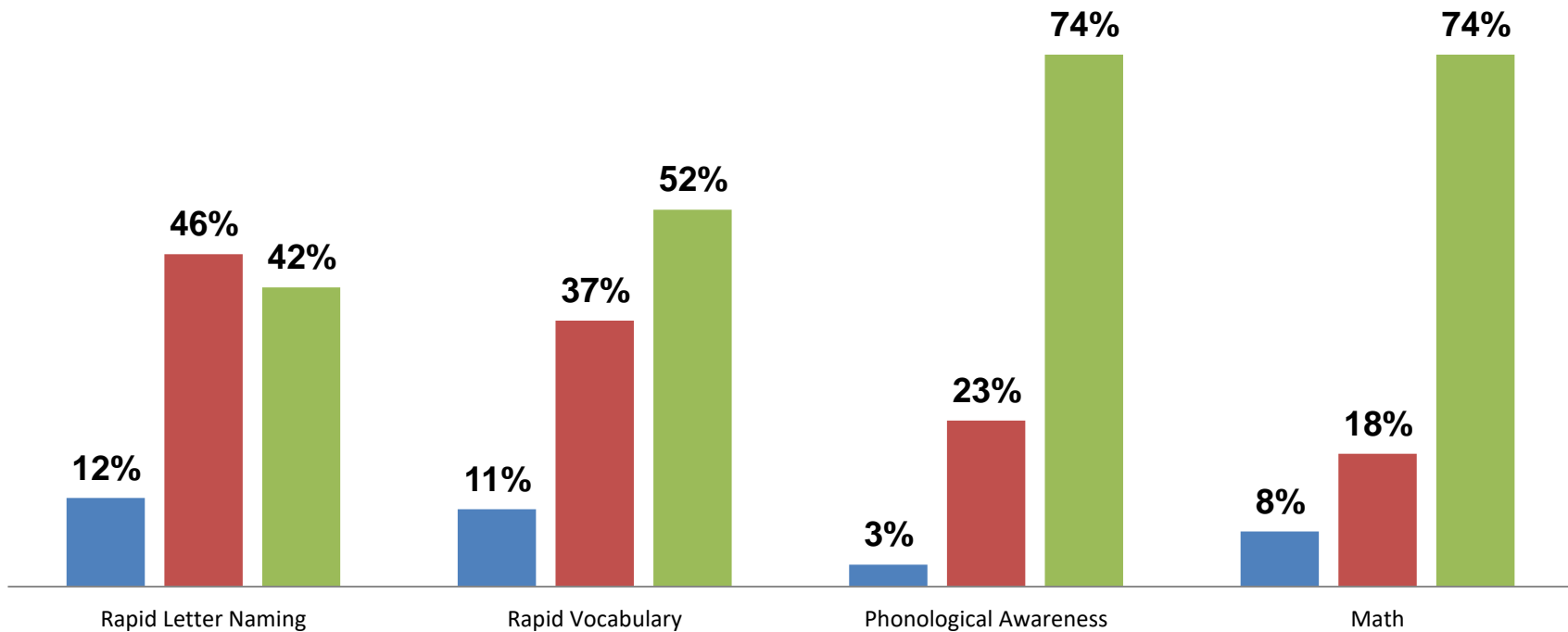
Campus	Approaches to Learning	Physical Development	Social Studies	Science	Social Emotional
Atlanta	74%	76%	74%	71%	74%
Daingerfield	33%	54%	82%	82%	47%
Pittsburg	39%	37%	69%	65%	43%
Texarkana	64%	78%	64%	64%	64%
Total Students Tested	44	44	44	44	44





## CSNT Head Start CIRCLE Assessment Wave 1 Program Report 2020-2021 - Virtual Students

■ Monitor ■ Needs Support ■ On Track



Students were assessed in Math and Phonological Awareness in the following area:

**Math:** Rote Counting, Shape Naming, Number Discrimination, Number Naming, Shape Discrimination, Counting Sets and Operations – not tested in Patterns.

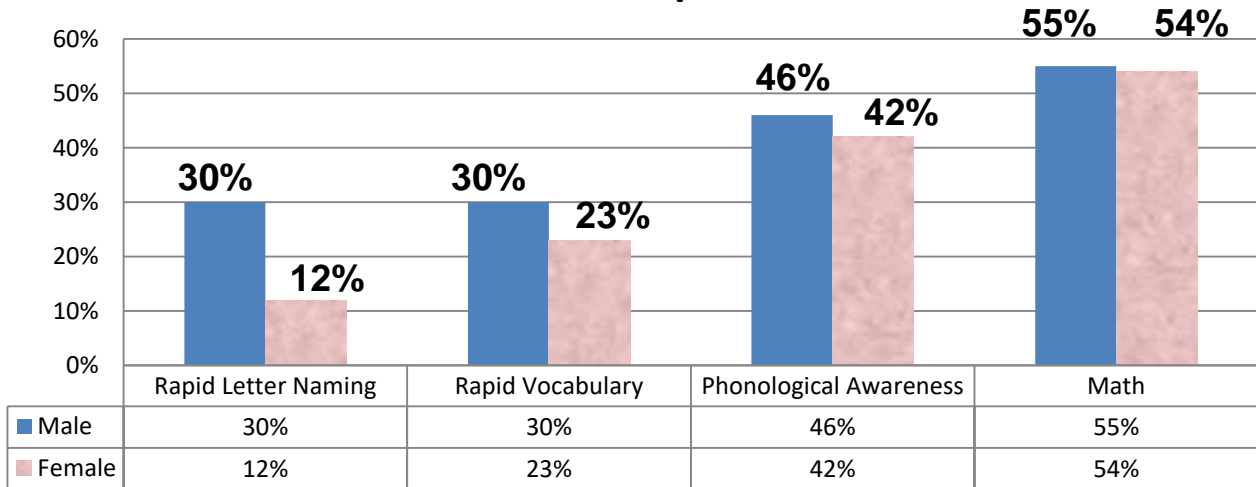
**Phonological Awareness:** Syllabication, On-set Rime, Alliteration, Rhyming, Listening and Words in a Sentence.

# CSNT Head Start – CIRCLE Assessment – Wave 1

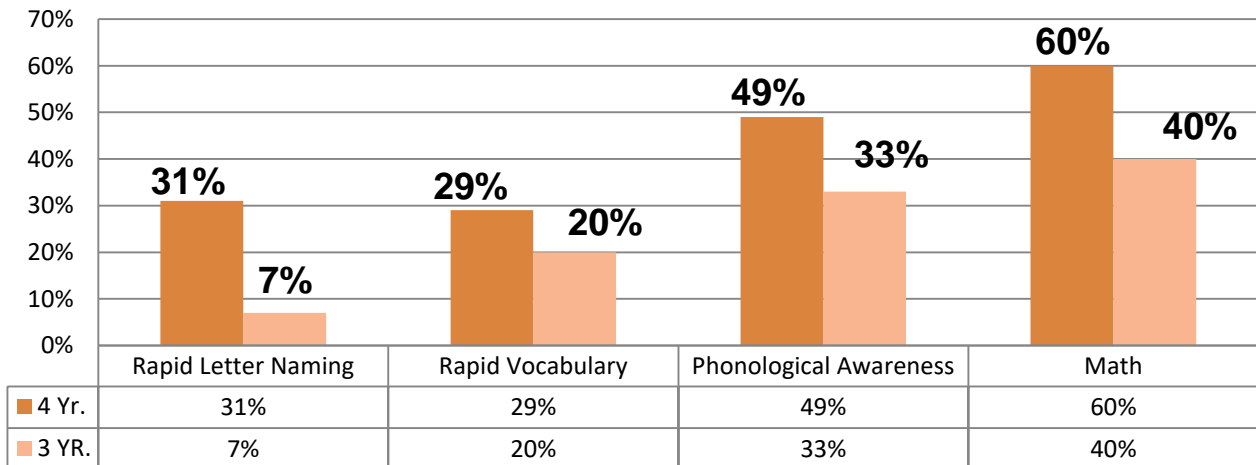
## Comparison Data 2020-2021 – Virtual Students

Race	White	Black /African American	Other	2 or More Races
Rapid Letter Naming	58%	20%	15%	0%
Rapid Vocabulary	41%	28%	22%	16%
Phonological Awareness	56%	44%	32%	32%
Math	81%	51%	48%	34%
Total Students Tested	4	55	5	1

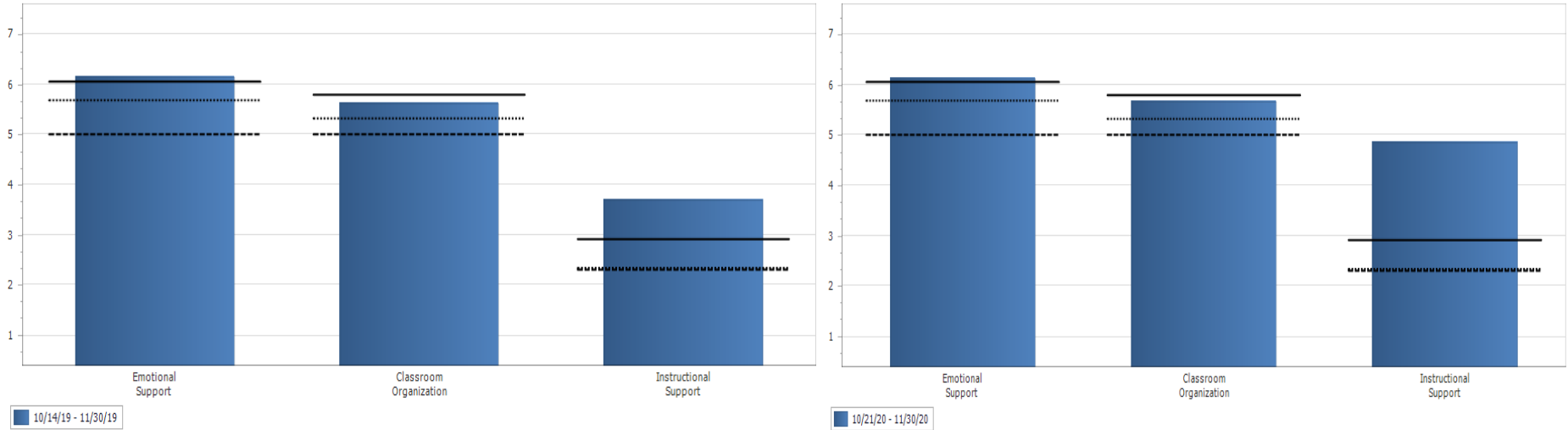
### Gender Comparison



### Age Comparison



## CLASS 2020 - 2021



2019-2020	ES	CO	IS
10/14/1911/30/2019	6.16	5.62	3.69

2019 Lowest 10% Nationally .....  
 Re-Competition Level .....  
 2019 National Average \_\_\_\_\_

2020-2021	ES	CO	IS
10/21/2011/30/2020	6.13	5.66	4.85

2019 National OHS CLASS Average Domain Scores			
Domain	Lowest 10%	Median (50%)	Highest 10%
Emotional Support	5.6875	6.08	6.38
Classroom Organization	5.3241	5.82	6.17
Instructional Support	2.3333	2.92	3.45

2020 National OHS CLASS Average Domain Scores			
Domain	Lowest 10%	Median (50%)	Highest 10%
Emotional Support	5.6750	6.09	6.45
Classroom Organization	5.2803	5.82	6.28
Instructional Support	2.3125	2.89	3.71

**11 out of 22 Teachers were new to CLASS during the Fall 2020-2021 School Year**

### Emotional Support Quality Thresholds

<b>Fall 2019-2020-6.16</b>
<b>Fall 2020-2021-6.13</b>

### Classroom Organization Quality Thresholds

<b>Fall 2019-2020-5.62</b>
<b>Fall 2020-2021-5.66</b>

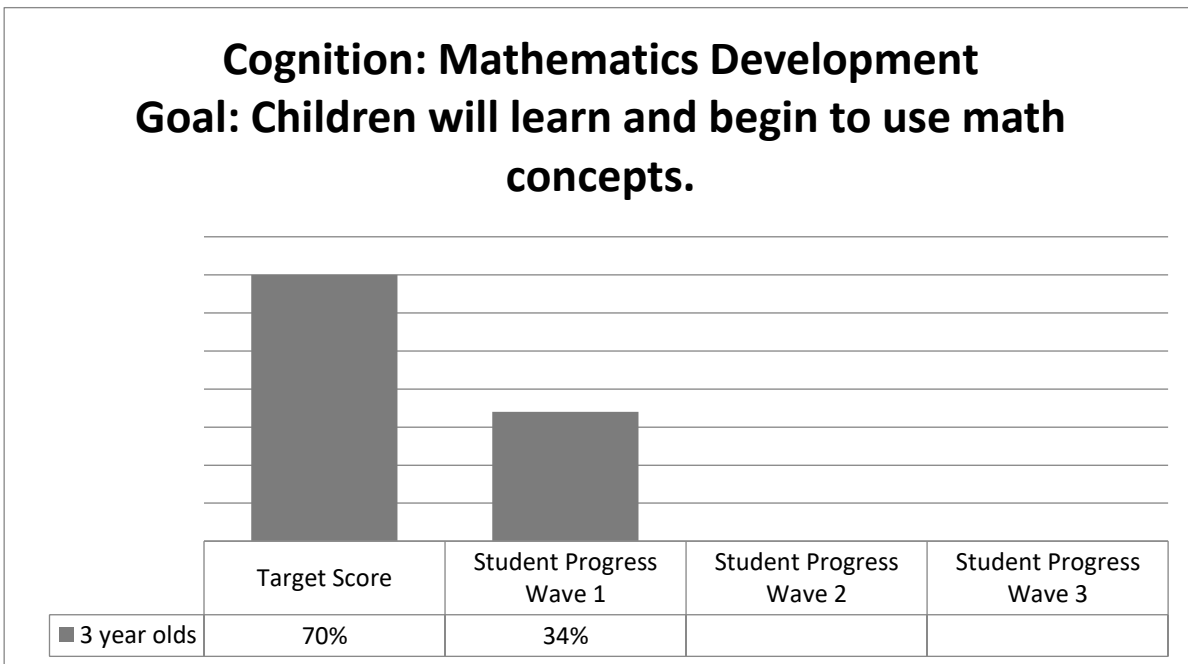
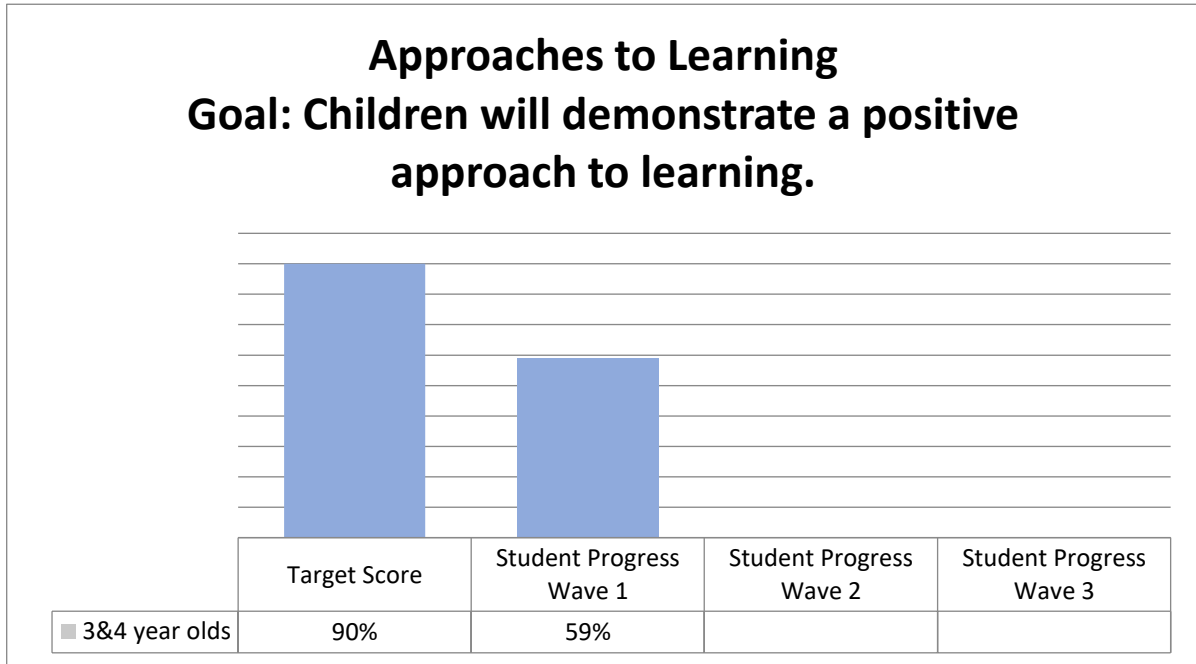
### Instructional Support Quality Thresholds

<b>Fall 2019-2020-3.69</b>
<b>Fall 2020-2021-4.85</b>

# CSNT Head Start

## School Readiness Performance Data Report

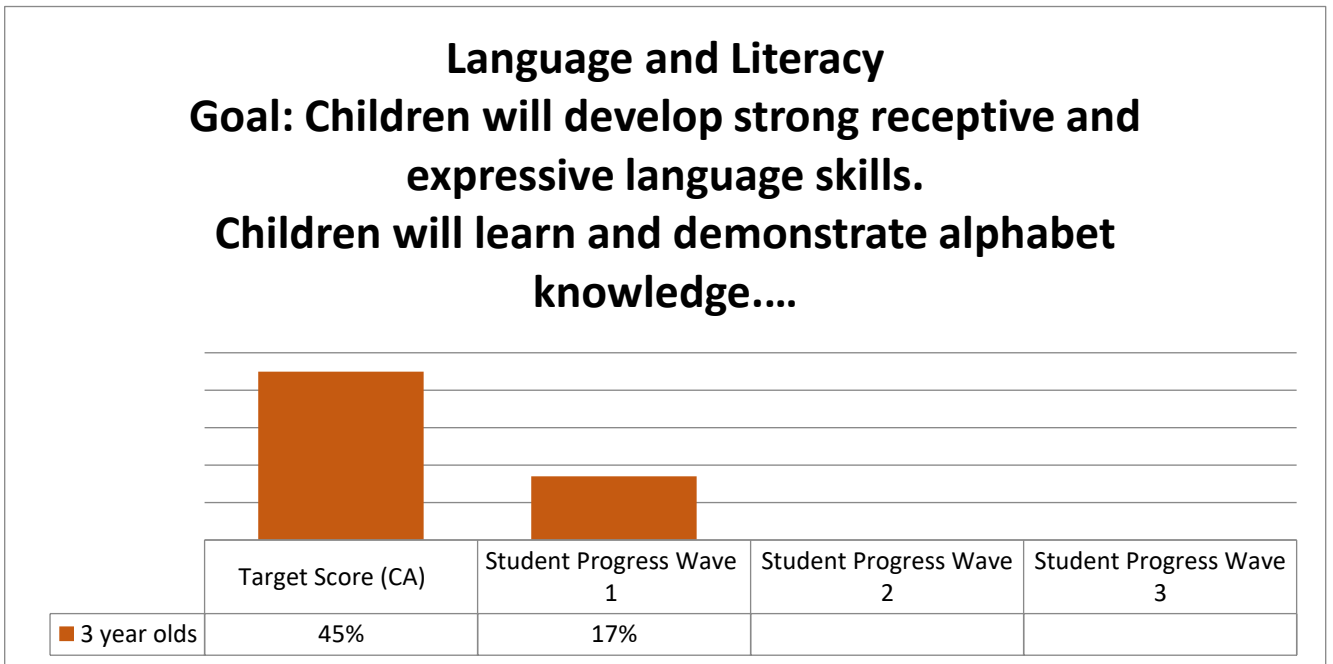
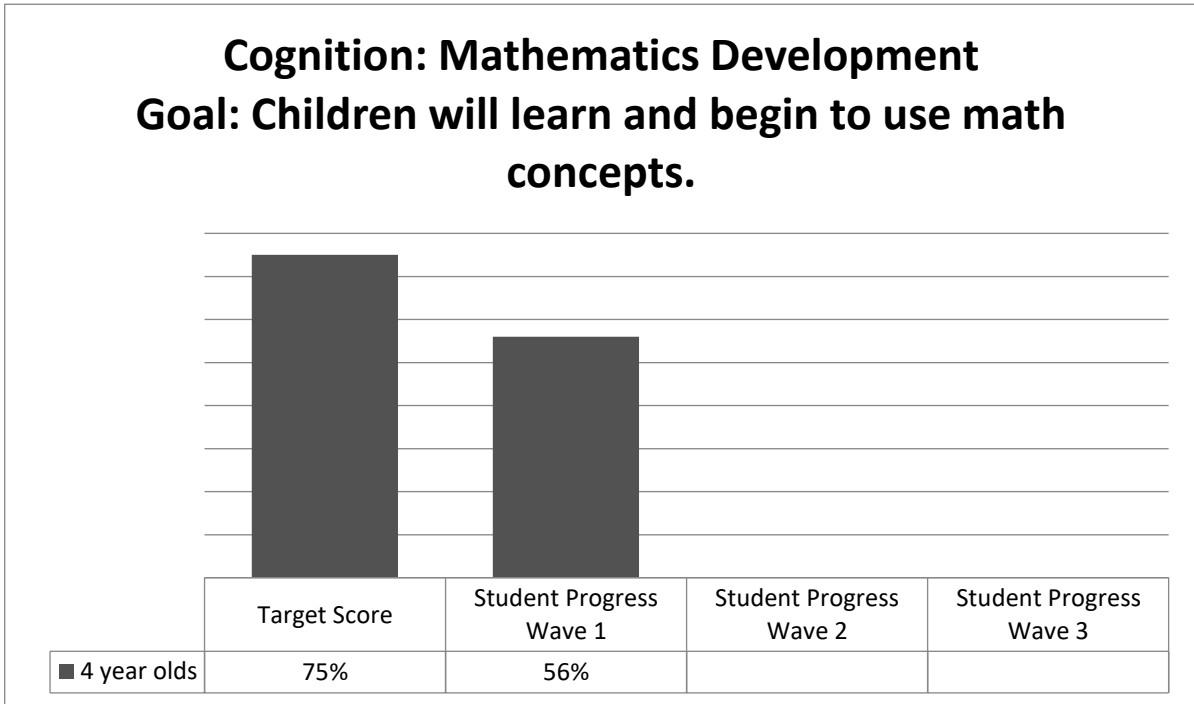
### 2020-2021



# **CSNT Head Start**

## **School Readiness Performance Data Report**

### **2020-2021**

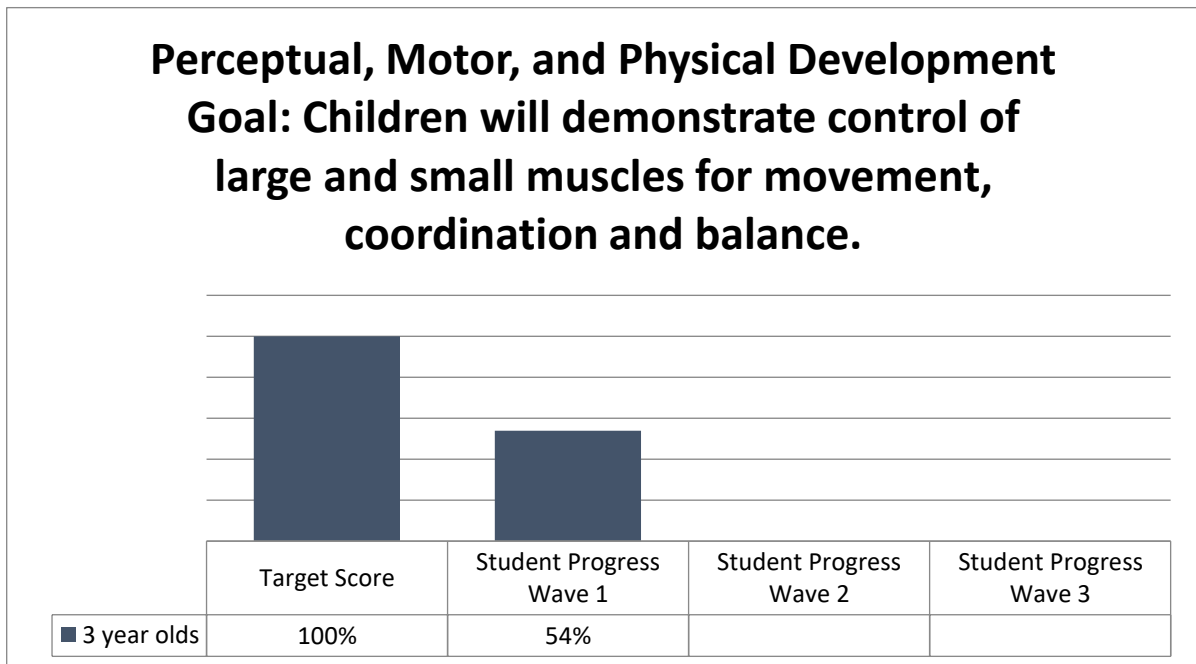
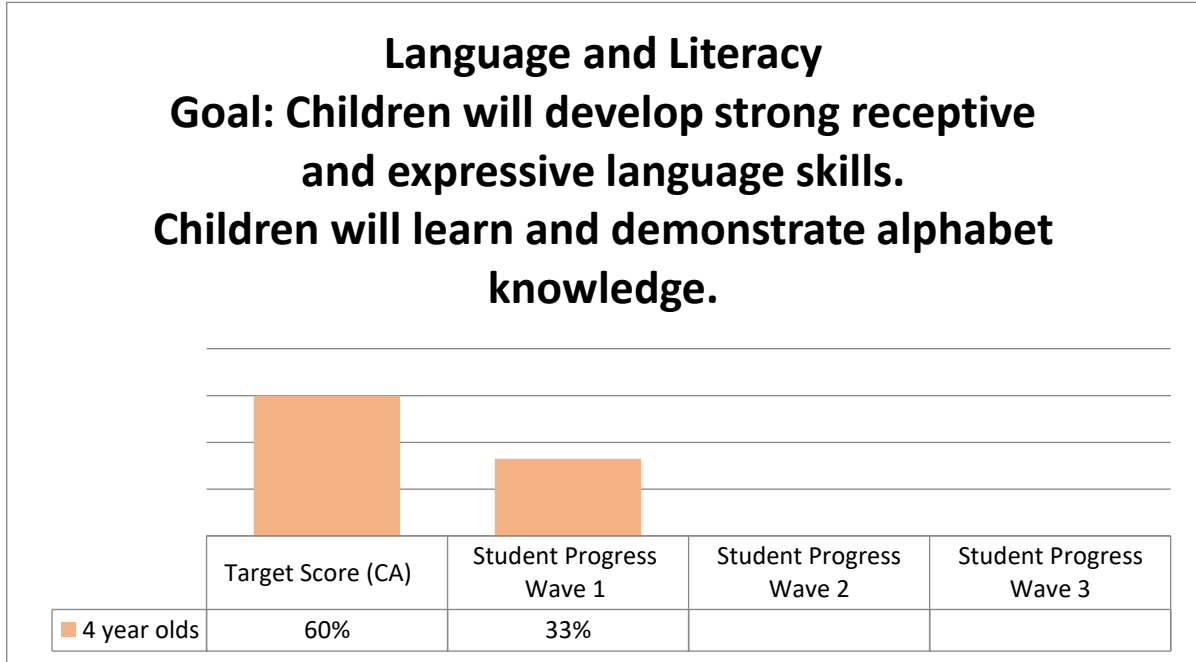


*Percentages are based on actual data from Frog Street/Circle Assessment.*

# **CSNT Head Start**

## **School Readiness Performance Data Report**

### **2020-2021**

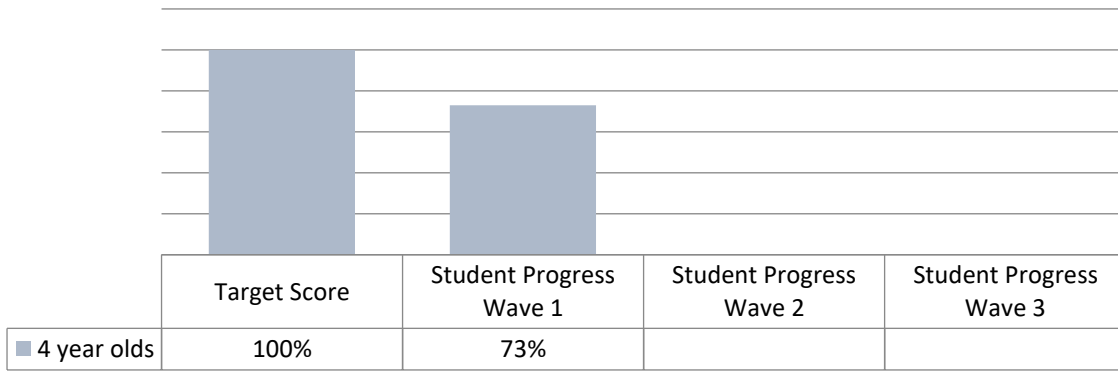


# **CSNT Head Start**

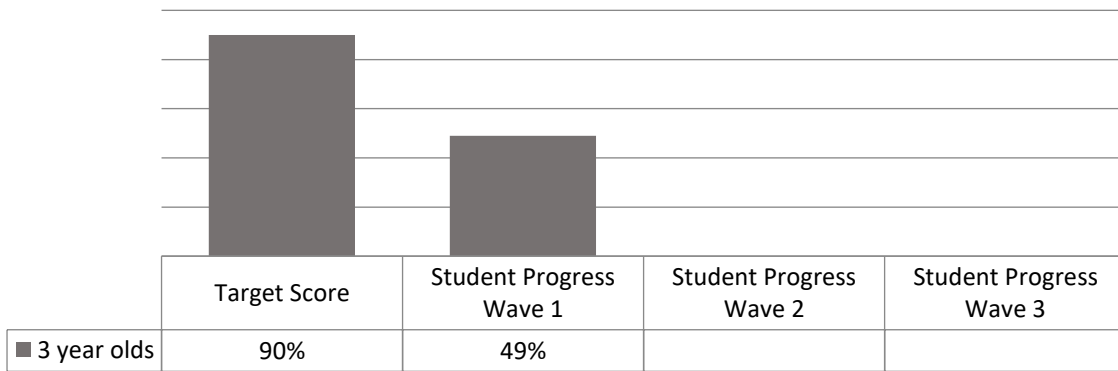
## **School Readiness Performance Data Report**

### **2020-2021**

**Perceptual, Motor, and Physical Development**  
**Goal: Children will control of large and small muscles for movement, coordination and balance.**



**Social and Emotional Development**  
**Goal: Children will demonstrate an increasing ability to manage their own emotions and behaviors.**

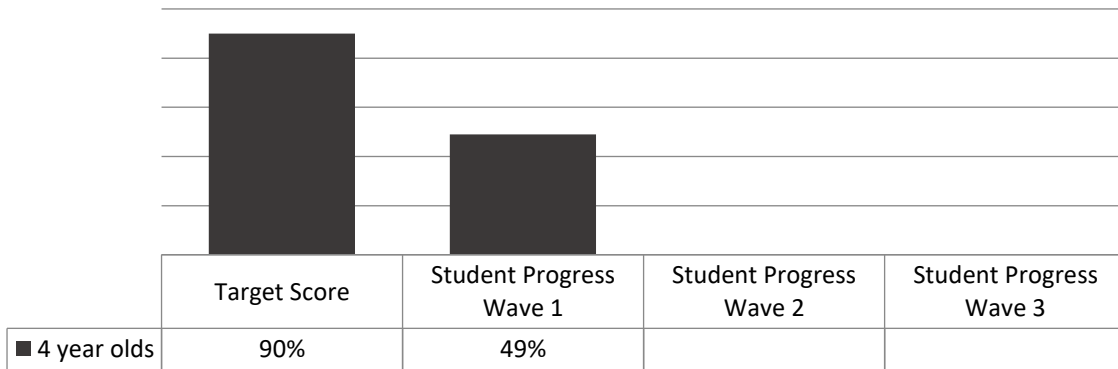


# CSNT Head Start

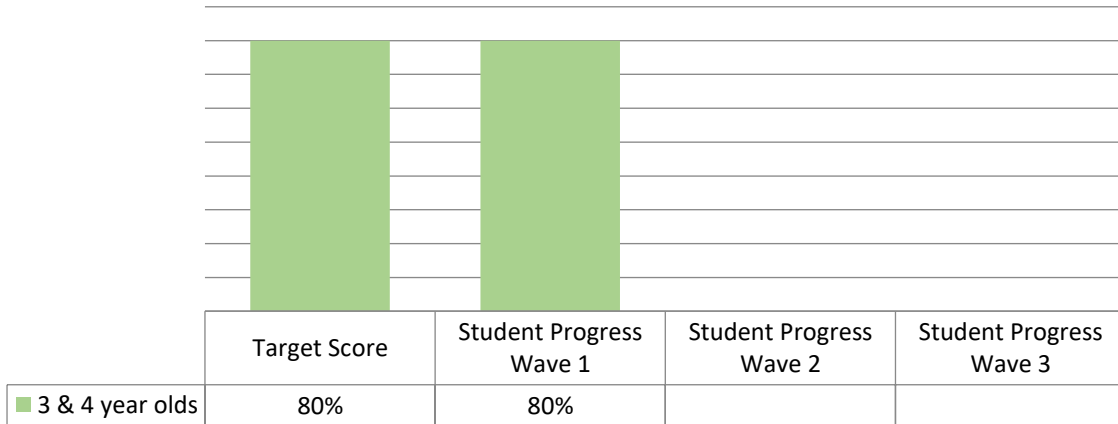
## School Readiness Performance Data Report

### 2020-2021

**Social and Emotional Development**  
**Goal: Children will demonstrate an increasing ability to manage their own emotions and behaviors.**

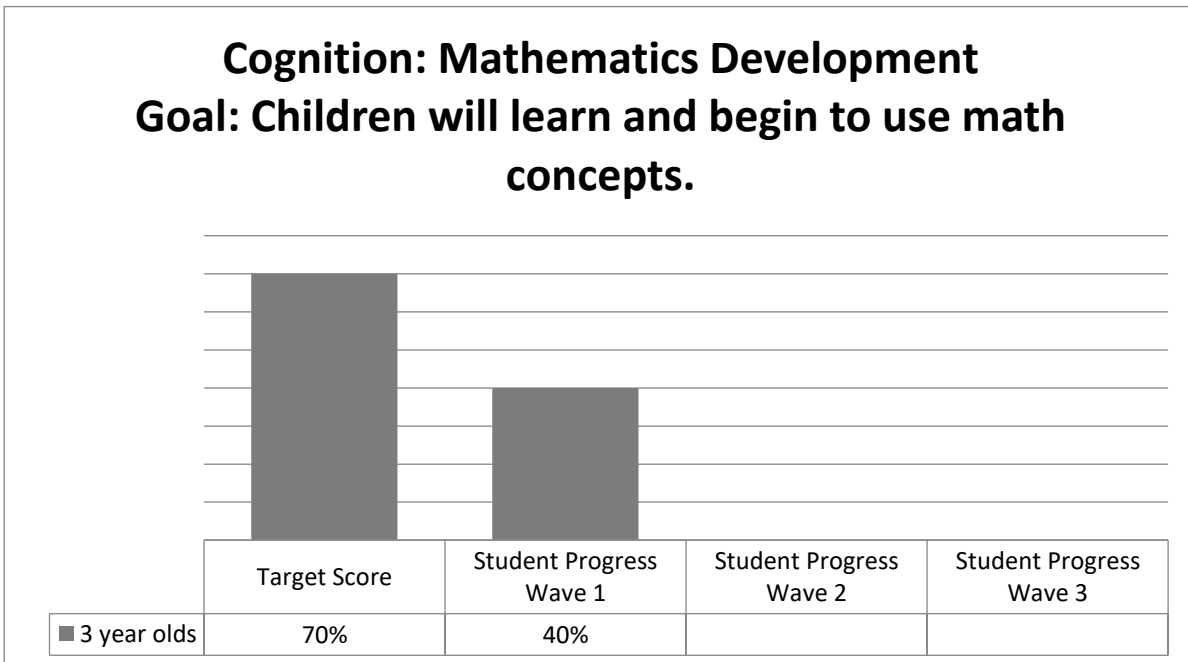
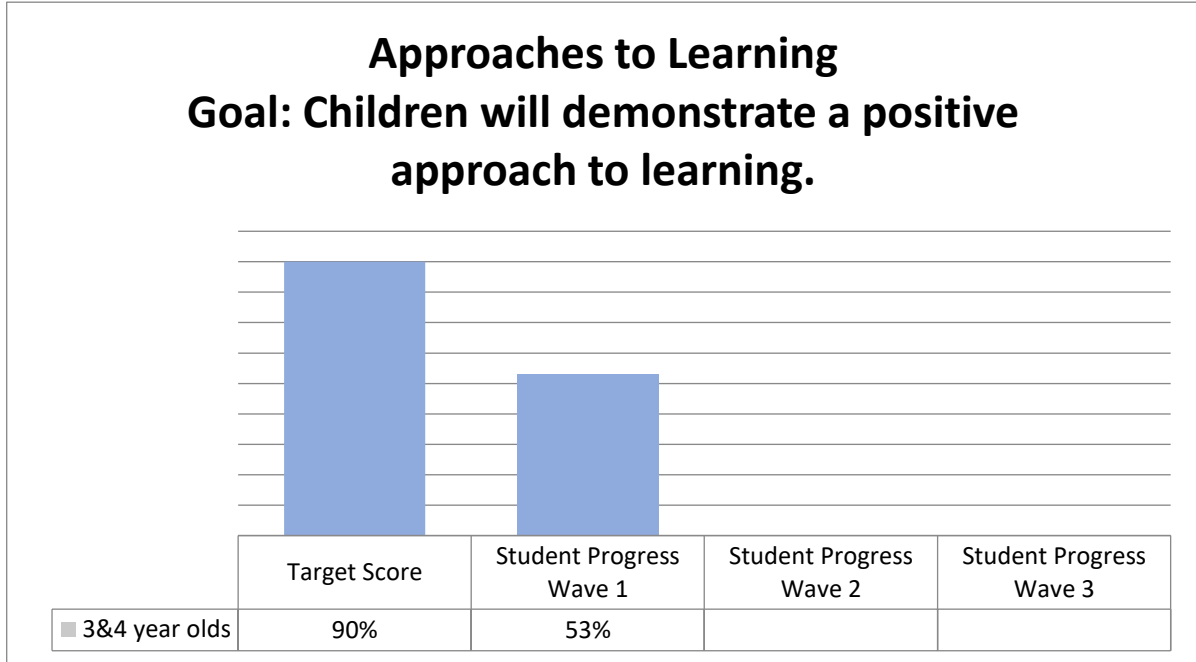


**Parent Goal**  
**Goal: Families will work with child/children to complete weekly Home Activities.**



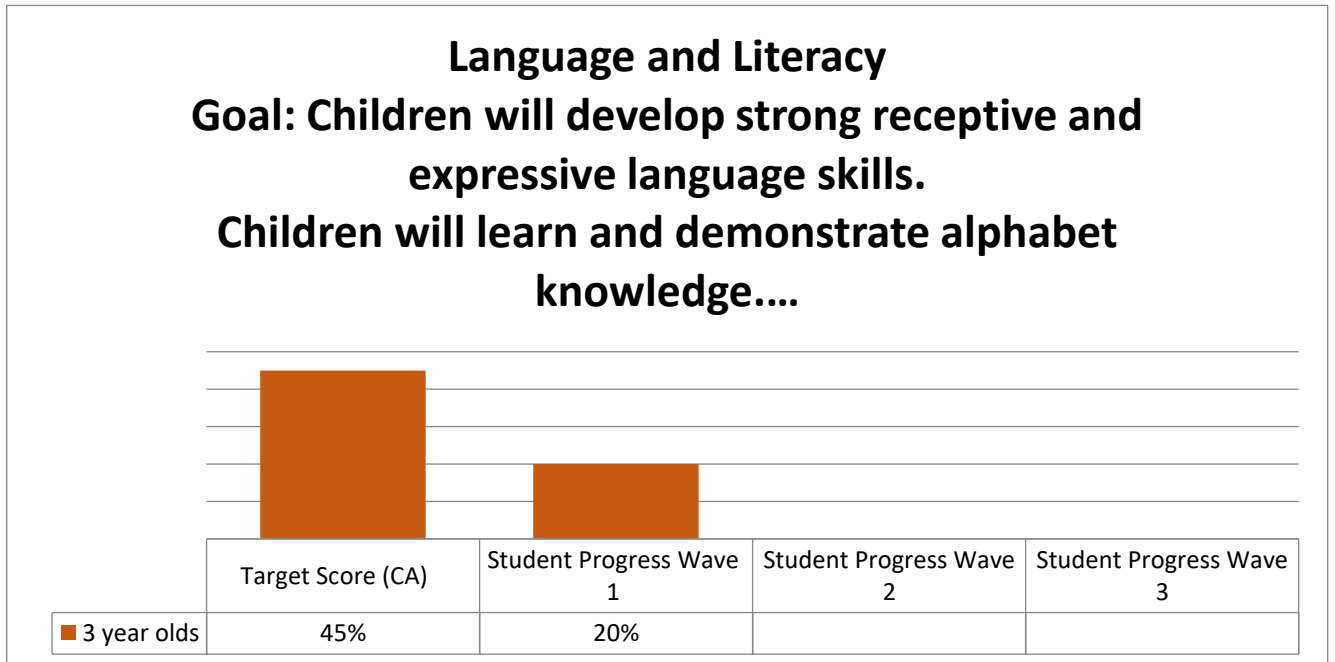
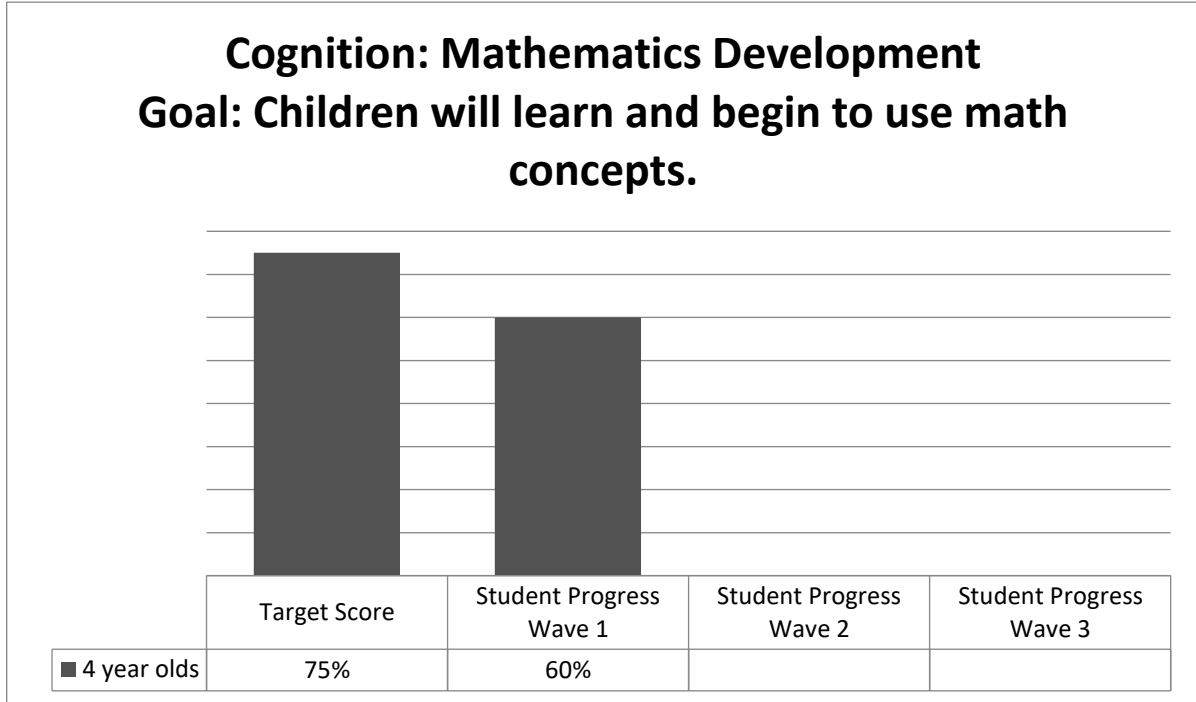


**CSNT Head Start**  
**School Readiness Performance Data Report**  
**(Virtual Students)**  
**2020-2021**



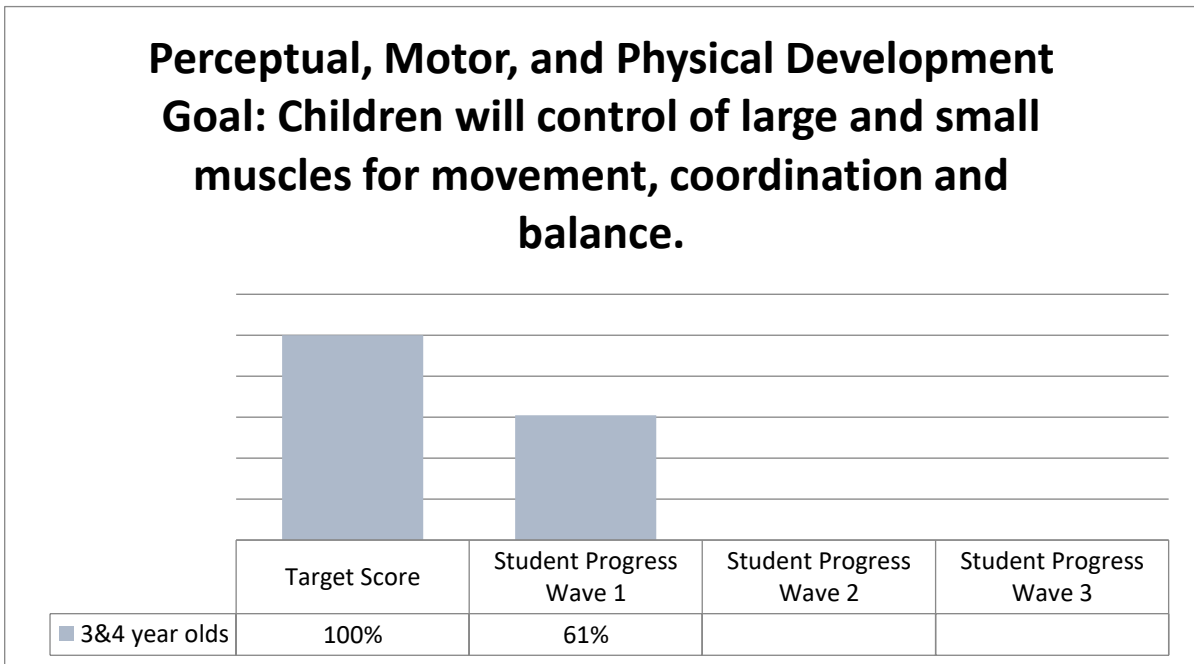
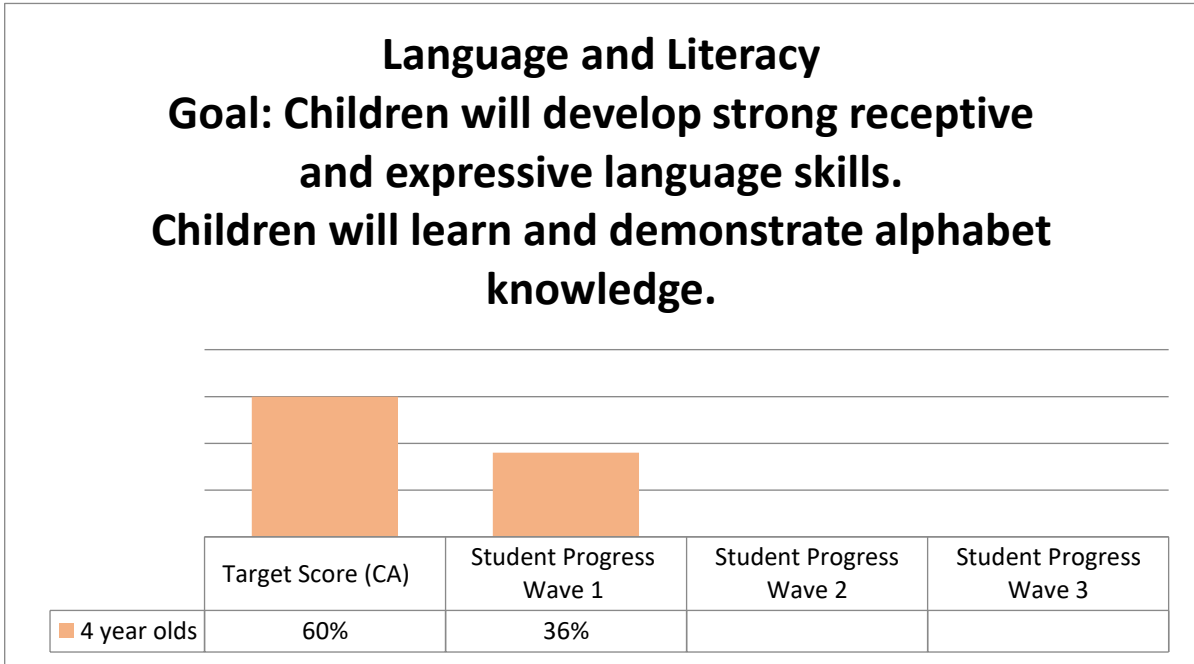
*Percentages are based on actual data from Frog Street/Circle Assessment.*

**CSNT Head Start**  
**School Readiness Performance Data Report**  
**(Virtual Students)**  
**2020-2021**



*Percentages are based on actual data from Frog Street/Circle Assessment.*

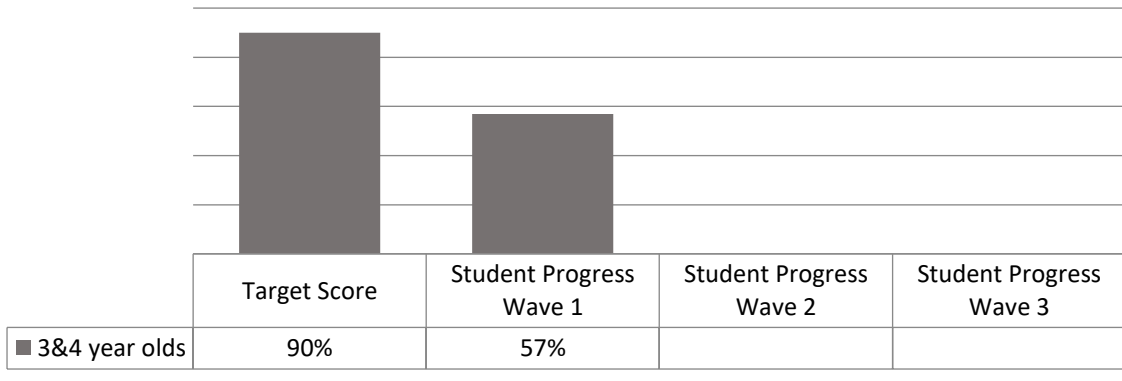
**CSNT Head Start**  
**School Readiness Performance Data Report**  
**(Virtual Students)**  
**2020-2021**



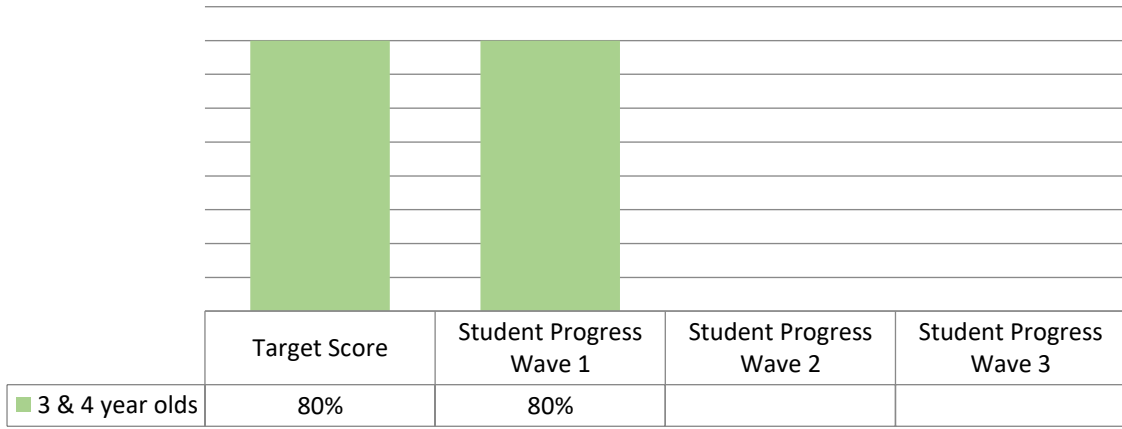
*Percentages are based on actual data from Frog Street/Circle Assessment.*

**CSNT Head Start**  
**School Readiness Performance Data Report**  
**(Virtual Students)**  
**2020-2021**

**Social and Emotional Development**  
**Goal: Children will demonstrate an increasing**  
**ability to manage their own emotions and**  
**behaviors.**



**Parent Goal**  
**Goal: Families will work with child/children to**  
**complete weekly Home Activities.**



*Percentages are based on actual data from Frog Street/Circle Assessment.*

# Parent, Family, and Community Engagement Framework School Readiness Goals 2019-2020

**1. Goal:** Parents will ensure that all children are healthy.

**Objective:** 85% of all students will complete health requirements. **-71.5%**

**Action Steps:**

1. 85% compliance of all EPTSD physical requirements. **71.5%**
2. 90% Compliance on initial physicals. **75%**
3. 85% Compliance on all six month dentals. **65%**
4. 85% compliance on lead and hemoglobin. **71.5%**

**2. Goal:** Parents will increase family engagement skills.

**Objective:** 80% of Parents will participate in Family Engagement Activities. **-67%**

**Action Steps:**

1. 40% Parent Meeting Attendance **20%**
2. 75% participation in Literacy Program/Walk Across Texas. – **NA**
3. 100% of parents needing a GED will receive information/resources to complete GED program. **100%**
4. 80% Ready Rosie Parent Participation-**80%**

**3. Goal:** Parents will be prepared for transition into Kindergarten.

**Objective:** 80% of parents will complete activities that will ensure their child is ready to transition to ISD campus. **87.5%**

**Action Steps:**

1. 85% parent participation in Home Visits and Parent Teacher Conferences.- **95%**
2. 80% completion of home activities. **80%**
3. 40% participation at the end of the year transition parent meeting. –**NA**

12/2/2020

**CSNT Head Start 2020-2021 Program Goals  
Progress Report**

<b>Program Goal 1:</b> Strengthen comprehensive Health Services for Head Start Children and their families.					
<b>Year Two Objective One Outcome:</b> 78% of parents will obtain health requirements					
Fall Progress	66%	Winter Progress		Spring Progress	
<b>Program Goal 1 Challenges:</b> Parents willingness to go to health providers due to COVID-19					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness.					
<b>Year Two Objective One Outcome:</b> 60% of children will name upper and lowercase letters					
Fall Progress	27%	Winter Progress		Spring Progress	
<b>Program Goal 2 Challenges:</b> Classroom changes due to COVID-19.					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness.					
<b>Year Two Objective Two Outcome:</b> 75% of children will sequence count to 50					
Fall Progress	48%	Winter Progress		Spring Progress	
<b>Program Goal 2 Challenges:</b> Classroom changes due to COVID-19.					

<b>Program Goal 2:</b> Provide Comprehensive School Readiness.					
<b>Year Two Objective Three Outcome:</b> .5 increase in CLASS Emotional Support (ES) and Classroom Organization (CO) and .2 increase in Instructional Support (IS)					
Fall Progress	ES .16 Increase CO .20 Increase IS 1.41 Increase	Winter Progress	ES CO IS	Spring Progress	
<b>Program Goal 2 Challenges:</b> Classroom changes due to COVID-19.					

<b>Program Goal 3:</b> Increase Parent Involvement in the Head Start Program.					
<b>Year Two Objective One Outcome:</b> 35% of parents will be involved in their child's education					
Fall Progress	80%	Winter Progress		Spring Progress	
<b>Program Goal 3 Challenges:</b> Parents ability to participate in activities due to COVID-19					