



# Contracted Teaching Services

## Standard Operating Procedures Manual

*Aligned with the 2016 Head Start  
Program Performance Standards  
(Standards 1302.90 – 1302.94)*

*Revised 5/4/2021*



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# INTRODUCTION

The following policies and procedures are intended to provide an overview of the contractual teaching services provided by Independent School Districts for CSNT Head Start/Early Head Start classrooms. The primary purpose of these policies and procedures is to document all the parts that are included in the teaching services contracts. These parts assure that CSNT follows the requirements of the Head Start Program Performance Standards and the OMB Circulars when utilizing contracted teaching services.

These policies and procedures have been approved by the Governing Board and the Policy Council. All teaching services contracts are to align with these policies and procedures and will be monitored for compliance.

# OVERVIEW

The purpose of these policies and procedures is to provide clear guidance on creating a teaching services contract with the local school district. There are times when teaching services between the Head Start Program and the School District overlap. One example of this is when the local school district and the Head Start Program have a detailed Memorandum of Understanding that describes the implementation of educational services at either a Head Start Campus or on the School District Campus.

# BACKGROUND

CSNT and the local independent school districts within the Head Start service area have a long history of working together to provide exemplary educational services to the children that enroll in the Head Start Program and the School District. As these partnerships have progressed and grown CSNT and the local School Districts have found ways to blend services that are being implemented in partnership classrooms. One of the ways that the partnerships have grown is in the ability to contract teaching services where applicable and available.

To consider contracting services, there must be a partnership classroom that follows the school district calendar and that implements a state adopted curriculum.

## Purpose of Contracted Teaching Services

The main purpose for creating a contract for teaching services is to blend Head Start and school district services into one classroom where children receive exemplary services that meets and or exceeds the regulations for both programs.

All parts of the contract must be negotiated by the school district and the Head Start Program. All regulations must be considered, and monitoring must be included to make sure that all parts of the teaching services contract are implemented properly.

Once all the parts of the contract are negotiated, the Executive Director of the Agency and the Superintendent of the school district must sign the contract for it to be implemented. The costs associated with the contract are

agreed upon by both parties. It is a negotiated cost that stems from amounts being paid for similar services within the Head Start Program and/or the school district along with other costs that may occur as part of the Memorandum of Understanding between the school district and the Head Start Program.

## **Contracted Teaching Services**

Head Start Program Performance Standards require programs to collaborate with their local school districts to provide efficient and effective teaching services to children within the Head Start Program service area.

It is the intent of CSNT to develop and implement an integrated process to meet or exceed the requirements set forth by local, state, and federal education requirements. The CSNT Head Start program works closely with the funding agency and the independent school district to provide support necessary to ensure that the Head Start/Early Head Start Program meets or exceeds expectations.

The negotiated teaching services contract is typically set for a one year term. The terms of the contract run for one school year beginning on the first day of August and ending on the last day of July. The contract is negotiated every spring and is signed and in place prior to the last day of June.

Listed in the contract are consequences of not following the contract by both parties. The contracted teaching services are monitored on a regular basis as part of the CSNT Head Start On-Going Monitoring process and as part of the school district oversight.

If there are concerns with the teaching services being implemented in the classroom, the Campus Director and the Principal along with the Curriculum Director, will meet to discuss the concerns and agree on procedures to correct the specific issues. If the issues are not corrected in a timely manner, the specific issues will be discussed with the Head Start Director, the Principal, the Curriculum Director, and the Superintendent, as necessary.

If the identified issues are still not corrected in a timely manner and either party is not satisfied with the outcome, the issue will go to the Superintendent and the Executive Director for resolution.

Concerns with payment or billing will be handled by the Chief Financial Officer, the Head Start Director, and the Business Manager at the District. There will be contact and correspondence on how to fix the issues. If the issues are not fixed to the satisfaction of either party, the issue will be discussed with the Superintendent and the Executive Director.

Listed below are the sections of the contract with explanations surrounding the section and the type of information that can go in each section. Once again this is just a sample, and each contract can be different depending on the negotiated items that make it into the contract by both parties.

### **Section 1 of the Contract – Parties to the Contract**

Lists the names of the entities that are a part of the contract.

### **Section 2 of the Contract – Period of Agreement**

Lists the effective period for the contract. Most contracts start the first day of August and run through the last day of July. This encompasses a complete school year. Each year in the springs, a new contract is negotiated and signed before the end of June.

### **Section 3 of the Contract – Teacher/Teaching Assistant Performance**

Will include at least the agreed upon tasks listed below:

- Where the teaching services will be performed by the contracted Teacher/Teaching Assistant
- How many hours per day, days per week, and weeks per year the contracted Teacher/Teaching assistant will provide the services
- Start and end date of contracted teaching services
- Types of teaching instruction to be provided (example: hands-on, in-person, one-on-one, small group, large group, etc.)
- Duties to be provided (example: classroom management, behavior management, lesson planning, classroom arrangement etc.)
- Any regulations that must be implemented per state or federal law such as the 45 minute teacher planning period regulated by the state and the Standard Code of Conduct set forth by

### Federal Head Start Regulations

- Classroom Assessment Scoring System (CLASS) will be implemented in the contracted classroom
- All Head Start program adopted behavior strategies will be followed in the contracted classroom
- Contracted Teaching staff will adhere to the State and Federal guidelines set forth by the Head Start Program Performance Standards for a Head Start Lead Teacher including a five-year background check that includes a State Criminal History Check, a Federal Bureau of Investigation Fingerprint, a Sex Offender Registry Check, a Child Abuse and Neglect State Registry Check, obtain and keep a current CPR/FA certification, and attend Annual Child Abuse Training
- Contracted Teachers will obtain at least 15 hours of professional development annually in early childhood education
- Contracted Teachers/Teaching Assistant will follow and train on the Head Start Program Performance Standards on a regular basis
- Contracting District will submit an invoice twice per school year:
  1. The amount of the contracted services for 5 or less teaching staff will be determined using the CSNT Head Start Base Salary Scale by position(s) with the appropriate degree and/or certifications along with the current fringe benefit percentage.
  2. The amount will be derived using the determined hourly rate multiplied by 2080 hours. The total will then be multiplied by the current fringe benefit percentage and added to the total.
  3. This total will be divided by half and this amount will be the contracted teaching services amount per contracted teaching staff up to (5) total. The contracted amount will not exceed this amount per contracted staff.
  4. For contracts with more than (5) teaching staff, there will be a negotiated amount. This amount will be based on the impact to the budget. This amount will never exceed more than the Base Salary Scale amount for the contracted position.
  5. The District will submit an invoice for contracted teaching services for the fall semester by the end of November and will send an invoice for the spring semester by the end of July.
- Contracted Teachers/Teaching Assistants will work with the Head Start Curriculum Director to develop and implement approved lesson plans through the school year.



- Contracted Teachers/Teaching Assistants will be evaluated by the Campus Director and the Principal throughout the school year. Areas of improvement documented on the Performance Evaluations will be discussed by the Principal and the Campus Director. Training will be implemented, if needed.

## **Section 4 of the Contract – Time of Performance**

Specify the beginning and ending dates for the work to be conducted. Include the school year for the contract.

## **Section 5 of the Contract – Financial Obligations**

Specify contractual expectation of the contract that includes:

- There will be no draws or advances beyond the initial
- There will be a total of two payments
- The first invoice will be due by November 30<sup>th</sup> with payment by December 31<sup>st</sup> and the second invoice will be due by June 30<sup>th</sup> with the second payment by July 31<sup>st</sup>.
- Disbursement for work that has been completed in a satisfactory manner
- Sole obligation for CSNT is limited to the work described in the contract
- Payments will be processed within 31 days after receipt of the invoice
- Refunds shall be obtained within (15) days after request for any sum of money that has been determined to be an overpayment

## **Section 6 of the Contract – Intentionally Omitted**

## **Section 7 of the Contract – Terms and Conditions**

Terms of this contract cannot be subcontracted without prior approval by both parties. Contracted staff will not be a part of any IRS qualified benefits for CSNT and shall not qualify for any CSNT fringe benefits including but not limited to health, medical, or pension benefits. The contracted teaching staff shall not commit any act or make any statements that would be harmful to CSNT's reputation and good will or to any of CSNT's affiliates.

## **Section 8 of the Contract – Legal Remedies**

Breeches or violations of the teaching services contract gives CSNT the right to

apply administrative, contractual, or legal remedies. CSNT may choose to suspend all parts of this contract temporarily to give time for corrective action by the ISD or CSNT may terminate the contract at that time.

## **Section 9 of the Contract – No Waivers**

There will be no waivers as part of this contract.

## **Section 10 of the Contract – Termination and Suspension**

CSNT may terminate in writing, part or all the teaching services contract, at any time there is a cause for termination. The contract cannot be terminated without written notice of the following circumstances:

1. Contracted Teaching staff do not deliver satisfactory services in a timely manner
2. ISD/School District is adjudged bankrupt and/or is deemed insolvent
3. ISD/School District attempts to obligate CSNT to any financial responsibility for contractual services or materials
4. ISD/School District commits a willful violation of public laws or ordinances that a direct effect on the contracted agreement

CSNT has the authority to withhold payment and immediately suspend the ISD Teaching services of this contract if CSNT identifies possible instances of fraud, abuse, waste, fiscal mismanagement or other serious deficiencies in the services provided. Suspension shall be a temporary measure pending either corrective action or a decision by CSNT to terminate the contract.

CSNT shall not be liable for any costs incurred by the ISD/School District or teaching staff after the contract has been suspended or terminated. If contract is terminated, CNST can withhold any pending payments due to the ISD/School District until damages owed to CSNT have been determined and paid.

## **Section 11 of the Contract – Special Compliance Provisions**

The ISD/School District shall comply with all the applicable laws and regulations set forth by a federal contract including but not limited to the following:

1. Copeland “Anti-Kickback” Act
2. Fair Labor Standards Act
3. Worker’s Compensation Act
4. The Privacy Act of 1974
5. Sections 103 & 107 of the Control Work Hours and Safety Standards Act (as supplemented by Agency of Labor regulations)
6. The Davis-Bacon Act, where applicable

For contracts exceeding \$100,000 the following requirements apply:

1. Clean Air Act
2. Clean Water Act
3. Executive Order 11738 (Clean Air Act and Environmental Protection Agency regulations)
4. All other required regulations, as required (List any that may apply in the contract)

### **Section 12 of the Contract – Independent Contractor**

CSNT is entering into a contract with an independent contractor and cannot be held liable for claims against the contracted teaching staff by any third party. It must be stated that no employee/employer relationship exists between CSNT and the contracted teaching staff and there are no restrictions regarding the teaching staff providing services to other agencies. Although there is no employee/employer relationship, the teaching staff are required to adhere to CSNT's business hours to maximize the time spent with those who will receive instruction and training as part of the contract.

### **Section 13 of the Contract – Conflict of Interest/Nepotism**

ISD/School District will comply with CSNT's No Discrimination/No Harassment Policy. CSNT will monitor possible conflicts of interest and/or nepotism pertaining to all aspects of the contract.

### **Section 14 of the Contract – Sectarian Activity**

ISD/School District shall ensure that no funds under the contract are used for religious or anti-religious activity including worship or instruction.

### **Section 15 of the Contract – Political Activity and Lobbying Prohibited**

None of the funds used for this contract can be used for influencing the outcome of an election including legislative measures. No funds from this contract can be used to hire employees that are candidates for the legislature, judicial, or executive branches of government for the United States. None of the funds from this contract can be used to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress. None of the funds from this contract can be used for lobbying in any form.

### **Section 16 of the Contract – Prevention of Fraud and**

## **Abuse**

ISD/School District shall establish and maintain internal control systems to prevent, detect, and correct incidents of waste, fraud, and abuse. CSNT will have access to records and documents, if necessary.

## **Section 17 of the Contract – Changes and Amendments**

Any changes to Federal or State law or regulations will automatically be incorporated into the contract on the effective date of the regulation. No other changes shall be admissible without being amended in writing and signed by both parties.

## **Section 18 of the Contract – Record Keeping Requirements**

ISD/District will give access to Federal/State funding agencies, CSNT and/or their designee to records pertaining to this contract. These records may be reproduced, if necessary.

## **Section 19 of the Contract – Non-Discrimination and Equal Opportunity**

ISD/District shall comply with all laws regarding discrimination and equal opportunity.

## **Section 20 of the Contract – Insurance Requirements**

ISD/District will comply with all laws regarding maintenance and proper insurance coverage while doing business under the contract.

## **Section 21 of the Contract – Use of Alcoholic Beverages**

Contracted teaching staff must abide by CSNT's zero tolerance of drug and alcohol use while representing or involved in activities that create the assumption of representation of CSNT.

## **Section 22 of the Contract – Litigation and Claims**

ISD/District will give CSNT immediate written notice of any claim or action filed in a court of law or administrative agency against any the contracted teaching staff. CSNT will receive copies of all pertinent papers received by the

contracted teaching staff.

### **Section 23 of the Contract – Prior Oral and Written Agreements**

All prior oral and written agreements between the ISD/District and CSNT regarding the contracted teaching staff are null and void.

### **Section 24 of the Contract – Severability**

If any portion of the teaching services contract becomes invalid by a court of competent jurisdiction, the remaining contract shall be valid and binding.

### **Section 25 of the Contract – Legal Authority**

The contract must be signed by the legal representative of each entity and both signatories must have the authority to implement legal contracts by both CSNT and the ISD/District providing the teaching services.

### **Monitoring Requirements**

The teaching services provided by the contract and the terms of the teaching services contract will be monitored as part of the CSNT Head Start On-Going Monitoring System. The teaching services and the terms of the teaching services contract will also be monitored by the School District on a regular basis.

Any issues with any of the terms and conditions of the contract shall be discussed by the appropriate parties and corrective actions will be implemented. If the corrective actions do not fix the issues to either party's satisfaction, the issue will be addressed through the proper channels including and up to the Executive Director and the Superintendent of the School District.



# Education Operating Manual

*Aligned with the 2016 Head Start Program  
Performance Standards  
(Standards 1302.30 -1302.47)*

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## **EDUCATION PROGRAM OVERVIEW**

Head Start provides young children from birth through preschool aged from low income families with free, high-quality child-development services. Head Start children explore and learn in a healthy, nurturing environment, while building self – confidence and social skills. Also, they receive complete medical and dental services. Children with special needs are welcomed into the program and receive individual attention from Special Services Staff. Children leave Head Start with a strong foundation for successful learning in school.

During a state of emergency triggered by the Federal, state and/or local governments these Administrative policies and procedures as well as the Operating Manuals, the Finance Manual, and the Personnel Policies and Procedures will be amended to include instructions from the Federal, State, and Local Governments. Copies of these amended policies and procedures will be included where necessary.

## **MISSION STATEMENT THE MISSION OF HEAD START**

“Prepare eligible children, ages Birth to Five, for successful transition into Head Start and the school system as well as help their families become self-sufficient”

## EDUCATIONAL PHILOSOPHY OF HEAD START

Head Start adheres to the philosophy that parents are the prime educators of their children. The Educational Program provides parents with the opportunity to increase their knowledge of child growth and development. Head Start provides parents with the opportunity to learn additional parenting skills, and an opportunity to learn how to work more effectively with their own children.

Head Start works to enrich children with a learning environment and varied experiences appropriate to their age, stage of development and cultural background, which will help them to develop socially, intellectually, physically and emotionally.

Before a teacher can guide the daily activities of a Head Start classroom, he or she must clearly understand the philosophy of the program. Since 1965, Head Start Program Goals state that:

- A. The Head Start Program is based on the premise that all children share certain educational needs, and that children of low – income families, can benefit from a comprehensive developmental program to meet those needs. The Head Start Program approach is based on the philosophy that:
  1. A child can benefit from a comprehensive, interdisciplinary program to foster development and remedy problems as expressed in a broad range of services.
  2. The child's entire family, as well as the community, must be involved. The program should maximize the strengths and unique experiences of each child. The family, which is perceived as the principle influence on the child's development, must be a direct participant in the program. Local communities are allowed latitude in developing creative program designs so long as the basic goals, objectives and standards of a comprehensive program are adhered to.
- B. The overall goal of the Head Start Program is to bring about a greater degree of social and intellectual competence in children of low – income families. Social competence means the child's effectiveness in dealing with either his or her present environment and later responsibilities in school life. Social competence takes into account and mental health, nutritional needs and other factors that enable a competence. To the accomplishment of this goal, Head Start objectives and performance standards provides for:
  1. The improvement of the child's health and physical abilities, including appropriate steps to correct present physical and mental problems and to enhance every child's access to an adequate diet, and the improvement of the family's attitude toward health care and physical abilities.
  2. The encouragement of self-confidence, spontaneity, curiosity and moreover, self – discipline will assist in the development of the child's social and emotional health.

## EDUCATIONAL PROGRAM

Head Start offers an educational program for young children.

Head Start for Preschoolers

- A. There are Head Start Campuses located in Cass, Bowie, Marion, and Morris counties.
- B. The Campuses are open from 7:30 a.m. to 4:00 p.m. Diverse time varies by Campus Service area.
- C. Head Start Staff
  - 1. Campus Director
  - 2. Family Service Worker
  - 3. Classroom Teachers
    - a. Lead Teacher
    - b. Teacher Assistant
    - c. Other support staff
      - 1. Cooks
      - 2. Custodian
      - 3. Volunteers

## GENERAL TIMELINES

**August:** School opens. Majority of children enroll and begin the school year. Lesson Plans and Bus Safety Curriculum begins. Follow Lesson Plan Schedule. Follow Anecdotal Notes schedule. Begin Home Visits.

**September:** Begin ongoing observations of children. Begin recording anecdotal notes. Begin using the CIRCLE PROGRESS MONITORING/ Frog Street AIM Assessment. Administer the SPEED DIAL-4 screening to new children. Screenings should be done on new children within 45 days. Begin portfolios for children, saving 2 – 3 entries monthly. (Name, date, explanation of the entry)

**Late September:** Complete CIRCLE PROGRESS MONITORING/ Frog Street AIM Assessment. Continue weekly anecdotal records and Bus Safety Curriculum.

**October:** 1<sup>st</sup> week of October 45 days complete; Speed DIAL-4 screenings and Bus Safety Curriculum complete. Continue Anecdotal notes and portfolios.

**Mid October:** Bus Safety Certificate Signed by Parent and Parent Teacher Conference complete.

**Early November:** Continue Anecdotal Notes and portfolios.

**December:** Continue Anecdotal Notes and portfolios. Complete all screenings, parent teacher conferences, bus safety curriculum and home visits on all newly enrolled children.

**January:** Complete 2<sup>nd</sup> CIRCLE PROGRESS MONITORING/ Frog Street AIM Assessment. Continue Anecdotal Notes and portfolios.

**February:** Begin Kindergarten transitions (schedule field trip to kindergarten and practice lunch trays) continue Anecdotal Notes and portfolios.

**March:** Begin 2<sup>nd</sup> Home Visits and Continue Anecdotal Notes and portfolios.

**April:** Complete Home Visits and begin 3<sup>rd</sup> CIRCLE PROGRESS MONITORING/ Frog Street AIM Assessment Continue Anecdotal Notes and portfolios.

**May:** Complete CIRCLE PROGRESS MONITORING/ Frog Street AIM Assessment, and Complete Transition Packet with Parent Teacher Conference: No Anecdotal Notes for this month. Turn in a supply list of things needed including classroom materials and supplies to the Curriculum Director. An inventory must be complete before leaving for the summer.



## **SCHOOL READINESS COMMITTEE**

This committee is comprised of Head Start staff, Head Start parents and other professionals in the child development community and will meet at least twice a year.

2. The purpose is to act as a resource for enhancing the school readiness educational program.
3. Educational materials are reviewed, revised and established by this committee.
4. School readiness goals are reviewed, revised and established by this committee based on data.
5. Each campus will establish their own school readiness team which consist of but not limited to Campus Director, Principal, Kindergarten Teacher, Lead Teacher, Teacher Assistant, Parent, Family Service Worker and Education Specialist.
6. Each School readiness team will review, revise and establish campus goals based on data.

## APPROPRIATE PRACTICES

Head Start and Early Head Start requires that teachers always use developmentally appropriate practices in the classroom.

2. According to the National Association for the Education of Young Children (NAEYC) guidelines, developmental appropriateness has two parts:
  - A. First, that activities and expectations in the classroom are age appropriate. This means that the learning environment and learning experiences are planned particularly for an age group.
  - B. For Head Start, the age group includes three to five years of age.
  - C. Second, teachers must recognize that each child is a unique person, and that learning should incorporate experiences which are individually appropriate, not only matching a child's abilities but challenging them as well.
3. Certain atmosphere should be observed in the classroom.
  - A. For example, the learning environment in a Head Start classroom should be colorful and engage young children's interests.
  - B. Bulletin boards, pictures, and artwork should be placed at children's eye level.
  - C. Activities and experiences must be planned in a way that encourages children to participate.
  - D. At this age, children should be given hands – on direct experiences with a variety of materials and manipulative.
  - E. Children remember a surprising amount of what is touched, explored, and experienced.
4. Because children develop differently and at different stages, careful observations, assessment and planning must be done to meet individual needs.
5. In keeping activities appropriate, be sure that activities are relevant to the children's interest.
6. Children must have time to experiment with what they are learning or working on.
7. Children are allowed to learn from their own self – directed problem solving.
8. Children are given choices in joining an activity.

## **MULTICULTURAL PRINCIPLES**

Every individual is rooted in culture.

2. The cultural groups represented in the communities and Families of each Head Start program are the primary sources for culturally relevant programming.
3. Culturally relevant and diverse programming requires learning accurate information about the culture of different groups and discarding stereotypes.
4. Addressing cultural relevance in making curriculum choices is a necessary, developmentally appropriate practice.
5. Every individual has the right to maintain his or her own identity while acquiring the skills required to function in our diverse society.
6. An effective program for children with limited English-speaking ability requires continued development of the primary language while the acquisition of English is facilitated.
7. Culturally relevant programming requires staff that reflects the community and families served.
8. Multicultural programming for children enables children to develop an awareness of respect for, and appreciation of individual cultural differences. It is beneficial to all children.
9. Culturally relevant and diverse programming examines and challenges institutional personal biases.
10. Culturally relevant and diverse programming and practices are incorporated in all content areas and services.

## THE VALUE OF PLAY

Play serves many purposes for the young child.

2. Children learn through play.
3. Play is an outlet of communication where the toys act as the child's words and play becomes the child's language.
4. Below are some ways in which children benefit from play:
  - A. Play is the way the child explores and orients him to the actual world of space and time, of things, animals, structure and people.
  - B. Play is self – chosen activity.
  - C. Through play repetition, children develop their skills.
  - D. As they become more competent, they begin to seek new and more advanced experiences.
  - E. Play serves as a means of self – assertion through which a child can declare his or her needs.
5. Play helps each child to develop social relationships and skills.
  - A. He or she learns to use play materials and equipment.
  - B. Share and cooperate.
  - C. Lead and follow.
  - D. Request information.
  - E. Gain confidence and a positive self – image.
  - F. Communicate and become aware of differences and similarities among his or her peers.

## **BEHAVIOR GUIDANCE**

Classroom rules and limits are established early in the year.

2. Adult authority is established without threat to the children, but more related to trust.
3. The ultimate goal is to give children an opportunity to develop into self – controlled, self – disciplined individuals.
4. The classroom management techniques must be geared toward the age level and individuality of each child.
5. The teachers plan ahead by providing a physical environment, which will prevent problems before they occur.
6. This planning includes room arrangements, adequate materials, and developmentally appropriate activities.
7. Teachers are also encouraged to reinforce appropriate behaviors such as touching, eye contact, smiling, and positive statements to the children.
8. Positive redirection is used to distract a child from an inappropriate behavior, thus giving the child an alternative action.
9. “I” statements are used to verbalize a redirection and to avoid a defensive reaction.
10. Time Outs are used to defuse a situation in which the child has harmed another child, himself, a teacher, or equipment.
11. The child is isolated from the situation but remains in full view of the teacher.
12. This gives the child an opportunity to become calm and deal with his/her thoughts and feelings in a safe manner.
13. The time allotted is comparable to the child’s age not exceeding five minutes.
14. Once the allotted time has passed, the child has the opportunity to work through the situation with teacher assistance.
15. A Time Out is not a punishment, but a method of defusing negative circumstances and effectively working with a child on an individual basis.
16. If extreme behaviors persist, they should be referred to Special Services.

## **THE TEACHING TEAM**

1. A Campus Director or Family Service Worker is located at every site.
2. There is a Lead Teacher and Teacher Assistant in every classroom.
3. The Lead Teacher and Teacher Assistant lead the classroom in a team approach.
4. Each classroom has from fifteen to twenty children.
5. A ratio of no more than ten children to every one adult is maintained through the teaching staff, parents, and substitutes. 6. Whenever possible parents and other volunteers are used to lower the ratios.
7. This staff population allows the needs of children who required individual and small group attention to be met, and for the needs of parents to be involved.
8. The efforts of both parents and volunteers are counted on in meeting the twenty – percent in – kind that local communities must furnish in order for the program to qualify for federal funds.
9. Thus, this arrangement is of benefit to children, parents, teachers, and community.

## **CIRCLE/Frog Street AIM ASSESSMENT**

1. The CIRCLE/Frog Street AIM Assessment (valid and reliable assessment) is an ongoing assessment of the child's abilities and is used continuously to evaluate the child's progress.
2. Lesson plans are developed according to the skill or concepts yet to be achieved.
3. The CIRCLE /Frog Street AIM Assessment is based on objectives that include predictors of school success and are aligned with the Head Start Early Learning Outcomes Framework and the State Pre-K Guidelines. These objectives are the heart of the system. Teachers use them to focus their observations as they gather information to make classroom decisions.
4. The portfolio contains anecdotal notes, child – creative materials, Ages & Stages Parent Questionnaire, Bus Safety curriculum, and etc. The portfolio is followed and planned by a portfolio timeline. (Early Head Start)
  - A. The portfolio is kept in the classroom, which includes samples of the child's drawings, writings and self – portraits are kept on a continuous basis. (2-3 times per month) (Early Head Start)
  - B. Additionally, it is taken on Home Visits. (Early Head Start)
  - C. The portfolio material is sent home to the parents at the close of the school year. (Early Head Start)
5. Parents / Guardians have access to their child's portfolio.
6. Confidentiality must be maintained.
7. The CIRCLE /Frog Assessment is to be completed through observations and electronic assessments. Data is collected three times per year.
8. Anecdotal notes are kept on a weekly basis. (Early Head Start)
  - A. Anecdotal notes consist of written records of the child's observed daily activities. (Early Head Start)
  - B. CIRCLE/Frog Street Assessment Checkpoints are done three times a year on each child. (Progress Reports are to be discussed during Parent Teacher Conferences and Home Visits. The parent / guardian also has an opportunity

to make any notations of the child's development, progress, and/or comments.

9. The CIRCLE/Frog Street Assessment is broken down into areas of skill development.

A. The teacher will use these areas when planning for the child. IEP's will also be discussed during the Home Visit.



## **DEVELOPMENTAL SCREENING (SPEED DIAL-4 & AGES AND STAGES)**

1. Dial 4 Screening is an individually administered developmental screening test designed to screen young children ages 2:6 through 5:11.
2. New children are tested within the first 45 days of the child's entry of the program.
3. The results of the screening are used for the teacher to begin individual planning for each child.
4. The results of the screening are given to the parents during the Parent / Teacher Conference or Home Visit.
5. If a child is found to have a potential delay re-screens are done within 4-6 weeks after the initial screening.
6. Ages and Stages is a developmental screener that is filled out by parents and will be discussed during the first parent teacher conference. **(See Disabilities/ Mental Health)**

## **FROG STREET CURRICULUM BY FROG STREET PRESS**

FROG STREET Infant/Toddler, Three's and Pre-K Curriculum is a comprehensive, scientifically research-based early childhood curriculum that provides successful learning experiences for teachers and children. FROG STREET Early Childhood Curriculum is aligned with state and national standards including the National Association for the Education of Young Children (NAEYC), the Head Start Outcomes Frameworks, and the Texas Pre-Kindergarten Guidelines.

## **CLASSROOM DAILY SCHEDULE**

\*\*Refer to Each Campus Operating Manual. \*\*

## LESSON PLAN

1. The lesson plan is a tool for the teacher to use in order to plan the week's activities for the classroom.
2. A weekly lesson plan is a detailed written documentation of activities, which include multicultural activities, materials, objectives, and all plans to be carried out for the week.
3. The activities planned should follow the FROG STREET curriculum.  
Individualization Plans will be written for all children including children with IEP's.  
*(Texarkana Head Start will implement the same Frog Street Individualization form as their ISD partner, Paul Laurence Dunbar Early Education Center. The aligned campus wide goals will aide in preparing students who will be transitioning to the ISD Kindergarten.)*
4. The lesson plan is to focus around a certain theme or themes from the FROG STREET Curriculum Frog Street Press.
5. The Campus Director and Curriculum Director are to evaluate the lesson plan and provide assistance accordingly.
6. When planning a unit, the teacher is to make sure that all materials are available for that particular week. Materials should be gathered and available prior to all lessons.

## **ROOM ARRANGEMENT**

1. Make sure that traffic patterns are clearly defined and that traffic flows freely and limits running.
2. Separate noisy or active areas from quiet areas.
3. Store materials and equipment near the center in which they will be used and allow children to have access to all materials.
4. Learning centers should be clearly labeled (English and Spanish) and defined by low shelves or partitions.
5. Materials within a center should be labeled with words and pictures on the shelves to help the children identify where items belong and to associate items with printed words.
6. Place centers that require light near windows.
7. Place center, which are considered messy, such as sand and water play and art, in an uncarpeted area near a sink when possible.
8. Centers should be arranged to allow the teachers to see all the children from any point in the classroom.
9. Teacher materials should be stored separately out of the room and off children's shelves.
10. Materials need to be at children's eye level.

## LEARNING CENTERS

The classroom is divided into “interest centers” or “learning centers.” These divisions encourage specific kinds of learning within each activity center. The themes as well as culturally relevant items are present throughout the learning centers. **Learning Centers include:**

### 1. Library / Listening Center:

1. The Library / Listening Center are quiet areas.
  2. It should be located as far away from the noisy areas of the classroom as possible.
  3. The area should be blocked off from disturbances by low shelves or partitions.
  4. A small corner of the room with pillows, a beanbag, or comfortable chair will make this area inviting.
  5. The area should have a shelf to display books available to the children.
  6. Remember to stand books upright with the covers showing so that the children will be drawn to look through them.
  7. Torn books or books without covers should be removed and replaced.
  8. The books present in this area should be changed according to the themes.
  9. A variety of real-life stories as well as fantasy books should be present.
  10. Some books available should relate to the current theme.
  11. This area needs good lighting. The children will look at print and illustrations. Therefore, a felt board, cassette tapes, earphones and language games can be incorporated into this area.
- ### 2. Math / Science Center:

1. Puzzles, beads, pegboards, counting games and other manipulatives are incorporated into this center.
2. There should be a shelf for storing the materials and a small table and chairs for the children to use while working in this area.
3. Helpful hint: Sturdy containers should be labeled and stored on a shelf. The children can learn to match activities with containers, and it teaches order. If possible, sort and classify by labels with pictures.

4. This center should contain items for the children to examine, manipulate, and explore.
5. Space to display leaves, animals, rock collections, sound cans and other scientific items such as scales and rulers.
6. Plants, aquariums, and items that float and sink are part of this center.
7. This center should be located near a source of light, water, and electricity.
8. Rotate tools, supplies, and natural objects according to children's interest and monthly theme.
9. Provide a shelf to store materials and a table is recommended.

### **3. Creative Arts Center:**

1. This Center should be located in an uncarpeted area, near a sink to provide clean up.
2. Shelves are needed to store paints, clay, brushes, paper, crayons, markers, scissors, chalk, yarn, fabric, glue and etc.
3. Materials should be stored in labeled containers.
4. Authentic child-initiated art is recommended for children to express their ideas creativity.

### **4. Construction Center:**

1. The Block area allows children to become the architects of their own world. Space should be allowed for both collaborative play and individual endeavors.
2. Shelves should be provided for storage of blocks and props.
3. Block play is noisy and should be located away from the traffic flow and quiet centers.
4. Carpeting is recommended to help absorb the noise.

### **5. Pretend and Learn Center:**

1. Create a center where children can re-create the everyday life of their home and community or act out imaginary worlds. Through such play, children come to terms with their own experiences and demonstrate what they know, feel, and think about their world.
2. The center may be changed monthly to reinforce the monthly theme.
3. The center should be located near the noisy centers.
4. The center should contain equipment, furniture and material which will encourage the children to be creative. 5. The center can be changed to include:

- a. A doctor's office
- b. Beauty shop
- c. Grocery store
- d. Restaurant
- e. A Florist
- f. A Farm
- g. Etc.

#### **6. Writing Center:**

1. The writing center should be in a quiet area with a table, chairs and shelves for storage.
2. A variety of drawing and writing materials should be available which includes paper cut in various sizes, whole punch, yarn, paper fasteners, and a stapler, and etc.
3. Journals, sticky notes, small clipboards, name cards, letter stamps, ABC games, and sentence strips should also be included in this center. **7. ABC**

#### **Center:**

1. ABC manipulatives, puzzles, tiles, stamps, upper case and lower-case magnetic letters, rubber letters and etc. should be included in the center.

2. This center should include a shelf, table, labeled storage tubs, and a place to work.
3. Writing materials and ABC books should be included.

### **8. Computer Center:**

1. The Computer Center needs to be placed near or in the quiet center groupings.
2. The Computer Center contains an actual computer and computer games for the children to work.

### **9. Tablet Center:**

1. The Tablets need to be placed near the computer in the quiet center groupings.
2. The tablet use should be monitored by Teacher / Teacher Assistant to ensure proper use of apps and skill development games.

## **ADDITIONAL INDOOR SPACE**

In addition to the learning centers previously described, space is provided for large group activities in which all of the children participate.

This area must be large enough to accommodate group games, circle time, movement, and dancing. Lockers or “cubbies” provide each child with a place for his or her personal belongings.

These are usually located near the entrance to the classroom. The lockers are labeled with the child’s name and / or symbol.

The use of the television in the classroom will be limited. When it is used it will be educational and associated with the theme. It should also be documented on the lesson plan.

## **DAILY ROUTINES**

This information is primarily directed at Head Start Campus staff, although all agency employees whose position requires their presence in the campuses at any time should be familiar with these general guidelines.

1. The children in the centers should always hold priority over and personal or staff business. The atmosphere should be one in which the adults express joy at having the opportunity to be with the children.
2. Each child should be greeted individually each morning by staff.
3. Teachers should utilize planning time.
4. Meal Service (See Nutrition Operating Manual) Family Style Meals
5. In classrooms where children are combined during breakfast (for one reason or another) they should follow the schedule of the Campus.
6. A set of name tags should be kept on hand in each classroom for use when a new adult participates in classroom activities. This is easier on the children as well as the volunteer.
7. These tags could also be used at the beginning of the school year.
8. When children are moving from one room to another, the teacher should always remain at the front of the group, where it is easier to control them. The teacher and teacher assistant should count out aloud and communicate the number of children they have.
9. All broken equipment should be removed or repaired immediately following inventory procedures as necessary.
10. Allow children to share in the concern and care for missing parts and observe minor repairs.
11. The children should be taught to take care of their classroom's supplies and put items away when they are through with them.
12. Adults should NEVER discuss a child in front of ANY other children.
13. Adults should stoop down (or sit in a chair) to a child's level when speaking to him / her.
14. Children's clothing should always be protected while they are involved in messy artwork.
15. Smocks and large, old shirts should be available.
16. Teachers should always prepare for each day's activities so that children will not have to wait for supplies to be gathered.
17. Materials should be gathered either the previous afternoon or early the same morning.



18. If children are too rowdy during a particular activity, the activity and its presentation need to be evaluated.
19. Individual conferences with each teaching team should be held concerning daily schedules.
20. The Lesson Plan is available in the classroom.
21. An identical schedule should be posted in the classroom at all times.
22. The teacher and teacher assistant should work as a team.
23. The teacher and teacher assistant should have shared responsibilities never one teacher having all the duties however, the overall classroom management is the teacher's responsibility.
24. Smooth operation of the classroom is the direct result of a cooperative team effort and open communication.
25. If one feels that he / she is being unfairly given all the work, this needs to be brought to the attention of the other teacher in the room.
26. If this is ineffective, the matter should be discussed in conference with the Campus Director. If for any reason this is ineffective the Curriculum Director will need to be notified.

## **DAILY EXAMINATION OF CHILDREN PROCEDURE**

**\*\*See Health Operating Manual\*\* for Check-In-Procedure**

## **DAILY TRANSITIONS**

1. Head Start works to make every experience for the child an educational one.
2. The simple task of changing from one activity to another is an opportunity for learning.
3. Songs, finger plays, and simple games are used to transition the children from activity to activity or from place to place.
4. Creative songs, finger plays, and games serve to transition as well as provide continuous educational learning experiences for the children.

## **REST ROOM PROCEDURE**

1. The program encourages nonsexist roles in all activities provided for the children; therefore, boys and girls might, at any given time, use the same rest room at the same time.
2. Rest room procedures are always supervised by adults at all times.
3. Teachers are encouraged to take small groups of children to the rest room at a time so that children can complete the task and return to the classroom as quickly as possible.
4. The rest room procedures facilitate personal hygiene and independence.
5. Hand washing, zipping and buttoning, independently flushing, and taking turns allow children to develop their personal skills.
6. Teachers assist and guide the children when needed.

## **MEALTIME**

**\*\*See Nutrition Operating Manual and Education Standard Operating Procedures \*\***

## **TOOTHBRUSH PROCEDURES**

**\*\*See Nutrition Operating Manual\*\***

## **OUTDOOR PROCEDURE**

1. The playground is checked daily before the children are allowed to go outside.
2. Things to look for include broken equipment, stray animals, and harmful trash (glass, cans, needles, etc.).
3. There is 30 minutes scheduled in the morning and 30 minutes in the afternoon for outdoor time. (ISD times vary)
4. Planned activities need to be included in outdoor play.
5. Teachers are to stay in child staff ratio on the playground.
6. Teachers are to keep moving and to interact with the children.
7. The classroom schedule is followed to prevent too many children on the playground at one time.
8. During nice weather, it is permissible for indoor activities to be done outdoors.

## **TRANSFER OF CHILDREN**

1. Head Start and Early Head Start stresses the importance of continuity as a focal point of each child's growth and development.
2. The transfer of a child only serves to prolong the adjustment period.
3. The classes will be decided by the Campus Director and the Family Service Worker.
4. Newly enrolled children are placed in the classroom through the year by the Family Service Worker.

## **FIRE DRILL**

1. During a fire drill, teachers and children are to immediately stop what they are doing and proceed in an orderly fashion to the designated exit.
2. One teacher is to be at the front to lead the children, and the other teacher is to be last to check the room for children and to close the door behind them.
3. Proceed to a pre-assigned area outdoors and count to make sure all are present.
4. The sign-in sheet is taken outside with the group.
5. Emergency contacts and first aid (bag) should also be taken outside with the children.
6. The teachers wait until all is clear before they proceed back into the building.
7. In the event of an emergency, the staff and children must be able to safely exit the building within three minutes.

## **TORNADO DRILL**

1. During a tornado drill, teachers and children are to immediately stop what they are doing and proceed to a pre-assigned inner wall away from windows and doors.
2. Children are sitting facing the wall with their knees to their chest.
3. Children place their heads between their knees and clasp their hands behind their neck.
4. Teachers sit behind the children facing the wall in the same position as the children until the danger has passed.
5. Blankets may be used to cover the children to protect from flying objects.

## **MEDICATION PROCEDURE**

**\*\*See Health Operating Procedures\*\***

## **MEDICAL EMERGENCIES**

**\*\*See Health Operating Procedures\*\***

## **CAMPUS ACCIDENT REPORT**

**\*\*See Health Operating Procedures\*\***

## **EMERGENCY EVACUATION**

**\*\*Follow Emergency Plans at the Campus level\*\***

## **ACCESS TO CHILDREN'S RECORDS**

1. All children's records are kept in individual folders on site.
2. The education section of the child's folder contains confidential records kept in locked cabinets. File is noted under Progress.
3. The records are not to leave the campus unless the child is transferred or leaves the Head Start Program.
4. Documents within the folders are to be objective and not a reflection of personal opinion.
5. There is a policy for reviewing these records and why someone may see them.
  - A. A person using the records should sign an access sheet.
  - B. Laws state that parents have access to their child's records on request.
  - C. If a parent should request these records, the parent is allowed to view to them while at the campus in the presence of the Campus Director, teacher or support staff person.
6. There is also a policy as to what types of information should be forwarded to the public schools when the child leaves Head Start.
  - A. Usually, a brief summary of pertinent information is forwarded if the parents feel this is necessary.

## **NON-FEDERAL CONTRIBUTION-GIFT ACKNOWLEDGE FORM**

1. When a donation other than money is made, it is necessary to document the donation.
2. This is done on the In-kind Donation Form.
3. The following information should be recorded:
  - A. Component / person receiving the donation.
  - B. Person / Organization making the donation.
  - C. Date received.

D. Description of the donation by quantity, cost, and value.

E. A copy of the form is made.

F. The donor is given a copy for his / her records.

**\*\*See In-Kind Policy and Procedures\*\***

## **LICENSING REQUIREMENTS**

1. To obtain a Campus license, the Campus Director needs to request a packet from the licensing representative.
2. The packet must be filled out and mailed back with a check for the current licensing fee.
3. The application requires the signature of the Board President and the Chief Executive Officer. 4. These can be obtained through the Executive Assistant.
5. When the packet is complete with the signatures and a copy of the check that was sent to Austin.
6. A date will be set to visit the campus.
7. After the license is obtained, each year an annually licensing fee of \$35.00 plus one dollar per child will need to be paid.

**\*\* This is for initial licenses \*\***

## **TRANSITION POLICY**

**\*\* See Transition Standard Operating Procedures \*\***

**\*\* See Family Services Operating Manual \*\***

## **HOME VISITS**

1. The Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING will be accessed and copied for the Home Visit. It allows the teacher to review information from the documentation in CIRCLE.
2. During Home Visits if the child has an IEP, the IEP should be taken and discussed with the parent on this visit.

3. The materials taken should include: Student Summary Report from CIRCLE/FROG STREET PROGRESS MONITORING, Home Visit form, Portfolio, child's IEP (if they have one) and additional educational materials as needed.
4. During the visit, the parent / guardian and teacher will set goals for the child's development and activities that can be done in the home to help reach those goals.
5. The parent / guardian and teacher sign and date the Home Visit form, and the teacher and parent / guardian will write general comments on the overall visit, leaving no blanks on the Home Visit form. If the parent / guardian has no comment about the visit or program, then NO COMMENT should be noted on the form at the bottom.
6. The parent will be provided a copy of Child's Summary Report from CIRCLE/ FROG STREET PROGRESS MONITORING at the end of the Home Visit. 7. During Pandemic Home Visits may be done virtually (zoom) or phone conferences.

## **PARENT / TEACHER CONFERENCES**

1. Parent / Teacher Conferences occur twice yearly.
2. During this conference, the teacher summarizes the child's progress on the form and any concerns or comments the parent may have about the child.
3. The Bus Safety Curriculum Certificate will be discussed and signed at the first Parent / Teacher Conference.
4. The teacher will also address any concerns noted on the Ages and Stages Screening during the Parent / Teacher Conference.
5. If parent has not completed the Ages and Stages form, parent will do so at the Parent / Teacher Conference.
6. Parents are also asked to comment on the services the child and family are receiving.

## **FIELD TRIPS**

Each classroom can take two educational field trips a year (one in the fall and one in the spring). These two trips do not include the kindergarten transition trip or the end of the year celebration.

### **PROCEDURES FOR COMPLETING THE FIELD TRIP FORM:**

1. This form must be completed and turned in one month prior to the date of the field trip.
2. The teacher fills out all appropriate information and turns in the form one month in advance.
3. The teacher gives the form to the Campus Director for approval and signature.
4. The Campus Director gives the form to the Curriculum Director for approval and signature.
5. If the menu has been changed, the Nutrition Manager approves all meals and signs the form. The Curriculum Director gives the field trip to the Head Start Program Manager for approval.

### **PROCEDURES FOR IN HOUSE FIELD TRIPS**

1. For in – house field trips, please have the guest fill out an in – kind form.
2. The in – house field trips do not have to go through the full approval process but must be approved by the Campus Director and the Curriculum Director. 3. The copies of the field trip forms will be given to the Curriculum Director.

Note: Nature walks of more than a six blocks radius from the center require a field trip form. Follow – up contacts for field trips should be made two weeks prior to the date of the field trip. Be sure to call a day before to confirm the field trip.

### **FIELD TRIP RELEASE FORM**

1. The Field Trip Release form is needed before any child can participate on a field trip.
2. The Parent / Guardian must fill out the form, sign it and give it back to the child's teacher. Each child must have a parent / guardian signature before attending any field trip.



3. Field Trips must be posted 48 hours prior to the trip on the Campus Bulletin Board or Parent Board and front door.

## **PROCEDURES FOR FILLING OUT FIELD TRIP REQUEST FORM**

1. The teacher can fill out the name of the child, field trip, and date.
2. The teacher will obtain the parents'/guardian signature.
3. The teacher will give the form to the Campus Director to be placed into the campus file.

**Note: Children will not travel on the bus for more than one hour.**

## **PROCEDURES FOR PARENTS TRANSPORTING THEIR CHILDREN ON A FIELD TRIP**

1. All children will meet at the campus and sign in as a normal day. (Breakfast, tooth brushing, etc.)
2. At the time of departure parents wishing to transport their own child will sign their child out.
3. Upon arrival of the destination the parent will sign their child back in to participate in the field trip activities.
4. When departing from the field trip destination parents that previously transported their child will be responsible for transporting their child back to the campus or home, therefore they must sign their child out.
5. While attending the field trip, all children are required to follow Head Start and Early Head Start rules and regulations just as if they are on the campus.
6. Parents in attendance are asked to assist the staff to ensure the safety of the children.

## **PROCEDURES FOR PARENTS RIDING THE BUS ON A FIELD TRIP**

A parent that is volunteering on the day of a field trip will be able to ride on the Head Start bus provided there is space available. The responsibility of the parent volunteer is to aid the Lead Teacher and Teacher Assistant with the supervision of the children. The parent volunteer cannot bring other children on the field trip.

## **DAILY MEAL COUNT AND ATTENDANCE**

**\*\*See Nutrition Operating Procedures\*\***

### **Sign – In / Sign – Out Form**

1. Attendance is maintained electronically in the Child Plus Database system by the parent signing the child in and out.
2. On an ISD Campus the Child Attendance is entered by the Teacher or the Teacher Assistant.
3. If a child is relocated throughout the day, the Teacher or Teacher Assistant will enter the time in the notes section in Child Plus.

## **PARENT CONTACT DOCUMENTATION FORM**

**\*\*See Family Service Standard Operating Procedures\*\***

### **PARENT HANDBOOK**

**\*\*See Center Operating Manual\*\***

### **FIRE INSPECTION**

1. All Campuses are required to have an annual fire inspection.
2. The Campus Director will request the inspection one month prior to the expiration date.
3. The form is completed and turned in to the Service Manager
4. The following items should be completed:
  - A. Name of campus
  - B. Telephone number
  - C. Campus Address
  - D. Local inspection
  - E. Local inspection's address
  - F. Last date of inspection.
5. If at the time of inspection, the fire inspector finds areas of noncompliance, a re-inspection will be needed.

## **GAS LEAK**

1. All Campuses are required to have an annual gas leak test.
2. The Campus Director will request the inspection one month prior to the expiration date.  
program year.

## **PROFESSIONAL DEVELOPMENT ASSESSMENT (Classroom Assessment Scoring System)**

1. The Classroom Assessment Scoring System (CLASS) will be used to assess the classrooms for school readiness and teacher/child interactions.
2. A 10-minute observation will be conducted by the CLASS Specialist at the beginning of the school year to get a snapshot of needed teachers strategies.
3. CLASS will be implemented twice during the school year by the Education Specialist. It will be implemented on or around October 15<sup>th</sup> and April 15<sup>th</sup>.
4. Each CLASS assessment will consist of an estimated two 20-minute observations with ten minutes to score. After each assessment and score is completed, the observation will be discussed with the teaching staff, the Education Team, and the Campus Director.
5. CLASS Specialist will keep copies of each classroom assessment and will transfer the information from the scoring sheet to the Teachstone Platform. After reviewing and analyzing the data entered, Teachstone Platform then generates a report from the aggregated data. The CLASS Specialist creates an Action Plan for the strengths and weaknesses for each campus and it is given to the Program Director.
6. Professional Development will be guided by information obtained from the CLASS observations. This information will be instrumental in the development of the pre-service/in-service training provided to teachers and teaching staff.

## **PRACTICE BASED COACHING (PBC)**

Practice-Based Coaching (PBC) is a professional development strategy that uses a cyclical process that includes three components. This process supports teachers' use of effective teaching practices that lead to positive outcomes for children. PBC occurs in the context of collaborative partnerships with the Teacher / Teacher Assistant.

The coaching cycle components are: 1. Planning goals and action steps 2. Engaging in focused observation 3. Reflecting on and sharing feedback about teaching and home visiting practices.

PBC can be delivered on-site or virtually using technology. Self-coaching can be used to support staff as a part of a program's research-based coordinated coaching strategy. Another strategy is to have instruction recorded, uploaded to a website and reviewed by the Coach who then arranges for a face-to-face debriefing meeting to provide feedback and set goals.

The teaching staff will be monitored by the Coach at least once monthly. Teaching staff that need more intense coaching or who has been referred by CLASS Specialist as needing additional coaching will have training at least two times every four weeks.

The tools used in the coaching process are (but not limited to) General Observation Form, Action Plan Form, Coaching Companion, Teachstone Platform, video recording(s) of instruction and Zoom video.

## **SCHOOL READINESS GOALS**

Community Services of Northeast Texas (CSNT) Head Start has as its purpose to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development in a learning environment that supports children's growth in language, literacy, mathematics, science, social/emotional functioning, creative arts, physical skills, and approaches to learning; and through the provision to low-income children and their families of health, educational, nutritional, social, and other services that are determined, based on family needs assessments, to be necessary according to Sec. 636. [42 U.S.C. 9831] "Improving Head Start for School Readiness Act of 2007."

Along with the implementation" of the components of the 2007 Head Start Act. CSNT Head Start will also implement the Texas School Ready! Project, a Texas School Readiness Certification System (SRCS) that has as its goal every child being ready to succeed by being able to function in the areas of early literacy, early math, early science, and social studies. This is the goal for all children including children with special needs and dual language learners.

Research has shown that early childhood programs that support effective teaching practices and opportunities for child discovery through play have been shown to lead to significant growth in children's intellectual and social development, both of which are critical to their future academic success. Quality programs provide challenging but achievable curriculum which actively engage children in thinking, reasoning, and communicating with others. With teacher direction and guidance, children respond to the challenge and acquire important skills and concepts.

The School Readiness goals for the CSNT Head Start and Early Head Start Program include:

1. Assessment approaches that show evidence of a reciprocally linked and mutually supportive relationship between assessment and instruction in early childhood settings. Teachers must have a system of monitoring the progress of children. Along with on-going daily assessments, CSNT Head Start will use the CIRCLE PROGRESS MONITORING, to assess the progress of children's school readiness. These assessments are implemented three times per year. Information from these assessments is used to assess children's skill level against the Texas Prekindergarten Guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR 1304.21(a) (1) (IV), 1304.21 (c) (1) (i), and 1304.21 (c) (2).
2. Training and professional development that shows evidence of continuing improvement and support for teachers to improve the quality of preschool experiences. Head Start Performance Standards 45 CFR 1304.52 (k) (1-3), 648A (5).
3. Curriculum implementation and lesson planning to inform instruction that shows evidence of the use of intentional and planned instructional activities in language, literacy, math, and social/emotional growth such as those included in the newly revised Texas Pre-Kindergarten guidelines and the Head Start Child Development and Early Learning Framework. Head Start Performance Standards 45 CFR# 1304.21 (a) (c), 642 (f) (3) (B).
4. Teacher best practices that show evidence of responsive interactions between teachers and children and children and families, classroom set-up and design, and grouping instruction that helps strengthen a child's ability to think through problems and apply strategies for problem solving. Head Start Performance Standards CFR 45 1304.21 (a) (c), 1304.21 (b) (1) (iii).
5. Literacy knowledge activities that show best practices in cognitive readiness, developmentally appropriate book reading, phonological awareness, print and letter knowledge, and written expression. Head Start Performance Standards CFR 45 1304.21 (a) (c).
6. Oral language development activities that show evidence of appropriate oral language activities including receptive and expressive language. Head Start Performance Standards CFR 45 1304.21 (a) (c), 642 (f) (3) (C).

7. Mathematics activities that show evidence of numbers, concepts and relationships, geometry and spatial sense, patterns and measurement, and comparison. Head Start Performance Standard 1304.21 (a) (3-5), 642 (f) (3) (C).
8. Scientific activities that show evidence of skills and knowledge of the natural and physical world. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).
9. Social study activities that show evidence of knowledge of the community, environment, and the family unit. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).
10. Physical and health activities that promote well-being, use of the body, muscle control, and appropriate nutrition, exercise, hygiene, and safety practices. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).
11. Creative art activities that show the implementation and use of music, creative movement and dance, visual art, and drama. These activities are used throughout the day to enhance understanding and learning. Head Start Performance Standards 1304.21 (a) (3-5), 642 (f) (3) (C).
12. Teachers will ensure that children who are dual language learners can demonstrate their abilities, skills, and knowledge in the English language. During this time, they will also be developing their home language. Head Start Performance Standard 641A (a) (1) (B) (x).
13. Kindergarten reading readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive reading assessment when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)
14. Kindergarten social skills readiness that shows evidence that an adequate proportion of the children score “developed” on a valid, reliable, and predictive social competence assessment when they enter kindergarten. This information will be gathered from the local education agencies. Head Start Performance Standards CFR 45 1304.21 (a) (c)

## **ASSESSMENT**

1. Teachers will use the CLI Engage Database/ and FROG STREET AIMS System to assess school readiness of the children in the Head Start Program.

2. Teachers will assess children three times per year. The assessments will begin around September 15<sup>th</sup>, January 15<sup>th</sup>, and April 15<sup>th</sup>. Each assessment period will last approximately 30 days. At the end of the year, the teacher will provide a copy of the Individual Summary of the child's progress will be given to the FSW to place in the Progress Notes Section of the child's file.

3. Information from the assessment will be used to assist children in meeting the CSNT Head Start School Readiness Goals. Teachers will use this information to individualize with children in areas where improvement is needed in certain skill areas. Campus Directors will monitor implementation of the assessment in the classroom.

## **INTERACTIVE BOARDS/ I-PADS/ MP3 PLAYER AND SPEAKERS**

1. No unauthorized devices shall be attached to the MP3 player, Interactive Boards or I-pads.
2. Do not attempt to alter, destroy or disable the devices or speakers.
3. Accessing non-educational content without prior written permission from the Curriculum Directors or designee is prohibited.
4. Do not install, download or place any software or external data on the devices.
5. Contact your Curriculum Director or Program Manager to add new songs/music to the devices.
6. Store your assigned devices and speakers in a safe and secure place as you are responsible for the upkeep.
7. Include your assigned MP3 player and speakers on your inventory list.
8. Report immediately to your Curriculum Director or Program Manager any problems with your device/speakers or if either becomes lost or stolen.

Revised 3/14/2022



**CSNT  
Head Start  
Emergency  
Preparedness  
Plan**

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**School Year**



In an emergency, the first responsibility of the staff is to make sure that children are safe. Some emergencies may require that children be relocated to a safe designated area. This will be done by using all modes of transportation available at the time of the emergency including buses, vans, and personal vehicles.

In this emergency plan there is an evacuation and relocation diagram with the name and address of the location. When children reach this location, Teachers and Teaching Assistants will take attendance and head count to make sure that all children from their classroom arrived at the relocation site. It is the responsibility of the Campus Director to communicate with teaching staff at the relocation site to ensure that all children and staff reached the site.

Each Teacher and Teaching Assistant will be responsible for supervising their class at the relocation site. The Family Service Worker(s) will be responsible for calling parents to pick-up their children. All staff will be responsible for making sure that child pick-up at the relocation site is done in an orderly fashion and that all children are picked-up by the appropriate person(s).

As part of the emergency preparedness plan, children diagnosed with a disability or other health impairment will be assigned a buddy (staff person) to assist them with relocating to the relocation site. This designated buddy will make sure that the appropriate actions have been taken according to the disability or health impairment that has been diagnosed. (See Appendix G) for guidance.

The Campus Director will communicate with local authorities on a regular basis throughout the emergency. The Director or their designee will also contact the CSNT Head Start Director and State Child Care Licensing as part of the notification process.

The emergency preparedness plan will be shared with all new staff as part of the orientation process. The Campus Director will make sure that new staff understand their responsibilities during an emergency. Parents are also given general information about the emergency preparedness plan during parent orientation, and it is a part of the parent handbook. Copies of the plan will also be available for parents upon request.

**Emergency Contact Numbers:**

**Fire Department:** \_\_\_\_\_

**Police Department:** \_\_\_\_\_

**Emergency Management Agency:** \_\_\_\_\_

**State Licensing:** \_\_\_\_\_

**CSNT Admin Office:** \_\_\_\_\_

# CSNT Head Start Campus Emergency Preparedness Plan

**Revised 5/5/2022**

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## **EMERGENCY EVACUATION PLAN POLICY**

A. It is the responsibility of Community Services of Northeast Texas, Inc. to prepare plans whereby the facility, or parts thereof, can be evacuated quickly in the case of an emergency. Causes for evacuation could be fire, bomb threats, explosion, flood, severe thunderstorms, severe winter storms, hurricane, tornado, toxic fumes, electrical failure or structural failure. In the event of an emergency, evacuation of the facility should proceed as rapidly and safely as possible. This plan has been developed considering three scenarios of evacuation.

### **Evacuation Scenarios:**

1. **In-Place Evacuation:** Keeping children and staff members in place but securing location for the emergency at hand. Example: (tornado and chemical release)
2. **On-Site Evacuation:** Movement of children and staff members out of the buildings affected and relocated to other areas on campus.
3. **Off-Site Evacuation:** Movement of part or all of the children and staff members off campus to another designated location.

These Evacuation Scenarios shall include:

- (a.) Authority
- (b.) Evacuation Routes
- (c.) Evacuation Procedures/locations
- (d.) Evacuation of Handicapped
- (e.) Collection points
- (f.) Accounting of Personnel
- (g.) Assignments of Responsibilities

- B. The Campus Director shall be responsible for reviewing and approving the plan. The plan shall be reviewed annually and updated as needed. A copy of a summary plan should be forwarded to the local Fire Department, local Law Enforcement, and the local Emergency Management Agency for the area.
  
- C. Each employee at the facility shall be made familiar with the plan and trained annually on his/her responsibilities within the plan. New employees shall receive this review during their Campus Orientation.
  
- D. Each child shall receive training concerning emergency evacuation procedures during the program year. This training shall follow all State and Federal Regulations.
  
- E. Floor plans shall be developed and posted in public view showing exits and directional paths for traffic flow. Copies of floor plans shall be given to the local Fire Department, Local Law Enforcement, and local Emergency Management Agency.
  
- F. Fire Drills will be held monthly (Performance Standard # 746.5205)
  
- G. Severe Weather Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)
  
- H. Lock-down Drills will be held in the months of September, November, February, and April (Performance Standard # 746.5205)

# EMERGENCY PROCEDURES AND EVACUATION

## I. GENERAL INFORMATION

- A. The safety of the children and staff members at Community Services of Northeast Texas Head Start is the highest priority. The purpose of this directive is to provide procedures to be followed by the staff members of this facility to ensure the safety of the children and staff members in the event of an emergency.
- B. In the event of an emergency the Campus Director, or his/her designee, will notify the Head Start Director and/or Executive Director as soon as possible regarding the situation and the response to it.
- C. In the event of an emergency the Campus Director, or designee, may require that all staff members on duty remain at work or return to work until the situation is no longer deemed an emergency.

## II. FIRE

- A. Evacuate the area (always stay low, as smoke and heated gasses collect near the ceiling first).
- B. Activate the fire alarm (if so equipped)
- C. Call **911**, indicating the need for assistance from the fire department and law enforcement. Other communication networks should be identified and utilized in the event that the fire has caused the telephone system to be out of order.
- D. The Campus Director, or designee, will designate a person, or persons, to go to the nearest intersection to direct the fire department vehicles to the scene (if necessary).
- E. Evaluate the situation; determine quickly, if possible, the size, nature, and location of the fire within the facility.

- F. Upon arrival of the fire department the Campus Director, or designee, shall establish contact with the senior fire department official and coordinate subsequent activities with him or her.
- G. Make certain that all of the children and staff members are accounted for and safe. Move to other locations as required. A fire deemed in any way to be a threat to the safety of the children, or the staff calls for evacuation to the outside area, away from the building.
- H. All windows and doors to the facility should be closed, and all electrical switches and breakers turned off. However, do not waste time doing this if the condition is an emergency.
- I. Any of the steps above may be done simultaneously as the number of staff members on duty permits. The decision to not follow any of these steps is justifiable only when there is certainty that there is imminent danger.
- J. If the fire is small, any of the facility's fire extinguishers may be used to put it out, if the staff member has received proper training. Although there should be no hesitation regarding the use of fire extinguishers, the fighting of any fire by staff members should be undertaken only if there is no imminent danger.

1. The Campus Fire Extinguishers are located as follows:

(a.) \_\_\_\_\_

(b.) \_\_\_\_\_

(c.) \_\_\_\_\_

(d.) \_\_\_\_\_

(e.) \_\_\_\_\_

2. Each staff member is responsible for becoming familiar with the use of fire extinguishers (drills will be conducted monthly).
- K. The nature of the fire is a key factor in determining a course of action. Smoke color may indicate the potential danger of the situation as follows:
1. **Yellow smoke** may indicate the presence of toxic gases. Evacuation should proceed immediately, and no effort should be made to extinguish the flame.
  2. **Gray smoke** with brown wisps is indicative of any electrical fire. Again, the area should be evacuated immediately, and all should stay clear of the area.
  3. **Gray-black smoke** is indicative of a primary fire. The priority remains the evacuation of the immediate area. Staff members may attempt to extinguish the fire only if there is no severe danger of smoke inhalation.
- L. Ensure that no re-entry is attempted until authorized by the fire department.
- M. Drills will be conducted monthly during school session.

### **III. INCLEMENT WEATHER**

(See separate Appendix B for Hurricane and Appendix C for Severe Weather Plans)

### **IV. ILLNESS OR INJURY**

#### **A. MINOR**

1. Treat with medical supplies on hand.
2. Evaluate periodically to see if further medical attention is required.
3. Document treatments and evaluations in children's file.
4. Consult family members.

#### **B. MAJOR**

1. Employ first aid techniques as trained, if needed (Please see Attached Appendix A for detailed information)
2. Contact **911**, if immediate medical attention is required.
3. If an illness or an injury requires a doctor's care, but emergency services are not required, the staff members should then arrange for transportation to the emergency room, pediatric clinic, hospital per instructions of the family member.

### **C. DEATH**

1. If a death occurs at the Campus, the following should be contacted immediately:
  - (a.) Call **911**, request emergency assistance
  - (b.) Contact local Law Enforcement; allow them to notify the family members.
  - (c.) The Campus Director, the Head Start Director, and the Executive Director
2. The body should not be moved or tampered with.
3. All children should be moved to a part of the building away from the body.
4. The children should only be told what is essential for them to know about what has occurred but should be offered comfort and counseling as needed.
5. No news media should be contacted. If a news reporter is aware of what has occurred and solicits information, he/she should be referred to the Campus Director and then to the Executive Director.



## **D. Communicable Disease Protocol**

1. In the event a child or staff member is suspected of having a communicable disease such as COVID-19, that person will be placed in a monitored isolation area away from other staff and children until the Campus Director or other person in charge is able to contact a family member for immediate pick up.
2. When the child or staff member has been picked up or left, cleaning and sanitation procedures for the building and areas occupied by ill person will begin as soon as feasible according to the recommendations provided by the CDC. Campus Director will contact Head Start Management Building and local licensing representative to report the possibility of infection.
3. If a person has been confirmed to have a Communicable Disease, Campus Director or other person in charge will notify HSMB and local licensing and/or Health Department to report the positive result ensuring complete confidentiality of children and staff. Campus staff will then follow the CDC recommendations for cleaning/sanitizing building and temporary closures (if necessary or implemented by local/state mandate) according to CSNT's company policies.

**\*\*\*NOTE: Never move or touch unidentified or suspicious objects.**

## **V. BOMB THREATS**

### **A. GENERAL PRECAUTIONS**

1. Any bomb threat should be treated as real until proven otherwise.
2. Unidentified or suspicious objects should be reported to the authorities.
3. Evacuation should be to an outdoor area as far from the building as safely possible. The area to be evacuated to should be searched quickly before evacuation.
4. Upon evacuation, all windows and doors should be left open, if possible, to minimize the shock damage from blast.
5. Upon arrival of law enforcement authorities, the Campus Director, or designee, will assist with search (i.e., unlocking doors, identify strange or suspicious objects).
6. The appropriate authorities should be consulted prior to re-entry into the building.
7. See Appendix D for threat information sheet.

## **B. TELEPHONE THREAT**

1. The staff member that received the call should tell another staff member that a bomb threat is in progress so that:
  - (a.) The building may be immediately evacuated,
  - (b.) Local Law Enforcement may be contacted via **911**.
2. The receiver of the call should keep the caller on the line as long as possible.
3. Information should be recorded on the Bomb Threat Form as quickly as possible. Information sheets should be kept near each phone, or specifically record the following information:
  - (a.) The exact time the call was received: \_\_\_\_\_
  - (b.) The caller's exact words: \_\_\_\_\_

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(c.) A description of the caller's voice: \_\_\_\_\_

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4. If the call receiver has the time and opportunity, he/she should ask the caller for:

(a.) The location of the bomb: \_\_\_\_\_

(b.) The exact time of the explosion: \_\_\_\_\_

(c.) A description of the nature and appearance of the bomb: \_\_\_\_\_

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(d.) The caller's name and their location: \_\_\_\_\_

---

### **C. WRITTEN THREATS**

1. The staff member receiving the written threat should handle it as little as possible, (to preserve fingerprints), and should save all materials including any envelope or other container.
2. Local Law Enforcement should be contacted first, followed by the Head Start Director and/or the Executive Director.
3. The building should be evacuated until it is determined that there is no longer a danger.
4. All materials involved in the threat should be turned over to the proper authorities.

## **VI. UTILITIES AND MAINTENANCE EMERGENCIES**

### **A. GAS LEAK**

1. If any staff member or children smells gas, act quickly.

2. Open windows immediately.
3. Call **911 from a phone outside of the building** and report the possible gas leak. (Use a cell phone or a neighboring business phone.)
4. Do not turn any electrical switches **on or off**. Eliminate all flames.
5. Check all gas taps and turn them off.
6. If necessary, turn off gas main. The shutoff valve is next to the meter. Using a wrench turn the valve a quarter turn in either direction.
7. If the gas odor remains strong, evacuate the area immediately.
8. Do not return to the building until the fire department announces it is safe.
9. Notify CSNT Service Manager of the emergency.

## **B. POWER FAILURE**

1. The building's emergency lights, if so equipped, should come on automatically.
2. The Campus has \_\_\_\_\_ flashlights:  
Which are located \_\_\_\_\_.  
The spare batteries are located \_\_\_\_\_.
3. A battery-operated radio is located is located \_\_\_\_\_.  
The radio may be used to monitor weather conditions, etc.
4. In the event of a power failure, the staff members on duty should contact the following:
  - (a.) The power company phone # \_\_\_\_\_.
  - (b.) CSNT Service Manager with details of the emergency.

## **C. LOSS OF WATER**

1. There is an emergency supply of water located \_\_\_\_\_.  
This water should be used sparingly, and only for emergency.

2. In the event of the loss of water, the staff members on duty should contact the following:

(a.) Local City Water Department: \_\_\_\_\_

(b.) CSNT Service Manager: \_\_\_\_\_

#### **D. LOSS OF TELEPHONE SERVICE**

1. There is a cell phone located \_\_\_\_\_ which may be used if regular telephone service is disrupted. Use of the cell phone should be limited to absolute need.
2. In the event of loss of telephone services, the staff members on duty should contact the following:

(a.) The Local Telephone Company repair service: \_\_\_\_\_

(b.) CSNT Service Manager: \_\_\_\_\_

#### **E. LOSS OF HEATING AND AIR CONDITIONING (emergencies only)**

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

#### **F. PLUMBING PROBLEMS (emergencies only).**

1. Complete Maintenance Action Ticket and follow instructions from Facilities Maintenance Personnel.
2. Contact Service Manager (emergencies only).

### **VII. EMERGENCY EVACUATION**

A. In the event of a fire, bomb threat, electrical, chemical, or other emergency that would require evacuation of the building, all staff members should adhere to the following:

1. Call **911**, indicating the need for assistance from the local Fire Department and the Local Law Enforcement.
2. Make certain that all children and staff members are accounted for and are safe.
3. Evacuate all children and staff members to an area as far from the building as safely practical.
  - (a.) Adhere to predetermined evacuation routes, if possible, do not hesitate to adjust these routes to avoid dangerous areas.
  - (b.) All children and staff members with special needs are to be assisted as needed.
4. Conduct a second head count for children and staff members.
5. Notify the Head Start Director and/or Executive Director as soon as possible.
5. Do not approach or re-enter the building until consultation with the proper authorities.

# Appendices

## Appendix A of the Emergency Plan

### SERIOUS INJURY OR ILLNESS

The immediate concern is to aid the sick or injured person. Proceed according to the following plan:

- A. No staff member should place themselves at risk in the rescue of an injured child or staff member. Call **911** and request the needed emergency responders.
- B. Do not move the victim, especially if their injury is the result of a fall, unless they are in a life threatening or dangerous environment.
- C. Begin First Aid/CPR. (Make sure that staff member is certified).
- D. Treat life-threatening injuries first in priority order:

1.) Impaired Breathing	2.) Heart or Circulatory
3.) Severe Bleeding	4.) Shock

- (a.) **Impaired Breathing** – Work efficiently. The average person will die in six minutes or less if their oxygen supply is cut off. Place victim on his/her back, loosen collar, remove any obstructions to the airway, and apply mouth-to-mouth resuscitation (if so trained). After the victim is breathing alone, treat for shock.
  - (b.) **Heart/Circulation Failure** – Work quickly. If possible, get trained help and work as a team. Apply cardiopulmonary resuscitation (CPR). If successful, treat for shock.
  - (c.) **Severe Bleeding** – Act quickly. Apply direct pressure on the wound with your hands, using a clean cloth, if one is available. If there are no fractures, elevate the wound. If bleeding is of a spouting or pumping nature, apply pressure to the appropriate arterial pressure point. Never use a tourniquet except as a last resort.
  - (d.) **Shock** – If there is no head or chest injury, keep head lower than the rest of the body. Loosen clothing and cover with blankets. Encourage fluids if victim is conscious and there is no abdominal injury or nausea.
- E. Other injuries/illnesses should be treated in priority with respect to threat of life.
  - F. Depending on the seriousness of the injury the victim should be taken to a nearby hospital by ambulance or driven by someone else.



## **Appendix B of the Emergency Plan**

### **HURRICANE PLAN**

- A. The safe place designated by the Campus Director is the \_\_\_\_\_.
1. All children will be moved to the safe location.
  2. Maintain flashlights and voice contact among staff members at all times.
  3. Direct all children to sit on the floor in designated area, not in front of doors.
  4. Advise all children to wear shoes.
  5. Make sure to do a head count before moving to safe place, after arriving at safe place, and after leaving designated area.
- B. After being certain that the storm has passed, staff members should do a head count and check the complete building for any damages such as fire, water, or structural.
- C. Notify the Head Start Director and/or Executive Director as soon as possible with an update of the conditions.
- D. Notify all local emergency responders that services are needed.

**Appendix C of the Emergency Plan (Page 1 of 2)**

**TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES**

- A. The safe place in the building is the \_\_\_\_\_.
  - 1. All children will be moved to the designated safe location.
  - 2. Maintain flashlights and voice contact among staff members at all times.
  - 3. Direct all children to keep down on their knees with their heads between their legs covering their head with their hands.
  - 4. Advise all children to wear their shoes.
  - 5. Make sure to do a head count before moving to safe location, after arriving at the safe location, and after leaving the designated safe location.
- B. After being certain that storm has passed,
  - 1. Staff members should do a head count.
  - 2. Provide any necessary first aid and call **911** for any necessary response agencies.
  - 3. Check the complete building for any damages such as fire, water, or structural.
  - 4. Turn on and test utilities.
- C. Notify the Head Start Director and/or Executive Director as soon as possible with update of conditions.
- D. Notify all emergency agencies that services are needed.
- E. Severe Thunderstorm Watch
  - 1. Advise staff members of the weather condition.
  - 2. Monitor the NOAA Weather Radio for updates.
  - 3. Modify outdoor activities to ensure that relatively quick access to shelter is available.
- F. Severe Thunderstorm Warning
  - 1. Advise all staff members of the weather condition.
  - 2. Monitor the NOAA Weather Radio for updates.
  - 3. Terminate outdoor activities and seek shelter.
  - 4. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.

**Appendix C of the Emergency Plan (Page 2 of 2)**

## **TORNADO/SEVERE WEATHER WATCHES AND WARNING PROCEDURES**

### G. Tornado Watch

1. Take all precautions including in the Thunderstorm Watch in addition:
2. Upon approach of thunderstorms, cease any outdoor activity that would delay the seeking of shelter.
3. Monitor sky conditions. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.

### H. Tornado Warning

1. Monitor radio continuously.
  2. Monitor sky conditions continuously. If you see a dark, funnel-shaped cloud, seek shelter and if possible, call **911** and report it.
  3. Turn off all utilities, if time permits.
  4. Move all staff members and children to designated safe location:
-

**Appendix D of the Emergency Plan**

**BOMB THREAT INFORMATION FORM**

Exact Time of Call: \_\_\_\_\_ Date of Call: \_\_\_\_\_

Exact Words of Caller: \_\_\_\_\_

---

**QUESTIONS TO ASK:**

1. When is bomb going to explode? \_\_\_\_\_
2. Where is the bomb? \_\_\_\_\_
3. What does it look like? \_\_\_\_\_
4. What kind of bomb is it? \_\_\_\_\_
5. What will cause it to explode? \_\_\_\_\_
6. Did you place the bomb? \_\_\_\_\_
7. Why? \_\_\_\_\_
8. Where are you calling from? \_\_\_\_\_
9. What is your address? \_\_\_\_\_
10. What is your name? \_\_\_\_\_

**DESCRIBE CALLER'S VOICE (Circle)**

Male/Female	age _____			
calm	disguised	nasal	angry	broken
stutter	slow	sincere	lips	rapid
giggling	deep	crying	squeaky	excited
stressed	accent	loud	slurred	normal

**THREAT LANGUAGE**

Well Spoken (educated)	Irrational	Message read or recorded
Foul/vulgar	Incoherent	

If voice is familiar, whom did it sound like? \_\_\_\_\_

Where there any background noises? \_\_\_\_\_

Remarks made by caller: \_\_\_\_\_

Person receiving the call: \_\_\_\_\_

Telephone number/line call received: \_\_\_\_\_

## Appendix E of the Emergency Plan

### FLOOD PLAN

When Flash Flood conditions are forecast, the following guidelines shall be used:

- A. Monitor NOAA Weather Radio for forecast updates.
- B. Move records and valuable equipment to higher floors. Store chemicals where flood waters cannot reach them and cause contamination.
- C. Make transportation preparations to move children and staff members in the event that evacuation is needed.
- D. Safe area to be evacuated to is: \_\_\_\_\_  
Safe route three is: \_\_\_\_\_
- E. Evacuation:
  - 1. If the facility is in a low-lying area vulnerable to flooding, evacuation will be immediate.
  - 2. Evacuation is to follow the safest route possible (listen to weather and news reports for routes). Maintain voice contact among staff members and ensure all children and staff members are accounted for.
  - 3. If time and conditions permit, unplug all electrical appliances.
  - 4. All loose outdoor articles are to be brought in or tied down.
  - 5. Lock all doors.

## Appendix F of the Emergency Plan

### HAZARDOUS MATERIALS ACCIDENTS

- A. Evacuate the area immediately
  - 1. Do not turn any electrical switches **on or off**.
  - 2. Eliminate all open flames.
  - 3. Evacuation should be to an area (if possible) upwind and uphill of the facility.
- B. Call **911**, and report that there has been a Hazardous Materials Spill.
- C. Do not attempt to contain, touch, or identify (if unknown) the hazardous material.
- D. Do not attempt to rescue someone who has been overcome by fumes.
- E. If a child or staff member has had contact with chemicals; the chemicals should be washed off immediately.
- F. Do not return to the building until authorized to do so by the fire department.

## Appendix G: Disability Tips for Relocation of Students

### Categories of Disability under IDEA Law

Federal Disability Term	Alternative Term	Brief/Description/ Factors that Elevate Risk in Emergencies	Factors that Reduce Risk Emergencies
Autism	Autism Spectrum Disorder	Characterized by extraordinary difficulty in social responsiveness; often resistant to environmental change or change in daily routine and experience anxiety over interruption. May be non-verbal or use argumentative communication	Structure, routine, normalcy, and familiarity with activity
Deaf blindness		A simultaneous significant hearing and vision loss; limits the speed of movements.	Guidance from a sighted person
Developmental delay		A delay in one of the following areas: physical development, cognitive development, communication, social or emotional development or adaptive (behavioral) development.	Minimize disruption of routine patterns of activity, modulate sensory input
Emotional disturbance	Behavior disorder, emotional disability	Has limited ability to understand environmental events, situations, or procedures. Needs are categorized as mild, moderate, or severe. May disobey or resist direction, may panic.	Regulated sensory input
Hearing impairment	Deaf, hard of hearing	A complete or partial loss of hearing that adversely affects a child's educational performance. May not respond to auditory cues.	Written instructions, sign language, specialized communication for direction in an emergency
Mental retardation	Intellectual disability, cognitive impairment	Significant limitations in intellectual ability and adaptive behavior. This disability occurs in a range of severity.	Regulated sensory input
Multiple disabilities		The simultaneous presence of two or more impairments, the combination of which causes such severe educational needs that they cannot be accommodated in a special education program solely for one of the impairments. Does not include deaf blindness.	

Orthopedic impairment	Physical disability	A significant physical limitation that impairs complete motor activities, strength, vitality, or an alertness to environmental stimuli.	Adaptive physical equipment cane, walker, wheelchair. May require alternative, accessible evacuation route
Other health impairment		A disease or disorder so significant that it negatively affects learning; examples include cancer, sickle-cell anemia, and diabetes	Continuity of medication management regime
Specific learning disability	Learning disability	A disorder related to processing information that leads to difficulties in reading, writing, and computing.	
Speech or language impairment	Communication disorder, stuttering	A disorder related to accurately producing or articulating the sounds of language to communicate	Sign language, hand signals, specialized communication for response in an emergency
Traumatic brain injury	TBI	An acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychological impairment, or both that may affect cognition, behavior, social skills, and speech.	
Visual impairment	Low vision, blindness	A partial or complete loss of vision	Guidance from a sighted person

**Source: National Dissemination Campus for Children with Disabilities at <http://www.nichcv.org/Disabilities/Catergories/Pages/Default.aspx>**

In addition to the children with disabilities specified under IDEA law, the site director or designee must identify individuals with a temporary impediment such as a broken leg or hidden impairments such as asthma, panic attacks, significant allergies or heart conditions. Children with such documented medical conditions may not have an IEP in place that would highlight the need for continuing a special medical regime, particularly during a crisis or disaster.



# Security Awareness Tips for Child Care Providers

*(Unless noted otherwise, these are just suggestions – **not** requirements. However, it is important that steps are taken to make sure that children are safe.)*

## **1. Monitor access to your facility.**

- Make sure there is security for facility entrances. For example, single-action locks (which only lock people *out* of a building) and buzzers or bells that sound when doors are opened.
- Mandatory sign-in for all parents and visitors, with a staff person always assigned to answering the door or monitoring the building's entrance.
- Make sure that all adults who pick-up children are authorized to do so. For any adult staff do not know, the staff should check the adult's identification to make sure that the information matches the child's pick-up information.

## **2. Develop policies about information to share with the public.**

- Never share information about a child with anyone except his/her parents or guardians. Decide if there is other information that is sensitive and should be shared only with certain people.
- Tell staff which information should (or should not) be shared, with whom, and how. Advise staff on what to do if they receive an unusual information request.
- Parents need information about your program to make informed decisions about their children. Be sure to balance security measures with responsiveness to parents/guardians.

## **3. Be alert and aware of your surroundings. Report anything out of the ordinary.**

- Be aware of adults near your Campus or office who are not supposed to be there. Take notice of unusual visits or phone calls.
- Report anything out of the ordinary to the police and/or the Campus Director.

## **4. (Hopefully as usual) maintain high standards for hand washing/other aspects of sanitation.**

- Ask all children, staff, and visitors (including parents) to wash their hands upon entering the Campus.
- Make sure that all children and staff wash their hands when coming in from outside; before preparing, serving, or eating food; after toileting; and after cleaning up sneezes.

- Take precautions in dealing with body fluids such as blood and vomit.

## **5. Get prepared for various types of emergencies.**

- Call your local Emergency Management Agency to find out about your area's risks, what you can do to prepare, and how to develop an emergency plan.
- Train your staff on how to be prepared and how to use the emergency plan.
- As part of the emergency plan, develop a plan for relocating children off-site in case they need to be moved quickly for their safety. Identify two places (e.g., schools, recreation centers, other childcare facilities, etc.) about a mile away where you can take your children. Make arrangements with other facilities to accept your children and staff in case of an emergency. Tell parents ahead of time where they can find their children if they are relocated during an emergency.
- Make arrangements for transportation, if it is not readily available.
- Learn how to identify suspicious packages that could contain dangerous materials. Please note that the risk of this danger to childcare facilities is extremely low.
- As part of your monthly fire drill, have your staff identify at least two ways out of each room and practice through alternate exits.
- Each month, test smoke alarms to make sure that they are in working order and check any fire extinguishers you have to make sure that the gauges show they are still "charged." Train staff on how to use any fire extinguishers you have. The Local Fire Departments can help with training needs.

# EMERGENCY PREPAREDNESS FOR CHILD CARE PROVIDERS

## Before an emergency...

### **Know Your Risks**

Call your local Emergency Management Agency to find out the potential risks in your area and how to prepare for them

### **Plan Ahead**

Your program may want to build on the required emergency procedures to develop a comprehensive emergency plan.

Consider...

1. What will you do if an emergency occurs while children are in your care?
2. How might your response vary depending upon the type of emergency?
3. Where will you take children to minimize the risks of injury?
4. In case an emergency requires relocation, do you have secondary sites and emergency transportation lined up? Do you have portable records/supplies?
5. What will you say to children to reduce their fear and increase safety?
6. How will you communicate with parents, local authorities, and CSNT Admin Office?
7. What will you do if phone lines, or cell phone towers are down/circuits are busy?

## Prepare An Emergency Supplies Kit

(Should be portable in case of emergency)

1. List of emergency phone numbers
2. (As available, cell phone, calling card, change for pay phones, or walkie talkies
3. Water – backup supply of what you typically use in a day (Note: boiled water is not good for infants)
4. Non-perishable food; manual can openers
5. First Aid Kits and blankets
6. NAAO Radio, flashlights, and extra batteries
7. Hand washing solution that does not require running water
8. Extra clothing and shoes for children
9. Other items for safety and comfort
10. If evacuating/relocating, remember child records, attendance sheets

## Help Staff and Children Prepare

1. At least once per year, train staff on your emergency plan, specific disaster roles, and the location of disaster supplies.
2. Train new staff as part of the Campus orientation
3. In addition to monthly fire drills, have other periodic drills for other possible emergencies.
4. Look for approved training on emergency preparedness topics.
5. Identify “Safe Places” in your Campus to take children during storms.
6. Prepare children for emergencies through in-formative yet not threatening activities.
7. Provide parents with emergency preparedness materials for the home.





**Family and  
Community Engagement  
Transition Services  
&  
Child Records Protections  
Operating Procedures  
Manual**

*Aligned with the 2016 Head Start Program*

*Performance Standards*

**(Standards 1302.50 -1302.53)**

**(Standards 1302.70 -1302.72)**

**(Standards 1302.20 -1302.24)**

Revision 6/8/2022



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## **INTRODUCTION (Standard 1302)**

The focus of the Parent, Family, and Community Engagement program is on the child, the family, and the community as a group of interacting personalities. The role of the staff is to provide support to the child and family. Social Services/Parent Engagement staff also serves as a resource to the family by serving as a liaison between the Head Start Campus and Early Head Start Center, the family and the community. Out of this interaction; empowerment, enhancement of problem solving skills, and self-reliance is the desired outcome for each family system.

### **Head Start Family Services/Campus Staff also perform the following roles:**

1. Provide support and serve as a resource to *families*.
2. Act as a bridge between, the family and the community.
3. Provide training and education to families in using available resources and services, and in locating those that are unavailable or inaccessible.
4. Serve as a resource within the Head Start program for other *staff* members.
5. Maintain accurate records for the benefit of families and other staff members.
6. Act as an advocate of the children and families enrolled in the program, both within the Campus and in the community.
7. Involve parents in the process of making decisions about the nature and operation of the Head Start program.
8. Involve parents in the classroom as paid employees, volunteers or observers.
9. Assist parents in working with their children in cooperation with the staff.
10. Involve parents in planning activities for themselves in the Campus and in the Community.
11. Work with donors that make in-kind contributions to the Head Start program.
12. Work with Administration, campus teams, parents, and community volunteers in generating the program's 20% non-federal share annually.

This "Content Area Plans " will outline how these tasks will be accomplished by the Family Services/Campus Staff in collaboration with other Head Start team members.

## **II. FAMILY SERVICES/PARENT ENGAGEMENT DESK PROCEDURE**

1. Family Service staff meets monthly to outline and document activities for the following month.
2. Check with teachers daily and document absenteeism.
3. Document absences reasons and follow up with a call and/or home visit if necessary.
4. Schedule home visits with families at least two a year according to FS/PI time line and as needed to meet individual family circumstances and to complete Family Partnership Agreements. (First is due to the FSA the middle of August) (Second is due by the last day of April).

5. Enter applications and enrollment data on Child Plus weekly or as needed to ensure information on system is current. (Speak with management staff to allow information to be checked and followed through.)
6. Update Child Plus waiting list monthly.
7. Assist Campus Director in compiling the Non-Federal Share report monthly (Inkind).
8. Update Child Plus weekly, and encourage Campus staff to document contacts with families weekly or as they occur.
9. Update emergency cards as changes occur or at least once a week.
10. Partner with families on a continuous basis, to ensure that their needs and/or concerns are being met.
11. Conduct case management meetings monthly in order to ensure all enrolled families are staffed by FS/PI time line deadline. (100%)
12. Conduct monthly parent meetings. Send out flyers at least **one** week in advance of meeting. Post parent meeting topics on bulletin board after parent topic survey is compiled according to FSPI time line. Conduct, as needed, monthly volunteer orientations for new parent and/or community volunteers.
13. Make community contacts monthly via telephone, correspondence or scheduled office appointments to acquire in-kind and/or resource information for enrolled families.
14. Follow up and document within two weeks the results of referrals. The maximum time for follow up is 30 days.
15. Include Policy Council Meeting report in monthly parent meeting.
16. Recruit and enroll as needed to maintain Campus capacity. Conduct folder review after each enrollment. Fill all vacancies within 30 days. Process dropped folders within 30 days.
17. Maintain locked files daily. Collaborate with Campus staff to keep in order weekly.
18. Attend ARD meetings and team meetings as scheduled.
19. Plan and coordinate with Campus staff, parent-training activities monthly or as needed.
20. During the first part of the year, include transition information on parent meeting agenda.
21. Conduct election of parent officers and policy council members at the September parent meeting. All other parent training topics will be determined from the results of the Parent Survey.

## ***Job Descriptions***

See Human Resources Director Job Description

# CAMPUS OPERATING PROCEDURES

Campuses open at 7:30 a.m. and close at 4:00 p.m. Children of working parents will be accepted in the campus as early as 7:30 a.m. and will be picked up by 3:00 p.m.

1. Any changes in a family's work or school status are to be reported to the Family Services Staff. Families failing to adhere to the appropriate time slots will receive a conference upon each occurrence. The Campus Director and Family Services staff are to outline a written plan of action to bring them into compliance. A copy of the plan with staff and parent signatures will be given to the family and a copy will be kept in the child's folder. Family Services staff will monitor the family's progress toward compliance and provide support and encouragement.
2. Head Start offers children two-thirds of the daily nutritional requirements through breakfast, lunch and afternoon snack. Breakfast is served from 7:30 a.m. to 8:30 a.m. Lunch may be served as early as 11:00 a.m. or from 11:30 a.m. to 12:30 p.m. Afternoon snack is served at 2:30 pm.
3. No child is accepted in the campus after 8:30 a.m., unless approved by the Campus Director or other designated staff person.
4. It is the responsibility of each parent or person bringing a child to the campus, to escort the child to the campus to be checked in by campus staff. During check in, backpacks and carry ins are checked to ensure the safety of all children.
5. If a child is going to be absent, it is the responsibility of the parent to inform the Campus Director or campus staff as soon as possible. Each time a child is absent, the parent must write a note or bring a doctor/clinic excuse to the Campus Director upon the child's return to school.
6. If a child is absent three consecutive days, and the Campus Director has not been notified, the Family Service Worker will make contact in regards to absenteeism and prepare proper documentation. Every effort will be made to keep each child enrolled in the program.
7. A child will not be released to anyone who is not listed as a designated pickup person, without prior written parent/guardian authorization.
8. A child will not be released to anyone who appears to be under the influence of alcohol or other drugs.
9. Head Start parents are asked to bring an extra pair of garments to be left in the campus in the event of an accident (i.e., spilled paint, wetting or food spilling).
10. Children are not allowed to wear open toed shoes or sandals for safety reasons. A child is allowed to wear modified footwear as deemed necessary by the parent. The parent must submit a written request /authorization to verify qualifying condition.

After three (3) days a doctor's statement is required for the child to continue to wear the modified footwear. (See Head Start Standard Sec. XVII. F).

11. Head Start will not be liable for theft or damage to children's clothing or jewelry.
12. Parents are to notify the Campus Director and Family Services/Parent Involvement staff immediately if there is a change of address, telephone number, emergency number and/or name. It is the responsibility of parents to keep place of employment and any change of income current with the Site Manager and Social Services/Parent Involvement Specialist.
13. Two home visits are required for each enrolled child by his/her teacher. Support services staff may make additional home visits; the visits will be scheduled.
14. Parents are encouraged to contact the Campus Director with any questions and suggestions concerning campus operations. A Grievance Policy is posted in each campus, and parents should read and follow the policy.
15. Head Start provides enrollment opportunities to any eligible child regardless of race, creed, color, sex, disability or national origin.
16. The Campus Director or other designated staff will bring any special problem or occurrence that affects an enrolled child to the parents' attention.
17. Parents are responsible for keeping all appointments and maintaining current immunizations on the enrolled child.
18. Parents are encouraged to participate in classroom and other programs activities designed to promote or enhance the development of parent skills, self-confidence and child awareness on a weekly basis.
19. Parent meetings are held once a month at each campus. Parents are encouraged to attend these meetings.
20. Parents may take advantage of all training opportunities that will help them become more aware of their role as the child's first and most important teacher.
21. Parents may take advantage of every opportunity available to participate as volunteers and observers in the classroom.
22. Head Start staff will partner with parents to establish goals, responsibilities and time lines.
23. Head Start parent training's are designed to help parents better understand the principles and philosophies of infant/toddler growth and development and preschool education. We urge all parents to take advantage of these training's.

24. Parents are provided with transition services when their children enter into the Head Start program. Families are also provided transition services when their children enter kindergarten programs.

## **PARENT COMMITTEES (Standard 1301.4)**

### **PROCEDURE**

1. A parent committee will be created at the first parent meeting of the year in September.
2. Parent/Guardian(s) will elect officers and Policy Council Representative and Alternate at the first meeting.
3. In order to hold an office, the person must be a parent or legally responsible adult of a child currently enrolled in the Head Start Program at that designated campus.
4. Program Manager will train parent/guardian(s) on Roberts' Rules of Order and will conduct the election process following these rules. Program Manager will also inform parent/guardian (s) of the roles of each office that is elected.
5. Parent Committee meetings will be held once monthly on the date selected and voted on by the Parent Committee.
6. Parent/Guardian(s) will learn of new policies and have opportunities to participate in planning of activities on the campus.
7. Policy Council Representatives will be listed on the agenda each month to share information received at the prior month's Policy Council Meeting

## **Subpart E - Family and Community Engagement Program Services**

## **FAMILY ENGAGEMENT (Standard 1302.50)**

### **PROCEDURE**

1. Family Service Staff will recognize parents as the child's primary teachers. Parents will be encouraged to be their child's primary teachers throughout the school year. Training will be made available to support the parent/guardian(s) in this area.
2. Communication with the parent/guardian(s) will begin during the application process and will continue to build through the orientation into the program.
3. Applications and orientations will be made available in the families preferred language, when available, and an interpreter from Head Start or the local LEA will be available to parents that need this service.
4. During the orientation process, parent/guardian(s) will complete the Family Partnership Agreement which includes the agencies needs assessment. Completing the Family Partnership Agreement at orientation allows Family Service staff to have adequate time to work with families on their goals and provide resources to the family for any needs that may be available.
5. Interpreters, when available, will be used at Parent Engagement Trainings and Parent Meetings so that all parents will feel welcome and comfortable during attendance.

6. Family Service Worker will encourage parent/guardian(s) to participate in volunteer opportunities on campus. Parent/Guardian(s) will be welcome in the campus and staff will ensure that parent/guardian(s) are aware of job opening in the program and areas volunteers are needed.
7. Family Service Staff, Campus Staff, Management Team will collaborate as much as possible to ensure that parents family engagement strategies are used in the classroom, home and the community.

## ***FAMILY ENGAGEMENT (Standard 1302.51)***

### **PROCEDURE**

1. Parent/Guardian(s) will participate in the FRED literacy program each school year.
2. Parent Engagement staff will provide training in areas of literacy at Parent Meetings.
3. Family Service Administrator will attend the first parent meeting of each school year and stress the importance of attendance of the children. Family Service staff will also discuss the importance of attendance at Parent Meetings and Home Visits.
4. Parenting education training will be done with Conscious Discipline Curriculum.

## ***FAMILY PARTNERSHIP SERVICES (Standard 1302.52)***

### **PROCEDURE**

1. Family Partnership Agreements are completed at time of orientation giving Family Service staff adequate time to work with the family to meet their needs.
2. The Family Partnership Agreement includes the needs assessment.
3. Trainings for the parent/guardian(s) will be based off the needs assessments and parent interest survey.
4. Family Partnership Agreements will be taken on the first home visit in August. Family Service staff and parent/guardian(s) will jointly develop a plan on how to assist the family with achieving these goals and inform parent/guardian(s) of any resources that may be available to them.
5. Home Visits will be entered into Child Plus, along with each goal the family has, with a plan of action outlining the steps that both the parent/guardian and Family Service staff.
6. A follow up home visit will be conducted in November.
7. A final home visit will be conducted in March and any goal adjustments will be made at this time.
8. Home Visits will be conducted in the parent/guardian(s) home when possible. However, if parent does not agree to a Home Visit or there is a significant safety hazard to Family Service staff an alternate location can be used to conduct the home visit.
9. Parent/Guardian(s) will be given a parent handbook at the beginning of each year that contains a community resource directory.
10. Family Services will discuss with the family regarding any services that they are currently receiving from other agencies so that there will not be a duplication of services.

## **COMMUNITY PARTNERSHIPS (Standard 1302.53)**

### **PROCEDURE**

1. Parent/Guardian(s) are provided with a community resource directory at the beginning of each school year.
2. A formal and informal network of contacts have been developed with community organizations.
3. Agreements and MOU's have been established with various state and community agencies.
4. Community members serve on the Policy Council, Advisory Committees and as volunteers.
5. Referrals are made to WIC and Texas Department of Health and Human Services when needed.
6. Informal and formal agreements have developed with Health Providers and Nutritionist. See Health and Nutrition Plans
7. A Disabilities/Mental Specialist is available to parents. See Dis./MH Plan.
8. Staff receives training on child abuse/neglect and the reporting procedures.
9. Head Start cooperates with local reporting agencies for child abuse.
10. Children have the opportunity to visit the library thru field trips.
11. There are hands on activities with books and other manipulatives in the classroom.
12. Parents are invited to help with cultural activities in the classroom.
13. Representatives from state and local agencies are encouraged to participate on Policy Council and provide trainings for parents during parent meetings.
14. Agency will work with local school districts to share data and information at both Partnership meetings and through software if allowed.

## **Subpart G – Transition Services**

### **Transition from Early Head Start (Standard 1302.70)**

#### **PROCEDURE**

1. Beginning six months before a child's third birthday, Family Service staff will have a transition meeting with the family to decide the best place for the child to transition to.
2. Family Service staff will verify if the child will be able to transition into the Head Start program by re-verifying the family's income. If the child is eligible for Head Start the staff will ensure that the child transitions to Head Start the following school year. If the child is no longer eligible for Head Start, the Family Services staff will assist the parent in locating quality child care and will assist the parent with the transition into their new location.



## **Transition Services (Standard 1302.71)**

### **PROCEDURE**

1. Each child will receive a transition packet at the end of each school year that contains information to be used in the summer to continue the child's education.
2. Each child will receive a transition into Head Start bag at the first home visit or orientation if it is after the first day of school.
3. Family Service staff will ensure that the final parent meeting contains information about that transition of their child to kindergarten.
4. Students on standalone campuses will complete a field trip to the receiving ISD in April/May of the school year.
5. Kindergarten teachers, when available, will be in attendance at Parent's Transition Meeting to provide information about kindergarten.
6. On-going communication between campus staff and ISD staff throughout the year regarding child's records.
7. Final Parent/Teacher Conference will discuss the child's readiness to transition into the kindergarten classroom.
8. CSNT will follow all privacy requirements as defined in subpart C of part 1303. (See Transition Plan for more information)

## **Transitions between programs (Standard 1302.72)**

### **PROCEDURE**

1. CSNT will work with parents that are moving out of our service area to ensure that a local Head Start program has all needed information. If a Head Start program is not available Family Service Workers will assist parent with finding another early education program.
2. CSNT will work with local pre-kindergarten and other early education centers that our students may transition to for the year prior to kindergarten.

## **Subpart C – Protections for the Privacy of Child Records**

### **1303.20 Establishing procedures**

#### **PROCEDURE**

1. The Agency will maintain confidentiality with all PII in child records.
2. Procedures will be updated at least annually or as needed.

## **Program Procedures – applicable confidentiality provisions. (Standard 1303.21)**

### **PROCEDURE**

1. The Agency will follow FERPA.
2. The Agency will follow Individuals with Disabilities Education Act procedures for all children with a disability or concern.

## ***Disclosures with, and without, parental consent. (Standard 1303.22)***

### **PROCEDURE - Disclosure**

1. All parents will be notified of the Agency's confidentiality procedures during orientation.
2. All staff will sign a confidentiality statement at the beginning of each school year.
3. Parents will sign a "Consent for Disclosure of Confidential Information" form when they request any PII.
4. The "Consent for Disclosure of Confidential Information" will contain the person requesting the information, the purpose of the request, the signature of both the parent and the staff.
5. Parents will be informed when records are transferred to a school district or program that their child will enroll or transfer to.

### **PROCEDURE – Disclosure with Parental Consent**

1. Parent has the right to refuse transfer of the information if done so in writing.
2. If Parent does not refuse, all needed information will be transferred to the requesting school district or program.

### **PROCEDURE – Disclosure without Parental Consent**

1. PII in a Child's file can be released without the parental consent in the following situations: Contractors/Providers, School Districts, Audits, Federal Review teams, Federal or State Entity conducting a study on Child and Family Outcomes, Emergency Situations, Judicial Orders, USDA/CACFP, or CPS cases.
2. If allowed, Parent/s will be notified, in advance, of any subpoenaed records.
3. Any information collected by an outside agency listed above must be destroyed when no longer needed for the purpose of disclosure.
4. Parents will be notified of agencies that may request information, without their prior consent, in the parent handbook and during the parent orientation.

### **PROCEDURE – Written Agreements**

1. MOU and Interagency agreements will contain information regarding the FERPA procedures.
2. MOU and Interagency agreements will reviewed annually and updated as needed.
3. The Agency will address violations on a case-by-case basis.

## **PROCEDURE – Annual Notification**

1. Parents will receive notification of FERPA and confidentiality procedures in the parent handbook.
2. The handbook is available electronically or in a hard copy version.

## **PROCEDURE – Disclosing PII**

1. Only information requested will be disclosed.

## ***Parental rights. (Standard 1303.23)***

### **PROCEDURE – Parent Rights orientation**

1. At orientation, parents are informed that they are allowed to see their child's record.
2. If parent requests access to their child's record, the parent will sign "Consent for Disclosure of Confidential Information" form.
3. Parents will be given access to the requested information within 45 days after receipt of request.
4. Parents are allowed access to only their child's record.
5. No record will be destroyed with an outstanding request for review.

### **PROCEDURE – Amended Information**

1. Parents are allowed to ask the program to amend information that may be incorrect or may violate the child's privacy.
2. The Agency will consider the parent's request and if a denied will inform the parents in writing within 30 days.

### **PROCEDURE – Hearings**

1. Parents are allowed a hearing if they disagree with the decision to amend their child's record.
2. If a hearing is granted, a person that does not have direct interest in the outcome will conduct the hearing.
3. Parent will be allowed to present evidence that is relevant to the issue.
4. If information is found to be inaccurate, misleading, or violates the child's privacy act, the information will be amended or removed from the child's record.
5. If information is found to be accurate, parents must be allowed to make a statement placed in the child's file that states why they disagree with the program's decision.

### **PROCEDURE – Right to Copy of Record**

1. The program will provide a parent with a free copy of any information that is disclosed

- to a third party with parental consent if requested.
2. Copy of information requested by a court order will not be released to the parent.

### **PROCEDURE – Right to Inspect Written Agreements**

1. Parents will have the right to review any written agreements with third parties.

## ***Maintaining records. (Standard 1303.24)***

### **PROCEDURE**

1. Child's records are kept within a locked filing cabinet in the Family Service Worker's office.
2. The key for the filing cabinet will be located within the Family Service Worker's office but will not be visible to a parent or staff member.
3. Family Service Workers will keep two years of records looked on the campus for review.
4. Older records will be stored in a locked facility until they are destroyed.
5. All staff that access a child record will sign in on the Confidentiality form located in the front of the child's record.
6. Any disclosure of information will be documented on the Confidentiality form.
7. The Agency uses Child Plus to maintain child's records. Child Plus has security settings to ensure that only allowed staff have access to the child's record and Child Plus is password protected requiring frequent password changes.
8. Parent Statements will be disclosed with disputed information.

## **Community Services Head Start Transition Plan-Head Start**

<b>Date Planned</b>	<b>Required Activity</b>	<b>Responsible Person</b>	<b>Parent Involvement</b>	<b>Date Completed</b>
January	Staff attend transition IFSP/IEP Meetings	Disability/Mental Health Specialist / Family Service Workers	Yes	May
January	Teachers to begin transition activities in classroom.	Teachers	None	End of School
January	Begin implementing Nutritional Transition Component. Will include carrying trays during meal time.	Teachers / Health & Nutrition Specialist	None	End of School
January	Look at child's record to determine if meeting is needed with receiving program.	Family Service Workers / Specialists	Yes	1st of May
February	Initiate contact with receiving programs.	Campus Directors / Family Service Workers	None	1st of May
March	Survey sent to determine School District.	Family Service Workers / Teachers	Yes	April
April	Initiate joint training for field trips to receiving program	Family Service Workers / Teachers	Yes	End of School
May	Parent/Teacher Conference for all children transitioning from Program. Complete Transition Summary and parents are to receive transition bags.	Teachers / Education Specialist	Yes	End of May

# Parent, Family, and Community Engagement Framework

## School Readiness Goals 2021-2022

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

**Objective:** 87% of all students will complete health requirements.

**Action Steps:**

1. 87% compliance of all EPTSD physical requirements.
2. 92% Compliance on initial physicals.
3. 87% Compliance on all six month dentals.
4. 85% compliance on lead and hemoglobin.

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

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

**Action Steps:**

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

**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.

**Action Steps:**

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

**(Head Start Performance Standard 45 CFR 1304.53(b))**

1. CSNT Head Start will purchase personal cleansing wipes and pull-up (only) unless parents request the use of diapers. All requests for pull-ups and wipes must be directed to Family Service Administrator. Family Service Administrator will purchase pull-ups at the request of Campus Director as needed.
2. Documented medical advice from a Health Care Professional is required from parents who request a brand of pull-ups/diapers or wipes different from the brand chosen by CSNT. Request for pull-ups/diapers and wipes when documented medical advice is received must be directed to Health Specialist.
3. Request for pull-ups and personal cleansing supplies must be submitted in timely manner to allow for requisition preparation.

**Diaper/Pull-up Changing Policy:**

1. CSNT Head Start staff will adhere to Child Care Licensing Standards 746.3501, 746.3501, 746.3503, and 746.3505 for Pull-up/Diaper changing, changing equipment and sanitization guidelines to prevent spreading of germs. See Health Policy Procedures, Sec. 7.
2. CSNT will provide a change of clothes for children when needed. Family Service Administrator will assess at the beginning of the school year and again in January each campus's clothing needs.

# **MALE INVOLVEMENT**

**“It’s easier to build strong children than to repair broken men”**

**Fredrick Douglas**

The focus of Male Involvement is to increase male and family involvement through leadership training, parenting classes, literacy involvement and other activities men enjoy.

## **GOALS**

- Head Start will support and encourage men and families to be involved in parent campus meetings, Policy Council and other Head Start Programs.
  
- Head Start will help fathers face the challenges of family, work and community.
  
- Head Start will recognize different cultural heritage within the family.
  
- Head Start will emphasize the importance of a positive male role model within the home.
  
- To increase coordination of other community agencies that focus around male and family involvement.
  
- To increase the amount of time fathers are engaged with their children around literacy and other educational activities.

Information Websites: [www.fatherhood.org](http://www.fatherhood.org)

[www.fatherhood.hhs.gov](http://www.fatherhood.hhs.gov) [www.nhsa.org](http://www.nhsa.org)

[www.fatherlove.com](http://www.fatherlove.com)

[www.fathers.com](http://www.fathers.com)



## **Healthy Marriage Initiative**

Goal: To assist couples in developing the skills and knowledge to form and maintain healthy marriages. To assist couples in gaining access to marriage education services on a voluntary basis.

1. Couples or individuals who contact Head Start Family Service Workers with concerns dealing with relationship and/or marriage will be referred to the appropriate agency.
2. Family Service will make referral within 10 days of initial contact and will follow-up at least 30 days after referral is made.

### **Referral Agencies:**

*Family Systems – Couples Counseling – Bowie County 5321  
Summerhill Rd.  
Texarkana, TX  
903-791-1051  
Accepts Medicaid and Private Insurance*

*Counseling Services of Pittsburg  
200 W. Marshall, Ste. E  
Pittsburg, TX  
903-856-6001  
Accepts Medicaid and Private Insurance. Reduced Rate based on family size and income.*

*Lighthouse Counseling Services  
217 N,. Jefferson, Ste. 3  
Mt. Pleasant, TX  
903-575-1330  
Accepts Medicaid and Private Insurance*

## **Family Service Timelines**

See Family Service Timelines in Forms



# Health Operating Manual

*Aligned with the 2016 Head Start/Early  
Head Start Program Performance  
Standards*

***(Standards 1302.40 -1302.47)***

Revised 10/17/2022



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## **PURPOSE (1302.40)**

The major aspects HEAD START/EARLY HEAD START Health Services Program are health screenings, dental, mental health, nutrition, parent involvement in every aspect, and health education. The five Head Start/Early Head Start components; Health, Literacy, Education, Social Services/Parent Involvement, Special Services and their professional disciplines, work together toward accomplishments of this basic Head Start/Early Head Start mission. Such teamwork and integration are essential to an effective planning and implementation process. This integration takes into account the individual, the family, the community, and the environment.

The Head Start/Early Head Start Performance Standards provide a framework whereby staff members, who are responsible for the various components, are able to function effectively as a team to achieve program goals. This team approach is clearly stated in the Head Start/Early Head Start philosophy.

The Head Start/Early Head Start Health Component's main purpose is to identify and arrange treatment of health problems and concerns. The Health Component also incorporates preventive measures such as, early detection of health problems and assisting children to function at their optimal level of health, while encouraging families to assume more responsibility for themselves in all areas.

In recognizing the uniqueness of each individual child, the health staff forms a partnership of individual members advocating for the achievement of higher levels of wellness for children and families with emphasis on the concept of self-help. In addition, the Health Services Advisory Committee is the major mechanism for community input and performs the role of an advocate, which supports the Health team concept.

## **COLLABORATION AND COMMUNICATION WITH PARENTS (Standard 1302.41)**

### **IDENTIFICATION OF NEEDS AND/OR ASSESSMENT**

A program must provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness.

A program must establish and maintain a Health Services Advisory Committee that includes Head Start/Early Head Start parents, professionals, and other volunteers from the community.

- (a) For all activities described in this part, CSNT Head Start/Early Head Start will collaborate with parents as partners in the health and well-being of their children in a linguistically and culturally appropriate manner and communicate with parents about their child's health needs and development concerns in a timely and effective manner.
- (b) CSNT will obtain advanced authorization from the parent or other person with legal authority for all health and developmental procedures administered through the program or by contract or agreement, and, maintain written documentation if they refuse to give authorization for health services.

(c) CSNT will share with parents the policies for health emergencies that require rapid response on the part of staff or immediate medical attention.

## **PROCEDURE**

All children (new and returning) enrolled must receive a vision, pure tone hearing screen, a hematocrit/hemoglobin, height, weight, lead blood test and/or results from previous test and blood pressure screening within 45 calendar days of entering the center. If a child fails his/her initial screening, the child must be re-screened 4-6 weeks after the initial screening date for the pure tone hearing and 4-6 weeks for the hematocrit/hemoglobin.

It will be determined at enrollment whether or not the child being enrolled has an established medical home. If the child has a medical home, then he/she will be referred to their primary provider for a physical examination. The initial physical exam must be completed within 90 calendar days of the child entering the campus. The primary provider should treat any abnormalities detected during the physical examination. All follow-up treatments must be referred back to the primary provider. All follow-ups will be deemed complete by individual Health Care Providers. Follow-up referral process will be deemed complete based upon Family Service staff documentation and/or by individual Health Care Providers.

All children enrolled must receive a dental examination every 6 months. New students must receive an initial dental exam within 90 calendar days upon entering the campus. Parents must be informed of required dentals and dental schedules during enrollment.

All children entering Head Start/Early Head Start must have the following:

- Current or up-to-date immunizations. Parents will be notified during enrollment that children cannot begin attending classes without up-to-day/current immunizations and of all immunizations needed.
- Parents will be notified during enrollment that CSNT Head Start/Early Head Start is required to adhere to the Texas Department of State Health Services Immunization requirements. Parents will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

## **CHILD HEALTH STATUS AND CARE (Standard 1302.42)**

### **(ENROLLMENT PROCEDURES)**

{Refer to Family Services Policies and Procedures} 1302.15

## **POLICY**

(1) CSNT will within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources 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-and health insurance coverage

(2) CSNT Head Start/Early Head Start Family Service staff will assist families as soon as possible in accessing a source of ongoing care and health insurance coverage or access to care through the Indian Health Service (if applicable), when a child does not have a source of ongoing care and health

(b) Enrollment allows for the opportunity to identify any potential health problems that may interfere with a child's learning ability, self-esteem etc. If a problem is identified, the Head Start/Early Head Start staff will ensure that the problem is remedied or that the child is receiving continuity of care. It is the responsibility of the Family Service Worker to provide orientation and inform the parent of all required services as well as the rationale and expectations for those services. All children enrolled in the Head Start/Early Head Start program are required to receive a physical examination, which includes a hearing, vision, growth assessment, anemia and lead blood test screening, as well as a dental examination as per the Texas Health Step Periodicity Schedule.

## **PROCEDURE**

1. The staff will provide the following information to parents at the time of enrollment regarding the health needs of the child:
2. Family Service Worker determines from the parent orientation whether or not the child has a "medical/dental home. If it is determined that the child:
  - DOES NOT have a "medical/dental home," the staff will assist the parent/guardian in locating or selecting one by utilizing the Resources Directory (Can be found in the Campus Operating Manual)
  - DOES have medical/dental home services should be provided from their chosen primary care provider (PCP)
3. Family Services Worker/s will discuss with the parent and/or guardians of Head Start/Early Head Start Requirements and determine if the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care per the Department of State Health Services EPSDT schedule.
4. A copy of the Texas Health Step physical form or the physician's individual office form is acceptable in meeting this requirement. If the physician requires a form, use the physical form provided by Head Start/Early Head Start.
5. A copy of the Dentist's individual dental form is acceptable. If the dentist requires a form, a copy of the Head Start/Early Head Start Dental form must be provided.
6. During orientation, the Family Service Worker will introduce themselves to the parent(s) and/or guardian and inform him/her that a number of questions will be asked regarding to the child's health history, "medical/dental home," general information about the family whether or not the family has insurance, dental history, etc.
7. After the detailed explanation of services, the parent(s) and/or guardian must sign the "Consent for Services". – SEE FAMILY SERVICE

## **PROVISION OF SERVICES Standard 1302.42 (e)**

## **PROVISION OF DIAPERS/PULL-UP SUPPLIES (Standard 1302.42(e)(1))**

# **POLICY**

CSNT staff will adhere to OHS Program Instruction PI-HS-09-03 as applicable for students who have received medical advice/instructions that require diapers or a brand of pull-ups and personal cleansing wipes that are different from the brand supplied by CSNT Head Start/Early Head Start.

Documented medical advice from a Health Care Professional is required from parents who

Requests for pull-ups/diapers and wipes when documented medical advice is received must be directed to Family Service Administrator.

## **DIAPER/PULL-UP CHANGING AREA POLICY**

CSNT Head Start/Early Head Start staff will adhere to Head Start Performance Standards 1304.22, 1304.53(a)(xiv) and Child Care Licensing Standards 746.3501, 746.3503 and 746.3505 for Pull-up/Diapering/changing procedures, changing equipment requirement and sanitization guidelines to prevent spreading of germs.

## **PROCEDURE**

1. Designated privacy area required for pull-up/diaper changing situations and must be separated from areas used for cooking, eating or children's activities.
2. Hand-washing sink required in pull-up/diaper changing area.
3. Delegated cot/changing bed required for all pull-up/diaper changing situations.
4. Delegated cot/changing bed must be sanitized after each use with designated sanitizing solution- wait two minutes before drying cot/bed to perform another changing session.
5. Designated waste container must be lined with two liners and remain covered at all times.
6. Staff must wash hands with soap and water and wear gloves before pull-up/diaper changes.
7. Staff must ensure child safety at all times.
8. Promptly change soiled or wet pull-ups/diapers when indicated.
9. Thoroughly cleanse children with individual disposable cloths or wipes as directed by Health Care Professional and discard soiled materials in designated waste container.
10. Fecal incontinence episodes require children to lie on cot to ensure thorough cleansing.
11. Children must be dry using a clean dry cloth or disposable cloth before placing new diaper and or pull-up. Discard disposable drying cloths in designated waster container. Cloth drying material must be laundered per center staff before re-use.
12. Staff must wash hands with soap and water after pull-up/diaper change complete.
13. Staff must ensure and/or assist children in washing their hands with soap and water after pull-up/diaper change complete.
14. Application of powders, creams, ointments or lotions require medical direction and parental permission. Label powders, creams, ointments or lotions with the individual child's name.
15. Diaper/Pull-up changing supplies must be kept out of children's reach.

# POLICY

Community Services of Northeast Texas Head Start/Early Head Start staff will promote the following:

The physical examination, dental examination and health screenings are utilized to identify children with potential health problems. Medical and dental treatment will be provided for all health problems detected. The Health Services Delivery Plan will consist of four phases:

1. detection of children with health problems
2. diagnosis and treatment
3. assistance with obtaining transportation and payment of services when warranted,
4. prevention

## PROCEDURE

Family Service Staff will pursue community resource funding for child health, dental and vision services. Head Start/Early Head Start funds are available only as final source of payments.

Funding allocated as follows:

Dental

Primary Care--\$150 total allocation

- includes initial exam, bite wing X-rays, cleaning and fluoride treatment.

Secondary Care--\$850 total allocation

- includes extractions, fillings and normal periodontal treatment.

Specialized—Up to \$1000.00 includes caps, dental surgery or other invasive measures

Health

Primary Care—Up to \$150 total allocation

- includes physical exam and required Head Start/Early Head Start screenings as indicated

1. Lead lab screen
2. TB lab test
3. Hemoglobin/Hematocrit lab test

Secondary Care---Up to \$850 total allocation

- includes follow up treatments as indicated with primary care physicians,
  - Allergists and Ears, Nose and Throat

Coordinator Specialized Care—Up to \$1000.00 per

entity

Vision Care—Up to \$ 150 total allocation

- includes eye exam and glasses.

For treatments with costs exceeding these limits, each case will be reviewed. Payments for such excessive treatments will be made only when:

- The case has been reviewed by Head Start/Early Head Start
- An Authorization form has been submitted
- Head Start/Early Head Start has funds budgeted for the treatment



- All other possible methods of payment have been explored

## **PAYMENT OF SERVICES (Standard 1302.42(e)(2)**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will supplement funding for children who come into the program without a source of payment for health services. Payment of Services is applicable only when no other funding source is located.

Family Service Worker/s will assist families in obtaining a payer source such as Medicaid or CHIP programs by determining their income eligibility during orientation. If a family is not eligible for Medicaid, Medicaid will then refer them to the CHIP program.

For Head Start/Early Head Start children who have Private health insurance through one of their parent's employers, Head Start/Early Head Start will assist parents with any coinsurance and/or deductibles for the child's treatment, as needed.

If none of these sources of payment apply to a child, then it is the program's responsibility to pick up the cost of any medical and/or dental care as applicable per assigned provision of services allocations.

### **AUTHORIZATION FOR PAYMENT PROCEDURE**

#### **[Criteria must be met before submitting Authorization for Payment request]**

Family Service Worker responsibilities to include the following:

1. Determine and submit services needed and all charges for services per each provider visit. (Medical- fees for exam, required lab test, immunizations, etc. - Dental-fees for exam, x-rays, all treatments, etc.)
2. Inform parent/s and providers of cost allocations on medical/ dental services. (See Provision of Services Section)
3. Obtain Payer Source Information: Medicaid, Chip, Private Insurance or No Payer Source.
4. Have parents provide either a Medicaid denial letter and/or no coverage statement from private insurance.
5. Indicate on AFP if service needed is either an initial exam or follow-up

{Note: Medicaid denial due to income ineligibility indicates immediate AFP approval}

- Procedure - NO MEDICAID - Medicaid Denial Letter Required
  1. Denial for any of the following reasons: Family Service Worker Responsibilities:

2. Failure to re-certify: Parent notification of Medicaid re-certification requirement. Assist parents with re-certification process - obtaining appointment and transportation assistance as per protocol
  3. Never applied: Parent notification of Medicaid service and provide information regarding income eligibility requirements. Assist parents with obtaining appointment and offer transportation assistance per protocol.
  4. Illegal Alien Status: Document on {AFP} NO Social Security # on child per parent verification and submit a copy of Medicaid eligibility requirements which indicate Social Security # required.
  5. Procedure - Private Insurance - No Dental Coverage
  6. Have parent provide statement from their private insurance carrier to verify no dental coverage with policy and attach copy with AFP request.
  7. If parent non-complaint with obtaining insurance information, notify parent that you must contact their private insurance carrier to verify no dental coverage with policy and document on AFP (parent non-complaint and contact made by Family Service Worker and of no dental coverage verified per insurance carrier.)
  8. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
  9. Obtain cost information from dental provider for payment assistance. (Written estimates)
  10. Contact and document at least 3 community resource contacts for payment assistance made, include contact numbers.
- Procedure - Private Insurance - Dental Coverage
    1. Obtain amount insurance will pay for services and submit information with AFP request.
    2. Inform parent and dental providers of cost allocations on dental services. (See Provision of Services)
    3. Obtain cost information from dental provider for payment assistance. (Estimates)
    4. Document three community resource contacts for payment assistance made, include contact numbers.
  - Procedure – Chip - Applies only for dental services and parent payment assistance if needed.
    1. Obtain Chip information for student file.
    2. Determine and submit services needed and all charges for dental services per each provider visit.
  - Procedure - AFP for Medical Services- Private Insurance Coverage
    1. AFP procedure applies for co-pay amounts. (Deductibles, parent percentage)
    2. Obtain Co-pay amount and/or parent percentage amount from provider as well as estimate of planned service and submit to Health Coordinator with AFP request.

## **REFERRALS (Standard 1302.42 (d) (1)(2)(3)**

(Refer to page 23 of Health policies & Procedures)

After health problems have been detected, the child will receive competent and continuing care until they are remedied or until a pattern of continuing care has been well established.

## **PARENT TRAINING (Standard 1302.46)**

Health Coordinators will provide or arrange "Health Education" training for parents and children at each campus during first annual parent meeting and upon request. Health Coordinator and Health Coordinator/Family Services Administrator will work with Family Service Workers to provide necessary tools for training upon parents/guardian's request.

## **COMMUNITY PARTNERSHIPS (Standard 1302.53)**

### **(1) (2) (I) (II) (III) (IV) (V) (VI) (VII) (VIII)**

#### **POLICY**

Community partnerships are essential for providing medical and dental services to all children enrolled in the program. The Health Coordinator will initiate and maintain community partnerships with various providers in the medical and dental area per:

1. Interagency Agreements
2. Health Advisory Committee Meetings

## **HEALTH STAFF: JOB DESCRIPTIONS & RESPONSIBILITIES (Standard 13)**

SEE HUMAN RESOURCES DIRECTOR FOR COMPLETE JOB DESCRIPTION

## **CAMPUS ENROLLMENT PACKET (Standard 1302.15)**

{Refer Family Services Policies and Procedures}

The following forms should be available and completed by the Family Service Worker during enrollment at the Campus. Staff should obtain information from parents/guardian via interview during the enrollment. After obtaining, the completed forms are correctly filed in the Health section of the folder. After obtaining the completed forms, health information must be documented in Child Plus then health forms are filed in their designated content area sections of the child's folder.

## **CONSENT FOR SERVICES FORM (Standard 1302.47(b)(1)(vi))**

#### **POLICY**

All parent(s) and/or guardians will be given a comprehensive overview of all health services provided to all children enrolled in Head Start/Early Head Start Program and must complete, sign and date the Consent for Services Form in order to receive Head Start/Early Head Start Health services.

#### **PROCEDURE**

1. Family Service worker will provide detail explanation of consent for services form. Parent/Guardian must initial each service listed and then sign the consent for services form.
2. During re-enrollment, the parent(s) and/or guardian must complete the Consent

- for Services and permission forms again.
3. Should the parent/guardian refuse to sign the Consent for Services Form, they are then required to complete and sign the documentation of nonparticipation form indicating the refusal of stated services. Children who require medical or dental emergencies care, the parent will be notified and the Campus Director or designated personnel in Campus Directors absence will call 911. (Standard, 1304.20(e)(5))

## **MEDICAL/DENTAL HOME FORM (Standard, 1302.42 (a)(1)(2))**

### **POLICY**

The Medical/Dental Home Form is used to identify the medical/dental provider/home of the child during orientation. This process is completed during orientation by the parent and the assistance of the Family Service worker when indicated

### **PROCEDURE**

1. If the parent/guardian does not have a medical/dental home or private insurance, the Family Service Worker will refer the family to the Medicaid or CHIPS program.
2. Family Service Worker should document follow-ups and updated information on the child's file until approval or denial of Medicaid or CHIPS has been obtained.
3. If the family is not eligible or chooses not to apply for Medicaid, the family will be given the Resource Directory to inform them of the providers in their community.
4. When confirmation of the medical/dental home is obtained either verbally or through correspondence from the parent/guardian, the Family Service Worker must document on Medical and Dental Health Form and placed in Child's File.
5. The total process should be completed within ninety (90) days of the child entering the program.

## **HEALTH HISTORY FORM (Standard 1302.42) (b)(4)**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Health History Form for each child to obtain the child's medical history from birth.

### **PROCEDURE**

1. Family Service Workers must confer with parents and obtain health information and record on child's health history form. If the child is under current medical treatment for a chronic condition (seizures, asthma, etc.) the Family Service Worker should complete a "Consent to Release Records" form and send it to the medical provider for further medical information.
2. Documentation should be made in the child's file.

3. All medical records obtained should be filed in the Health and Licensing section.
4. The Health Coordinator is notified using the Health Request and Results Form.

## **CONSENT TO RELEASE RECORDS FORM (Standard 1302.41 (b)(1))**

### **POLICY**

The Consent to Release Records Form is used to obtain information regarding identified past and/or current health problems with the child.

### **PROCEDURE**

1. The Family Service Worker will inform the parent/guardian the purpose of the Consent to Release Records Form and obtain parent signature during orientation.
2. Family Service Worker will send to the provider for the purpose of obtaining required health information.

## **LEAD QUESTIONNAIRE FORM (See Forms) (Standard 1302.42(b)(1))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed Lead Questionnaire Form annually for all children in conjunction with obtaining the most current Lead Blood Test Screening results. The Lead Blood Test must have been received at 2 years of age or older. The significance of this form is tracking related for the detection and/or documentation of possible lead exposure when the most current Lead Blood Test Screening is one year old.

### **PROCEDURE**

1. A response of "Yes" or "Do Not Know" to any question on the form requires that the child be referred for a blood lead screening when most current test level is over one year old.
2. Children who have answered "Yes" or "Do Not Know" to any questions on the Lead Questionnaire must be referred to their Primary Care Provider for follow-up.
3. Children with a lead blood level of 5 or greater, the Family Service staff must follow-up with the child's parents to ensure the child has been seen by their PCP and is under a physician's care for elevated lead level and document efforts and contacts in Child Plus.
4. The Health Coordinator is notified using the Head Start/Early Head Start referral form.

## **TB QUESTIONNAIRE FORM (Standard 1302.42(b)(1))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will obtain a completed T.B. Questionnaire Form for all children annually. The significance of this form is tracking related for the detection and/or documentation of possible TB exposure.

## **PROCEDURE**

A response of "yes" or "Do Not Know" to any question indicates that the child should receive a T.B. skin test. Referral to child's Primary Health Care Professional is required and results documented on the child's Health record and results documented in Child Plus.

## **ORGANIZATION OF HEALTH SECTION IN CHILDREN'S FOLDER**

### **(Standard, 1302.42 (1))**

{Refer to Family Services Policies and Procedures}

## **POLICY**

To maintain accurate child records which facilitate monitoring of health, dental and mental health needs, Community Service of Northeast Texas Head Start/Early Head Start staff will perform the following:

## **PROCEDURE (See Health checklist)**

1. The Family Service Worker will be responsible for arranging each child's folder within thirty (30) days of the child entering the campus.
2. The Family Service Worker will ensure that the Health section of the folder is properly organized when reviewing campus records and denote on Health checklist all completed items.
3. Health section of each child's folder should be appropriately documented and arranged within thirty (30) days of the child entering the campus.
4. All referral/follow-up forms, treatment (medical/dental) forms, and medical requests should be added to the appropriate section ASAP of receiving the information with copies of all referral and follow-up forms forward to Health Content Area staff.

## **SCREENING PROCEDURES (STANDARD 1302.42 (b)(2))**

## **POLICY**

Health screenings will be performed for the detection of possible health needs. The health screens consisting of height and weight, blood pressure, hematocrit and hemoglobin, lead blood test screening, hearing pure tone, vision, and other tests, when indicated. All health screenings are applicable per the Texas Department of Health EPSDT schedule.

All screenings must be completed upon forty-five (45) calendar days of the child's entry into the center. The screenings are good for one year (see Enrollment Packet). This information should be recorded and documented in Child Plus and in the child's file on designated forms and placed in designated areas.

Returning students must complete the required screens within forty-five (45) calendar days of the new school term.

Health screens will be performed by trained Health Care Professionals and/or certified Head Start/Early Head Start staff (Family Service Worker, Teaching staff, Health Component team). Health screens applicable for Head Start/Early Head Start staff are Vision/Hearing and Height and Weight.

## **PROCEDURE**

1. Family Service Worker/s will obtain screening information from child health records and document the information in the child's file in the designated areas.
  - a. Family Service Worker/s will submit the Consent to Release Records form to the child's Primary Care Physician or other Health entities to obtain required screening information and document all information received in the child's file in the designated areas and document all information in child plus in each designated area
2. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens if none are noted on health records when none are noted on physical. Family Service Worker/s will notify the Health Coordinator when assistance is needed with performing vision/hearing and height and weight screens
3. Family Service Worker/s and the Health Component team (Health Coordinator/Family Services Coordinator and Family Services Administrator) will work collectively when needed, to perform hearing re-screens within the required time frame of 3-4 weeks after initial screen performed.
4. Family Service Worker/s will submit health screen referrals within the required 4-6 week time frame.
5. Family Service Worker/s will file all referral/follow-up forms, treatment (medical/dental) forms, and medical requests to the appropriate section of receiving the information

## **IMPORTANT NOTICE/MISSING INFORMATION FORM**

*(Refer also to Family & Community Partnership Policies & Procedures)*

## **POLICY**

This Important Notice/Missing Information form will be used to notify parent(s) and/or guardian of a child's needed immunizations and health concerns.

## **PROCEDURE**

1. Fill in the child's name and date.
2. Check the appropriate item of missing information needed.

## **SCREENING NOTIFICATION LETTER**

{Refer also to the Nutrition Policies and Procedures}

## **POLICY**

This Screening Notification Letter will be used to notify parent(s) and/or guardian of a child's screening results and of any referrals warranted.

## **PROCEDURE**

3. Fill in the child's name and date.
4. Check the appropriate screening performed and results. Indicate referrals when applicable.

HEALTH INTERVENTION ACTION PLAN

### ***Health Requirements/Missing Health Requirements:***

**PROCEDURE:** FSW staff and Health Team will implement the following:

1. FSW will inform parent of all Health components required during Parent Orientation and document parent notification in Child Plus.  
(Health components include; Initial/Annual Physical, Vision/Hearing, Height/Weight, Blood Pressure, Hemoglobin and Lead blood test).
2. Beginning September 15<sup>th</sup> of each school term, Family Service Staff will initiate sending Parent Missing Information notifications every two (2) weeks for six (6) weeks and document in Child Plus under each individual requirement.
  - Missing information notifications will require:
    - ✚ Offering assistance with funding when qualified, making appointments, obtaining insurance, etc.
    - 1<sup>st</sup> notification will be a parent missing information notification letter.
    - 2<sup>nd</sup> notification will be a personal contact either by phone call or in person.
    - 3<sup>rd</sup> notification- preferred method by phone call or in person notification. If difficulty is met with personal contact then a parent missing information notification letter is required. (Two-Sided Document)
3. FSW staff will give parents two (2) weeks to respond to the last Missing Information notification.
  - FSW staff will submit an email to the Health Coordinator and/or Family Services Coordinator notifying them of the students whose parents have not responded.
4. Health Coordinator and/or Family Services Coordinator will continue with Parent Notifications by:
  - Sending informative letters regarding the importance of annual physicals to educate parents on the importance of knowing their child's health status.



- Making phone calls to inform parents of required physical; work and assist parents in obtaining the required physical and its components by offering assistance with funding when qualified, making appointments, obtaining insurance.
  - Monthly Missing Information requests will continue to be sent to parents; when no response from parent or missing information has been received. Monthly requests must be sent until missing requirements have been received.
5. FSW are required in August and November during Home Visits to inform parent/s of the following:
    - a. Missing Health Components (i.e. initial dentals, 6-month dentals, Physicals and or missing physical components.
    - b. Home Visit contact notifications must be documented on Home Visit form, listing all notices given.
    - c. FSW must document Home Visit notification in Child Plus in the Home Visit note section.
  6. Monthly monitoring for Notification and Documentation Compliance by the FSW Coordinator and Health Team will be initiated on September 30<sup>th</sup> of each year and will continue monthly until end of school term.

## ***TIMELINE CALENDAR (Standard 1302.42 (a))***

### **POLICY**

Two specific timelines are indicated by the performance standards; 45 days and 90 days. Timelines are determined based on the child's entry into the center. The Timeline Calendar is designed to predetermine dates to assist staff with identifying deadline dates for physical exams, dental exams, and other screenings.

### **PROCEDURE**

1. The Timeline Calendar should be used by the staff when reviewing the Health records for the campuses.
2. The Timeline Calendar should be updated annually by the Health Component Team.

## ***VISION SCREENINGS (STANDARD 1302.42 (b)(2))***

Recognizing the important relationship between vision and the learning process, the 68th Texas Legislature passed the Special Senses and Communication Disorders Act of 1983, Chapter 36, Texas Health and Safety Code helps identify those children in need of professional vision and hearing examinations. All preschool and school health-screening programs aim to detect those problems, which could limit the child's educational opportunities.

## **POLICY**

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board. All children enrolled will receive a vision screening within forty-five (45) days of enrollment into the program. The Vision and Hearing trained staff will do these screenings. The Health Management team will assist as needed and requested. Vision screening is not a complete full examination. Its goal is to detect those children who may have a visual problem and who should be further evaluated by an ophthalmologist or an optometrist. Staff designated at each campus will be vision certified by the Texas Department of Health. This certification will be renewed every five (5) years or when indicated by the state training board. The Health Coordinator will arrange for these training through Region 8 Education Service Center.

A record of vision screening should be completed and kept by Head Start/Early Head Start for any child who is required to be screened. It should contain distance acuities for both eyes, observed signs or symptoms, any other vision results, date of screen and name of screener.

Indication of physical injury to the eye will always warrant professional examination. Referral for examination by an eye care professional is indicated when there are signs and symptoms of a visual problem, whether the child passes or fails any of the vision screens.

A screening program will not be effective unless it has the follow-up components, diagnostic evaluations, treatment when indicated, and educational consideration.

### **PROCEDURE: SPOT Screener**

A SPOT Screener is a portable Auto refraction Device used to quickly and easily identify refractive errors and ocular misalignment. Early detection and treatment of vision problems are critical to help prevent permanent vision loss. The American Academy of Pediatrics now recommends photo screening for children aged 12 months to 5 years.

1. After you power on the screener the Home screen will appear. Select age range and enter personal data for child to be screened.
2. Select GO and begin screening process. Follow the instructions as they appear on the screen until screening is completed.
3. The SPOT Screener will tell you if the child passed/failed complete exam required
4. Print a copy of examination results to put in the child's file and a copy to send to the vision exam.

### ***Referral Criteria for Vision Screening***

1. If the child fails the SPOT screener, then he/she will need to be referred to an Ophthalmologist or Optometrist within one month of the referral date.
2. This information should be documented on the Referral Form as well as in the health record.

### ***Refer the child when:***

1. He/she FAILS the second distance acuity screen.
2. He/she repeatedly FAILS either muscle balance test.
3. He/she shows signs or symptoms of a vision problem.

4. He/she FAILS any other professionally recognized, age appropriate vision test.
5. The outcome of the eye care Coordinator's evaluation should be provided to Head Start/Early Head Start.

**NOTE: Photophobia, nystagmus, and poor ocular fixation observed during this test are also reasons for referral to an ophthalmologist RECORDING**

**RESULTS:**

Complete the Vision portion of the Vision and Hearing form.

**HEARING SCREENINGS/OAE(STANDARD 1302.42 (b)(2))**

**TONE POLICY**

Designated staff will be hearing certified by the Texas Department of Health. This certification is to be renewed every five years or so indicated by the Texas training board.

The Health Coordinator will arrange for training's through Region 8 Educational Service Center. Head Start/Early Head Start will perform Pure Tone screening for hearing testing in children ages 3-5 years and children ages 1-3 will be tested using the OAE. The Health Management team will assist as needed and requested. Results are recorded on the Vision and Hearing record form and filed in the child's file in the licensing section. A copy will be provided to the Health Coordinator.

**PURE-TONE SWEEP-CHECK SCREENING**

The purpose of sweep-check screening is to screen many children in a relatively short period of time, in an attempt to identify those who may have a hearing problem and those who apparently do not.

1. Frequencies to be screened are; 1000, 2000, and 4000 HZ at intensity of 25 dB HL This screening intensity is just outside the upper limit of normal hearing.
2. In noisy settings, where all the sweep-check frequencies cannot be heard at 25 dB HL, screening should be suspended rather than set the HL dial at a level higher than 25 dB
3. As much as possible, each child is screened individually in a quiet setting, although they may be conditioned as a group.
4. The child should be instructed to respond generally by raising his/her hand for each screen tone given at a set intensity of 25 dB HL.
5. The screener should demonstrate to the child first without placing the headsets and a setting of 60dB HL (loud enough to be heard without being placed on their heads) and preset the tone for one to two seconds.
6. When the screener is sure the child understands the instructions, the earphones should be placed securely on the child's head and screening begin.
7. Set the HL on 25dB and leave it there for the entire sweep check screening to test the right ear.
8. Set the frequency selector on 1000 Hz and present the tone for one to two seconds.
9. Record the child's responses on the screening form using a plus (+) for each frequency heard and minus (-) for any frequency with no indicated responses.
10. Repeat steps 7-10 for frequency 2000 and 4000 for each ear.
11. A CHILD IS CONSIDERED TO HAVE FAILED THE SWEEP-CHECK SCREEN IF HE/SHE FAILS TO RESPOND TO ANY ONE OF THE THREE FREQUENCIES IN EITHER EAR.
12. RESCREENING:

- a. Each child who fails the initial screening should be re-screened with another sweep check within 3-4 weeks.
- b. On the second screen, a failure of one frequency in either ear requires an extended recheck. (see TDH screening book)
- c. If a failure of one frequency occurs, when performing the extended recheck, a referral is required.

## **PRECAUTIONS TO OBSERVE:**

1. Do not let the child watch you operate the audiometer's presentation controls.
  2. Do not look at the child when the tone is presented (use peripheral vision to observe the child).
  3. Do not present the tone when there is a noise which you suspect would interfere with the child's hearing the tone.
  4. Do not give any clues as to when the tone is presented; control eye, head, and, or other body movement, reflections, shadows, etc.
  5. Do not establish a rhythm in tone presentations; vary the time intervals between the tones
- HEARING REFERRAL PROCESS FOR FAILED PURE TONE SCREENINGS**
6. Children who fail the initial hearing screen will be re-screened within 3-4 weeks.
  7. Children failing the second hearing screen must be referred for follow-up by a Health Care Professional within ten (10) days of the second failed screening.
  8. Family Service Worker/s must notified parents per the Hearing Referral form of the required follow-up.
  9. Family Service Worker/s must document referral information on the Hearing/Vision form and forward a copy to the Health Coordinator.
  10. Family Service Worker/s must perform follow-up contacts with parents monthly to obtain follow-up information and document contact attempts on the Health Request/Results form.

## **HEARING/VISION REFERRAL PROCESS TIMELINE**

**INITIAL (1st) SCREEN**— required with in the first 45 days of school entry.

- Pass-No further testing required
- FAIL—Re-screen required within 3-4 weeks
  - Pass-No further testing required
  - Failed x 2 screens—Parent notification of referral required

*Results documented in Child Plus. Re-screens must be scheduled on Child Plus calendar.*

## **M-62 ANNUAL REPORT**

### **POLICY**

Community Services of Northeast Texas Head Start will comply with all Department of State Health Services requirements regarding Vision/Hearing State reports.

1. The M-62 should contain completed screening and follow-up information for all children screened and/or evaluated within the school year; that means the report should show whether or not every child referred was seen by an eye care Coordinator
2. The vision screening annual report, the M-62, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-62 to the Texas

- Department of Health by June 30th of each year.
3. It is the responsibility of the Campus Director to ensure completion and admittance of the annual report by the due date. A copy of the report will be provided to the Health manager.
  4. The Vision/Hearing screening annual report, the M-52, is a report of all the screening activities of a facility throughout the school year. Preschools (including Head Start/Early Head Start) and schools must submit the M-52 to the Texas Department of Health by June 30th of each year.
  5. The initial vision and pure tone is done within 45 calendar days of the child entering the campus.

## **OTHER TESTS POLICY**

Based on community health problems, other selected screenings when appropriate will be done (i.e. sickle cell anemia, lead poisoning, and TB. etc.) However, children who are enrolled in the Texas Health Step program should receive a sickle cell anemia, anemia and lead poisoning screening during their physical assessment from their medical provider. If the child is determined to be "High Risk" screening should be performed if it has not been completed previously. Results should be provided for Head Start/Early Head Start files

## **FURTHER SCREENINGS PERFORMED**

1. Anemia
2. Measurements (height/weight)
  - a. (Refer to Nutrition Section for Policy and Procedures)

## **BLOOD PRESSURE**

### **POLICY**

All Head Start children regardless of insurance type are required to follow the Texas Department of State Health Services EPSDT schedule for required health screenings. All Head Start/Early Head Start children must have a blood pressure reading within the first ninety (90) days of school entry.

## **DENTAL EXAMINATION (1302.42 (b) 1 (ii))**

### **POLICY**

All children enrolled must receive a dental examination every 6 months and adhere to as required by the Texas Department of State Health Services Medicaid EPSDT schedule. Although a child may be receiving treatment, the second dental examination is due 6 months after the initial dental exam date.

## **APPOINTMENT SCHEDULE FOR DENTAL EXAMS**

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

### **PROCEDURE**

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians

- informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a dental exam and if the family has a primary Care Dentist. This information should be given to the parents.
  3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a dental home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
  4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
  5. Once the parent/s or guardian/s have selected a provider, confirmation of a "dental home" is established and documented using the Medical/Dental Provider Form. i
  6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
  7. One month prior to due date, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
    - a. Request for an appointment time and to notify staff (with in week of receiving letter) of their child's scheduled appointment time.
    - b. Remind parent/s to take insurance information with them during appointment time.
  8. Family Service Worker/s must inform parent, a copy of the dental exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the dental appointment.
  9. Family Service must inform parent/s a completed dental exam should indicate what was performed at the time of the dental appointment, such as cleaning or fluoride treatment as well as any follow-up treatments that may be needed and whether the child is complete or not.
  10. Family Service Worker/s must assess exam forms the dentist signature and date of service.
  11. Family Service Worker/s must perform monthly parent contacts for all dental non-compliance and document all contacts on the Health Request/Results form and/or on the Family Contact form sheet.
  12. Family Service Worker/s will refer dental non-compliance to the Health Coordinator after three (3) failed attempts.
  13. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

## ***PHYSICAL EXAMINATION (Standard 1302.42 (b)(1(i) (Minimum Standard §746.611)***

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of State Health Services Medicaid EPSDT schedule and Child Care Licensing requirements that all children enrolled must receive a physical examination annually.

### **APPOINTMENT SCHEDULE FOR PHYSICAL EXAMS**

Parents are primarily responsible for setting and keeping appointments. Staff is available to assist with making appointments and obtaining transportation when indicated.

## PROCEDURE

1. Prior to first day of school, the Family Service Worker/s will contact parents/guardians informing them of all medical and dental requirements.
2. During enrollment, Family Service Worker/s must assess when a child is due for a physical exam and if the family has a Primary Care Physician. This information should be given to the parents.
3. During the orientation at enrollment, parents/guardians will be informed that all children enrolled are required to have a medical home (within 90 days of enrollment), in which they will receive continuity of care both during and after they leave the Head Start/Early Head Start program.
4. Family Service Worker/s must provide the parent/s or guardians a copy of the Medical/Dental Resource Directory if a child does not have an ongoing source of health care.
5. Once the parent/s or guardian/s have selected a provider, confirmation of a "medical home" is established and documented using the Medical/Dental Provider Form.
6. Family Service Worker/s must offer assistance with making appointments and obtaining transportation to services when indicated.
7. One month prior to known due date of physical, the Family Service Worker/s will send a reminder letter to the parent/s for the following:
  - a. Request for an appointment time and to notify staff (within week of receiving letter) of their child's scheduled appointment time.
  - b. Remind parent/s to take insurance information with them during appointment time.
8. Family Service Worker/s must inform parent, a copy of the physical exam form is required for their child's file and it is the responsibility of the parent to obtain the completed exam form before leaving the physical appointment.
9. Family Service must inform parent/s: Head Start/Early Head Start mandates our children receive a Texas Health Step physical following the Texas Medicaid EPSDT schedule.
  - a. Parents informed to ask their PCP for Hemoglobin and Blood Lead Test results.
10. Family Service Worker/s must assess exam forms (Child Health Record) for the following:
  - a. The physician signature and date of service. (Date must reflect current status)
  - b. Medical treatments received during exam as well as chronic health conditions.
  - c. Hemoglobin and Blood Lead Test results
  - d. Blood Pressure and Height/Weight findings.
11. Family Service Worker/s must perform bi-monthly(monthly) parent contacts for all physical non-compliance and document all contact dates on the Missing Information form and in Child Plus under the physical event notes.
12. Family Service Worker/s located on Head Start/Early Head Start stand-alone campuses must (within the first 5 days of entry) ensure parent/s complete and sign the required Minimum Standard Parent statement which verifies their child has received a physical with in the past 12 months and is cleared to attend daycare or school.
13. Family Service Worker/s will refer physical non-compliance to the Health Coordinator after three (5) failed attempts.
14. Family Service Worker/s must refer to the Authorization for Payment procedure for those children who are not eligible for Medicaid or who are not insured.

# **TUBERCULOSIS SKIN TESTING**

## **TB TESTING FOR CHILDREN (Standard 1302.42 (b)(2))**

### **POLICY**

All children must have a completed TB questionnaire upon enrollment. Family Service staff is responsible for interviewing the parent/s or guardian/s to answer the questionnaire and determine TB risk. Referral procedure is to be followed for any "Yes" response noted on the TB questionnaire.

### **REFERRAL PROCEDURE:**

14. Parents are notified per Health Request form of required referral and assessment by their child's Physicians, local Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions, to determine if a TB test is deemed necessary.
15. Any newly identified positive reactions will be monitored and/or referred for further testing/ evaluation by the assessment provider (PCP, local Health Department or Health Care Professional)
16. Family Service Workers are required to follow-up with the assessment provider to obtain results of the TB "High Risk" referral and document all correspondence.
17. Any suspected or diagnosed cases of TB are to be reported to the local Health Department. Family Service Workers are required to contact assessment provider to ensure the TB reporting has been completed.
18. Children who have received treatment for latent TB infection or were deemed a positive reactor must be assessed annually by their PCP, the Health Department or a Health Care Professional familiar with TB signs/symptoms and its transmissions.
19. Written clearance for school attendance is required from the child's assessment provider.
20. The Health Coordinator is notified of any positive TB skin tests or diagnosed cases.

### **ADVERSE REACTIONS**

In highly sensitized individuals, strongly positive reactions including vesiculation, ulceration or necrosis may occur at the test site. Any child having a reaction at the site of the injection must be referred to the assessment provider performing the test. Strongly positive reactions may result in scarring at the test site.

Immediate erythematous or other reactions may occur at the injection site. The reason/s for these infrequent occurrences is presently unknown.

The result is read @ 48 to 72 hours after administration. Induration is considered in interpreting the test. Since a positive tuberculin reaction does not necessarily indicate the presence of active tuberculosis disease, individuals showing a positive reaction should be subjected to other diagnostic procedures.

Those individuals giving a positive tuberculin reaction may or may not show evidence of tuberculosis disease. Chest X-Ray examination and microbiological examination of the sputum in these cases are recommended as a means of determining the presence of absence of pulmonary tuberculosis.



***TB TESTING FOR EMPLOYEES-{PS 1304.52(j)(1)}***

Refer to Personnel Policies & Procedures—Policy # 183

***TB TESTING FOR VOLUNTEERS***

(Refer to Volunteer Handbook)

# **IMMUNIZATION RECORD & SCHEDULE (Standard 1302.429B)(1)(I)**

## **POLICY**

### **IMMUNIZATION REQUIREMENTS**

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code. All Campuses are required to maintain a record of the immunization status of individual children during the period of attendance for each child admitted. The record must be made available for inspection.

Parents of students that attend Head Start/Early Head Start in licensed classrooms will be notified that a delay in enrollment or attendance will be enforced if they do not provide an Up to Date immunization record for their child. Students will be excluded if they miss required doses as they become due.

Parents of students, who attend Head Start/Early Head Start in ISD classrooms, will be notified that CSNT Head Start/Early Head Start will work in conjunction with our partnership ISD's to ensure guidelines for immunization requirements are met and children cannot begin attending classes without providing proof of up-to-day/current immunization status and/or provide proof of all immunizations needed to be considered medically up to date.

All immunization records must be validated by physician signature or health clinic stamp. The month, day, and year must be indicated on the record.

### **PROCEDURE**

1. All parents must be notified when a child's immunizations are due. Family Service Worker/s will notify parents of immunizations during enrollment (first notice) or as they become due during the year. It is the parents' responsibility to provide all updated immunization documents in order for the new dates to be recorded in the child's record. These documents are returned to the parents after a copy has been placed in their permanent file and they are recorded in Child Plus.
2. Staff requests the parent to get the immunizations at a community clinic/private provider.
3. Staff must give the parent an Important Notice/Missing Information form to notify the parent of which immunizations are due.
4. Staff will notify parents of immunizations at least 1 month before the due date.
5. If the child is overdue (more than 10 days) the parent has 10 working days to have his/her child immunized. If the parent has not complied by the second notice (10days) the child must be excluded from school attendance until he/she has received the needed immunizations.
6. Children are excluded from receiving the required immunizations on an individual basis for medical contradictions or religious conflicts. Children in these categories must submit evidence for exclusion from compliance.

## **MEDICAL CONTRADICTIONS**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

### **PROCEDURE**

The parent must present an affidavit or certificate signed by a physician, duly registered and licensed to practice medicine in the United States. The affidavit or certificate must state that it is the opinion of the physician that the required immunizations would be injurious to the health and well-being of the child or any member of the family or household. Unless a lifelong condition is specified, the affidavit or certificate is valid for only one year from the date it is signed by the physician, and it must be renewed every year, in order for the exclusion to remain in effect.

## **RELIGIOUS CONFLICTS**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will follow the recommended schedule for child immunizations set forth by Title 25 Health Services of the Texas Administrative Code which requires parents obtain and submit a completed Texas State affidavit.

### **PROCEDURE**

The parent must present an affidavit signed by the parent or guardian stating that the immunization conflicts with the tenets and practice of a recognized church or religious denomination of which a child is an adherent or member. However, this exemption does not apply in times of an emergency or outbreak declared by the commissioner of health or local health authority.

## **DOCUMENTING HISTORY OF VARICELLA (CHICKENPOX) ILLNESS**

Amendment to 97.67

All histories of Varicella illness must be supported by a written statement from a physician or the child's parent or guardian containing words such as: "This is to verify that (name of child) had Varicella disease (Chicken Pox) on or about (date) and does not need Varicella vaccine, or by serologic confirmation of Varicella immunity. Health Manager may also write this statement to document cases of Chicken Pox that they may observe. The school shall accurately record the existence of any statements attesting to previous Varicella illness or the results of any serologic tests supplied as proof of immunity. The original should be returned to the child's parent or guardian, evidence. Otherwise, varicella vaccine is required.

\*Varicella requirement effective August 1, 2000:

## **INSTRUCTIONS FOR DOCUMENTING PRIOR ILLNESS**

A written statement from a physician, school nurse or the child's/student's parent or guardian containing wording such as:

This is to verify that (Name of student) had Varicella disease (Chicken Pox) on or about (DATE) and does not need Varicella vaccine.

---

Parent Signature

Date

Relationship to Student

## **TRACKING PROVISION OF HEALTH SERVICES (Standard 1304.42 (C)(3)(D)(2))**

### **POLICY**

The purpose of the tracking procedure is to monitor student files to determine which services the child needs, document any allergies, health problems or parent concerns, ensure that the immunization requirements are met and etc.

Monitoring tools include: Program Monitoring Form, Health Coordinator Monthly Report form, Child Plus Data System, and PIR monitoring form.

### **PROCEDURE**

#### **PROGRAM MONITORING FORM**

1. Program monitoring performed monthly on at least 10% of student files and at one or two campuses per month.
2. Monitoring performed per Health Coordinator.
3. Monitoring findings documented and reported to Family Service Staff verbally and or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Program monitoring report must be submitted to the Program Monitor by the 5th of each month.

#### **Health Coordinator/Family Services Administrator MONTHLY REPORT FORM**

1. Health Coordinator Monthly report obtained per data collected from Child Plus data base reports and from data collected when 100% file review is performed.
2. Monitoring performed per Health Coordinator.
3. Report findings documented and reported to Family Service Staff verbally or written.
4. Follow-up monitoring performed with in one to two weeks when corrections not made at time of review.
5. Health Coordinator Monthly report must be submitted to the Program Monitor by the 5th of each month.

#### **PIR MONITORING FORM**

1. PIR monitoring begins with in the first forty-five (45) days of school enrollment.
2. PIR monitoring performed per Health Coordinator /Family Services

Administrator and Health Coordinator. Report findings documented and reported to Family Service Staff verbally or written.

3. Follow-up monitoring performed within one to two weeks when corrections not made at time of review.
4. PIR monitoring involves 100% student file reviews and occurs two times during school year.

## **CHILD PLUS DATA BASE**

1. Community Services of Northeast Texas Head Start/Early Head Start utilizes the Child Plus computer data base record-keeping system.
2. Information data entry is performed primarily by the Family Service Staff and assisted by the Health Team and the Nutrition Manager whenever need is indicated.

## **FOLLOW-UP/TREATMENT (Standard 1302.42 (D)(1)(2)(3))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will follow the mutually agreed upon treatment plan, which will include the goals, supports and services the family may need. Family Service Worker/s will document on the Family Partnership agreement Family goals and needs and will document all health related needs the Health Section Family Contact section and will document all health related needs the Health Section in Child Plus.

### **INTERNAL REFERRAL POLICY & PROCEDURES**

Any new or reoccurring health problems should be documented on the Agency Referral Form and given to the Health Coordinator or the Health Coordinator/Family Services Administrator to disseminate to the appropriate health care professional.

The treatment plan should be obtained and documented and the FSW must ensure that services are being provided in a timely manner and properly documented.

### **EXTERNAL REFERRAL POLICY & PROCEDURES**

When a child is being referred to a Coordinator who is not contracted with the Agency, the responsible staff (Family Service Worker/s) must ensure that the child is not eligible for Medicaid, CHIP or any other "spend down" programs.

Once it is determined that the child is not eligible for any other resources, the Family Service Worker/s or other support staff must record information such as the date, name of contact, organization contacted, and the results of the contact on the Health section progress notes. This record serves as documentation of your efforts to access funding sources. This information is then passed to the Health Coordinator to facilitate the payment of Head Start/Early Head Start funds for the needed or requested health services.

The referral process will require documentation reflecting efforts to obtain services with contracted providers. If services are not available, all efforts should be made to reflect an establishment with either a contracted provider or an agreement should be arranged for payment of services provided with that health provider

## **REFERRAL PROCEDURE**

***As soon as a child has been identified as having a health problem, the information must be shared immediately with the parent.***

1. The parent will also be given an Important Notice/Missing Information Form that will indicate the recommended follow-up plan.
2. The parent will also have the opportunity to comment on any concerns or observations he/she may have regarding the child's health.
3. Once the parent and staff have shared observations; the staff along with the parent will make a decision regarding the child's follow-up plans for further evaluation and intervention.
4. Health Coordinator must be notified of findings, follow-up plans and interventions scheduled. Health Coordinator is available to assist with parent conferences and explanations of health-related issues.

## **DOCUMENTATION PROCEDURES (Standard 1302.42)**

### **(C)(3)(D)(1,2,3)**

#### **POLICY**

In order to ensure the Health Component activities are in process of completion or are complete, it is the responsibility of the Family Service Worker/s, Nutrition staff, and Health Component staff to document their work efforts pertaining to the Health content area. Documentation is required in the Health Section of Child Plus in the appropriate areas of activity.

#### **ABSENCES**

If a child is absent from the Campus for scheduled screenings, the Family Service Worker/s must document on the appropriate form, and make a notification in the health section progress notes what services the child missed. It is the responsibility of the Family Service Worker to arrange for the child to receive the health services.

#### **REFERRALS**

Referrals for either in-house or out-of-agency institutions should be documented on the health section progress notes including the name and title of the person assessing the child. This information should also be documented on the referral form and a copy sent to the Health Coordinator.

The FSW should perform follow-up on referrals within two to three (2-3) weeks to ascertain the current status for the child. This effort should also be documented and dated in the health section progress notes.

The referral form is filed in the Health Section of the Child's file.

The parent is primarily responsible for obtaining a copy of the follow up record from the provider for the child's file. If the record is not returned with a treatment plan then the Family Service Worker/s should document the completed/closure process of the referral in the Health Section of Child Plus in the appropriate areas of activity.

## **TREATMENT PLAN**

All health problems should be addressed and/or closed by the appropriate documentation procedures enacted in the Health Section of Child Plus in the appropriate areas of activity.

If a child is already receiving health services from a Coordinator, outside the agency, this should be documented in Child Plus in the health section progress notes in appropriate areas of activity (monitoring for heart murmurs, vision services, etc.) The staff confirms services per conversation with parent or with the agency. No further documentation is needed until the end of the school year (May). Documentation must reflect either a continuation of services or services no longer needed via follow-up with parent or agency.

If a child is receiving services from the Disabilities or Mental Health Services component, the staff should indicate this on the health section progress notes – "Disabilities or Mental Health Services is assisting the child or family with the health concern. Any further information will be available in the Disabilities Services folder."

When a treatment plan prescribed (antibiotics, antihistamines etc.), for a child enrolled in Head Start/Early Head Start, the FSW should document closure based on the recommended guidelines per the providers directions (2-3 weeks or 1 month). If there is evidence that more treatment is needed, the FSW should contact the parent or provider for instructions (another prescription, referral, etc.)

If a case has been identified, a medical case for which there is no further treatment should be documented by the FSW in Child Plus in the health section progress notes in appropriate areas of activity

### EXAMPLES OF DOCUMENTATION

Ex.: Medicine consumed. No signs or symptoms (illness-state signs and symptoms or diagnosis present at this time.

Ex: ringworm resolved in 1 month or no further evidence of ringworm of the head.

Ex: Doctors Appointment kept. No further treatment need for condition.

Ex.: appointment scheduled to see child

## **CONFIDENTIALITY OF RECORDS (Standard 1303.21)**

### **POLICY**

All information obtained on a child enrolled in Head Start/Early Head Start will be treated in a confidential and professional manner. Health information will only be released when written permission from a parents/ guardian is obtained.

Public Law 96-46 (Buckley Amendment) requires the following:

- All records should be kept in a safe and secure place.
- A "Custodian of Records" should be named for each Campus where records are maintained.
- Each person who handles or transmits records should be trained concerning the provision of the law.
- A listing of all individuals who have a legitimate educational interest and have access to the records should be posted.
- A record of all individuals who have reviewed the records will be posted.

Records may be transmitted if:

1. A written request of the parent/guardian is obtained
2. Transportation or forwarding of any requested child health records to other schools/agencies that the child seeks/needs for future enrollment in another program/educational institution, etc.

3. Educational records must be made available to state and federal officials in order to meet legal requirements for evaluation purposes. Such persons will identify themselves to the agency and supply evidence to the appropriate authority.
4. State or federally approved organizations conducting studies for these educational agencies must conduct the study in a fashion whereby personal identifiable information is not disclosed. After the completion of the study all such information should be destroyed.
5. Educational records can be inspected and requested by the parent(s) or guardian(s). Parents generally have information rights when the student is under age.
6. Information can be disclosed to the appropriate persons in an emergency, and this person must have this information in order to protect the health or safety of the student or other person.
7. Parents have the right to request that the record be amended through a hearing process within a reasonable period of time.
8. The Open Records Acts requires that citizens have the right to inspect records, and obtain copies at a reasonable price. If the "Custodian of Records" cannot determine if the Open Records Act applies to a specific request within ten (10) days of the request, an Attorney General's "Open Record Decision" must be requested. If there is not a request for a decision, the material is presumed to be open.

### ***NOTIFICATION OF CHILD ENROLLMENT (Refer to Family Service Section)***

In the event that a child has entered the Campus and the Family Service Worker/s has not been informed, staff should document in the Child's record and in Child Plus:

1. Date of notification or date child was first observed to be on the Campus.
2. Entry date of child
3. Date when "Parent Permission" is obtained for health services/screenings

### ***CONSENT FOR TO RELEASE RECORDS (Standard 1302.41 (b))***

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder with copies of the following submitted to the Health Coordinator:

1. Physicals
2. Dentals
3. Medication information including physician's orders for health procedures.
4. Height/Weight and Vision/Hearing information.

When a child is identified has having a chronic or an ongoing health problem, the Family Service Worker/s will have the parent sign the "Consent to Release Records" form and submit form to the designated health agency. All records received, must be filed in the child's folder and results documented in Child Plus in their designated event area and copies of the following submitted to the Health Coordinator :)

1. \*\*Physicals with noted medical conditions/concerns
2. \*\*Allergy Action Plans (Food & Insect Sting)
3. \*\*Asthma Action Plans
4. \*\*Seizure Action Plans

Medication information including physician's orders for health procedures



## **FAMILY PARTNERSHIP** *(Refer to Family & Community Partnership Policies & Procedures)*

This section is located in the "Social Services" area of the child's folder. Family Service Worker/s should address three (3) areas of concern.

## **COMMUNITY PARTNERSHIP**

CSNT Head Start/Early Head Start will work with community resources such as Health Care Providers and Dental Providers to establish Inter-Agency Agreements/MOU's between entities to collaborate agreements to best serve Head Start/Early Head Start children and families.

### **PARENTAL/GUARDIAN CONCERNS**

If the parent(s)/guardian(s) voice any health concerns related to the child, the staff should document what the concern was and how Head Start/Early Head Start will assist them.

### **HEAD START/EARLY HEAD START CONCERNS**

If the child is identified to have a health problem during the screenings and exams, the staff should document how Head Start/Early Head Start will treat and or assist parent/guardian and child.

### **NO CONCERNS**

If, there have not been any health problems identified, (parent/health services), the staff should document that the performance standards will be provided for the child.

## **CHECK-IN-PROCEDURE**

Purpose: Every day, a trained staff member shall conduct a Health Check of each child. This health check shall be conducted as soon as possible after the child enters the campus. This assessment should be performed in a relaxed and comfortable manner that respects the family's culture as well as the child's body and feelings. Necessary information to complete the daily health check shall be gained by direct observation of the child, asking parent, and conversing with the child. Parent shall be immediately notified of concerns identified during the daily health check. Documentation of findings shall be noted on Health Alert Form, with assigned copy forwarded to Health Coordinator.

## **POLICY**

Children need to be assessed daily in order to detect possible child abuse and to prevent the spread of communicable diseases. The Daily Health Check is performed by Head Start/Early Head Start staff on each child upon entering the campus. (Refer to the Check In and Out Policy and Procedure found in the Education section). Daily Health Checks are completed daily with health concern findings documented on the Health Alert form. CDC guidelines followed and implemented for parent notifications and exclusions.

(Copies are provided as follows: Original placed in the child's file and a copy sent to the Health Coordinator and parents/guardians.) Accidents involving children and occur during Head Start/Early Head Start hours must be documented on the Accident report

form on back of Health Alert form. Accidents involving student who require professional medical or when warranted the required Child Care Licensing Incident form must be completed per protocol.

During "Daily Health Check" staff must inspect any backpacks, etc. of entering children only for any inappropriate or dangerous items such as guns, knives or other items that could be used as a weapon. If these items are discovered during the inspection the Campus Director should be immediately notified and he/she must notify the police and make parent/s aware of the incident.

## **PROCEDURE**

The following is a recommended guideline for the check in procedure for children in Head Start/Early Head Start.

1. Ask the parent about the child's last 24 hours.
2. How was he/she last evening? Did he/she sleep okay?
3. Ask the child how he/she feels this morning?
4. Document daily any concerns from the previous day
5. Observe the child for any change in behavior (sluggish, crying, or sleeping)
6. If the child has complaints, inquire to the parent as to the reason for these complaints and ask if a doctor has seen the child.
7. Rule out a fever. If a rash is present, request a FSW member to assess the child.
8. Check eyes for swelling, redness or drainage.
9. Assess the head for any bruises, patches, or nits.
10. Look at extremities and hands for sores, swelling, and rashes.
11. Observe for fast breathing. If the child is a known asthmatic, ask when the last treatment was done.
12. If the parent brings the child to the campus, it is their responsibility to sign the child in and indicate the status of the child. If they do not indicate the child's status it will be assumed the child was in good condition. '
13. If the child is picked- up at the home by a Head Start/Early Head Start vehicle it is the driver/monitors responsibility to assess the child before accepting that child. If the child is in poor condition, the child should not be picked up and parent informed of need for further assessment.
14. If during assessment a problem is indicated, document findings in Child Plus under the Health Note section of the Health Information tab.

After assessing the child:

1. If the child appears well, allow the child to go to classroom
2. If the child has a symptom, review Communicable Disease or Symptoms and document concerns.
  - a. Fill out form if minor or major symptoms/concerns are present.
  - b. Determine if the child goes home or stays.
  - c. Parent signs form.
3. If the child stays, another assessment will need to be done.
  - a. Copy of form needs to be given to the Campus Director.
4. Never look under a child's clothing unless the child says or acts in a manner that invites initiative. You MUST have another staff member present when looking under a child's clothing.
5. Always provide the check in staff with a list of names of children who were excluded from the campus during the day.
6. When a child is sent home in need of medical attention, he/she must provide documentation from the health care provider or exhibit no further signs/symptoms of illness.

7. In the case of ringworm of the scalp, a physician's return to school release is required.

## **SIGN IN / OUT PROCEDURE**

It is the parent/guardian's responsibility to sign their child out on the Check -In form located at each center. All spaces must be filled in. If the Parent indicates a concern, a meeting must be arranged with the Center Director in order to address the concerns.

## **COMMUNICABLE DISEASES (Standard 1302.47 (b)(4)(A)(7)(3)**

### **POLICY**

CSNT Head Start/Early Head Start will follow the Communicable Disease Chart for Schools and Childcare Centers published by the Department of State Health Services. Exclusion Policies will be based upon requirements and recommendations set forth by the Communicable Disease Chart.

Each campus is required to have a chart posted where every staff person can readily survey for information when needed.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

Head Start/Early Head Start stand-alone campus staff must refer children with symptoms of communicable disease to the Campus Director during the morning, or as soon as the symptoms are noted. If the Campus Director is not present, the designated staff person should follow recommended guidelines for class and/or care of injured child or staff.

Head Start/Early Head Start staff must confirm reports of communicable disease and require a physician's release to return to school to ensure exclusion criteria is met. Staff must inform parent/s of exclusion criteria during pick up of student.

An exception may be made if medical clearance or symptoms have been resolved. In the event of an unusual communicable disease or need for special epidemiological consideration, the Health Coordinator should be notified.

Any child with a temperature of 100.0 degrees F must be sent home and fever free for 24 hours, as specified per the Centers for Disease Control and the Department of State Health Services Communicable Disease Guidelines for Schools and Childcare Centers.

Children with chronic reportable disease, e.g. Hansen's disease (Leprosy), Hepatitis B, HIV, AIDS, or other infection under medical management, may attend the campus in their usual instructional setting with approval of the attending physician. Disabilities Services will need to be informed of the child's condition. Confidentiality must be stressed and maintained.

# **REPORTING COMMUNICABLE DISEASE**

## **POLICY**

Community Services of Northeast Texas, Head Start/Early Head Start will adhere to the Texas Communicable Disease Prevention and Control Act (TCDPCA), which requires this Agency to contact the affected person's Primary Care Physician to ensure the confirmed communicable disease case, has been reported to the determined entity set forth by the TCDPCA.

## **PROCEDURE**

Head Start/Early Head Start staff must confirm reports of communicable disease by contacting the student's parents for a physician's diagnosis of the disease and require a physician's release to return to school to ensure exclusion criteria is met.

Staff must inform parent/s of exclusion criteria and reporting requirements of certain communicable diseases during pick up of student/s.

## **EXCLUSION/S (Standard 130.47 (b)(7)(iii))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will adhere to the Texas Department of Health Communicable Disease (Rule §97.7) exclusion requirements and Child Care Licensing Minimum Standard exclusion requirements and shall continue exclusion until the readmission criteria for the conditions are met.

Head Start/Early Head Start classrooms located on ISD campuses will work with and adhere to their ISD exclusion and re-entry guidelines by sending students to the ISD nurse for assessments.

Head Start/Early Head Start stand-alone campuses will exclude students as per agency policy and procedures following recommendations of the Communicable Disease Chart for Schools and Childcare Centers established by the Department of State Health Services.

## **PEDICULOSIS (Head Lice) Screening**

### **POLICY**

CSNT Head Start/Early Head Start will follow the Communicable Disease Center Pediculosis guidelines and will adhere to the following. (ISD campus classrooms will follow their ISD guidelines)

1. Parents are notified of infestation and informed of CSNT Pediculosis procedures.
2. Treatment must be implemented by parents/guardians.
3. CSNT Pediculosis procedures are as follows:
  - a. Pediculosis Referral Letter and initial treatment form given to each parent/guardian at time of pick up and/or sent home with student at end of

day.

4. Short-term exclusion will be implemented with active infestation of lice noted after treatment has been received.  
Active infestation = live bugs
5. Watch for signs of head lice such as frequent head scratching and check all children for lice and nits when indicated.
6. Bag items such as stuffed animals and hats for 2 weeks to bring infestation under control.
7. Teaching staff should maintain two set of these items and rotate usage.
8. Wash all linens in hot water and vacuum all carpets and questionable areas or items if frequently used.
9. Teach and encourage families to treat the child, siblings and all adults who live in the same household
10. Remember, all lice killing products are PESTICIDES. If suggesting lice products, inform parents/guardians to carefully follow the directions and use with caution.
11. Encourage parents/guardians that Manual Removal of nits is the best option when lice removal products are unsuccessful.
12. HIPPA requires confidentiality. Encourage parents/guardians to inform teachers.
13. Protect our children's self-esteem by monitoring our words and attitudes.

## **PEDICULOSIS SCREENING PROCEDURE**

Poor Self-Esteem disease prevention and control:

A screening area must be used and secured for privacy. Arrange with your Campus Director for items you may need to partition a room if necessary and for all notification/scheduling of classes.

1. Teachers should accompany classes to screening area and remain until screenings complete.
2. Provide appropriate literature to each teacher.
3. Teachers are to notify their class of pediculosis screenings, informing them that staff will be examining their hair and scalp.
4. Teachers should use this opportunity to discuss personal hygiene and pediculosis control with their students.

Suggestions to the teacher for student health education may include the following information:

1. Avoid sharing brushes and combs or wearing another person's hat or scarf.
2. Avoid touching your head to another person's head.
3. Avoid hanging your hat or scarf on a public hat rack.
4. Avoid putting your head on another person's pillow.
5. Avoid wearing another person's coat or clothes.
6. Avoid putting your clothes in another person's locker.
7. Avoid wearing another person's hair ribbons.
8. Thorough cleaning of personal articles, i.e., combs/brushes, clothing and bedding

## **HEAD START/EARLY HEAD START (STAND ALONE) CAMPUSES RE-ENTRY CRITERIA**

1. Students must be brought to school by parent/guardian. Parent/guardian must bring signed initial treatment form along with the empty treatment container.
2. Students must be examined before re-entry to class.

3. (Upon re-entry exam, if active infestation noted student must return home with parent)
4. Parents/guardians are informed of required 2nd treatment and given 2nd treatment form at time of 1st re-entry.
5. Students must be brought to school after second treatment given.
6. Parent/guardian must bring empty treatment container and signed 2nd treatment form at that time.
7. (Upon second treatment exam, if active infestation noted- child must return home with parents)
8. Physician's statement does not indicate clearance to return to class, student must show no signs of active infestation.

## **CHILD ABUSE REPORTING (Standard 1302.47(b)(5)(1))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of Family and Protective Services guidelines and a requirement for child abuse reporting and providing annual training to all CSNT Head Start/Early Head Start staff. Any incident/injury that occurs on the campus, should be immediately reported to the on-site supervisor. The supervisor will immediately contact Head Start Administrative staff to ensure reports can be made to all applicable agencies.

## **POISON INGESTION & DRUG OVERDOSE (Standard 1302.47(B)(7)(i))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start adheres to the Texas Department of State Health Services guidelines regarding Poison Control. Children having ingested potentially fatal toxic substances are to be considered medical emergencies until proven otherwise.

### **PROCEDURE**

1. Telephone the Poison Control Center.
2. Poison Control will tell you the toxicity of the substance in the amount ingested and will give staff direction until EMS arrives.
3. Supply them with all on the subjective and objective information you have obtained.
4. Telephone 911 when indicated and or when directed Poison Control or parent/s.
5. Supply them with all on the subjective and objective information you have obtained.
6. Contact parent/s as per protocol.

## **TOOTH BRUSHING (Standard 1302.43)**

{Refer to the Nutrition Policies and Procedures}

### **POLICY**

Community Services teaching staff will promote effective dental hygiene in conjunction with at least one meal each day. Ordering tooth brushing supplies will be performed by the Health Component team.

### **PROCEDURE**

1. Staff will wash hands and don gloves.
  - a. Staff will wash hands and change gloves when cross contamination occurs.
  - b. Do not leave tooth brushing area with gloves on.
2. Apply a "pea size" amount of toothpaste on wax paper or paper cup (one per child) the child then applies to tooth brush (staff is to assist the child if needed.) Do not touch

- the open end of the toothpaste container to toothbrushes.
3. Child should be instructed to wash hands and allowed to brush their own teeth. Staff will provide assistance and instruction when needed.
  4. Each child will utilize their toothbrush to manipulate the toothpaste on the individual toothbrush.
  5. Child should be instructed to rinse/clean their toothbrushes after each use.
  6. Toothbrushes must be cleaned after each use during the school day and left in the drying rack.
  7. Staff must dry toothbrushes with clean paper towel before placing in the rack.
  8. Staff must legibly label each toothbrush with child's name and place with bristles facing out.
  9. Toothbrushes must be replaced every month, after any contamination or appropriate illness requiring a new toothbrush, which may include but not limited to mouth sores or ulcers.

## **HANDWASHING (Standard 1302.47 (b)(6)(i))**

### **POLICY**

The practice used to prevent the transmission of communicable diseases by using good hand washing techniques and/or gloves when indicated.

Staff, volunteers, and children must wash their hands with soap and running water for the following.

1. After diapering or toileting.
2. Before food preparation, handling, consumption, or other food related activity (setting the table).
3. Whenever hands are contaminated with blood or other bodily fluids: and
4. After handling pets or other animals.

Staff and volunteers must also wash their hands with soap and running water:

1. Before and after administering medications;
2. Before and after treating or bandaging a wound (non-porous gloves should be worn if there is contact with blood or and/or body fluids)
3. After assisting a child with toileting.
4. After smoking

### **HANDWASHING PROCEDURE:**

1. Have necessary supplies on hand: running water, soap and disposable towels.
2. Turn on the faucet
3. Scrub hands with soap, preferably liquid, and water for at least 10 seconds.
4. Rinse hands well under running water. Leave the water running/
5. Dry hand with a paper towel/
6. Turn off the faucet with the paper towel, instead of with bare hands.
7. Discard the paper towel in the trash can.

Keep the children's hands washed; especially before they eat or drink, and after they use the toilet. If they're too young to do it themselves, YOU wash their hands for them. Teach children to get into the habit of hand washing to help control the spread of disease.

# **MEDICATION ADMINISTRATION (Standard 1302.47 (b) (4) (c) (7) (iv))**

## **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will provide annual medication administration training for all designated staff and will adhere to the following Medication requirements to ensure safe administration of medications to children and will work in collaboration with ISD Partnerships, excepting their requirements for administration and storage of medications when Head Start/Early Head Start classrooms are located on their campus.

Head Start/Early Head Start classrooms located on ISD campuses- Staff must sign out students who are required to receive medication during Head Start/Early Head Start class time and then take to the ISD nurse to receive medication. Once medication is received, Head Start/Early Head Start staff must sign student back into the Head Start/Early Head Start classroom and monitor student for any adverse effects or behavioral changes and notify nurse and parents and document on "ISD Medication Monitoring Form" each time medication has been given.

Head Start/Early Head Start only campuses will follow the following guidelines to ensure safe administration of medication.

1. A physician's order/directive is required for all Routine and PRN medications, medical procedures (i.e. tube feedings, catheterizations), and Over the Counter medications including topical creams.
2. Dietary supplements (i.e. liquid thickener). (See Nutrition Content Policy & Procedures)  
\*If the prescribed medication is a dietary supplement or alters student's diet, refer and/or contact the Health Coordinator and the Nutrition Manager.
3. Medication received through Emergency Room visit/s requires the following:
4. Physician's ER discharge directive required for any medications that may need to be administered during school hours. If a follow up with the child's primary care physician cannot be immediately obtained, Head Start/Early Head Start staff will assist parent/s with obtaining a medical home and a follow-up appointment.
5. Medications which warrant administration longer than fourteen (14) days (i.e. Inhalers or EPI Pen's), parents will be notified of the required Physician follow up visit and a standing physician directive for school administration.
6. If a follow-up appointment is required and is not received, parent/s will be notified that 911 will be contacted for assistance in the event that a child needs the required medication.
7. Prescribed Medications: Any prescribed medications brought into the facility by the parent or the legal guardian, must be dated and kept in the original container provided by the pharmacist, with the child's first and last name, the date of the prescription was filled, the name of the health care provider who wrote the prescription, the medication expiration date; and the specific, legible instructions for the administration and storage of the medication.
8. PRN medications: Medications administered "as needed" must have specific directions for administration, including minimum time between doses, maximum number of doses and criteria for administration.
9. A Medication Administration Form must be completed and maintained on an ongoing basis by Head Start/Early Head Start staff to include the following: Medication checklist, signed parental consent, special instructions and possible side effects, and administration log documenting the name of the medication, dose, date, time and signature of the staff member assigned to administer medication, and staff comments



and observation notes.

## **PROCEDURE**

1. Staff must inform parents of required physician's order/directive for all medications and or medical procedures (i.e. tube feedings, catheterizations), and dietary supplements (i.e. liquid thickener).
2. To ensure all precautions and safety measures have been met before medication acceptance, staff must complete a Medication Checklist section of the Medication Administration Form with the parent. Staff must count medication and note on Medication Form the amount of medication received, date and initial. The checklist is completed upon acceptance of the medication, is signed by the staff member, and is included on the Medication Administration Form.
3. The Parent must complete and sign the top portion of the Authorization to Administer Medication section of the form giving Head Start/Early Head Start permission to administer their child's medication and verifying their child has received at least two doses of the medication and has had no adverse reactions.
  - a. This section is used to document the administration of the medication. Staff will use this section to record date, time and dosage of medication. Staff will document any changes in the child's behavior or allergic reactions by checking the appropriate box and completing a Health Alert form if needed. This information will be reviewed with the parent and attached to the Medication Administration Form.
4. Staff will assist the parent in consulting with the physician if there are consistent administering problems.
5. Staff will ensure that safety measures are observed when preparing to administer medications as follows:
  - a. Read medication labels when accepting medication.
  - b. Read medication label a second time and compare with the Authorization to Administer Medication Section.
  - c. Read medication label a third time and compare with the Authorization to Administer Medication section before administering any medication to the child
  - d. Adhere to the "FIVE RIGHTS" to administering Medications:
    - i. The Right Child
    - ii. The Right Medication
    - iii. The Right Dosage
    - iv. The Right Time
    - v. The Right Route
6. Staff should closely monitor a child for at least an hour after administering medication for any changes in the child's behavior. If a noticeable change does occur, staff should immediately contact the child's parent/guardian. If the parent/guardian cannot be contacted the Emergency Procedures will be followed.
  - a. When the child exhibits behavior changes, staff must document changes on the observation section of the Medication Form.
7. All expired medications or medications belonging to a child that is no longer enrolled will be disposed of in the following manner:
  - a. Parents/guardian/ must be notified to pick up any remaining medication/s left at school.
  - b. Liquid medications not picked up by parents/guardians will be poured into cat litter and mixed with water and tablets/capsules will be crushed and placed in cat litter and water by a designated staff member while in the presence of another staff member. Once the water/medication mixture has been absorbed by the litter, the litter will be double bagged and disposed of in a regular trash receptacle. Both staff members must sign and date the disposal section of the Medication Administration Form.

8. The student medication record must be kept in the Medication Notebook until the end of the school year.
9. The Campus Director will be responsible for administering, handling and storing of all medications.
10. The Family Service Worker will be responsible in the absence of the Campus Director.
11. The Lead Teacher will be responsible in the absence of the Campus Director and the Family Service Worker.
12. All medications (including staff, volunteers and child) will be stored separate and out of reach of children in a locked cabinet. If the medication requires refrigeration, it must also be kept in a locked refrigerated container and kept separate from food items.
13. To ensure staff remain familiar with the EPI PEN administration process; (designated) staff is required to practice EPI PE administration one day a month and document on monthly training log.

### **MEDICATION INFORMATION:**

Refer to each campus Medication Book for specific information regarding medication or contact the Health Coordinator for further assistance

## **SPECIAL SITUATIONS**

### **POLICY**

Head Start/Early Head Start Performance Standards for children with disabilities requires 10 % enrollment of children with disabilities in any of the following diagnosed by a diagnostician or physician. Such as: mental, hearing, speech/language, visual, emotional, orthopedic, autism, traumatic brain injury, and any other impairment. Many of these disabilities are life lasting and may be life threatening.

Disability / Mental Health Services staff of Head Start/Early Head Start and its delegate agencies ensures that children with special needs are enrolled by collaborating recruitment/enrollment efforts with Education, Transition, Health, and Social Services/Parent Involvement (SSIPI) staff members.

Special situations frequently occur for medically challenged and other children enrolled in Head Start/Early Head Start campuses. Special situations may be associated with the death of a parent or guardian; divorce; separation from parents; or any societal event that may affect a child. Often these children are referred to Disability / Mental Health Services in order to assist the child and family to move forward through their situation.

However, any situation pertaining to child abuse/neglect is every ones responsibility. Head Start/Early Head Start will adhere to the state law and the policy previously presented.

### **PROCEDURES**

1. Medical procedures are often needed for medically challenged children.
2. Often these procedures may be a temporary situation for any given child. This section outlines and/or described in generic formation the delivery of health care service for medical procedures for any child. These procedures are design to include all Head Start/Early Head Start staff and each procedure will be revised by the Health Manager and Disability / Mental Health Services for individual educational plan (IEP) for children enrolled in Head Start/Early Head Start campuses when indicated.
3. The Family Service Worker/s of the child should schedule an interdisciplinary meeting. For special situations or procedures it may be the Disability / Mental Health Services or Health Coordinator. Members present may include staff from the different components as well as parents), Campus Director, etc.

4. For special procedures, the initial instruction, training and demonstration will be provided by the caregiver (Parent or guardian) of the child.
5. The Family Service Worker will notify the Health Coordinator when assistance is needed with contacting the child's Primary Care Provider.
6. Health Coordinator will obtain Physician's Directive when medical procedures are needed if indicated.
7. The Health Coordinator will be present or obtain Health Care Professional to be present to clarify the procedures and to determine the scope of capability for Head Start/Early Head Start staff.
8. A decision for admittance into the campus will be determined at the initial meeting.
9. An IEP and protocol will be written specifically for the child's procedure and placed in the child's folder (health section) within 2-3 weeks following the initial meeting. A second meeting will be held to discuss the protocol, which should explain the "step by step procedure" to those individuals involved with performing the task.
10. The Campus Director will verify and monitor staff performance at regular intervals throughout the year.

## **SEASONAL FLU PREVENTION POLICY (1302.47 (b)(7) (iii))**

The guidance is designed to decrease exposure to regular seasonal flu and H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in CSNT Head Start/Early Head Start Campuses. It outlines conditions of short-term exclusion and admittance to protect the health of the affected child, other children, and staff. Effective use of hygiene procedures significantly reduces health risks to children and adults by limiting the spread of infectious germs.

1. **Stay home when sick:** Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever of 100 degrees or greater, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.
2. **Conduct daily health checks:** Early childhood providers conducting daily health checks should observe all children and staff and talk with each child's parent or guardian and each child. He or she should look for changes in the child's behavior, a report of illness or recent visit to a health care provider, and any signs or symptoms of illness. During the day, staff also should identify children and other staff who may be ill. Ill children and staff should be further screened by taking their temperature and inquiring about symptoms. (refer to Daily Health Check Procedure)
3. **Separate ill students and staff:** Students and staff who appear to have flu-like illness should be sent to a room separate from others until they can be sent home. CDC recommends that they wear a surgical mask, if possible, and that those who care for ill children and staff wear protective gear such as a mask.
4. **Hand Hygiene and Respiratory Etiquette:** Wash hands frequently with soap and water when possible following program's Hand Washing Procedure, and cover noses and mouths with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available).
5. **Routine Cleaning:** Staff must routinely clean areas that students and staff touch often, areas and items that are visibly soiled should be cleaned immediately, with a particular focus on items that are more likely to have frequent contact with the hands, mouths, and bodily fluids of young children (such as, toys and play areas). Staff must follow the CSNT Head Start/Early Head Start Procedure for Cleaning and Sanitizing Tables and Surfaces and the Procedure for Cleaning and Sanitizing Toys.
6. **Early Treatment of high-risk students and staff:** People at high risk for influenza complications who become ill with influenza-like illness should speak with their health

care provider as soon as possible. Early treatment with antiviral medications is very important for people at high risk because it can prevent hospitalizations and deaths. People at high risk include those who are pregnant, have asthma or diabetes, have compromised immune systems, or have neuromuscular diseases.

## **EXTREME WEATHER CONDITIONS (1302.47 (b) (7) (i))**

CSNT Head Start/Early Head Start recognizes the value of time spent outdoors for children and the benefits that active play affords in the fight against childhood obesity. When properly clothed, children can participate in safe, vigorous play in an outdoor environment in most weather conditions.

1. During periods of extreme heat or cold, CSNT Head Start/Early Head Start campuses will monitor weather conditions using the Child Care Weather Watch chart and determine when safe outdoor learning activities and play can be permitted.
2. Head Start/Early Head Start Campus Directors must assess the humidity and heat index levels (in their local area) daily and refer to the Child Care Weather Watch chart to determine if weather and conditions permit any outdoor activity.
3. Staff must use discretion and caution as to whether or not to take children outside and/or for how long. Each campus will have some discretion due to different conditions on the playground and age of children.
4. When campuses have determined temperature range is in the "yellow" zone, staff must keep outside time short (going outside 2-3 times a day at shorter intervals). Children will not be outside during threatening weather such as severe snowstorms, thunderstorms, windstorms or bad air quality warnings.
5. To maintain Head Start/Early Head Start performance standard compliance, Head Start/Early Head Start teaching staff must provide required activities indoors.

## **GUIDELINES FOR CHRONIC HEALTH CONDITIONS Standard (1302.46)**

Community Services of Northeast Texas Head Start/Early Head Start adheres to and follows all physicians' directives regarding children health concerns and conditions.

### **ASTHMA**

Asthma is a chronic inflammatory disease of the lungs causing episodes of difficult breathing. The airways are super-sensitive to many different things or "triggers."

The main signs and symptoms include

1. Coughing
2. Wheezing
3. Shortness of breath
4. Chest tightness

Triggers:

1. Allergens --Pollens, mold, dust mites, animal dander, cockroach allergen
2. Irritants --Smog (ozone), smoke (tobacco, wood), chemical odors and sprays
3. Infections -Colds and-upper respiratory tract infections

4. Exercise and sleep-related airway changes
5. Abrupt weather changes
6. Gastro esophageal reflux --upset stomach, spitting up
7. Strong emotions -laughing, crying, playing

When an asthma attack is occurring, the muscles surrounding the airway spasm and tighten. This is called a bronchospasm. The lining of the airways become inflamed and swollen. This is known as airway inflammation. Excess mucus is produced, and the airways become plugged with mucus.

Asthma episodes are prevented and controlled by appropriate medications and an asthma action plan. An asthma action plan is prepared by the doctor to help guide decisions about the type and dose of medication needed day to day. The plan is based on the severity of signs and symptoms of asthma and daily peak flow readings (if applicable).

## **HYDROCEPHALUS**

Hydrocephalus is an excessive accumulation of cerebrospinal fluid (CSF) in the brain ventricles (cavities), which causes increased pressure within the brain. Hydrocephalus usually is treatable with surgery. The most common surgery is insertion of a narrow tube (shunt) into a ventricle to divert fluid away from the brain. The tube is passed under the skin and attached to a tube in the abdominal cavity (or occasionally the heart). The shunt is permanent and will require periodic surgeries to replace, usually when it stops functioning or needs to be adjusted for the child's growth. Hydrocephalus is a chronic condition, not a disease. Early identification and intervention may help compensate for known deficiencies and stimulate development of the child's abilities.

Many children with hydrocephalus have normal intelligence and physical development. However, they are at risk for delays in cognitive, motor and sensory development, such as hand-eye coordination and walking skills.

**SIGNS AND SYMPTOMS** frequently seen with untreated hydrocephalus and shunt malfunctions:

1. Abnormal enlargement of the child's head
2. Bulging or tense soft spot (fontanel), dilated scalp veins.
3. Vomiting and nausea
4. Feeding difficulties (poor oral-motor coordination)
5. Irritability
6. Sleepiness, lethargy
7. Downward deviation of the eyes
8. Seizures
9. Change in academic performance
10. Complaints of headache, coordination problems and/or vision changes

**CAUSES:** Hydrocephalus may be acquired or congenital:

- Acquired hydrocephalus may be caused by head injury, meningitis, intraventricular hemorrhage or brain tumor.
- Congenital hydrocephalus is caused by genetic factors during pregnancy and frequently is seen in children with spina bifida.

## **SICKLE CELL DISEASE and BETA THALIASSEMIA**

**PROBLEM:** Malformation of red blood cells caused by a genetic factor. This result is an

almost constant anemia. The red blood cells tend to form into sickle shapes and break down rapidly. The most common complication is pain, which may be severe enough to require hospitalization.

**MEDICATION:** The usual treatment for painful episodes is pain medication.

Teachers and Center Directors must make themselves aware of the types of medication being used and how each medication is given.

- Note: Campus Directors and/or Teachers may give pain medication to a sickle cell child based on written instructions from the child's physician. As with all other medications, follow Medication administration policy.

**SPECIFIC PROCEDURE:** Contact the Campus Director, parent, immediately when a painful episode occurs, begin pain medication, encourage fluids and rest. Never leave the child alone and keep the child as comfortable as possible.

## **SICKLE CELL DISEASE**

In sickle cell disease, the red blood cells contain abnormal hemoglobin called hemoglobin S. In sickle cell anemia, the individual inherits a sickle cell gene from each parent. In other forms of sickle cell disease, the individual inherits the sickle cell gene from one parent and abnormal hemoglobin from the other parent. The condition must be distinguished from sickle cell trait. In which the individual inherits only one sickle cell gene from one parent and a normal hemoglobin gene from the other parent. With sickle cell trait, the individual's health usually is not impaired.

Hemoglobin S causes the red blood cells to become deformed in shape or "sickle." The abnormal shaped cells do not flow smoothly through the capillaries, or smaller blood vessels. They may clog the vessels and prevent blood from reaching the tissues. This blockage causes anoxia, or lack of oxygen, which makes the sickling worse. This can lead to sickle cell pain Hemolysis or premature destruction of red blood cell also occurs. This leads to chronic anemia. Sickle cell trait and sickle cell disease occur predominately in people of African descent and in individuals from parts of Italy, Greece, Arabia and India. About one in every 10 black Americans has sickle cell trait.

### **SIGNS AND SYMPTOMS**

An individual with sickle cell disease may have symptoms of anemia, such as being more easily fatigued and having less stamina and endurance. Fever is a sign that may indicate that infection is present. Jaundice (yellowish eye color) is associated with the rapid breakdown of the red blood cells. The child's growth may be delayed.

### **WHAT ARE THE RISKS**

There is virtually no risk from sickle cell trait, but a man and a woman who both have sickle cell trait may produce a child with sickle cell disease.

### **TREATMENT**

Acute pain is the most common problem. This is treated with pain medications, extra fluids and rest. It is extremely important that the individual do everything to maintain good health, and obtain prompt treatment for fever. Also, the individual should see a physician regularly who is familiar with the disease. Special precautions may be necessary before any surgery.

## **BETA THALASSEMIA**

Beta thalassemia is a blood disorder affecting the formation of the red blood cells. The majority of the red blood cells produced in this condition are destroyed constantly within the circulation. These red blood cells are smaller in size. Due to the small size and the constant destruction of the red blood cell, anemia is one of the features of the disorder.

Other features include changes in the facial bones and delayed growth. Beta thalassemia occurs primarily in people of Mediterranean and Asian origin. It is also presents in people of African, Southeast Asian and Middle Eastern ancestry. The most severe form of the disorder is Thalassemia Major. Thalassemia Major occurs if an individual inherits the beta thalassemia gene from both parents. If the beta thalassemia gene is inherited from only one parent, the individual will have beta thalassemia trait, which rarely causes symptoms. The treatment of thalassemia major includes regular blood transfusions.

## **HEMOPHILIA (FREE BLEEDER)**

**PROBLEM:** Hemophilia is a genetic disorder in which one of the clotting proteins in the blood is decreased or absent, resulting in excessive bleeding. Hemophilia A is a deficiency of the factor VIII clotting protein and hemophilia B is a deficiency of factor IX. Bleeding most commonly occurs in the skin, muscles and joints. Life-threatening bleeds may involve the head, abdomen or neck. Any trauma to the head, neck or abdomen should be evaluated immediately.

### **SIGNS AND SYMPTOMS:**

1. A bubbling or tingling sensation into a joint.
2. Warmth, pain, stiffness and/or swelling.
3. Refusal to bear weight or favoring a joint or limb.

**MEDICATION:** Bleeding episodes are promptly treated with factor concentrates, which are administered intravenously. These infusions replace the clotting protein that is deficient or absent. Some children receive infusions of factor concentrates on a regular basis (Le. 3 times a week) to prevent bleeding episodes whereas others receive treatment for the bleeds as they occur. Prompt treatment of bleeding episodes is essential. Parents or an authorized health care professional should administer the medication.

### **GENERAL PROCEDURE:**

1. If a medical crisis occurs, get the child to a doctor immediately.
2. Contact the Center Director, parent, Health Manager and Disability / Mental Health Services immediately.
3. Keep the child quiet and resting until medical assistance has been obtained. A child with hemophilia should have periodic check-ups with a pediatric hematologist, which is a Coordinator in children's blood disorders.

## **CHILDREN WITH HIV / AIDS**

Because of the seriousness of the issue, children with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Disease Syndrome (AIDS) will be addressed separately from the other health policies. Children tested positive for HIV or children diagnosed with AIDS will be permitted to enroll into the Head Start/Early Head Start campuses. Head Start/Early Head Start will adhere to the Communicable Disease Chart for Schools and Child Centers recommended by the Texas Department of State Health Services.

Appropriate services will be provided based on the medical practitioner's recommendations. Head Start/Early Head Start campuses will provide the least restrictive environment for that child. Disability / Mental Health Services Manager will provide rules and guidelines of IFSP/IEP implementation. Campuses will not need to take any special precautions to protect other children beyond their routine procedures for cleaning up body fluids (UNIVERSAL PRECAUTIONS) after any child has an accident. These provisions generally allow for the attendance of a child with HIV / AIDS with the following exceptions:

1. Children who are biting
2. Children who have open sores

3. Incontinence
4. Behavioral problems (scratching)
5. Communicable diseases, etc.

If a HIV child exhibits the exceptions described (above), the child will be placed immediately on hold. A meeting should be held by the Disability / Mental Health Services and all involved support staff to discuss a plan of action for intervention. The parent will be informed of the plan and re-admittance permitted for the child (if possible) once the accommodations have been made.

Children with HIV / AIDS will need protection if there is an outbreak (communicable) of measles or chicken pox since the child is unable to fight off or be protected by vaccines against such diseases. Those children with HIV will be exempt from school during this time for their protection.

## **PROCEDURES**

All children diagnosed with disabilities must be pre-staffed by the Disability / Mental Health Services. An Admission/Review and Dismissal (ARD) committee will discuss the child's status and determine placement before a child enrolls into a Head Start/Early Head Start campus. The committee will consist of the parent (and medical provider if possible or paper work), Disability / Mental Health Services, Campus Director, Health Coordinator, and Family Services Coordinator. If it is determined that a risk of transmission exists (per ARD and medical doctor) then the child will not be enrolled or will be removed from the classroom until one of the following occurs:

- An appropriate program adjustment, alternative or special education program can be established.
- The physician/health authority determines the risk has abated and the child can return to the classroom.

A decision to remove a child from the classroom for his/her own protection (situation involving communicable diseases) shall be made in accordance with the Texas Department of Health guidelines; however, only an ARD committee can change the placement. The ARD committee and/or a group of professionals who are knowledgeable about the child's condition shall make any decisions regarding restriction, participation, and hygiene. This committee may consult the local authority, parent and physician in making such decisions.

All health information will be kept separate from the child's standard file in the Disabilities File.

## **GENERAL QUESTIONS AND ANSWERS RELATED TO HIV / AIDS**

### ***What is HIV?***

- HIV is the acronym for human immunodeficiency virus. This is a retrovirus that causes AIDS.

### ***What is AIDS?***

- AIDS is the acronym for acquired immunodeficiency disease syndrome. AIDS is a disease that has a long incubation period manifested by various opportunistic infections.

### ***How can it be transmitted?***

- HIV a virus that is spread by
- Blood-to-blood contact (blood transfusions, open wound contact with another person's blood (indirect transfusion))



- Intimate sexual contact with persons infected with the virus
- IV drug use with an HIV infected needle/syringe NW mother to the unborn child
- To date, HIV is NOT spread by causal contact (shaking hands, hugging, etc.)

**Can my child catch HIV from adults or other children?**

- Children like adults can only catch this disease from intimate sexual contact or blood-to-blood contact with a person who has AIDS virus infection. The children who are known to have the disease received the infection from exposure to their mother's blood during pregnancy or in the course of childbirth, from a blood transfusion, or from blood products used in treating hemophilia.

**Are there certain precautions that will be taken if a child with HIV is present in the school?**

- Schools will not need any special precaution to protect other children beyond their routine procedures for cleaning up body fluids after any child has an accident or injury. The child with AIDS/HIV will need protection if there is an outbreak of measles or chickenpox, since the child is unable to fight off or be protected by vaccines against such disease.

**Isn't there the possibility that the AIDS/HIV child can cut him/herself and not inform anyone? After all, a four-year-old cannot understand how serious the implication of this could be. What if the child bleeds in the bathroom and doesn't tell anyone?**

- There is no risk of spread of infection from the blood of a child with HIV / AIDS unless the blood is inoculated into another person through a cut that is open to their bloodstream. Teachers monitor activities on the playground and children are taught to report any accident that may occur. Children will often seek care if they are injured, even for minor cuts.

**What about spit/saliva? Are you 100% positive that this can't transmit HIV?**

- From everything that has been studied, there has been no documentation of transmittal of the disease by saliva even in the intimacy of the family setting.

**With all the cold germs that children carry, wouldn't it be a risk to the HIV child to be exposed to these germs?**

- Most children with HIV / AIDS are under medical treatment to protect them as much as is possible from common germs. It is not considered appropriate to deprive any child with an immune deficiency of normal socialization with other children. Those who are too ill to tolerate childhood infections will not be sent to school.

## **CATHERIZATION**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will provide medical procedures prescribed for students and will obtain health care professionals or aids certified to perform catheterizations.

### **PROCEDURE**

Clean intermittent catheterization may be provided upon receipt of a physician's standing order and parental request indicating that catheterization is necessary for school attendance. Students should be taught self-catheterization as early as possible in order to develop independence.

Students who need clean intermittent catheterization may be on a training regimen, have no bladder control or have residual urine.

The purpose of catheterization is to empty the bladder, reduce the incidence of urinary tract infections, prevent bladder distension, remove residual urine and prevent urinary leakage.

## **OSTOMY CARE**

### **POLICY**

An ostomy pouch remains secure from one to seven days. Emptying an open-ended pouch may need to be done at school. Change of a pouch at school is usually needed only because of a leakage and should be done to control leakage, protect and inspect skin, to control odor and to provide comfort and security. Irrigation should be done at home.

### **PROCEDURE:**

1. Assemble equipment in appropriate private location.
2. Position student, lying or sitting position.
3. Remove ostomy pouch. Gently peel pouch away from skin, using skin safe solvent as necessary
4. Place absorbent material over stomach to absorb drainage. It is important to protect the skin from irritating drainage. Absorbent material remains in place until you are ready to attach pouch.
5. Empty ostomy pouch into toilet.
6. Save reusable pouch or discard disposable pouch. Know whether pouch is reusable or disposable.
7. Rinse out reusable pouch over toilet, Send home in a suitable container.
8. Discard empty disposable pouch in waste receptacle
9. Clean skin thoroughly but gently with washcloth, soap and water; dry thoroughly.
10. Apply skin barrier according to skin condition and type of pouch.
11. Cut or mold skin barrier to completely seal skin around stoma. Skin barrier should be at least as large as a flange pouch. Failure to cover all skin surrounding stoma will cause leakage and skin breakdown.
12. Prepare pouch for application; cut to fit if necessary and apply additional adhesive if necessary
13. Inner flange of pouch should be 1/8 inch (3 mm) larger than the stoma. Cut to fit as needed.
14. Place pouch securely over skin barrier
15. If pouch is open-ended, secure open end according to package instructions.
16. Cut strips of tape 1 inch longer than flange of pouch. Apply half on skin and half on flange to completely seal to skin.
17. Window Pane outer flange of pouch with hypoallergenic tape and attach belt if used, and record procedure on log.

# TRACHEOTOMY CARE

## EMERGENCY CLEANING OF INNER CANNULA

### POLICY

This procedure is used only when a mucus plug is present and there is not enough time to follow the procedure for care and cleaning of tube and stoma. This procedure is also used when you need to maintain airway by keeping inner cannula open; to relieve labored or interrupted breathing; to investigate signs of restlessness and/or apprehension.

### PROCEDURE

1. If child is on a respirator, determine breathing tolerance when he/she is off the equipment.
2. Assemble supplies on a small disposable tray and wash hands per protocol.
3. Position child with tracheostomy area exposed.
4. If ventilation is needed during cleaning, the following may be done:
  - a. Plug tracheostomy opening and child ventilates by gloss pharyngeal breathing (PB)
  - b. Attach Elder Demand Valve or Amby bag to fit outer cannula.
  - c. Place the correct size adapter into outer cannula and secure with spring or rubber band
  - d. Check that the child is being adequately ventilated
  - e. Be sure to suction thoroughly
  - f. Two persons may be needed to complete this procedure
  - g. Auscultate to determine adequate aeration in all lobes of the lungs. Postural drainage and percussion may be needed to dislodge mucus plugs.
5. Set out three paper cups
6. Fill one cup with hydrogen peroxide and one with sterile saline
7. Put on gloves
8. Unlock and remove inner cannula
9. Place inner cannula in paper cup filled with hydrogen peroxide
10. Soak inner cannula in peroxide. This removes mucus by bubbling action
11. Cleanse inner cannula, using pipe cleaners and/or plastic drinking straw
12. Place inner cannula in cup with sterile saline or water
13. Allow cannula to soak for a brief time
14. Remove cannula from cup and pour sterile saline over it until it is thoroughly clean
15. Shake out excess moisture and place cannula in clean cup
16. Suction outer airway according to appropriate suctioning procedure, if necessary
17. Replace inner cannula and secure in place
18. Attach respirator if removed prior to cleaning
19. Dispose of all supplies and wash hands
20. Record procedure in log

# **CAMPUS ACCIDENT REPORT (Standard 1302.47(b) (7) (c))**

The Campus Accident Report is used to report any accident (severe or non-severe that occur either at HEAD START/EARLY HEAD START campuses or HEAD START/EARLY HEAD START sponsored activities. This form is usually filled out by the Teacher in charge of the child during the time of injury.

## **INSTRUCTIONS FOR CAMPUS ACCIDENT REPORT FORM**

1. Fill in the Campus name.
2. Fill in child's name (first, middle, last)
3. Fill in birth date (month, day, and year)
4. Fill in age.
5. Fill in parent(s) or guardian(s) name, address (Street number, street name, city, state, zip) and telephone number including area code.
6. DESCRIPTION OF ACCIDENT
  - a. Fill out, in the appropriate spaces, the date, time, location and nature of injury.
  - b. BE VERY SPECIFIC & DETAILED.
7. OTHER CHILDREN/ADULTS INVOLVED
  - a. Check off the appropriate answer. If "Yes", write a detailed explanation.
8. PERSONS CONTACTED REGARDING INJURY
  - a. Check off the appropriate answer(s). Write the full name (first and last) including a contact number for that person.
9. MEDICAL SERVICES PROVIDED (FIRST AID, AMBULANCE, HOSPITAL)
  - a. Write in the specific services the child received.
10. Have teacher or person in charge of the child at the time of injury.
11. Date and sign the Campus Accident Form.
12. Have Campus Director Date and sign the Campus Accident Form.

### **IF CHILD IS TAKEN TO EMERGENCY ROOM/CLINIC OR TREATED FOR DENTAL EMERGENCY**

Submit the following to the Health Coordinator:

1. Two (2) Copies of the Campus Accident Report
2. One (1) Copy of the Insurance Claim Form
3. One (1) Copy Of the Hospital/ clinic Or Dental Invoice
4. Original Copies of the Preceding Forms

### **PROCEDURES FOR CHILD WITH MINOR INJURIES**

1. Notify the parent/guardian about the accident.
2. Complete the Campus Accident Report Form
3. Copy - Parent/Guardian
4. Copy - Health Coordinator
5. Copy - Child's Health Folder

# **EMERGENCY ACCIDENT PROCEDURES (Standard 1302.47 (b)(7) (c))**

## **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

1. PRIORITIES TO CONSIDER IN AN EMERGENCY
2. BASIC EMERGENCY ACTION PLAN
3. EMERGENCY ACCIDENT PROCEDURES POSTED
4. ADHERE TO THE FOLLOWING PROCEDURES FOR A CHILD(REN) SEVERELY INJURED OR MINOR INJURIES AT HEAD START/EARLY HEAD START CAMPUSES AND/OR HEAD START/EARLY HEAD START SPONSORED ACTIVITIES.
  - Designated staff trained in First Aid/CPR must remain with the child.
  - Cover the child with a blanket to prevent shock.
  - Keep the child quiet and calm.
  - Apply direct pressure to pressure points or to bleeding area with latex- gloved hands.
  - Perform CPR if necessary

## **DESIGNATED HEAD START/EARLY HEAD START EMPLOYEE**

1. Designated employee should telephone an Emergency Ambulance if needed - Dial 911.
2. Designated employee must notify the child's parent/s or guardian of the emergency and instruct parent/guardian to meet the child at the emergency room or clinic.
3. Designated employee must notify the Campus Director
4. Instruct the Paramedic to transport the child to the nearest hospital.
5. Bring the child's Health Record and Insurance Claim Form to the Emergency room or clinic.
6. If parent/guardian or emergency contact person(s) is not available, then use the Services Permission Form for authorization for the child to receive emergency medical attention.
7. Notify the Health Coordinator and Head Start/Early Head Start Director for any major emergency.
8. Notify Child Care Licensing Representative per protocol.

# **DENTAL EMERGENCY FIRST AID (Standard 1302.47 (b)(7) (c))**

## **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Dental Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

## **THE DENTAL EMERGENCY FIRST AID FORM SHOULD BE:**

1. Posted at each Campus in the following locations.
2. Main Bulletin Board and each Classroom.
3. Posted in a location visible to all Head Start/Early Head Start staff; parents and volunteers.
4. Posted in languages of staff members and the population being served.
5. Read thoroughly by Head Start/Early Head Start staff at the beginning of the school year (August) and reviewed periodically by all campus staff, to ensure comprehension.

## **IN THE EVENT OF A DENTAL EMERGENCY**

1. The Campus Director should notify the Health Coordinator immediately.
2. Designated employee should telephone the child's parent/s or guardian/s immediately.
3. Designated employee should telephone the child's dentist if applicable for instructive care.
4. The child's complete folder, as well as the insurance claim form needs to be taken to the dentist's office.
5. If the emergency is severe and requires immediate attention, the Campus Director or designated employee needs to transport the child to the dentist's office and another designated employee must notify the child's parents. In addition, the child's complete folder, as well as, the insurance claim forms, needs to be taken to the dentist's office.
6. The Health Coordinator will meet all parties involved at the dentist's office if applicable.

### ***In the event of an accident involving the tongue, lips, cheek or teeth:***

1. Attempt to calm the child. All incidents should be handled quickly and calmly; a hysterical child is likely to complicate the treatment and cause further trauma.
2. Wearing latex gloves, check for bleeding.
  - a. If the child is Bleeding:
    - i. Stop bleeding by applying pressure to the area.
    - ii. Wash the area with clean, cool water
    - iii. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.

### ***If tooth is knocked out, fractured, chipped, broken, or loose:***

1. Calm the child.
2. If injured area is dirty, wash gently with clean, cool water.
3. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
4. Take child and wrapped tooth to dentist immediately.

### ***If teeth are loosened in an accident:***

1. Rinse out the child's mouth with clean, cool water
2. Do not attempt to move the teeth or jaw.
3. Take the child to the dentist immediately.

***If tooth is knocked into the gums:***

1. Do not attempt to free or pull on the tooth.
2. Rinse out the child's mouth with clean, cool water
3. Take the child to the dentist immediately.

***If the tongue, cheeks or lips are injured:***

1. Rinse affected area with clean, cool water
2. Place instant cold pack (or ice in a clean cloth) on the injured area, to reduce swelling.
3. Take the child to the dentist or a physician if bleeding continues or if wound is large.

***If in the event of any soft tissue injury, as in the case where the Tongue or lips become stuck to an object and the tissue tears:***

1. Cover the affected area with gauze.
2. Stop the bleeding by direct pressure with latex gloved hands.
3. Take the child to the dentist or a physician.
4. If tooth is knocked out wrap it in a damp paper towel and take it with the child to the dentist.

## **MINOR FIRST AID GUIDELINES (Standard 1302.47 (b)(7) (c))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start staff will follow adopted Emergency First Aid Procedures to act quickly to ensure the health and well-being of each child is preserved.

(Foot injuries may require modified footwear) (Footwear modifications found in Health Policy & Procedures, section XVII G & Family Service Area Section VII # 10)

### **ACUTE MEDICAL PROCEDURE CHART**

These medical procedure charts have been designed to aid staff in managing potentially dangerous or troublesome situations in the Head Start/Early Head Start Centers. The steps are presented in concise situation outline without unnecessary details that can be distracting during an emergency.

### **WHEN A MEDICAL SITUATION OCCURS:**

1. Remain calm. Take a deep breath. Read these instructions. With all health situations, except cardiac arrest or respiratory failure, one or two minutes spent getting the situation under control will improve your effectiveness.
2. Look up the major problem in the Contents. If a serious emergency occurs that you cannot find listed, the best procedure is to obtain emergency or medical assistance, unless you are very familiar with the problem and its management.
3. Provide only the care outlined in these charts unless you are a health care professional trained in emergency procedures or you receive instructions for additional care from a health care professional.
4. Use common sense with these charts; only you know your particular situation. The primary rule of first aid is to cause no further injury.
5. Most important during any medical emergency - Remember the ABCs: Make sure the airway is unobstructed. Make sure the person is breathing. Check for circulation and the pulse.

{These Procedures are meant to be comfort steps used to sooth the child until he/she is picked up by the parents/guardians.}

## **BITES—ANIMAL & HUMAN**

**SIGNS AND SYMPTOMS:** *In the presence of a puncture and/or open wound, e.g. tear or laceration of the skin, bleeding, pain, soreness, redness or swelling may be present at the wound site.*

**HEALTH CARE:**

1. Wash the wound thoroughly and repeatedly with soap and water for at least 10 minutes and rinse well.
2. Apply sterile dressing if needed.
3. If bleeding heavily, apply direct pressure with the palm of the hand over the wound dressing.
4. Take the child for medical treatment.
5. If possible take the child's immunization record with date of last tetanus vaccine.
6. If animal bite, contact the City Health Department Animal Control with the following information to aid in the capture of the animal:
  7. Child's name, address, race, sex, age, and telephone number.
  8. Time of the incident.
  9. Description of the injury site.
  10. Emergency care administered.
  11. Description of the animal and the owner's name and address, if known.

**\*\*NOTE: DETAIN ANIMAL IF POSSIBLE. DO NOT KILL ANIMAL \*\***

## **BITES & STINGS (INSECTS)**

### **SIGNS & SYMPTOMS:**

Emergency Allergic Reaction: Breathing difficulty or wheezing, faintness, hives, blotches, red, swollen eyes, nausea/vomiting, and diarrhea.

Serious allergic reactions: Occur within 5 - 10 minutes.

Localized Reaction: Local irritation with a swelling, redness, or itching at the sting site may occur. Associated pain or swelling of a joint or body part may be present.

**HEALTH CARE:**

1. Treat as an Allergic Reaction, if the child has a history of any allergic reaction symptoms to insect stings.
2. Keep the child quiet and calm.
3. Wash the sting site with soap and water.
4. Keep the area below heart level if on an extremity.
5. Apply cold compresses for 15 -20 minutes.
6. Do not squeeze the stinger out.
7. If there is a stinger in the skin, remove it with tweezers.
8. Observe the child for any allergic reaction. If necessary, seek medical care.
9. Do not give anything by mouth if unconscious.

## **BLEEDING (CUTS & ABRASIONS)**

### **SIGNS AND SYMPTOMS:**

1. Cut or scrape of the skin with bleeding and pain.



2. Foreign material such as grass, dirt, rocks, etc. may be present in the wound.

#### **HEALTH CARE:**

1. Reassure the child and have him/her lie or sit in a comfortable position.
2. Wash the wound thoroughly with soap and water and rinse repeatedly to cleanse area of any foreign material for at least 10 minutes. Do not remove imbedded material, e.g. glass, from the wound.
3. Cover the wound with a sterile dressing if needed.
4. If bleeding heavily, apply direct pressure with the palm of the hand on the wound dressing.
5. Take the child for medical care if:
  - (a) The child's tetanus immunization is not up-to-date
  - (b) The wound is very deep, dirty, or has foreign matter imbedded.
  - (c) There are signs of infection, e.g. redness, swelling, soreness. etc.
6. If "scab" formed do not remove. Maintain good hygiene. Keep area dry/ cover with adhesive bandage if necessary.

## ***BLEEDING (NOSEBLEED/FOREIGN OBJECTS IN THE NOSE)***

### **SIGNS & SYMPTOMS:**

Spontaneous bleeding occurs from the nose which may be related to a head or face injury or changes in the environmental humidity.

#### **HEALTH CARE:**

1. Have the child sit in an upright position, leaning slightly forward and breathing by mouth.
2. Have the child or assist the child to pinch the nostrils together firmly with thumb and forefinger using soft thick tissues or cloths. Do not squeeze hard enough to cause damage or pain.
3. Apply constant pressure for 5 - 10 minutes.
4. Have the child continue to breath by mouth and avoid talking, physical activities or blowing nose for one hour.
5. The child should have medical care if you suspect a fracture of the nose, or if the bleeding is uncontrolled.
6. Treat the child for shock if there is excessive bleeding or suspected fracture.

## ***FOREIGN OBJECTS IN THE NOSE***

### **SIGNS AND SYMPTOMS:**

1. Complaint of obstruction of the nostril.
2. Other symptoms may be nasal drainage or swelling of the nose.

#### **HEALTH CARE**

1. Have the child to blow the nose moderately into a tissue or cloth with both nostrils.
2. Seek medical care, if foreign material does not come out.

## ***BLISTERS***

## ***SIGNS & SYMPTOMS Pain with collection of fluid under the skin, usually as a result of the skin being irritated or rubbed***

### **HEALTH CARE:**

1. Leave blisters unbroken and wash area gently with soap and water.
2. Apply adhesive bandage to protect from irritation.
3. Complete Health Alert/Accident Report if incident occurred at school.

### **MODIFIED FOOTWEAR CRITERIA**

{Styles of footwear will vary and depend upon type of injury-Socks required for sandals}.

1. Child may wear type of modified footwear as deemed necessary per parent. (Per Campus Director discretion, policy may be modified)
2. Head Start/Early Head Start staff will monitor child's injury site for signs and symptoms of infection. (S/S infection-redness, warmth, swelling and intense pain)
3. Staff will monitor child's ambulatory status daily and notify Campus Director of any changes noted.
4. A physician's statement is required to continue to wear the modified footwear after 5 days. {Note: If the blister is broken, treat as open wound}

## **BRUISES**

### **SIGNS & SYMPTOMS**

A bruise is an injury as the result of a blow to the body, which does not break the skin, but causes pain, swelling and discoloration. Redness of the skin at the injury site may be present initially. This may become blue, black then brownish yellow.

{Note: If large or unusual bruising, notify Health Coordinator}

### **HEALTH CARE:**

1. Medical care is necessary if there is a large injury site, related head injury or deformity over a bone or joint.
  - a. Treat a deformity as for a fracture.
2. If bruising seen immediately following an injury; apply a covered ice compress to the injury site to reduce swelling and bleeding into the tissue.
3. Elevate injured arm or leg to reduce swelling if present.
4. Inform Child Protective Services if violence or child abuse is suspected.

## **BURNS**

### **SIGNS AND SYMPTOMS:**

1. First-degree burns have redness of the skin, pain and may be mild, with swelling at injury site.
2. Second Degree burns have deep reddening of the skin. Skin has a glossy

appearance, blisters; leaking fluid from possible loss of skin.

3. Third degree burns have loss of all skin layers and is painless with possible white or charred skin.

#### **HEALTH CARE: (Applicable only per Physician's Directives)**

1. For first or second-degree burns, soak in cool (or running) water or use cold wet compresses to burn area for 10 - 15 minutes
2. Do not apply cold water or wet compresses to third degree burns.
3. If possible, leave first degree burns uncovered, or cover with sterile moist dressing.
4. Cover all second or third degree burns loosely with sterile dressing.
5. Do not break or open blisters of burns.
6. Do not use butter, oil, etc. on burns.
7. Seek medical care for extensive burns and all third degree burns.

## **CONVULSION (SEIZURES)**

### **SIGNS AND SYMPTOMS:**

The exhibiting of involuntary jerking of muscles, possible loss of bowel and bladder control, possible loss of consciousness, or cessation of breathing

#### **HEALTH CARE:**

1. Do not move the child unless it is an unsafe area.
2. Remove potentially harmful objects (e.g. furniture) from the area.
3. Do not restrain the child or try to put anything into the child's mouth or between the teeth.
4. Do not give the child anything to eat or drink.
5. Time the seizure and document.
6. If this is a first time seizure (no history)-call 911.
7. Give rescue breathing (artificial respiration) if the child stops breathing for more than 2 minutes.
8. After the seizure stops, apply cool cloth to the child's face and provide an area for undisturbed sleep.
9. If the seizure lasts longer than 5 minutes, becomes worse, or different, or is followed by another seizure, call EMS (911) and obtain emergency medical assistance.

## **EARACHES**

### **SIGNS AND SYMPTOMS:**

Complaints of pain or drainage from the ear and/or feeling of fullness in the ear canal voiced. Child may have other symptoms, i.e. hearing loss, "cold", injury to the ear or head, nausea, vomiting or abdominal pain or object in the ear. Fever may or may not be present.

#### **HEALTH CARE:**

Make child as comfortable as possible by having him/her lie down with the head turned to the earache side.

Advise parent/guardian to seek medical care.

## **FOREIGN OBJECTS IN THE EAR**

### **SIGNS AND SYMPTOMS:**

Complaints of ear pain and/or feeling of fullness in the ear canal voiced. Other symptoms may be hearing loss and a history of placing an object in the ear canal.

#### **HEALTH CARE:**

1. Make the child comfortable and provide reassurance.
2. Do not attempt to remove anything from the ear canal. Only a physician should remove foreign objects in the outer ear.
3. Advise parent/guardian to seek medical care.

## **SORE THROAT**

### **SIGNS AND SYMPTOMS:**

Complaints of pain or soreness of the throat when swallowing, speaking or eating voiced. Additional symptoms may include nasal drainage, enlarged neck glands, fever, cough, headache, hoarseness, or injury to the mouth, throat, or neck.

#### **HEALTH CARE:**

1. Take the child's temperature. If she/he does not have a temperature of 100.4 or above, the child may go to the Campus.
2. If child does have temperature of 100.4 or above, keep him/her at home. Seek medical care if necessary.
3. Have child rest quietly, encourage fluids.

## **SPLINTERS**

### **SIGNS AND SYMPTOMS:**

Foreign material embedded in the skin usually relating to a minor injury. Other symptoms may include redness, swelling and/or pain at the injury site.

#### **HEALTH CARE:**

1. Grasp splinter with tweezers and remove, if splinter can be easily removed (splinter part is above the skin surface).
2. Clean area with soap and water after removal and apply dressing.
3. Clean the area with soap and water, and apply dressing,
4. If splinter is deeply imbedded and splinter part is not above the skin surface.
  - a. Obtain medical care.

- b. Do not attempt to remove the splinter.

## **STOMACH**

### **SIGNS AND SYMPTOMS:**

Complaints of abdominal pain or discomfort voiced. May have related cramping, bloating, gas, diarrhea or constipation, nausea and vomiting. Causes of upset stomach (nausea and vomiting) usually are not serious. Ask the child about other symptoms or conditions and about amount, consistency, and color of vomit. Fever may or may not be present.

{Ask about additional signs and symptoms - i.e., headache, earache, sore throat, injury to chest, head or stomach, diabetes, high temperature, dietary intake, and stressful events}.

#### **HEALTH CARE:**

1. Assist child to become more comfortable by lying down on side with knees bent to relax stomach muscles.
2. Take the child's temperature when the nausea/vomiting subside.

## **VOMITING / THROWING UP**

### **SIGNS AND SYMPTOMS:**

The voluntary or involuntary emptying of the stomach contents through the mouth.

#### **HEALTH CARE:**

1. Identify the contents of the vomit (food, blood, etc.)
2. If blood is present, call the Emergency Medical System (EMS)
3. Give nothing to eat or drink until vomiting stops.
4. Allow the child to rest and check the child for improvement.
5. Seek medical evaluation based on symptoms if necessary.
6. Keep the child calm until assistance arrives.

## **FIRST AID SUPPLIES (Standard 1302.42(b) (1) (6))**

### **POLICY**

Community Services of Northeast Texas Head Start/Early Head Start will provide adequate First Aid supplies following Child Care Licensing guidelines.

Base first aid kit (Red or Navy) – HS/EHS  
Campuses Vehicle first aid kit (Red or Navy) -  
HS Vehicles

Classroom first aid kit (red/navy) – HS/EHS classroom/playground (Stand Alone Campuses only)

1. All Head Start/Early Head Start campuses will have a base first aid kit. The custodian and/or Campus Director (applicable for ISD classrooms) will monitor and re-stock the base first aid kit on a weekly basis or when significant inventory depletion has occurred. Extra supplies will be located in the campus storage room.
2. Each kit has a supply checklist which is to be completed weekly. Copies of completed checklist must be submitted to the Health Coordinator by the 10th of each month.
3. Each HS Vehicle will be equipped with a first aid kit furnished with first aid supplies to be taken on the vehicle the driver of the vehicle will be responsible for re-stocking the first aid supplies from supplies available from the base first aid kit.
4. The Campus Director is responsible for maintaining an inventory count and submitting a supply request to the Health Coordinator as inventory needs occur. Responsibilities include, but not limited to, checking kits weekly to ensure protocol is met, reordering needed supplies, checking the expiration dates and replace any used or out-of-date supplies as needed.

## **SUPPLY CHECK LIST:**

### **BASE FIRST AID KIT (Stand Alone Only)**

This form lists the items required in the base first aid kits. These items may be acquired from the Health Coordinator/Family Services Coordinator . A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape    Antiseptic spray    Disposable gloves    Self Adhesive Wrap    Sterile  
Gauze            Tweezers            Bandage scissors    CPR Mask            Kleenex Packets  
Cotton balls    Thermometer      First Aid book

### **CLASSROOM FIRST AID KIT (Stand Alone Only)**

This form lists the items required in the classroom's first aid kits. These items may be acquired from the center base first aid kit or Health Coordinator/Family Services Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive bandages    Travel Size Eye Wash    CPR mask            Sterile Gauze Pads  
Thermometer            Self-Adhesive Wrap    Disposable gloves    First Aid book  
Adhesive tape

### **VEHICLE FIRST AID KITS**

This form lists the items required in the vehicle first aid kits. These items may be acquired from the base first aid kit or the Health Coordinator/Family Services Coordinator. A copy of the First aid kit check list should be first aid kit for quick reference when checking for needed supplies.

Adhesive tape    Antiseptic spray    Travel Size Eye Wash    Disposable  
gloves            Kleenex Packets    Gauze pads            Bandage scissor  
CPR Mask        Tweezers            Adhesive bandages    Self-Adhesive  
Wrap            Cotton ball          Thermometer            Probe Covers  
First Aid book

# **BLOODBORNE PATHOGENS: Standard 1302.47 (b) (6) (iii)**

## **POLICY**

In accordance with the OSHA Blood borne Pathogens Standard, 29 CFR 1910.1030, the following Exposure Control Plan has been developed. It is not meant to replace the individual facility's responsibility to be familiar with the standard and its requirements.

The purpose of the Exposure Control Plan is to provide guidelines for minimizing or eliminating occupational exposure of employees of the Head Start/Early Head Start to blood and other potentially infectious materials.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B virus (HBV) and the Human Immunodeficiency Virus (HIV) which causes AIDS.

Exposure Incident means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that occurs during the performance of any employee's duties.

Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

### **Potentially infectious materials means:**

1. Any body fluids: including but not limited to semen, vaginal secretions amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
2. Any open skin, tissue or organ (other than intact skin) from human (living or dead);
3. Blood, organs, and tissues from animals and cultures and solutions containing HIV or HBV.

### **Regulated waste means:**

1. Liquid or semi-liquid blood or other potentially infectious materials
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps
4. Pathological and microbiological wastes containing blood or other potentially infectious materials.

## **EXPOSURE DETERMINATION**

### **POLICY**

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

**CATEGORY I** -Exposure anticipated in normal routine of job: Health Coordinator and Family Services Coordinator.

**CATEGORY II** - Only occasional exposure anticipated in normal routine of job: Campus Director, Teacher, Teacher Assistant, Custodian, and Family Service Worker.

**CATEGORY III** - No exposure anticipated in normal routine of job: However, exposure may occur if emergency is encountered: Receptionists, Disability / Mental Health Coordinator, Bus Drivers, Cooks, Cooks Assistant, Nutrition Manager, Education Coordinator, Family Service Coordinator, Mental Health Providers, Speech Pathologist.

## **METHODS OF MINIMIZING EXPOSURE**

### **POLICY**

Employees will adhere to the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

The following controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

The Campus Director will review and monitor:

- (a) Maintenance personnel to ensure daily, weekly and monthly duties and inspections are performed.
- (b) Teaching staff to ensure good hygiene practices are maintained.
- (c) Cooking staff to ensure safe meal preparations are being performed.
- (d) Track and submit request for sanitation supplies when indicated.

### **Hand washing facilities**

1. Hand washing facilities are readily available for use by staff in individual classrooms, or a central restroom area.
2. Where hand-washing facilities are not readily accessible, hand sanitizer is available and must be out of the reach of children.

## **WORK PRACTICE CONTROLS**

In addition to engineering controls, the work practice controls described below have been implemented to minimize exposure to blood borne pathogens. Many of these practices have been in effect as part of the Infectious Control Program.

### **Hand washing**

- Employees shall wash their hands with soap and running water as soon as possible after removal of gloves or other personal protective equipment. An employee shall wash hands and any other skin with soap and water as soon as feasible following child contact and immediately following any procedure.
- Removal of contaminated personal protective equipment:
  - (a) Any employee wearing personal protective equipment shall remove the equipment upon
  - (b) Leaving the work area and shall place the equipment in area or container designated for
  - (c) Storage, washing, decontamination, or discarding.
    - a. Contaminated personal protective equipment will be double bagged in the trash and placed
  - (d) In appropriate garbage receptacles.



- a. Unused equipment will be returned to appropriate storage containers in each classroom or
- (e) Other designated areas.

#### **Eating, drinking, and hygiene:**

1. Eating, drinking, applying cosmetics, or handling contact lenses is prohibited in work areas where potential exposure could occur.
1. Smoking is also prohibited in work areas.

#### **Minimizing splashing, spraying:**

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering of droplets

#### **Handling laundry:**

1. Contaminated laundry, which includes laundry that has been soiled with blood or other potentially infectious materials, shall be handled with caution.
2. Contaminated laundry shall be removed and cleaned as soon as possible, using soap and water at a hand washing facility.
3. While wearing latex gloves, care shall be taken not to splash blood tinged droplets into mucous membranes.
4. Further laundering shall be done as soon as possible and, in a manner, to prevent contamination.

#### **Contaminated equipment:**

1. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.
2. Permanent items such as furniture, toys, etc. which become contaminated shall be decontaminated immediately using gloves and a bleach solution of one-part bleach solution to ten parts water, or other designated disinfectant. If using a bleach solution, it must be mixed daily to ensure that it meets OSHA standards.
3. Soiled cleaning cloths and gloves that contain infectious materials shall be disposed of in a separate trash bag, which shall be closed tightly and then placed in regular trash and carried to outside container immediately.

#### **Handling regulated trash and regular trash:**

1. The Maintenance personnel at each campus will be responsible for bagging all trash at the end of the day, and at any other times.
2. Gloves must be worn while collecting the trash and or regulated trash/waste.

#### **Overseeing work practice controls:**

The Campus Director is responsible for overseeing the implementation of work practice controls.

## **PERSONAL PROTECTIVE EQUIPMENT**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass

through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Personal protective equipment will be provided to employees in the following manner:

1. Micro-shields will be provided for CPR. They will be located in each fanny pack and the first aid kit.
2. Latex gloves will be provided for use prior to any first aid exposure. They will be located in each classroom, first aid kit, and fanny pack. The employer will provide various sizes of gloves as needed and hypoallergenic gloves for those sensitive to powdered gloves.

## **GLOVES**

1. Gloves shall \*must be worn when an employee anticipates contact with blood or other potentially infectious materials including mucous membranes
2. The employee will make an effort to avoid picking up a child to comfort him/her without first evaluating and anticipating possible exposure to blood before handling or touching contaminated items or surfaces.
3. All employees cleaning up feces, vomitus or other potentially infectious material must exercise Universal Precautions by wearing gloves.

## **MASKS, EYE PROTECTION, AND FACE SHIELDS**

Masks in combination with eye protection devices, such as goggles or glasses with solid-side shields, or chin-length face shields, are to worn whenever splashes or sprays may generate droplets of infectious materials such as in the case of suctioning fluids, or brushing teeth of the physically and developmentally disabled.

### **RESUSCITATION MASKS**

Resuscitation masks, such as micro-shields, shall be worn in situations where CPR is anticipated or initiated.

### **ACCESSIBILITY**

1. Appropriate personal protective equipment is available in various sizes.
2. Hypoallergenic and powdered gloves available in various sizes.
3. Personal protective equipment is available in designated areas

### **CLEANING, LAUNDERING, DISCARDING, REPAIRS:**

So that personal protective equipment is not contaminated, the Head Start/Early Head Start adheres to these practices:

1. Non-disposable or re-usable personal protective equipment is to be inspected by the Campus Director or designated employee to repair or replace when indicated.
2. The Campus Director or designated employee will clean, launder, and decontaminate reusable personal protective equipment as needed (at no cost to the employee).

3. Contaminated single-use personal protective equipment (or equipment that cannot be decontaminated) that is defined as regulated waste is discarded per double bagged containers. If it does not meet the definition of regulated waste, it shall be disposed of in the regular trash.

## **HOUSEKEEPING CONTROLS: Standard 1302.47(a)(b)**

Maintaining the Head Start/Early Head Start Campus in a clean and sanitary condition is a critical part of this plan.

1. Cleaning schedule:
  - a. Each employee is required to ensure that work areas as assigned (on ISD campuses) are maintained in clean and sanitary conditions.
  - b. Each classroom teacher/teacher assistant, as assigned (on ISD campuses) Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses, shall maintain and implement schedules for regular cleaning and decontaminating work areas.
  - c. Maintenance personnel on Head Start/Early Head Start Campuses will clean/disinfect classrooms and restrooms daily.
  - d. Diapering/changing areas are maintained and sanitized after each use by assigned personnel.
2. Decontamination will be accomplished by utilizing disinfectant materials acquired by CSNT per its purchasing protocol. Examples of materials used are: Cleanworks #3, Cleanworks #4, Aero Class Cleaner, Phenomenal Hospital Grade Spray and Clorox Disinfectant Wipes/Spray.
3. All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.
4. Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses will wipe down/spray toys weekly and when/if there is evidence of visible blood, sinus drainage, etc. using a designated disinfectant.
5. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis: Maintenance personnel (Head Start/Early Head Start Campuses and/or assigned staff on ISD Campuses) will do so on a weekly basis.

Assigned staff on ISD Campuses and maintenance personnel on Head Start/Early Head Start Campuses must inspect weekly and decontaminate all bins, pails, cans and similar receptacles.
6. Any broken glassware, which may be contaminated, will not be picked up directly with the hands. A brush, dustpan, forceps and/or tongs are available for picking up contaminated glassware.
7. Broken glass shall be placed in a plastic/boxed container labeled to identify contents and discard per contaminated waste protocol. CSNT Head Start/Early Head Start will use a "Vomitus/Body Fluid Absorbent substance to clean up vomit, and/or blood spills.
8. The school Maintenance personnel will be contacted and responsible to clean up the spills.
9. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must be discarded, if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
10. Contaminated laundry shall be handled as little as possible. Employees who

handle contaminated laundry shall wear protective gloves and any other protective equipment that may be considered necessary.

11. Contaminated laundry shall be bagged at the location where it was used. Wet contaminated laundry, which presents a reasonable likelihood of soaking, or leaking from the bag or container shall be placed and transported in bags or containers, which prevent leakage of fluids.
12. Laundry at this facility may be cleaned by employees using universal precautions if a contamination occurs.
13. Laundry will not be sent off site and paid for by the employer at this time.
14. Completion of the following Duties Checklist must be completed by assigned Head Start/Early Head Start staff and copies sent to the Health Coordinator by the 10<sup>th</sup> of each month.
  - Daily/Weekly/Monthly Duty Checklist—Completed by Head Start/Early Head Start Custodial staff only.
  - Daily/Weekly/Monthly Duty Checklist not required for Campus Directors whose classrooms are located on ISD campuses.
  - Campus Director Building & Playground Monitoring Form (Head Start/Early Head Start only) completed by Campus Director
  - Campus Director Building & Playground Monitoring Form (ISD) completed by Campus Directors whose classrooms are located on ISD campuses.

## **HEPATITIS B VACCINE**

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within ten (10) working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wished to submit to antibody testing which shows the employee to have sufficient immunity. Employees who decline the Hepatitis B vaccine will sign a waiver, which uses the wording in Appendix A of the OSHA standard. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

## **POST-EXPOSURE VACCINATION (*De minimis Classification*)**

OSHA will consider it a de minimis violation - a technical violation carrying no penalties - if employees who administer first aid as a collateral duty to their routine work assignment are not offered the Hepatitis B vaccination until they give aid involving blood or other potentially infectious materials. OSHA will allow employers to offer Hepatitis B vaccinations to certain employees within 24 hours of possible exposure rather than offering pre-exposure vaccination. Collateral duty means resounding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred. The de minimis classification for failure to offer Hepatitis B vaccination in advance of exposure would NOT apply to personnel who provide first aid at a first aid station, clinic or dispensary or to health care, emergency response or public safety personnel expected to render first aid in the course of their work.

Procedure to merit the de minimis classification:

1. Reporting procedures must be in place under the exposure control plan to ensure that all first aid incidents involving exposure are reported to the employer before the end of the work shift during, which the incident occurs.
2. Reports of first aid incidents must include the names of all first aid providers and a description of the circumstances of the accident, including date and time as well as

a determination of whether an exposure incident, as defined in the standard, has occurred The Campus Director will be the person to determine if a true exposure incident occurs.

3. The first aid incident report must be signed off and dated by that person. If a determination has been made that a true exposure incident occurred, then the employee must be provided the Hepatitis B vaccinations, and post-exposure follow-up.
4. Exposure reports must be included on a list of such first aid incidents that is readily available to all employees and provided to OSHA upon request.
5. First aid providers must receive training under the blood borne pathogens standard that covers the specifics of the reporting procedures.
6. All first aid providers who render assistance in any situation involving the presence of blood or other potentially infectious materials, regardless of whether or not a specific exposure incident occur, must be offered the full immunization series, as soon as possible but in no event later than 24 hours. If an exposure incident as defined in the standard has taken place; other post-exposure follow-up procedures must be initiated immediately, per the requirements of the standard.

The employer at this named facility, Community Services of Northeast Texas Head Start/Early Head Start, has determined to offer Hepatitis B vaccinations under the following manner:

#### **CATEGORY I**

1. Employees will be offered the vaccinations pre-exposure.

#### **CATEGORY II & III**

1. Employees will be offered the vaccinations post-exposure.

## **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

When the employee incurs an exposure incident, it should be reported to the Center Director first, then the Health Manager who will inform the Safety Director.

If an exposure incident occurs, then the employee must complete an Occupational Exposure Incident Report (form 101). Exposure incidents are also recorded as work-related injuries and on the OSHA log 200. All employees who incur an exposure incident will be offered post-exposure follow-up.

### **Procedures for Follow-up:**

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
3. Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employer shall offer the exposed employee blood collection and testing. The employee has the right to refuse either or both. Any blood test shall be performed by an accredited laboratory at no cost to the employee. The designated accredited laboratory this facility will use is:

GOOD SHEPARD MEDICAL ASSOCIATES  
402 N. KAUFMAN  
LINDEN, TEXAS 75563

(903)756-5581

5. The employee will be offered the option of having his/her blood collected for testing of his/her HIV /HBV serological status. The blood sample will be preserved for at least ninety (90) days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted then the appropriate action can be taken and the blood sample discarded.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel. The exposed employee shall be offered a medical evaluation of any reported illnesses within twelve (12) weeks of the exposure incident and counseling at no charge to the employee.
7. Healthcare Professional's evaluation: The employer shall provide the employee with a copy of the evaluation healthcare professional's written opinion within fifteen (15) days of completion of the evaluation. Such evaluation shall be included in the employee's medical record, and, in keeping with confidentiality, the opinion shall be limited to the following information.
8. The Health care professional's determination of administering the Hepatitis B vaccination and whether or not the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
9. The designated healthcare professional that this facility chooses to use is:  
GOOD SHEPARD MEDICAL ASSOCIATES  
402 N. KAUFMAN LINDEN, TEXAS 75563  
(903) 756-5581

## **MEDICAL RECORDKEEPING**

Confidential medical records are kept on an employee involved in an exposure incident. The Health Coordinator and the Human Resources Director shall be responsible for setting up and maintaining medical/health records which shall include:

1. Employee's Name and Employee ID and or Social Security (if required) Number.
2. A copy of the employee's Hepatitis B vaccination status (including dates of vaccinations, and signed consent of declination forms).
3. Copies of the evaluation of the examination, medical testing and follow-up procedures took place as a result of the exposure incident.
4. A copy of the healthcare professional's written opinion.
- 5.

### **STORAGE:**

Medical records regarding an employee's exposure incident shall be kept for the length of employment, plus three (3) years.

### **CONFIDENTIALITY:**

Employee medical records are confidential and are not to be released except with the employee's written consent or in accordance with federal and state law.

Employee medical records shall be maintained separately from the employee's personnel

file.

## **SIGN & LABELS**

The most obvious warning of possible exposure to blood borne pathogens is biohazard labels. CSNT Head Start/Early Head Start will use double bagging for all regulated trash/waste such as vomitus and blood and apply labels clearly marked "Regulated Waste/Trash" and immediately transport to outside waste receptacle.

The Health Coordinator is responsible for setting up and maintaining this program. The labeling program includes:

- a. Containers of regulated waste.
- b. On labels tagged to contaminated equipment, the employee shall also indicate which portions of the equipment are contaminated.

## **INFORMATION & TRAINING**

The employer recognized that having informed employees is important when attempting to prevent or minimize occupational exposure to blood borne pathogens. Employees who have a potential for exposure to blood borne pathogens are presented a comprehensive training program and furnished with information on a variety of subjects dealing with blood borne pathogens. Employees will be trained at least annually to keep their knowledge current. Any new employees or any employee, who is changing tasks or job classifications, will be given the additional training.

### **RESPONSIBILITIES**

The Health Coordinator is responsible for developing the training program. The Health Coordinator shall monitor the effectiveness of the training program through monitoring or employee work practices.

### **TRAINING TOPICS**

**The training program shall include the following:**

1. OSHA standard for Blood borne Pathogens
2. Epidemiology and Symptomatology of blood borne diseases
3. Modes of Transmission of Blood borne Pathogens
4. Exposure Control Plan (i.e. Points of the Plan, Lines of Responsibility, how the plan will be implemented, etc.)

**Procedures which might cause exposure to blood or other potentially infectious materials at this facility:**

1. Control methods, which will be used at the facility to control exposure to blood or other potentially infectious materials.
2. Personal protective equipment available at this facility and who should be contacted.
3. Post Exposure evaluation and follow-up
4. Signs and labels used at the facility
5. Hepatitis B vaccine program at the facility

**Program methods and schedule.**

**Training presentations make use of the following techniques:**

1. Classroom atmosphere with personal instruction.
2. Professional presentations by individuals trained in the specific programs being presented.
3. Training manuals and handouts.
4. Audio-visual materials.

5. Time is allotted for a question and answer session.

## **TRAINING RECORDS**

1. The Head Start/Early Head Start Office Coordinator shall maintain employee-training records, which shall include:
2. Dates of training sessions and copies of materials covered.
3. Names and job titles of the trainers and their qualifications.
4. Names and Employee ID number of the employees in attendance.
5. The employee must attend the full session; no partial attendance of sessions will be permitted.
6. Training records shall be on file for three years from the date of the training programs. Training records are available upon request of the employee or if requested by an OSHA officer. If the employer should cease to do business and there is no employer to take over the business, the clinic must notify OSHA at least three months prior to discarding of the records.

## **PROGRAM MANAGEMENT**

*Refer to Human Resource*

### **ANNUAL TRAINING AND REVIEW:**

This plan shall be reviewed annually and updated as necessary. This review and updating shall include, but is not limited to:

1. Review of tasks and procedures in which exposure might occur.
2. Additions and changes to job classification

### **AVAILABILITY OF PLAN TO EMPLOYEES:**

1. A copy of this exposure control plan must be available to all employees at any time.
2. The plan is located in the Campus Director's office under Health Policies & Procedures.

### **RESPONSIBILITIES:**

The designated employee is responsible for the overall implementation of the plan, which shall include:

1. Implementation of the plan
2. Annual review and updating
3. Acting as a liaison during OSHA inspections
4. Overseeing the training of all employees with potential occupational exposure facility to bring the employee(s) into compliance (e.g. employee discipline for not following Universal Precautions, etc.)
5. Yearly posting, in the month of February, of the OSHA 200 log, in an employed work area.
6. The training outline is located in the Exposure Control Plan book.

### **EMPLOYEE RESPONSIBILITIES:**

1. Knowing what tasks, they perform that may result in occupational exposure
2. Attend the training program
3. Conduct their tasks in accordance with designated work practice controls

## **TRANSITION PROCEDURES**



## **POLICY**

The transition process usually occurs towards the end of the school year in the month of April. The transition process involves all content areas. The Health Coordinator and Health Coordinator/Family Services Administrator /Family Services Administrator is responsible for completing the Health Summary, which will be included in the Transition Packet.

All Health Summaries should be ready for distribution by the end of April.

## **HEALTH SUMMARY**

The information from the Health Summary is obtained from the child's Health Record, the Immunization status form and the Dental Health Form. This form must be signed by the Family Service Worker/s distributing the Health summary and also signed by the parent/guardian.

- Original - Included in Transition Packet
- Stamped copy - Child's Health Record

### **HEALTH SUMMARY FORMS (INSTRUCTIONAL):**

1. Child's name and birth date.
2. Child's address.
3. Parent/guardian's name.
4. Campus child enrolled in.
5. Campus's address.
6. Campus's telephone number.
7. Enrollment date.
8. Termination date (the last day of school)
9. Physical examination findings (i.e. well child or any abnormalities detected along with the treatment plan and the completion date).
10. Screening (date and the results).
11. Immunization (list in chronological order).
12. Other (utilize for other immunizations not listed i.e. Varicella).

### **RE-ENROLLMENT PROCEDURE**

The FSW schedules re-Enrollment during the spring. The purpose of reenrollment is to re-enroll eligible second year students for the upcoming program school year.

1. All of the information obtained from the child's Health History form must be updated during re-enrollment.
2. If there are any changes, the updated information will need to be recorded with the date.
3. If there are not any changes, you will need to indicate "no changes" the date and your initials at the bottom of each form in black ink.
4. Inform the parent/guardian that the child will be receiving the same preventative and acute services he/she received throughout the school year.
5. The parent/guardian will need to mark the box stating:  
"I give permission for my re-enrolled child to receive the above listed services."
6. The parent/guardian will need to sign and the Services Permission form in the space indicated "Signature of Parent or Legal Guardian or Re-enrolled Child."
7. The parent/guardian needs to be made aware of any services that are needed over the summer, i.e. immunizations, physical/dental examinations, follow-up treatment etc.  
Give the parent/guardian the appropriate paperwork to be completed and instruct

the parent/guardian to return the paperwork with him/her when school reconvenes in August.

## **INTRA RELATIONSHIPS WITH OTHER COMPONENTS**

The Health Component staff will work in collaboration with all the components of Head Start/Early Head Start. Due to the time constraints for the performance standards and availability of equipment, Family Service Worker staff will work together in “team” format to obtain the following requirements within the screening time line:

1. Health screenings results to include-anemia and blood lead test results, height/weight measures and
2. Vision/hearing screens.
3. Obtaining Dental and Physical exam results.

## **FAMILY SERVICES**

Refer to Family Services Section

In addition to other duties, the Family Service Worker/s is also responsible for recruitment, enrollment and case management for the families of Head Start/Early Head Start. A Family Service Worker is required during enrollment to inform parents of the health standards and requirements. Due to the fact that the Health Coordinator has multiple campuses, it is expected that case management meetings be scheduled in such a manner, which would allow the Health Coordinator to be present. For any given case with a health problem or concern, the Health Coordinator will be informed of the status weekly and immediately of any changes made to the child's care.

## **NUTRITION**

The Health Coordinator, Health Coordinator/Family Services Administrator /Family Services Administrator, Family Service Worker/s and the Nutrition Manager will work collaboratively to obtain height/weight within the 45-day entry time line for returning and newly enrolled children at Head Start/Early Head Start.

If a health concern is identified with the initial screenings an in-house referral should be processed between the components. Health concerns relating to height, weight or anemia level should adhere to the guidelines or referred to the child's Primary Care Physician for follow-up evaluation.

The Family Service Worker/s will notify the Nutrition Manager, teaching staff and Cooks of all children with food and other known allergies, supplying each area with a compiled Allergy list of all students on campus. The allergy list will include food and medication as well insect bite allergies and other known allergy information supplied to campus staff per parents.

## **DISABILITIES/MENTAL HEALTH**

Refer to Disabilities/Mental Health Section

The Health Component will assist Disabilities/Mental Health services per request pertaining to history, physical or other health services provided by the Health component or received

by Head Start/Early Head Start children. The Health component will assist within its scope of practice or delivery of service.

**Services to include:**

1. Health information for staff and parents
2. Provide skills training for staff or parents upon request by obtaining certified trainers. (Health Care Professionals)
3. Medical interpretation.
4. Writing protocols (Health Considerations) for health concerns of procedures by assisting to obtain or obtaining written physician's directives for medical treatments/prescriptions.

## **EDUCATION**

The Family Service Worker/s will notify teachers and Education Coordinators of children with hearing/vision and medical problems.

The Health Coordinator will participate in IEP planning for children identified with special needs to facilitate assistance with the transition in Head Start/Early Head Start.

## **TRAINING: Standard 1302.47 (a)**

The Health Coordinator will be kept informed and abreast of all Head Start/Early Head Start standards and procedures as so published the Standard Operations of Procedure Manual.

The Health Coordinator will attend Head Start/Early Head Start and Health conferences (meetings, classes, and trainings) to keep up to date with the most current medical and health practices for Head Start/Early Head Start and its surrounding health community.

The Health Coordinator will implement appropriate changes for Head Start/Early Head Start once approved by administration and advisory boards and will provide health trainings to all staff when indicated.

The Health Coordinator/Family Services Administrator will schedule all CPR & First Aid training as well as Vision/Hearing training classes and will assist with providing health education trainings for parents at each campus as time permits.

The Health Coordinator will participate in Case Management meetings when indicated and as schedule time permits, with prioritization for health concerns implemented.

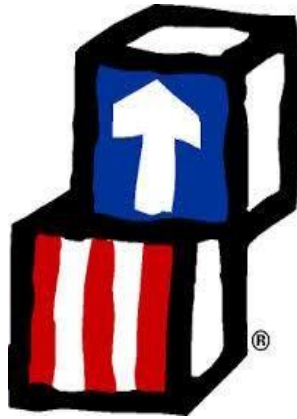
Family Service Worker/s training will enable them to perform most screenings with minimum guidance from the Health Coordinator.

Family Service Worker/s or other designated Head Start/Early Head Start staff will be certified for Vision/Hearing screenings. They will adhere to and follow the Head Start/Early Head Start performance guidelines and health manual for these tasks.

Family Service Worker/s should attend other health training to maintain performance efficiency.

## ***STANDARDIZED HEALTH TRAINING SERVICE***

There should be consistent health trainings established throughout the agency. The health Coordinator should present these trainings during annual pre-service trainings and new hire orientations.



# **Disabilities & Mental Health Operating Procedures Manual**

*Aligned with the 2016 Head Start  
Program Performance Standards*

**(Standards 1302.45 -1302.46)**

**(Standards 1302.50 -1302.53)**

**(Standards 1302.70 -1302.72)**

**(Standards 1302.20 -1302.24)**

**(Standards 1302.60 -1302.63)**

**(Standards 1302.60 – 1302.63)**

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## I. Introduction

Community Services of Northeast Texas, Inc. (CSNT) provides Disability and Mental Wellness services to children and families in accordance with Head Start Program Performance Standards 45 CFR 1301 - 1305.

Mental Health is a positive state, not just the absence of mental illness. Head Start's vision regarding mental wellness is to build collaborative relationships among children, families, staff, and mental health professionals in order to enhance awareness and understanding of mental wellness. This is all done by encouraging development, self-control, respect, relationships, building trust, fostering independence and even supporting and respecting the home language, culture, and family composition.

Under the legislation of IDEA provisions of special education services, interagency collaboration and program coordination for state and federal programs, e.g., Department of Education are required.

Community Services of Northeast Texas, Inc. Head Start will assist in the responsibility in monitoring of guidelines, training activities for parents and staff, working with the school districts and outside agencies, and serving on community boards whose mission is to work with children with identified needs. Any questions or concerns should be directed to the Head Start Director and/ or Disability/ Mental Health Specialist at the main office.

## II. Identification of Needs and Assessments

### A. Disabilities (Standard 1302.12 and 1302.14(b))

Selection and Enrollment

#### Head Start

The Head Start Program must maintain procedures established for selection and enrollment of children with disabilities. Through the year, the Disability/Mental Health Specialist plans collaboratively with staff to locate, recruit, and enroll children with *identified* needs, if the child meets Head Start requirements; and the program has space even if the ten percent enrollment is already met.

#### Texas Education Agency (TEA) (Standard 1302.60-63)

(a) Special education services. To be eligible to receive special education services, a student must be a "child with a disability," as defined in 34 Code of Federal Regulations (CFR), §300.8(a), subject to the provisions of 34 CFR, §300.8(c), the Texas Education Code (TEC), §29.003, and this section. The provisions in this section specify criteria to be used in determining whether a student's condition meets one or more of the definitions in federal regulations or in state law.



- (b) Eligibility determination. The determination of whether a student is eligible for special education and related services is made by the student's admission, review, and dismissal (ARD) committee. Any evaluation or re-evaluation of a student shall be conducted in accordance with 34 CFR, §§300.301-300.306 and 300.122. The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following:
- (1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or
  - (2) A licensed or certified professional for a specific eligibility category defined in subsection (c) of this section.

### **B. Procedure**

1. Head Start ensures children enrolled are not denied due to severity or type of disabilities.
2. Staff provides a variety of placement options for children with special needs, such as dual enrollment, half-day placements and full inclusion.
3. The Family Service Worker works collaboratively with the Disability/Mental Health Specialist to make sure slots are available in order to meet ten percent of our enrollment are eligible children with special needs.

### **C. Assessments (Screening & Evaluation)**

1. After enrollment, each child is screened for developmental skills in the areas cognitive, motor, speech, emotional, and social.
2. A health history is taken on each child, parents arrange for vision, hearing and physicals to be completed.
3. The Family Service Worker at each campus assists each family in completing an acceptance packet for students that will be enrolled in Head Start. The Family Service Worker notes any health, education, social or parent concerns, attended ECI, if child has an IEP, and refer them to the proper content Specialist for further services, if needed.
4. Children receive screenings/assessments within forty-five days of enrollment. (ESI Ages and Stages)

Note: Enrolled children that fail initial screenings and Non-English speaking children can be allowed to become familiar with the classroom environment for three weeks before a re-screened is completed by the appropriate staff. Since the screening tool is in English, translators are used when needed, to determine eligibility for further services

## **III. RTI (Response to Intervention)**

Appropriate Professionals and Licensed Education Agencies, such as Speech Pathologists, Diagnosticians, and Therapist evaluate children to determine eligibility for services upon

receiving referral form. Disability will be referred as soon as parent consent is obtained to the appropriate agency. This information will be documented on the referral form.

### **A. Referral Form**

As documents are collected, they are placed in a yellow folder. They are then copied and given to the ISD representative. At the Pre-ARD meeting the packet is delivered to the ISD and is noted in the file.

### **B. The Referral Process**

### **C. Staff Responsibilities**

#### **See Job Descriptions for the positions listed below:**

Disability/Mental Health Specialist

Mental Health Advocate

Family Service Administrator

Family Service Worker

Campus Director

Teacher

### **D. Special Services File**

1. A copy of the child's goal sheet listed on the IEP is obtained from the LEA. This documentation is kept in the child's green folder located behind the child's file in a locked file cabinet and the Child Plus database system.
2. The remainder of the ARD documentation is kept with the LEA and can be viewed by authorized staff, when needed.
3. Classroom staff keep a folder in the classroom with a copy of the goals and objectives from the IEP.
4. Teachers use the Individualization Plan to document individualization for students that have an IEP. Child Plus ID numbers are used for confidentiality of individual children.

## **IV. Mental Health Services**

The primary focus of the Mental Health content area of the CSNT Head Start Program is to provide a full range of mental health services. The Mental Health Professional addresses this area initially, by evaluating each Head Start classroom to ensure that the environment is a safe-free environment. Also, to ensure the children's activities are age appropriate, and they have a good relationship with their caregivers and peers.

### **A. MENTAL HEALTH SCREENINGS (Standard 1302.32 (a) and 1302.45)**

## **Procedures**

1. Mental Health Professional conducts classroom observations of all Head Start classrooms, at a least once a year in the fall. Observation reports are used to assist staff in creating a nurturing, positive classroom environment. Intervention recommendations for children with special needs or atypical behavior are provided after an in-depth evaluation has been completed and parent approval has been obtained. Community Services Head Start staff are expected to be involved in the assessment of mental health needs.
2. Mental Health Professionals provide information that assist staff and parents in understanding normal child development and common problems in children, when needed. Some of the areas where information is given include classroom management, child development, communication skills, and handling of stress. The second level of intervention is focused on children exhibiting severe inappropriate emotions and behaviors. The classroom staff refers children with atypical behavior to the Mental Health Advocate.
3. Upon referral, the Education Team or the Mental Health Professional observe and offer suggestions on how inappropriate behaviors can be remedied.
4. If the behavior persists, the Mental Health Professional completes an in-depth evaluation and Behavior Intervention Plans as needed. In order to avoid an inaccurate diagnosis, the Mental Health Professional must observe the child properly in his/her normal environment; and use unbiased multiple diagnostic instruments. Information is kept in a blue folder behind the child's file in a locked file cabinet and the Child Plus database system.
5. The Mental Health Professional provides ongoing professional training and assistance to campus staff and parents, when needed.
6. The behavior goals are developed by the Mental Health Profession with input from the Head Start Staff at the parent meeting.
7. Meetings are held periodically with staff and parents to discuss progress for children receiving services.
8. The Educational and/or Disability/ Mental Health Specialist monitor the implementation for progress, problems, or concerns on an on-going basis.
9. Mental Health Professionals conduct evaluations of children needing further assessments in the following areas: Physical, Coordination, Sensory, Emotional, Sensory, and Social Development.
10. Classroom strategies are given to teaching staff by professionals and/or providers for children with atypical behavior or development

### **B. SEVERE EMOTIONAL/BEHAVIORAL DISORDER (Standard 1302.45 and 1302.60-63) Procedures**

1. If a child scores below average on social/self-help skills on the Dial 4, Ages and Stages-SE or parent/staff has concern for behavior; the child's behavior is carefully monitored in the classroom by Education and Mental Health Advocate and Mental Health Professional. Efforts to rule out class management issues are made by providing behavior guidelines or tips to be used in the classroom by the Education Team/class teacher.
2. The CIT team at the campus develop a Behavior Intervention Plan, if necessary.

(Reference HSPPS 1302.17 and 1302 Subpart E – Family and Community Engagement Program Services)

## **V. Health Impairment/Diagnostic Evaluation (Standard 1302.45 & 1302.60-63)**

### **Procedure**

1. Only children diagnosed with severe health conditions and functional limitations from appropriate Medical or Health Practitioners will be enrolled for special services.
2. Children are not enrolled for special education without a diagnosis. Children reported with health impairments, such as asthmatic, epileptic, or other health condition cannot be enrolled for special education without diagnostic reports from authorized professionals.
3. To secure diagnostic reports for Health impairments, child are referred to the Health Coordinator. Parent consent must be obtained before information is exchanged.

## **VI. The Goals of Individual Services**

### **Disabilities (Standard 1302.60-63)**

- A. Implementation of special services by Community Services Head Start Program are in accordance with the Head Start Program Performance Standards 1302.61-1302.63.

#### **Goals:**

- To ensure re-screening of children with low developmental screening scores, using Dial 4, when referred by Education staff.
- To provide special education or related services necessary to foster the maximum development of each child; and to facilitate participation in the regular Head Start Program, unless the services are being provided by the local education agency (LEA) or some other agency.
- To develop inter-agency agreements with the LEA'S and other agencies in carrying out the following activities for children with special needs: Child Find; procedures for services; ARD meetings; resource sharing; and other mutually agreed upon items.
- Individual differences of children by providing a supportive environment. To coordinate educational activities that will be suitable for each child's developmental level.

- To utilize the existing community resources (when available) to the greatest extent relative to the needs of the individual child.
- To enroll and maintain at least ten percent of Head Start enrollment as children with identified needs in the following categories, according to the grant, as required by 45-CFR 1302.14(b); and Texas Education Code, Title 19, Part 2, Chapter 89, Rule §89.1040

**(c) Eligibility definitions.**

1. CSNT Head Start will follow the provisions set forth by IDEA and the Texas Education Code Chapter 89. Adaptations for Special Populations Subchapter AA. Commissioner's Rules Concerning Special Education Services. Within these regulations, the 13 conditions that designate a disability are listed along with eligibility criteria.

**B. Mental Health (Standard 1302.45)**

Mental Health services are provided in accordance with the Head Start Program Performance Standards in 45 CFR 1301 - 1305. There is a three-level approach to the service delivery: (1) mental wellness services; (2) intervention services to children with emotional and/or behavioral problems; and (3) services to children with other identified needs.

**Goals:**

- Assist all children participating in the Program with emotional, cognitive and social development toward the overall goal of social competence coordination with the Education Program and other related activities.
- Provide staff and parents with an understanding of child growth and emotional/social development, appreciation for individual differences in a supportive environment.
- Work toward prevention of; and early intervention, when a child exhibits emotional/behavioral challenges, which interfere with the child's social development, and develop a positive attitude toward mental health services.
- Utilize community resources to the greatest extent possible to serve children with problems that prevent them from coping with their environment.
- Provide children with identified needs necessary mental health services, which will ensure that they are offered an opportunity

for all available benefits with their families through participation in the Program.

- Provide ongoing training to staff to improve prevention and intervention skills for children with identified needs and their families.

## **VII. Diagnostic Criteria for Reporting**

Before a child is formally enrolled for special education, the Disability/Mental Health Specialist ensures appropriate certified or licensed professionals who work with these children must have diagnosed all children reported in the following categories. Auditory Impairment (AI), Autism (AU), Deaf-Blindness (DB), Intellectual Disability (ID), Multiple Disabilities(MD), Orthopedic Impairment (OI), Other Health impairment (OHI), Learning Disability (LD), Speech Impairment (SI), Traumatic Brain Injury (TBI), Visual Impairment (VI), Non-Categorical Early Childhood (NCEC) - (Reference TEA website)

## **VIII. Implementation of Special Services and Mental Health Program (Standard 1302)**

### **Mental Wellness Methods for Children**

The following methods are used to provide mental health wellness to all Head Start children.

#### **Classroom Mental Wellness**

Mental wellness is implemented in the classroom through the implementation of Conscious Discipline. Conscious Discipline is a part of the curriculum and effective teaching practices.

#### **Mental Health Professionals**

1. Mental Health Professionals observe classrooms once a year and provide technical assistance to classroom teachers on classroom management.
2. Mental Health Professionals provide training to staff on Mental Health topics, as needed.
3. Parents complete Ages and Stages Questionnaire- Social Emotional upon enrollment. The screener is evaluated and discussed with the parent.
4. When indicated, children will receive follow-up observations that may lead to a referral.

## **A. Mental Health for Parents**

1. At enrollment, parents are given information if needed on the types of mental health services available in Head Start.
2. Parents are given a Parent Handbook during orientation and Family Service Workers assist them with accessing any services needed through local resources.

## **B. Records (Standard 1302.20-.24)**

Throughout the school year, the Disability/Mental Health Specialist and Mental Health Advocates have access to records of evaluations, assessments, referrals, follow-up reports, contracts, training agendas and sign in sheets, including mental health records, that are kept in locked file cabinets at the Campus and through the Child Plus Database System. Confidentiality of records is maintained at all times. CSNT Head Start follows FERPA or IDEA where applicable. (See **FERPA implementation in the Standard Operating Procedures**)

## **IX. Admission, Review, Dismissal (ARD) (Standard 1302.60-63)**

The Disability/Mental Health Specialist and/or Mental Health Advocate collaborate with the LEA to schedule meetings for children diagnosed to discuss child's Admission, Review, and Dismissal from special services. This meeting is to be conducted for children with identified needs, at least once a year or as needed for the following reasons:

1. To discuss the child's specific assessment results, strengths, and weaknesses
2. To officially enroll the child into the special services program
3. To dismiss the child from the special services program

## **X. Social Services/Parent Involvement**

1. Children with disabilities are included in the full range of services provided to all Head Start children and their families, as required by HSPPS 1302.60-63). Mental Health/Disabilities Specialist ensures all services identified on the Individualized Education Plans are provided. The Family Service Worker completes and uses the Family Partnership Agreement (FPA) to identify family needs, and refers the families to available resource services in the community.
2. HSPPS require involvement of parents for children with special needs and that parent needs are met by the Family Service Worker.

3. The Disability/Mental Health Specialist and Mental Health Advocates ensure that:
- a. Information on child/parent development is provided.
  - b. Support to families entering from infant/toddler programs is provided.
  - c. Opportunities to observe activities in the classroom and suggestions for home follow-up activities are provided.
  - d. Parents are given some information on parent's rights and available community programs/resources.
  - e. Parents are encouraged to volunteer at the Head Start Campus.
  - f. Ongoing coordination of recruitment, referrals, staffing and case management of children families.

## **XII. Staff Responsibility**

**See Human Resources Job Descriptions**

## **XIII. Transition (Standard 1302.70-72)**

- A.** Staff will follow transitions procedures to ensure a smooth transition for children with disabilities into Head Start, and from Head Start to the next placement:
- Identifying the agencies serving infants/toddlers, and establishing the transition procedures into Head Start.
  - Establishing transition procedures from Head Start into the school districts.
  - Conducting inter-agency staff and parent training and site visits.
  - Preparing child program summaries for transition

Staff are involved with the children, families and local education agencies to assure continuity of services after children leave the Head Start Program, as required by HSPPS. Appropriate steps may be taken to continue collaborative agreements with local education agencies to facilitate special services efforts. Periodic contact with the family and school should be made to determine how children have adjusted and progressed.

### **B. Public School Transition**

Eligible children with identified needs are transitioned into public schools by the Disabilities Specialist. Transition activities begin in spring of each year. Listed below is the transition plan for children with disabilities.



1. Education Team along with support staff and public school officials, plan field trips to kindergarten class after January. The trip consists of a tour of school, lunch at school, and interaction with kindergarten children, *if available*.
2. A transition meeting is held with parents of children with special needs who are eligible for transition into public school. The Disability/ Mental Health Specialist, Mental Health Advocates, and LEA and support staff inform the parents of their continued rights of free and appropriate education and any special services parents deemed necessary.
3. Family Service Workers and classroom staff notify parents of the date and time of kindergarten enrollment. If parents or guardians want information released to the School District, they must sign *Consent to Release of Records* Form.
4. Eligible children are properly reevaluated by the local education agency to ensure appropriate placement. Parents are educated and guided by local education agency staff when choosing placements.

Once a child with special needs has been transitioned into the public school of his /her choice, Family Services will follow-up with the family to ensure that no further information is needed from Head Start and that child has successfully transitioned. At this point, the Head Start program ends services for that child. Head Start maintains collaborative inter-agency agreements with the school districts, outlining the responsibilities of Head Start. When required information is received by the school district, Head Start is informed of the child's placements.

## **Early Childhood Intervention (ECI) and Early Head Start Transition**

Children birth to three years old with identified needs are transitioned from the early childhood programs into Head Start after their third birthday.

1. Referrals are made by ECI and Early Head Start six months prior to the child's 3<sup>rd</sup> birthday and the following information is needed:  
Application/enrollment forms, proof of income diagnostic reports, IFSP, and completed progress reports.

The Family Service Worker notifies parents/guardians of children who do not meet Head Start poverty guidelines in writing. They are usually advised to check with their school districts- Child Find for enrollment.

## **XIV. Disability & Mental Health Folders (Standards 1303.20-24)**

Files containing special education documents are maintained at the Campus in a locked file for each child. All document transfers must follow the policies set forth by CSNT through the Family Education Rights and Privacy Act and guidelines followed by IDEA. Concerns and updates are documented in the Child Plus database system under Disability/Mental Health.

### **A. Documents contained in the Special Services Folder**

(See Special Services File Information in FORMS)

### **B. Staff Responsibility for Special Services Files**

1. Mental Health Advocate creates the Special Services file(s) located at the Campus as well as inputting information into the Child Plus Database System, as appropriate.
2. Special Services Files contain consent forms, screenings, evaluations, IEPs, and copies of information sent to the Mental Health Advocates, as well as any other documentation pertaining to the child's special needs.
3. Disability/ Mental Health Specialist monitors files and tracks implementation of services for children receiving special services.
4. Only authorized staff will have access to information concerning children receiving special services.

### **C. Folders**

1. Yellow folders are used to indicate the beginning of the Referral Process.
  - i. Information is transferred to the green folder after all paperwork is completed and the ARD is finalized.
  - ii. Information is transferred to the child's main file if no diagnosed disability is found.
2. Green folders are created for children with a diagnosed disability.
3. The green folders are kept in a locked file cabinet at the Campus. The goals from the IEP, progress of how the child is meeting those goals and information on implementation of special services are kept in these files. The IEP, goals, and ARD signature page will be uploaded into Child Plus under the disability section.
4. Teachers document classroom implementation of goals on the individualization plan.

5. The Mental Health Advocate ensure that teachers have a copy of the IEP goals. Disability/Mental Health Specialist, Mental Health Advocates and Curriculum Director assist in concerns and questions.
6. Goals are documented on individual children through the Individualization Plan.
7. Blue Folders are used for Mental Health information.

## **XV. Community Partnerships (Standard 1302.53)**

Relevant services are provided for children with identified needs through Collaborative and Interagency Agreements. The Disability/Mental Health Specialist maintains these agreements annually or as the need arises.

## **XVI. Campus Intervention Team: Step-by-Step – Special Services**

Parent, Teacher, Campus Director has a serious concern regarding a student's academic progress, abilities and/or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. After all classroom screenings have been completed, Teacher will inform the Mental Health Advocate that a concern has been identified for the child.
2. Mental Health Advocate will then contact the local LEA to inform them that a concern has been identified, and LEA will complete a screening on the child.
3. If the child fails the screening, LEA will then inform Mental Health Advocate to move forward with full referral process.
4. Mental Health Advocate will then meet with parents to complete all required paperwork and Campus Staff will collect Dial 4, Circle, Hearing and Vision, Attendance, Home Language Survey, Classroom Observations, Parent input and other testing documents or IFSP. Once all paperwork and data are collected, the Team will decide to move forward with referral to LEA.
5. All collected paperwork is then submitted to LEA and a Pre-ARD is held.

## **XVI. Campus Intervention Team: Step-by-Step – Mental Health**

Parent, Teacher, Campus Director has a serious concern regarding a student's academic progress, abilities and/or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. Teacher or Campus Director will contact the Mental Health Advocate when a Mental Health concerns is identified.
2. Mental Health Advocate will then contact the parents and see if parents are interested in receiving Mental Health Services.
3. Once Parents gives consent for services, the Mental Health Provider will observe the child in the classroom.
4. After the observation a parent meeting will be held and all concerns will be discussed. At this point, a Behavior Intervention Plan or counseling services will be offered to the family.
5. Once Mental Health Services begin, Mental Health Advocate will monthly progress notes that will be placed in the child's blue folder.



# Non Federal Share Operating Manual

*Aligned with the 2016 Head Start  
Program Performance Standards  
(Standards 1303.2 – 1303.5)*

*Revision 10/20/2021*



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## **INTRODUCTION**

The following policies and procedures are intended to provide an overview of the in-kind activities of CSNT Head Start/Early Head Start Program. The primary purpose of the in-kind/Non Federal Share (NFS) policies and procedures is to document how the Program is gathering and documenting in-kind in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

These policies and procedures have been approved by the Governing Board and the Policy Council. All Head Start/Early Head Start staff is to comply with these policies and procedures when gathering and documenting in-kind.



## **Grant Requirements**

The Head Start/Early Head Start Grant requires that 20 percent of the total grantee budget be submitted as non-federal share. This means that 20% of the total HS and EHS Budgets must come from donations made by the communities within the Program service area, donated supplies, or donated services. This non-federal share must follow the following guiding principles:

- The good or service is reasonable, allocable and adequately documented. (Basic Cost Principles, reference HSPPS, OMB Circulars 2 CFR Part 200 & 45 CFR Part 75.)
- The good or service supports an activity that is included in the Operating Policies/Operating Manuals and covered by the Head Start Program Performance Standards.
- The good or service is something on which the program could legally and appropriately spend Federal dollars.
- The good or service is something on which the program would normally spend Federal dollars.
- The service is performed by the donor for the program, not by the program for the recipient (especially important when evaluating if parent volunteer hours are allowable.) Cash is converted to a good or service. (Cash becomes nonfederal share when it is spent on an allowable program cost and is recorded as non-federal share when the goods or services are purchased, not when the cash is received.)
- Any program income generated and approved for use by the program must be generated and used in the budget year during which it is generated and is not counted as non-federal share.
- The amount of non-federal share generated equals or exceeds the amount specified in the grant application (usually 20 percent of total budget obligation, less if approved by a waiver, more, if more was included in the grant proposal and approved in the grant award.)

- The good or service was provided during the applicable project period.
- To the extent possible, non-federal share is generated and documented proportionate to the expenditure of the Federal funds.
- Source documentation exists in sufficient detail to support the claim of the good or service as non-federal share.
- Services are valued similarly to the wages and benefits paid for a similar service performed by program or agency staff.
- Where no similar service function or job exists in the program or agency, services is valued based on documented wage and benefits rates for similar services performed in the community at large.
- Value lies in the service performed, not in the person performing the service.
- Goods are valued at a rate consistent with their market value in the service area.
- Discounts for goods or services are claimed only if those discounts are not available to the general public.
- Valuations for donations of space are supported by up-to-date, written professional appraisals or Broker's Opinion (when used only for NFS purposes).
- Time spent by parents or other volunteers on fundraising is not claimed as non-federal share.
- Funds used for non-federal share match in one program are not used for match in another program.
- Except in special circumstances where allowed by statute, federal dollars cannot be used for match for other federal funds. (Statutes allowing federal funds to be claimed as part of a matching requirement include the Community Development Block Grant and the Indian Self Determination and Education Assistance Act.)

## **In-Kind Responsibilities and Timing**

In-kind will be gathered monthly. All Program employees are responsible for gathering in-kind. All acquired in-kind must be documented and submitted to the Program Monitor located in the Management Building (HSMB). Each Campus Director is responsible for totaling and submitting their campus in-kind to HSMB by the 5th of each month. All administrative in-kind will be collected by the appropriate staff and submitted to the Program Monitor by the 5<sup>th</sup> of each month.

The Executive Director, Head Start Director and Chief Finance Officer will be responsible for maintaining a current and accurate Real Estate Appraisal/Broker's Opinion for all CSNT Head Start/Early Head Start properties. This document must include the listed property, actual square footage, monthly rental amount based on fair market value, actual monthly rental amount paid by the Program, and the in-kind difference. This document must be dated and signed by a real estate agent.

Responsibilities of the Program Monitor:

- At the beginning of each program year will provide each Campus Director with total amount of monthly in-kind to be collected by each classroom.
- To make sure all Staff have a correct understanding of In-kind Policies and Procedures.
- Provide campuses with correct up to date in-kind forms.
- Provide campuses with updated YTD in-kind totals by the 15<sup>th</sup> of each month.

Responsibilities of the Curriculum Director:

- Provide campuses with in-kind home activities by the 30<sup>th</sup> of each month for the following month.

Responsibilities of the Program Monitor:

- Make sure that in-kind is received from campus by 5th of each month.
- Make sure all in-kind is properly documented and signed.
- To calculated total program in-kind each month and report to Chief Finance Officer and Head Start Director by the 10<sup>th</sup> of each month.
- Keep proper In-Kind Documents for program monitoring.

Duties assigned to staff in the process of in-kind collection:

<u>STAFF MEMBERS</u>	<u>ASSIGNED DUTIES</u>	<u>TIMING</u>
Teaching Staff	Collect and document classroom in-kind	Monthly
Campus Directors	Collect and total in-kind for campus	Monthly
Campus Directors	Submit in-kind to HSMB	By 5th (month)
Other Staff	Submit in-kind to HSMB	By 5th (month)
Program Monitor	Collect campus in-kind	By 5th (month)
Program Monitor	Total and track all in-kind	Monthly
Program Monitor	Submit in-kind report to Chief Finance Officer	By 10 <sup>th</sup> of month

Program Monitor	Create campus in-kind report for Program Director	By 10 <sup>th</sup> of month
Chief Finance Officer	Enter in-kind into budget	By 15 <sup>th</sup> of month
Chief Finance Officer	Create Budget Report	Before PC monthly meeting

### **In-Kind Home Activities (Paper Copies)**

The Curriculum Director will provide the teaching staff with in-kind home activities by the 30<sup>th</sup> of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the teacher's responsibility to get the home activities to the parents. It is also the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Curriculum Director for approval before being sent home with child as in-kind home activities. All in-kind homework must be turned in along with other campus in-kind by the 5<sup>th</sup> of each month. Home Activities should include a complete and signed volunteer timesheet with corresponding home activity attached to the back of timesheet. All timesheets must be complete with time, services performed, totals and signatures in order to be counted.

### **In-Kind Home Activities (Ready Rosie Home Activities)**

The Curriculum Director will provide the Family Service staff with in-kind home activities found in Ready Rosie by the 30<sup>th</sup> of each month for the following month. The home activities will go along with the monthly curriculum as well as be age appropriate. It is the Family Service Worker's responsibility to contact the parents and encourage them to complete the home activities. It is the teacher's responsibility to give the parent instructions on how to complete home activities as well as the volunteer timesheet in the correct way in order for it to be counted as in-kind. Any additional in-kind home activities that the campus staff would like to use should be presented to the Curriculum Director for approval before being given to the parent as

in-kind home activities. All in-kind home activities must be turned in along with other campus in-kind by the 5<sup>th</sup> of each month. Ready Rosie Home Activities should include a completed video and signed in the notes section. All videos must be complete within the time allotted, services performed, totals and signatures in order to be counted.

### **In-Kind Monitoring**

Each Campus Director will be responsible for monitoring the amount of in-kind collected for their campus. It is the Campus Director responsibility to make sure all in-kind submitted to the Program Monitor has the signed correct forms with the corresponding documentation attached. Any in-kind submitted to the Program Monitor with missing information, signatures or is unexplainable will be sent back to the campus for correction.

### **In-Kind Reviews**

Monthly In-kind Reports will be reviewed periodically as a part of the ongoing monitoring of the Program. Policy Council/Governing Board Budget Reports will also be reviewed on a regular basis as a part of the monitoring/tracking process. Campus In-kind Reports will be tracked by the Program Monitor and submitted to the Head Start Director by the 10<sup>th</sup> of each month.

The results of reviews will be discussed openly with staff when a finding has been documented. The resolution of any findings will be considered a joint effort between the campus staff and administrative staff. All findings should be corrected within 45 days of the original notification unless otherwise documented.

### **In-Kind Forms**

Attached forms are to be used when documenting and tracking in-kind. Completed forms should accompany all submitted in-kind. Any in-kind questions should be directed to the Program Monitor through the Campus Director.



# **Nutrition Operating Manual**

*Aligned with the 2016 Head Start  
Program Performance Standards  
(Standards 1301 -1305)*

*And*

***The 2019 CACFP Guidelines***

*Revised 3/14/2022*





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# CHILD NUTRITION

Performance Standard: 1302.42 (b), 1302.44

Policy:

- a. Child Wellness is promoted by providing nutritious meals and snacks that will supplement and complement those served at home. Nutritional services assist families in meeting individual nutritional needs, and establishment of good eating habits that will nurture health development and promote lifelong well-being. Nutritional services include identification of individual nutritional needs, the design and implementation of nutritional services programs, meal service, and family assistance with nutrition and food safety and nutrition.

Procedure:

1. Identification of each child's nutritional needs:
  - b. Nutritional and Medical assessments are completed, as a part of the Acceptance Packet.
  - c. Emergency Information including medications taken by the child, food drink or medication allergies, special diet and religious restrictions, is obtained as a part of the Acceptance Packet and is updated throughout the year.
  - d. Physician statement is obtained for special diets, food/medication allergies or food intolerances.
    - i. Height and weight is conducted upon the first 45 days of entry into the program.
    - ii. A second Height and Weight is done for those children below the 5% and above the 95%.
    - iii. Hematocrit and/or Hemoglobin will be assessed during the first 45 days of beginning class.
    - iv. Documentation of HCT from the physician's office or WIC will be acceptable and should be filed in the child's file.
    - v. For those children with no documentation,
      1. Family Service Worker will inform the parents of the need for the documentation of HCT/Hemo., following the THStep Periodicity Schedule.
      2. If no documentation of HCT/Hemo. is obtainable, Family Service Worker will assist the parents in getting the procedure completed. Refer to Referral and follow-up Procedure.
      3. If a child is less than 5 years old and not enrolled in the WIC Program, Family Service Worker will make a referral (follow referral Procedure). If the family denies or drops WIC, Family Service Worker will obtain a 'Denial of Services' form.

## **Nutritional Services:**

- a. A Registered Dietician will be consulted for approval on new menus.
- b. Menus will reflect cultural and ethnic preferences by providing multi-cultural items.
- c. A variety of healthy foods including bread/grains, vegetables, fruits, meat/meat alternatives and milk/ milk products will be served.
- d. Modifications will be made for those children with disabilities that require special diets.
  - i. The Nutrition Manager, Disabilities Manager, and Registered Dietician will coordinate with the child's medical provider to make these modifications.
- e. CACFP will be the primary source of reimbursement for meals

## **Meal Service:**

- f. Children attending full day settings will receive 2/3 of their nutritional needs through meals and snacks.
- g. All children arriving at the campus in the morning will be offered a breakfast.
- h. Foods will be high in nutrients, low in fat, sugar and salt
- i. Meal and snack periods will be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met (refer to CACFP guidelines).
- j. Teaching staff will provide dental hygiene in conjunction with a meal (refer to Oral Hygiene Procedures).
- k. Teaching staff will promote dental hygiene by modeling and participating in dental hygiene.
- l. Food is not used as punishment or reward
- m. Children are encouraged, but not forced to eat or taste foods.
- n. Family style meals will be observed and sufficient time will be allowed for eating.

## **Family Assistance:**

- o. Parents will be provided with education in good nutrition, using:
  - i. One-on-One consultation,
  - ii. Parent meetings
  - iii. Coordination of community services
  - iv. Periodic handouts
  - v. Menus
  - vi. Other nutrition information
- p. Nutritious foods will be provided at parent functions
- q. Referrals will be made to a Registered Dietician, as needed.
- r. Education and Health Specialists will coordinate nutrition and dental curriculum for the classroom.
  - i. Education Specialist will ensure:
    - 1. implementation of curriculum
    - 2. Documentation of curriculum in lesson plans
- s. Family Services Specialist will coordinate with Nutrition Manager and Health Specialist to provide

- i. Opportunities for parent involvement and
  - ii. Education of families in good nutrition and dental practices
- t. Family Service Specialist will ensure:
  - i. Family Services is providing assistance to the families to meet their individual needs
  - ii. Documentation is in the child's file; including each family of the WIC program and ensuring services are being provided and followed-up.

**Safety:**

Food safety and nutrition will be deferred to kitchen nutrition policy and procedure.

**CLASSROOM NUTRITION ACTIVITIES**

Performance Standard: 1302.31 (1) (2) (e)

**Policy:**

Classroom Nutrition Activities will be offered in conjunction with curriculum on a weekly basis. A Food Experience will be offered in conjunction with the curriculum on a monthly basis.

**Procedure:**

1. Lead Teacher will review the curriculum and pick a nutrition activity two per month that coincides with the educational concepts for the month.
2. Education Specialist will pick a nutrition food experience for the classrooms that will be done on a monthly basis.
3. Lead Teacher will document in Lesson Plan of the Food- Related Activity
4. Food experiences will be implemented in the classroom curriculum (Refer to Education Policy and Procedure).

**FIELD TRIP POLICY**

CACFP: 4173

**Policy:**

When a classroom field trip is scheduled, the Lead Teacher must make plans for the children to eat sack lunches. All field trips lunches must have approval from the Nutrition Manager.

**Procedure:**

1. Field trip is tentatively scheduled.
2. Campus Director completes a field trip request form
3. Campus Director sends completed form to Education Specialist for Approval
4. Education Specialist Approves Field Trip and sends to Nutrition Manager for Approval

5. Nutrition Managers reviews to make sure we are in compliance with USDA Regulation.
6. Nutrition Manger returns to Education Specialist for final approval.
7. Cook will prepare lunches for all children the morning of the field trip and pack in an ice cooler.

## **BIRTHDAY PARTY POLICY**

### **Policy:**

All birthdays will be observed one day a month.

### **Procedure:**

1. The Campus Director will designate one day a month that all birthdays in the campus will be observed that does not fall on a child's birthday.
2. The Campus Director will inform the Cook if there are any children having a birthday each month.
3. The Cook will cook a cake or cupcakes for all the campus children in honor of the birthday children.
4. Campus Directors on ISD Campuses will purchase small cupcakes using their petty cash or at a local store that we have a charge account with.

## **FOOD EXPERIENCES**

### **Policy:**

Food served to the children must be nutritious and provide variety, in adequate amounts to ensure growth and development. Food experiences may be conducted in the classroom under the instruction of the teaching staff. All children on Child Care License Campuses must be offered breakfast, lunch, and 1 snack. Foods served will be high in nutrients, low in fat, sugar, and salt. Children will be encouraged but not forced to eat. Children with special diets must have foods provided to meet their needs. All staff, children and volunteers must follow good hand washing practices. Staff and volunteers must promote effective dental hygiene in conjunction with meals.

### **Procedure:**

1. Registered Dietician consultant will review and approve menus for each school year.
2. Children on Child Care Licensed Campuses will be served breakfast, lunch and PM snack each day.
3. The children on Independent School Districts will receive their requirements at breakfast and lunch.
4. Campus staff provides Family Style meal environment providing encouragement, but not forced, to eat or taste food.
5. Physician statement will be obtained for special dietary needs.
6. Consulting Dietician will review and approve special menus as needed.

7. All staff will follow proper hand washing techniques (Refer to hand washing procedure).
8. Teaching staff will ensure proper tooth brushing in conjunction with a meals (Refer to Oral Hygiene Procedure).

## MEAL TIME

Performance Standard: 1302.44 1302.31 (2) 1302.90 (c) 1 (d)

Policy:

Children learn appropriate eating patterns and meal time behavior. Meal time provides a range of opportunities that support the development and socialization of children.

Procedure:

1. Meals are served family style with the children as helpers setting the table. They are responsible for cleaning up spills, scraping their plates, putting their trash in the garbage can.
2. Children are encouraged to taste all foods but not forced to eat anything. Teacher's model appropriate family style behaviors, including tasting all foods. Teacher's plate has to look like students; they receive the full balanced meal.
3. No other food will be allowed in the classroom unless it is for a cooking or nutrition activity.
4. Food is not used as reward or punishment.
5. If dessert type foods (fruit) are served, they may be eaten at anytime during the meal.
6. Conversation is encouraged during mealtime.
7. Trays will be used later in the year for transitioning students.

## CANDY POLICY

The subsequent outline should be followed regarding candy/sweets:

1. The parent committee must vote on whether or not candy may be given to the children on special occasions and holidays. *(This must be voted on and documented prior to any candy being distributed).*
2. If the parent committee votes **unanimously** that the children may receive candy, the following stipulations must be followed. *(If even one parent votes "no candy" the entire campus will be prohibited from distributing candy).*
  - i. Candy must be donated by the parent committee. *(Head Start will not purchase candy at any time for any reason).*

- ii. Candy may **not** be consumed on the premises of the Head Start Campus at any time. *(Not even on special occasions, holidays or field trips)*
- iii. Candy may not be consumed on the Head Start Bus. *(Not even on special occasions, holidays or field trips)*
- iv. Head Start Children who attend field trips to the Nursing Home where candy is provided may consume a reasonable amount of candy provided the parent committee has approved it.
- v. If candy/sweets are consumed at any time for any reason, the children must immediately brush their teeth.
- vi. Classroom Nutrition Activities that include candy/sweets in the lesson plan will be substituted with more nutritious items to complete the activity. *(Example: If the activity calls for M&M's or Skittles to be used for "eyes" use raisins or grapes instead of the suggested candy. BE CREATIVE. Example: If a Cookie is listed in the ingredients, it might be replaced with a round Ritz cracker or a sugar free cookie.)* Please document any substitutions in the comment column of the Monthly Lesson Plan for Child Nutrition Activity form.

## TOOTHBRUSHING

Performance Standard: 1302.43

### Policy:

Community Services Teaching Staff will promote effective dental hygiene in conjunction with at least one meal a day. Toothbrushes will be replaced every three (3) months or when indicated. Ordering tooth brushing supplies will be provided by the Health Component Team.

### Procedure:

1. Children are required to brush their teeth after one meal a day.
2. Child should be instructed to wash hands and instructed to brush his/her own teeth. Staff will provide assistance and instruction when needed while using Health precautions.
3. Each child will be given a plastic cup with which the teacher will dispense a pea size of ADA approved toothpaste on the bottom of the cup.
4. Each child will utilize his/her toothpaste to manipulate the toothpaste on the individual toothbrush.
5. Afterwards the child will rinse his/her mouth with water using the plastic cup.
6. The cup must be discarded after use.

7. No more than two children at a time should be at the sink brushing his/her teeth.
8. The other children can participate in other activities while waiting.
9. Toothbrushes are air dried and stored in the sanitizer unit.
10. The teacher should print child's name on their toothbrush.

## **FOOD ALLERGIES AND DIETARY RESTRICTITON POLICY**

CACFP: 4113

Performance Standard: 1302.42 (b) (4)

Minimum Standard: 746.605

Policy:

A doctor' statement is needed for any child who has a medical condition or is prohibited from the intake of certain foods, including milk. This statement must be in the child's file, before the child can start school on a licensed campus.

Procedure:

### **Doctor's Statement Received:**

1. The Family Service Worker will obtain the diet history to determine allergies or special diet.
2. The Family Service Worker will request a doctor's statement from the parent.
3. The Family Service Worker will explain to the parent that substitutions will not be made until doctor's statement is received.
4. The Family Service Worker will explain to the parent that the doctor must document substitution on the statement.
5. Receive statement.
6. The Family Service Worker will document the necessary changes in the child's file; notify the Campus Director, the teacher, the cooks, the Nutrition Manager, and the Health Specialist of the child's restrictions and substitutions.
7. The child's dietary restrictions will be posted in each classroom, the Campus Director's office, and the kitchen.
8. A milk allergy will be changed by the Nutrition Manager.
9. The licensed dietician will make the necessary changes to the meals to coincide with USDA Regulations only if it changes the menu.
10. Meals may be claimed.

### **Procedure for Personal or Religious Reasons:**

1. Ask parent to submit a doctor's, pastor, or parent statement



2. Give parent a copy of Head Start Menus
3. Explain to parent those substitutions will be made
4. The licensed dietician will create a new well balanced menu.
5. Eliminate the food from the child's diet.
6. Meals are claimed.

## **MENU PLANNING PROCEDURE**

Performance Standard: 1302.91 (8) (iii)

Policy:

Parents and appropriate community agencies are involved in evaluating the agencies' nutritional services.

Procedure:

The Nutrition Manager Cooks and licensed Dietician will review menus annually.

1. The Campus Cooks, Nutrition Manager and information from parent surveys are used to create, review, and revise menus.
2. Licensed Dietitian will approve menus.
3. The menu must meet USDA regulations
4. Menus will be submitted to the Policy Council for approval.
5. Menus will be submitted to the Board Members for approval.
6. Menu will be posted in the Classroom on the Campus.
7. Each Parent has an opportunity to receive a menu.

## **CHILD NUTRITION ASSESSMENT**

Policy:

The Family Service Worker maintains the Nutritional Assessment Form. This record contains documentation on diet history. The Family Service Worker must update this information yearly.

Procedure:

1. The Family Service Worker assists the parent during orientation.
2. Through orientation with the parent, assess how often the child consumes foods in each category.
3. The staff member completing the form signs the form along with the parent. By signing the form, the person is verifying that the information is accurate to the best of their knowledge.

## **ANEMIA TESTING**

Performance Standard 1302.42(b)

Diminished oxygen-carrying capacity of the blood: a decrease in hemoglobin in the blood (Mosby, 1994)

- 1. Upon enrollment a copy of the physical is required if the child does not have a physical the parent is to be informed prior to the appointment that a lab is needed at the time of the appointment.**
2. All children enrolled must have results for Hemoglobin and/or Hematocrit within 90 days of entering the classroom. These results must be on or after their 18 month date of birth. (This is required by THStep Periodicity Schedule)
3. If the child is on the WIC Program these results may be obtained from there. As with all other health information, it is the parent's responsibility to provide Family Services with this information.
4. Any child that does not have this lab within the timeline will have hemoglobin and/or Hematocrit screenings within forty-five (45) days of entry into the campus. The child is to be referred to their physician for completion of the lab. It is the goal to detect those children who have low hemoglobin levels and who should be further evaluated by the Nutritionist or child's physician.

Due to wide range of conditions (dietary geographical, etc.) which affects normal values, it is recommended that each laboratory establish its own normal range.

## **GROWTH ASSESSMENT**

Performance Standard 1302.42 (b)

Policy:

Children will be weighed and their heights will be measured upon the first 45 days the program year. The results will be graphed on the appropriate growth chart. The Family Service Worker is responsible for recording this information in Child Plus and printing out the growth charts and sending a copy and the BMI parent letter home for the parents. The Family Service Worker is responsible for filing the growth chart and the BMI parent letter in the nutrition section of the child's file. It is the Family Service Workers responsibility to inform the Nutrition Manager if a child's health section is missing a growth chart.

- a. Weight/Height ratio-over 95<sup>th</sup>% percentile weight and ratio inappropriate (e.g. 50<sup>th</sup>% percentile height and 98<sup>th</sup>%percentile weight)
- b. Growth percentile – significant drop in % percentile
- c. Unexplained weight loss
- d. Children using a mobility device, such as a wheelchair, are difficult to measure properly. They will need assistance to get on and off the scales.

- e. Check scales for accurate balance
- f. Have the child remove shoes, coats, extra sweater, and heavy pocket items.
- g. Have the child place a paper towel on the scale or height platform before assessing and remove it afterward if they are not wearing socks.
- h. Record weight to the nearest pound  $\frac{1}{4}$  pound; height to the nearest  $\frac{1}{8}$  inch.

## **OVERWEIGHT / UNDERWEIGHT/ SHORT STATURE**

### Policy

If, it is determined to be overweight, underweight or short in stature he/she will be referred as follows:

- a. The child is “medically sound,” (based on the history, family assessment, and physical exam), refer to the Nutrition Manager for family counseling and education.
- b. If the child is determined to have a health problem, a referral will be sent to the Health Manager and the child referred to their PCP for evaluation.

### Referral Procedure:

1. All children identified by the Family Service Worker or other staff member as being overweight or underweight will be referred to Nutrition Manager for the evaluation.
2. Any children identified as being 2 standard deviation (SD) (200%) above the 95% percentile or below the 5% percentile (20%) should be referred to the Nutrition Manager.
3. Short stature will also adhere to the 2 (SD) percentile chart and referred to the Nutrition Manager.
4. If the child is determined to have a health problem a referral will be made to the Health Manager and the child’s PCP.

## **NUTRITION NEWSLETTER**

The Nutrition Manager will provide each campus with a monthly Nutrition Newsletter. The Family Service Worker will distribute the nutrition newsletter to each child’s family every month. The newsletter will be available in both English and Spanish if needed. This is documented in Child Plus.

## **CLEANING AND SANITIZING POLICY**

Performance Standard: 1302.47 (b) (1), (6) (iii)

Policy:

Staff will ensure the appropriate cleaning and sanitizing of all food service areas to prevent growth of bacteria in all areas following recognized guidelines, including those from USDA, for food safety and sanitation.

Procedure:

1. **Clean.**
2. Hand and surfaces often with hot soapy water. Hands are to be washed in the hand sink, not the food prep sink.
3. Wash, rinse and sanitize cutting boards, dishes, utensils, and countertops after each use.
4. Rinse all fresh fruit and vegetables before serving them.
5. Clean kitchen surfaces with sanitizing solution and paper towels.
6. Carts should be cleaned and sanitized after each time used.
7. Washing dishes by hand you must use the three compartment sink and follow the proper procedures and use sanitation tablets.
8. Washing dishes in a mechanical dishwasher, the water should reach 165°F.
9. Air dry all kitchen equipment.
10. Floors must be swept and mopped at the end of each work day.

## **FOOD SAFETY AND QUALITY**

Policy:

Cook will ensure that foods are served at proper temperatures and are of acceptable quality following but not limited to the CACFP guidelines, for food safety and sanitation.

Procedure:

1. Designated staff serving meals is responsible for assuring that food is served at proper temperatures and is acceptable quality
  - a. If a food item is not acceptable it should be returned to the Cook, in charge, for replacement, without any disruption of mealtime
  - b. Food must never sit, for an extended period of time
  - c. Cold food must be served cold and hot food served hot
  - d. Food must never be returned to a refrigerator after being served (i.e. milk and leftovers)
  - e. All persons who are involved with meals must wash their hands thoroughly and wear gloves before the start of the meal.
  - f. Always use serving utensils and handles. Use serving gloves while handling food. Designated staff serving food is responsible for monitoring of all food served.
  - g. Volunteers must be instructed in safe food handling techniques, using the Food Safety and Sanitation Checklist (refer to volunteer role in Meal Service Policy prior to participation in meal service)
2. Carts are to be readied and given out by the kitchen staff at designated times.

3. If additional food or supplies are needed, kitchen staff will provide the items without unauthorized personnel entering the kitchen area.
4. Kitchen door leading to the outside must be kept closed at all times.

## **FIRST IN / FIRST OUT**

Policy:

Staff will ensure that food is rotated in to maintain freshness of food used. First in / first out method of food storage must be used. New stock items are stored in a manner to allow item already on the shelves to be used first.

## **FOOD TEMPERATURE**

Policy:

Staff will ensure that foods are held and served at the proper temperatures, to ensure food safety.

Procedure:

1. Cooks will test the temperature of food to be served and record on the menu sheet
2. Temperatures are as follows:
  - a. All potentially hazardous food shall be kept at 45 degrees F, until which time it is being prepared, cooked or cooled.
  - b. Frozen foods shall be kept at such temperature as to remain in the frozen state  
All raw animal products such as eggs, fish, lamb, and beef and foods containing these raw ingredients, shall be cooked to heat all parts of the food to 145 degrees F or above
  - c. Exceptions to the above rule(c):
    - i. Stuffing, poultry, stuffed meats and stuffed poultry shall be heated throughout to a minimum temperature of 165 degrees F, with no interruptions of the initial cooking process.
    - ii. Pork and pork products shall be therefore cooked to heat all parts of the meat to at least 165 degrees F.
3. Food temperatures must be maintained at: (including meal service)
  - a. Cold foods: milk, juice, canned fruit, salads:  
Maximum temperature: 45 degrees F
  - b. Hot Foods: Minimum temperature: 145 degrees F

## **USE OF DISPOSABLE DISHWARE**

Policy:

Staff will limit the use of disposable dishware.

Procedure:

1. Disposable dishware will be used in the following instances only:
  - a. If a cook is absent, and no substitute is available
  - b. For PM snack in those Campuses where no kitchen personnel is available at the time of the snack.
  - c. Field trips

Each kitchen should have a limited supply of disposable dishware on hand for use as noted above, and stored until needed.

## **NUTRITION PERSONAL APPEARANCE AND EMPLOYEE CLEANLINESS**

Policy: Personal hygiene guidelines will be followed by all staff who enter the kitchen. Staff working with food will follow specific guidelines for appearance and hygiene. Personal appearance is an essential part of maintaining professional standards, cleanliness and sanitation.

1. Hairnets must be worn by all staff / volunteers who work in the kitchen.
2. Wash hands frequently and thoroughly with hot soapy water. At minimum hands are to be washed after using the bathroom, before and after handling the food, after breaks, taking out the trash and sneezing or touching hair and face.
3. Use disposable gloves when handling food. Washing hands in between changing gloves.
4. Staff who are ill or have an infected cut or a skin infection that could come into contact with food, shall not be permitted to work with food. All superficial cuts shall be covered with a bandage and disposable gloves.
5. Outer clothing will be kept clean.
6. Shoes should be clean and in good repair to comply with sanitation and professional standards
7. Jewelry is not allowed, with the exception of only wedding bands.
8. Each employee is expected to maintain high standards of personal hygiene
9. Fingernails must be kept trimmed, clean and neat, the use of sculptured nails and tips are prohibited along with nail polish.

## **ATTENDANCE AND MEAL COUNT**

Policy:

Attendance is taken daily in Child Plus data system.

Meal Counts must be taken to the point of meal service. The point of service is when you have observed that a child has received a creditable meal or supplement. Teachers should eat with children to serve as role models.

Teachers are required to eat one meal with the children that are set with the

Nutrition Manager. Cooks are required to review meal counts at 9:30 a.m., 12:30 p.m., and 3:00 p.m.

**Attendance Procedure:**

1. The teacher will use Child Plus to record attendance will be taken as the child enters the room each morning. The attendance will be taken again each time a meal is served. (Breakfast, Lunch, and PMSnack)
2. At the end of the day, the teacher will review Child Plus to ensure accuracy.
3. The Lead teacher will print Form 2310 from Child Plus, sign, and date on the last day of each week by 3:00 p.m.
4. The Lead Teacher will submit Form 2310 to the Campus Director on the last day of each week before leaving the campus
5. The Campus Director will review Form 2310 to ensure that all information is complete and initial above the Signature of the Lead Teacher and date.
6. The Campus Director will submit Forms 2310 for all classrooms to the Nutrition Manager weekly.

**Breakfast procedure:**

1. Child arrives and is offered to eat breakfast
2. Child washed his or her hands
3. Child sits down to his/her breakfast
4. Meal count is taken
5. Child finishes breakfast
6. Breakfast ends at 8:30; however, if a child arrives after 8:30, Supplemental Breakfast must be offered to that child. No child will be denied breakfast.

**Lunch Procedure:**

1. Children and adults washes hands
2. Children set the table with assistance while the Teaching staff serve the meal
3. Children sit down at the table
4. Lunch begins, Meal count is taken
5. Adults begin to eat with children
6. Child completes lunch
7. Child scrapes plate and clean up after his/herself
8. Cook documents accurate meal count on Claim for Reimbursement.

**Snack Procedure, when applicable:**

1. Child washes hands
2. Snack begins
3. Meal Count taken

**DAILY MEAL PRODUCTION RECORD**

Policy:

All food items and the quantity used to create the designated meal from the menu will be documented on the Daily Meal Production Record (Form 1530)

Procedure:

1. Cook will document the amount of all food used for each meal on form 1530 on a daily basis
2. The Cook will complete Form 1530 on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2<sup>nd</sup> of every month..
3. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Manager by the 2<sup>nd</sup> of every month.

## **CLAIM FOR REIMBURSEMENT WORKSHEET**

Policy:

The Cook will record the number of each meal type daily on page 1 of form 4502. The Cook will record all food and nonfood purchases from each vendor as they occur on page 2 of form 4502.

Procedure:

1. The Cook will log the number of each meal type served on form 4502 on a daily basis.
2. The Cook will record each purchase of food or nonfood products delivered or purchased for the nutrition component area for that campus.
3. The Cook will complete the form 4502 and submit it to the Campus Director on the last day of the month. The Cook will download all the monthly forms onto a flash drive and give it to the Campus Director by the 2<sup>nd</sup> of every month..
4. The Campus Director will review, and then submit by email the monthly reports to the Nutrition Manager by the 2<sup>nd</sup> of every month.
5. The Nutrition Manager will compare the form 1535 completed by the Lead Teacher and the form 4502 completed by the Cook as a checks and balance system to ensure that all attendance numbers and meal count numbers match are correct.

## **TEMPERATURE LOG**

Policy:

The Cook will ensure proper refrigeration by logging the temperature of every refrigerator and freezer and for the dry storage twice a day.

Procedure:

1. The Cook will log the temperature of each refrigerator, freezer and dry storage on the temperature logs form every morning upon arriving at the campus and every afternoon before leaving the campus.



2. The Temperature Log will be submitted to the Campus Director on the last day of the month.
3. The Campus Director will submit the temperature log to the Nutrition Manager by email on the 2<sup>nd</sup> of the following month.

## **MONTHLY KITCHEN INVENTORY**

### **Policy:**

The Cook will maintain an inventory log of all Nutrition Component area merchandise, including both food and nonfood products.

### **Procedure:**

1. The Cook will list all food and nonfood items from the previous month at the first of every month in the appropriate column.
2. The Cook will list all of the food and nonfood items purchased and what was used during the month in the appropriate columns of the inventory form.
3. The Cook will list the amount on hand of each food and nonfood item at the end of the month.
4. The Cook will list the estimated value of the product left at the end of each month.
5. The Monthly Kitchen Inventory will be submitted to the Campus Director on the last day of the month.
6. The Campus Director will review the inventory and submit it to the Nutrition Manager by email by the 2<sup>nd</sup> of the following month.

## **NUTRITION COMPONENT FOOD / NONFOOD INVOICES**

### **Policy:**

All receipts pertaining to the Nutrition Component will be tracked for budgeting purposes.

### **Procedure:**

All Nutrition food receipts, which include bread, milk, produce, canned and frozen goods, will be maintained by the cook. The cook will maintain a copy of all kitchen supply receipts. All original receipts are turned into the Campus Director. The Campus Director, or designated staff, will submit receipts to the Nutrition Manager every Friday.

1. Milk, Food and non food supplies are delivered or purchased on the designated day.

2. The cook will review invoice, check for food spoilage, and/or damaged goods. (All spoiled and/or dented cans will be returned at this time for a credit)
3. The Cook will sign receipts
4. The Cook will submit receipts to Campus Director
5. The Campus Director or designated staff will copy all receipts.
6. The Campus Director will submit original receipts to the Nutrition Manager.

## **TRAINING**

1. All Cooks complete and pass the Food Protection and Management course that is offered at the Texarkana College. (This 15-hour Texas Department of Health certification course under Texas Health & Safety Code Chapter 438 is designed for persons employed in establishments that prepare and serve food. Topics include food storage, sanitary food preparation, employee sanitation, pest control, accident prevention, sanitation regulations and standards. This certification is valid for a 5 year period.)
2. Cooks receive annual training hours based on professional development planning. Topics vary based on the needs of the staff, Head Start Program, TDA, and State and Federal rules and regulations.

## **CACFP CONTRACT**

1. Nutrition Manager meets with cooks to develop draft menu for upcoming school year in spring.
2. Nutrition Manager completes bid process before leaving on summer break. Selected Vendor will sign a Vendor Contract for the new school year.
3. Nutrition Manager submits draft menu to Policy Council and Governing Board for approval before leaving for summer break.
4. Nutrition Manager has CACFP Contract Continuation placed on the Policy Council and Governing Board Agendas for approval before leaving for summer break. (A form is signed by the PC and GB chairperson after approval and minutes from the GB are submitted with the new Contract Application.)
5. Nutrition Manager submits draft menu to contracted Dietician for approval before submitting with contract application to Texas Department of Agriculture. (Approved menu will be submitted as part of the new Contract Application.)
6. Nutrition Manager begins the electronic application process around the first of August. (CACFP Budget and personnel information must be uploaded into the system. All applicable licensing documents must be submitted with the application.)

7. CACFP Contract process is completed and approved before the new contract year begins the first day of October.
8. CACFP budget is monitored and tracked at least monthly by Nutrition Manager, Head Start Director, and the Finance Director.



# On-Going Monitoring

## Standard Operating Procedures Manual

*Aligned with the 2016 Head Start  
Program Performance Standards  
(Standards 1302.100 – 1302.103)*

*Revision 10/20/2021*

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## Website Addresses for Regulations

**45 Code of Federal Regulations Part 74**

**45 Code of Federal Regulations Part 75**

**2 Code of Federal Regulations Part 200**

**(Program specific)**

*http://www.gpoaccess.gov/cfr/ **Head***

**Start Program Performance Standards**

*http://www.eclkc.ohs.acf.hhs.gov*

**State Licensing Minimum Standards**

*http:// www.dfps.state.tx.us ›.....› [Child Care Standards And Regulations](#)*

# INTRODUCTION

The following plan and procedures are intended to provide an overview of the monitoring activities of CSNT Head Start/Early Head Start. The primary purpose of the plan and procedures is to document that the Program is performing monitoring in compliance with the requirements of the Head Start Program Performance Standards and the OMB Circulars.

The plan and procedures have been approved by the Governing Board and the Policy Council. All staff are to comply with the plan and use the procedures when monitoring appropriate areas.

# **MONITORING PLAN**

With the implementation of the Head Start Program Performance Standards, it is required that programs have efficient and effective monitoring systems. A study by the United States General Accounting Office (GAO) indicated that when effective, comprehensive monitoring procedures were lacking there were significant deficiencies in contract oversight and performance.

It is the intent of the program to develop and implement a comprehensive integrated monitoring process to meet or exceed the requirements set forth by local, state, and federal requirements. We also intend to work closely with the funding agency and provide support necessary to ensure that the CSNT Head Start/Early Head Start Program meets or exceeds financial and programmatic expectations.

## **Regulatory Requirements**

It is the intention of the Program to perform monitoring in compliance with the Head Start Program Performance Standards and any other local, state, or federal regulations that apply. The specific regulations consist of all of the Code of Federal Regulations that applies to Head Start/Early Head Start, the new Head Start Program Performance Standards, and Texas Child Care Minimum Standards.

The monitoring procedures will address these regulations and tests will be performed, as appropriate, based upon our preliminary risk assessment.

## **Monitoring Responsibilities and Timing**

Monitoring will be performed by the Head Start/Early Head Start staff. This staff will consist of the Head Start Director, Curriculum Director, Program Monitor, Administrative Staff, Finance Department, and program staff. Staff will work closely together to design appropriate monitoring procedures for each Head Start/Early Head Start management/content area.

Monitoring will be done that provides maximum cooperation and involvement of the program staff.

Results will include suggestions for training or technical support and positive comments as well as findings and recommendations.

## **On-going Monitoring**

During each school year, on-going monitoring will be completed in the Head Start/Early Head Start Program. The extent of the on-site monitoring, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the risks associated with the program, Campuses, and Administrative Office. The risk classifications and descriptions are as follows:

*Low Risk* – No monitoring findings, experienced staff providing services, small campus, well-trained staff, positive relationships with staff, and excellent history of performance in all areas.

*Medium Risk* – Mentoring performed, some minor monitoring findings in the past, large campus, change in staff, new or relatively new service providers, and somewhat less than excellent history of performance in the past.

*High Risk* – Recent major monitoring findings, pass-through entity concerns, large campus, new service providers, major staff turnover, and less than excellent history of performance in the past.

As the risks are evaluated for each area, it is understood that all of the conditions in each category need not be present, and that the assignment of risk is subjective. This information will guide the site choices and the extent of the monitoring.

On-going Monitoring will be performed according to the following schedule:

**TASKS**

Site Visits  
Documentation Reviews  
Staff Interviews

**TIMING**

At least Monthly (follow-ups as needed)

**RESPONSIBILITY**

Directors, Managers, Coordinators,  
Specialists and Campus Staff

**DOCUMENTS/ENVIRONMENTS**

Personnel Records  
Financial Records  
Classroom Environment  
Campus Environment  
Playground Environment  
Transportation/Bus Ride  
Management Records  
Interview Staff  
Interview Parents



MONITORING TOOL FOR THIS AREA (CSNT Head Start/Early Head Start On-Going Monitoring System)

## **Detailed Monitoring**

### **Detailed Monitoring Meeting Schedule**

October/November – **Detailed Monitoring Leadership Meeting**

January – **All Detailed Monitoring completed and submitted to Program Monitor**

January/February – **Program Monitor uploads all Detailed Monitoring into the Child Plus Database**

January/February – **Program Monitor will complete a Detailed Monitoring Summary**

### **Detailed Monitoring Team Leaders and Team Members**

**Team Leaders will be selected for the following areas:**

**Leadership and Management** (Program Governance/Human Resources/Program Management & Quality Improvement)

**Health and Safety** (Health/Mental Health/Nutrition/Safety/Transportation)

**Family and Community Engagement** (Family Engagement/ERSEA/Program Structure)

**Education** (Child Development/CLASS/School Readiness/Disability)

**Fiscal Infrastructure** (Budget Planning-Development/Fiscal Capacity/Budget Execution)

**(No Team Leader assesses at their own area)**

**Teams will consist of program staff/community members/PC Members/Governing Board Members**

**Sites will be selected for each area**

**CLASS will be conducted by certified CLASS observers at selected Campus(es) and classrooms**

### **Tools to be used for Detailed Monitoring**

**Monitoring Protocols & Checklists**

**Child Plus Monitoring Forms**

**CLASS Observation Forms**

**Classroom Observation Forms  
Governing Board Interview Questions  
Policy Council Interview Questions**

**(Detailed Monitoring should consist of site visits/document reviews/interviews)**

### **Results of Detailed Monitoring**

**Teams will meet after all areas assigned to the Team have been completed**

**Teams will analyze the data from the monitoring:**

**Areas of strength – areas where the program exceeded the standard**

**Areas of weakness – areas where the program struggled to meet the standard**

**Areas of non-compliance (non-compliance can only be listed if the standard was not met)**

**(All documents associated with Detailed Monitoring will be turned in to the Program Monitor after the final team meeting)**

### **Summary of Detailed Monitoring**

**Program Monitor will upload the results into Child Plus**

**Areas of Non-Compliance will result in a Corrective Action Plan**

**Corrective Action Plans will be assigned to the staff member that oversee the area where the non-compliance was found**

**Staff members with non-compliances from Detailed Monitoring are responsible for correcting areas of non-compliance – a completion date will be assigned for the corrective action plans**

**Program Monitor will create a summary of Detailed Monitoring Results that will be part of the data for the Self-Assessment Team**

### **Grant Requirements**

**The Head Start/Early Head Start Grant will be reviewed during Finance Meetings prior to funding request to ensure that all of the requirements included in the various regulations are being addressed. A data analysis will be prepared indicating that the review was performed, any special conditions or considerations as a part of the monitoring, and any CSNT Head Start/Early Head Start Grant changes that may affect the monitoring process will be addressed.**

### **Desk Reviews**

Monthly Progress Reports including financial and programmatic performance data will be gathered for analyzation by staff. The Program Monitor will be responsible for tracking compliance in all programmatic areas and the Head Start Director/Executive Director will be responsible for all areas including finance. This will require the finance department to report appropriate cost and revenue categories so that the program reporting matches the general ledger reporting categories. Management staff will also be responsible for monitoring their areas for compliance monthly.

Reports from campuses/management staff will be reviewed monthly. The monitoring data will be analyzed and prepared discussing issues of timeliness, trends, performance to date, spending rates in line items and budget to actual expenditures. All variances/trends will be addressed immediately by the Finance Director, Executive Director, Head Start Director and appropriate program staff, as necessary.

**TASKS**

Desk Reviews  
(Monthly Program Progress Reports  
And On-going Monitoring Reports)

**RESPONSIBILITY**

Program Monitor  
Management Staff  
Financial Staff  
Campus Staff

**TIMING**

Monthly (follow-ups as  
needed)

**DOCUMENTS/ENVIRONMENTS**

Child Records  
Personnel Records  
Financial Records  
Classroom Environment  
Campus Environment  
Playground Environment  
Transportation/Bus Ride  
Management Records  
Interview Staff  
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

**On-Site Reviews**

On-site reviews will be performed at least monthly. The level of monitoring done will be based on the risk assessment and desk review findings. A report will be prepared indicating the monitoring performed during the site visit.

All program areas will be monitored on at least a monthly basis. The nature and timing of the visit can vary according to the risk assessment, as well as items needed, and any special concerns. Training and technical support issues will be discussed and positive comments prepared along with any findings and recommendations.

The results of on-site reviews will be discussed and a document presented for discussion purposes. All follow-up visits will be conducted in a timely manner. The resolution of any findings will be considered a joint effort between the staff and management. All findings should be corrected within 45 days of the on-site visit unless otherwise documented.

**TASKS**

On-Site Reviews

**TIMING**

Monthly (follow-ups as needed)

**RESPONSIBILITY**

Program Monitor  
Management Staff  
Financial Staff  
Campus Staff

**DOCUMENTS/ENVIRONMENTS**

Children's Records  
Personnel Records  
Financial Records  
Classroom Environment  
Campus Environment  
Playground Environment  
Transportation/Bus Ride  
Management Records  
Interview Staff  
Interview Parents

MONITORING TOOL FOR THIS AREA (CSNT MONITORING FORMS, MONTHLY PROGRESS REPORTS INCLUDING MIP REPORTS)

**Closeout of Corrective Action Plans**

Upon receipt of the Corrective Action Plan (CAP), the Head Start Director or his or her designee will review the report, the status of all findings, and any other issues relevant to the program. The Head Start Director will discuss the report with the Program Monitor or other relevant staff, regarding any items in question. As soon as all findings are cleared, the CAP will be closed in the system.

## **MONITORING RESPONSIBILITIES**

The following is a list of the monitoring responsibilities:

### **Head Start Director – (Leadership Team, Management Team & Program Managers)**

Bi-monthly – Finance Meetings (Finance Director/Executive Director), Administrative Staff Meetings/Budget Meetings (All HS Administrative Staff/Executive Director).

Monthly – ERSEA (Attendance Reports), Monitoring for Compliance Reports - all programmatic areas, CSNT Monthly Progress Reports, PIR Data – all areas, Finance/Budget Reports, Campus Director Meetings

Quarterly – Personnel records, Classroom Assessment Scoring System Reports, Teacher Training Hours – Report, Progress on Program Goals, School Readiness Goals, and Family and Community Partnership Goals

Annually – Self-Assessment Report(s), Program Information Report, Community Assessment Data

### **Education Team**

Monthly – Program Progress Reports, Monitoring for Compliance Education (Classroom site visit and Documentation review) at least one Campus per month, Teacher Coaching/Mentoring Site Visits (every teacher at least once per month), Monthly Compliance Report for Education (PIR Data), Budget Reports

Bi-annually – Classroom Assessment Scoring System (on-site observation), School Readiness Committee Meetings, ISD Partnership Meetings

Quarterly – Campus School Readiness Meetings (Discuss/Analyze Data)

Annually – Self-Assessment Team Leader/Member

### **Family Service Administrator**

Monthly – Program Progress Reports, Monitoring for Compliance ERSEA/Family & Community Engagement (Site Visits/File Checks/Parent Interviews) at least one Campus per month, ERSEA (Attendance) Reports,

**Monthly Compliance Report for Family Service (PIR Data), Family Service Meeting, Budget Reports**

**Bi-annually - ERSEA Committee Meeting**

**Annually – Self-Assessment Team Leader/Member**

**Health Implementation Team**

**Monthly – Program Progress Reports, Monitoring for Compliance Health/safe Environments (children’s files/site visits), Monthly Compliance Report for Health (PIR Data), Budget Reports, Health Implementation Team Meeting**

**Bi-annually – Health Advisory Committee Meeting**

**Annually – Self-Assessment Team Leader/Member**

**Disability/Mental Health Specialist**

**Monthly – Program Progress Reports, Monitoring for Compliance Report Disability/Mental Health (children’s files/site visits) at least one Campus per month, Monthly Compliance Report for Disability Mental Health (PIR Data), ERSEA/Attendance Report, Budget Reports, Health Implementation Team Meeting**

**Bi-annually – Health Advisory Committee Meeting**

**Annually – Self-Assessment Team Leader/Member**

**Transportation**

**Monthly – Program Progress Reports, Monitoring for Compliance Transportation (children’s files/site visits/Bus Rides) at least one Campus per month, Monthly Compliance Report for Transportation (PIR Data), Budget Reports**

**Annually – Self-Assessment Team Leader/Member**

**Nutrition**

**Monthly – Program Progress Reports, Monitoring for Compliance (children’s files/site visits during meals) at least two Campuses per month to view each meal service at least once per year though one announced and two unannounced monitoring visits (Monthly Compliance Report completed by Nutrition Manager with CACFP data), budget Reports, and**

**PIR Data, Health Implementation Meeting**

**Annually – Self-Assessment Team Leader/Member, CACFP announced and unannounced monitoring visits (Schedule is according to CACFP regulations/requirements)**

**Program Monitor**

**Monthly – Program Progress Reports, Monitoring for Compliance (at least one programmatic area per month) (children’s files/site visits/bus rides) at least one Campus per month, Monthly Compliance Report for Program Monitoring (PIR Data), In-Kind Report, Track Monitoring Compliance  
Bi-Annually – Monitoring for Compliance Safe Environments (Each Campus)**

**Annually – Self-Assessment Team Leader/Member, Program Management Monitoring for Compliance**

**Finance Department Monitoring**

**Monthly – Budget Reports (See Financial Policies and Procedures for more detailed information)**

**Annually – Self-Assessment (Finance is Monitored by Board Treasurer) (On-Site Review of Documents/Interview Finance Director)**

**Program Management Monitoring for Compliance (by Program Monitor) (On-site Review of Documents/Interview Finance Director), Annual Audit by outside Auditors**

**Campus Directors**

**Monthly – Campus Director Monitoring Form (On Site/Document Review)  
Campus Director Meetings**

**Quarterly – School Readiness Team Meetings (Discuss/Analyze Data)**

**Management Staff monitor all areas of the program on a regular basis according to the regulations and standards. This list is not inclusive of all of the monitoring that is done on a daily basis and as needed. Management staff has the ability to monitor on an as needed basis according to information and data that they receive.**

**Each staff person is responsible for monitoring their work on a daily basis. Supervisors are responsible for monitoring the staff that they supervise to make sure that quality services are provided to children and families.**



# **SELF-ASSESSMENT PROCESS**

## **Self-Assessment Overview**

**During each school year, a self-assessment will be completed by the Program. The extent of the on-site assessing, the number of site visits, and the amount of on-going contact with staff/parents in each area will be based on the results of the program data that is used during the assessment. The data that will be used during self-assessment will include:**

**On-going Monitoring – Quarterly Monitoring Reports and Detailed Monitoring Reports.**

**Program Information Reports – Annual Program Information Reports. (Following the 5-year grant cycle.)**

**Program Goals – Quarterly Progress Reports on goal implementation.**

**School Readiness Goals – Quarterly Progress Reports on goal implementation.**

**Family, Parent, and Community Engagement Goals – Quarterly Progress Reports on goal implementation.**

**Child Assessments – Quarterly Child Assessment Reports on areas of strengths and weaknesses.**

**CLASS (Classroom Assessment Scoring System) – CLASS observation reports.**

**Monthly Progress Reports – Monthly Program Progress Report Summary for the 5-year grant cycle.**

**Financial Reports – Annual and Monthly Financial Report Summaries**

**Any other data that would be relevant to the Head Start Program’s analyzation of the implementation of program services and the effectiveness of the services within the Head Start service area.**

## **Self-Assessment Implementation**

The Self-Assessment will be performed according to the following schedule:

**What**

Leadership Team

**When**

(Begin Meeting at the end of the 45 day entry into the program deadline)

**Who**

Head Start Director  
Education Team Members  
Health Team Members  
(Administrative, Management, Campus Staff)  
Members of Policy Council, Governing Board, and Community

**Responsibility**

Create SA Schedule  
Elect Team Leaders  
Select Team Members  
Collect Data for Teams And  
Select Team Areas

**What**

Self-Assessment Committee

**When**

(After the Leadership Team Meeting)

**Who**

Head Start Director  
(Administrative, Management, And Campus Staff Members)  
Members of Policy Council, Governing Board, and Community

**Responsibility**

Approve SA Schedule  
Approve Team Leaders  
Approve Team Areas  
Approve SA Report

SA TOOL FOR THIS AREA (SA TOOL FOUND ON THE ECKLC WEBSITE)

Listed below are some of the tools that are available for use during the monitoring and self-assessment process:

*Child Plus Inc.* – Database System for tracking program information pertaining to children, families, and personnel

*CIRCLE Child Assessment (CLI Engage)* – Database System for tracking children’s developmental progress in each of the Head Start Framework Domains

*CLASS* – Classroom Assessment Scoring System

*DIAL 4* – **Speed Dial is an early learning screener used to track the development of children entering the Head Start Program.**

*ECI Engage Development Checklist* – **EC Developmental Checklists is an early learning screener used to track the development of infants and toddlers entering the Early Head Start Program.**

*MIP* – **Financial database tracking system and system for Payroll and Personnel Data Tracking each of the Head Start Framework Domains**

*Circle* – **Database System for assessing children’s development levels in Mathematics and Language/Literacy (Part of the Texas School Ready System)**

*Frog Street AIM* – **Database System used for assessing children's developmental progress levels in**

*Monthly Progress Reports* – **CSNT Head Start spreadsheet used to track monthly progress in each content area and for the program.**



# Recruiting and Hiring Staff

## Standard Operating Procedures Manual

*Aligned with the 2016 Head Start  
Program Performance Standards  
(Standards 1302.90 – 1302.94)*

*Revision 4/8/2022*

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# INTRODUCTION

The following policies and procedures are intended to provide an overview of the procedures used to recruit, interview, and hire new staff to the Head Start and Early Head Start Programs.

These procedures have been approved by the Governing Board and the Policy Council. All policies and procedures listed in this manual are to align with the Personnel Policies and Procedures adopted by the Agency and with the Head Start Performance Standards Subpart I – Human Resources Management.

# OVERVIEW

These policies and procedures are to provide guidance on the steps implemented when recruiting and hiring new staff. There are times when some or none of these steps will be implemented as when staff are considered returning staff or when staff are transferring to another position within Head Start or Early Head Start.

# BACKGROUND

CSNT has had to change some of the recruiting and hiring practices that have been established in the Agency for a long period due to the pandemic. The ways in which staff are recruited and hired has changed. Many of the face-to-face meetings and practices are now implemented virtually. The Agency has taken the practices that work best when recruiting and hiring new staff and created this operating manual.

## Recruiting New Staff

1. The Human Resource Director will post open or new positions on Indeed as well as internally at each location within the program. The jobs will be posted immediately following a resignation, termination, or creation of a position.
2. The Program Manager may also work with partnership School Districts to post open and new Head Start/Early Head Start positions to partnership District websites as well as the Region VIII ESC. Only positions open at the District Head Start site would be posted on the District Website.
3. The Human Resource Director and/or other management staff will attend job fairs and other events within the service area to attract potential new hires to the Agency and the Program.

## Application Process

1. The Human Resource Director will check Indeed for potential applicants. The information on potential applicants will be placed in a file in the Human Resource Director's Office.
2. When the open position closes, the Human Resource Director will

send all potential applicant information to the Head Start Program Manager.

3. The Head Start Program Manager will also look over the potential applicant's information along with the Lead Management Staff in that Content Area. They are looking for applicant qualifications that match the job posting.
4. If more information is needed from a potential applicant. The Head Start Program Manager will reach out to the applicant via email, Indeed Website, or by phone, and request the additional information that is needed.

## **Interview Process**

1. The Human Resource Director will create an interview team that consists of a Content Area Expert, Supervisor for the open positions, and one other staff person that serves in a position at or above the open position. The Program Manager will assist the Human Resource Director with scheduling interviews if needed. Other members of the interview panel will be added as necessary. Most interview panels will consist of no more than three people. (No one will interview a potential new hire that will supervise them.) Best practices specify that interview panels consist of staff knowledgeable of the open position. The interview panel should also consist of management staff in a related job field as the open position, but always be in a management or supervisory position above the open position.
2. The Human Resource Director will schedule a virtual interview for potential applicants that meet the qualifications for the open position. The HS Program Manager will assist with scheduling the interviews, as needed.
3. One person on the interview panel will be selected to ask the questions. This person will state the position, location, and pay rate, if applicable, for the position before they begin asking the interview questions. Interview questions are asked from a pre-determined list based on the position. Each member of the interview panel scores the answers with a numerical rating from (1) to (5). One being the least possible and (5) being the highest possible score.
4. The Human Resource Director will total interview score sheets for each applicant. The applicant with the highest score will be the selected new hire unless there is information that would make another applicant a better fit for the position. This can happen when applicant scores are very close or when the same interview panel was unable to interview all of the candidates.

## **Background Check Process**



1. The Human Resource Director will contact the selected applicant from the interview process to have them complete the required background check screens before being considered for the position (HSPPS 1302.90 (a-b)).
2. The Human Resource Director will assist the selected applicant in completing the background check screen through the Texas Department of Family and Protective Services. The Human Resource Director will assist them in completing the Agency background check screen.
3. If both background check screens clear, the applicant can be considered for the open position. Head Start standards require all potential new hires clear a state and FBI background check before being hired to a Head Start or Early Head Start position.

## **New Hire Orientation Process**

1. All new hires must complete a physical examination and a drug screen prior to starting to work in their new position. The Human Resource Director will schedule the physical prior to starting the new hire orientation.
2. New hire orientation will be completed by all new staff. The Human Resource Director has the new hire complete required paper work.
3. The Human Resource Director will explain the personnel policies found in the personnel policy handbook. New hires can ask questions and discuss any or all of the policies.
4. The Human Resource Director or HS Program Manager will schedule the date and time for the new hire to meet with the Head Start Management Team. During this time, the new hire will receive training on the Head Start Program and the Head Start Program Performance Standards that guide the program.
5. New hires will spend three to five days with a mentor that is currently working in the same position as them. The Mentor will train the new hire on the day to day functions of the position. The mentor will document the areas where they mentored the new hire. They will list any additional training that is needed for the new hire. This paperwork is returned to the Program Manager.
6. The Program Manager schedules additional training for the new hire in their position.



**Staff**  
**Development**  
**&**  
**Training**

Standard Operating  
Procedures

*Aligned with the 2016 Head Start  
Program Performance Standards*  
**(Standards 1302.90 – 1302.94)**

*Revision 10/20/2021*



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# **NEW HIRE ORIENTATION OVERVIEW**

CSNT Head Start/Early Head Start provides orientation to all new staff and volunteers. Orientation for staff consists of an introduction to the Head Start/Early Head Start goals and the underlying philosophy of the program. New staff are also given copies of the Head Start Program Performance Standards and are introduced to each component of the program including the Management Team. The Human Resource Director will familiarize new staff to the CSNT Personnel Policies and Procedures, and the Program Manager will educate them on the proper methods for identifying and reporting child abuse. Transportation/Bus Monitor training is also available to all new staff/volunteers during orientation. This orientation is provided to all new staff. Staff rehired within six months are not required to complete new Hire Orientation.

The orientation for volunteers is provided in the campus by the Campus Director. They are given a Campus Operating Manual that details all of the information about the volunteer program at CSNT Head Start/Early Head Start. All information on volunteers is monitored and tracked at the campus level.

Orientation for parents is provided during parent orientation in the Campus by the Family Service Worker. Documents are discussed and signed with the parents. Parents also receive a copy of the Campus Operating Manual that outlines the parent's civil rights and procedures on how to report when they feel there has been a violation.

## **New Hire Orientation for CACFP Staff**

Staff that are hired to work within CACFP are given an orientation to the program. Staff participates in the program new hire orientation that includes information on policies and procedures, regulations that govern the program, child abuse reporting, bus monitoring, and the Head Start/Early Head Start philosophy.

Once the employee completes this process, they meet with the Nutrition Manager to discuss the CACFP basic food service and how to complete the forms associated with this process. The employee normally spends three days completing this process at the administrative office.

Once this process is completed, the employee will spend five days in the field working side-by-side with a CACFP certified cook. During this time the employee will complete all of the training listed on the Food Service Employee Basic Training on Policies and Procedures. Once the five-day training is completed by the employee, the cook providing the training, the Campus Director, and the Nutrition Manager sign the form. A copy is kept in

the employee personnel file in the administrative office and at the Campus office. The Nutrition Manager also keeps a copy for their records.

(All new staff that perform key administrative activities for the Child and Adult Care Food Program go through the same training that is listed above, along with administrative type trainings through the Texas Department of Agriculture.)

**Goals for the professional development and training component:**

Goal: To improve student performance at each Head Start and Early Head Start Campus in the CSNT service area by providing quality staff development and parent training.

Objective: To provide quality-training opportunities to staff, parents, Policy Council and Governing Board members that meets a diverse range of levels, interests, experiences, and circumstances.

Expectations:

- To provide state of the art training for staff and parents.
- To manage and assist career development with ideas for growth and development for upward mobility.
- To provide up-to-date training materials and accurate information to Head Start staff and parents.
- To promote parent involvement and valuable parent-teacher team building.

# Professional Development and Staff Training Process:

The following approach is taken when planning and delivering a quality comprehensive training program:

- 1.) The Head Start Director and administrative staff share the responsibility for the staff development process. This is accomplished by collaborating with and providing necessary information to Training.
- 2.) Review of the Head Start Program Performance Standards, Program Operating Policies and Procedures, and the Program Operating Manuals to ensure that the activities in each area are integrated into the Staff Development Plan. For example, the Health and Safety area would include training activities to ensure that all staff responsible for health screenings are trained in a timely manner to allow them to meet the 45-day time frame.
- 3.) Review job descriptions to ensure compatibility with training goals. Each staff member develops individual goals to be reviewed during the Annual Performance Evaluation. Professional Development Plans will be developed as a part of the Performance Evaluation System.
- 4.) Assess individual and program training needs using information from staff performance appraisals, individual surveys, Community Assessment, Self-Assessment, Head Start Program Performance Standards, and the Service Delivery Plan.
- 5.) Determine resources available (time, money, staff, etc.).
- 6.) Develop a training calendar.
- 7.) Present training budget to Policy Council and Governing Board.
- 8.) Implement the training plan.
- 9.) Document training efforts, attendance, and results.
- 10.) Evaluate and provide appropriate follow-up.

## **Staff Development and Training Handbook**

### **Section I.A. How to Request Training**

Any staff member of the Head Start and Early Head Start Programs can request training sessions.

This can be done by:

- a. Completing a Training Request Form. Anyone wanting to request a training session or series of training sessions should complete this form and forward it to the Program Manager. The Training Request Form is available from the Community Services Website or from the Campus Director.
- b. Training is also requested through staff surveys on at least an annual basis.
- c. DO NOT submit verbal request for training that you would like to attend. ALL REQUESTS FOR TRAINING MUST BE SUBMITTED ON A TRAINING REQUEST FORM.

### **Section I.B. New Hire Orientation**

1. All new employees are required to participate and complete New Hire Orientation before they begin their jobs. If New Hire Orientation is not offered before that date, the employee will be scheduled for the next available session and will be allowed to begin their job. (This is allowed only when program services are interrupted due to an opening in that position.)
2. New Hire Orientation covers a variety of training that consists of training provided at the Linden Administrative Offices and on-the-job training provided at the new employee's campus.
  - a. Agency Operation: This aspect of training includes a description of the agency and the programs that are under the agency umbrella, a list of agency personnel and phone numbers with extensions, and personnel policies, such as dress code, organizational chart, use of time sheets, paydays, job description, disciplinary procedures, etc.
  - b. Program Implementation: This aspect of training includes child abuse reporting regulations, Head Start Standards of Conduct, discussion of Head Start Program Performance Standards, discussion of Texas Child Care Licensing Minimum Standards, Child and Adult Care Food Program Training, the proper way to lift blood borne pathogens, program policies and procedures, etc.
  - c. Campus Orientation: This aspect of training includes information on the daily operation of the campus including application of job specific procedures and job description performance details, the



use of time sheets, campus schedules, fire and weather drills, tour of campus, minimum standards, etc.

3. The Head Start Director is responsible for overseeing that New Hire Orientation is conducted on a regular basis. Assigned agency personnel will conduct the New Hire Orientation.
4. State and federal guidelines require that all staff have Orientation records available for auditing at the Administrative Office Personnel Files and at the Campus Staff Files.

### **Section I.C. Training Records and Information**

#### 1. Training records and responsibilities

- a. The Program will keep a database on all in-agency training activities that are sponsored by the Program. The information on the database is supplied through Sign-In Sheets. In cases where a staff member receives training through organizations outside of Community Services, the staff person is responsible for supplying a copy of the training certificate for their personnel file in the Administrative Office and at their Campus.
- b. All individual staff members are responsible for keeping updated Training Log Sheet(s) of their training at their workplace in case there are data entry errors or Sign-In Sheets are not submitted.

#### 2. Instructor's responsibilities

- a. Instructors should notify the Program Manager of any training activities prior to the scheduling of the activity. This will allow time to answer questions that anyone might have concerning training activities, prevent scheduling conflicts with groups or rooms, allow the Program to support the activity, and to monitor the subject matter of the training.

b. Provide the following information and documents within five working days after the training activity:

1. Completed Sign-In Sheet
2. Printed name of participants
3. Job title of participants
4. Staff ID# of participants
5. Job location of participants
6. Name of training activity
7. Date of training activity
8. Time of training activity
9. Length of training activity (in hours)
10. Name(s) of instructor(s)

## 11. Outline or summarize the training content

\*If training is to be eligible for CEU certification, the following must be on file: Statement of Specifics Form related to the topic, length and content of the training; a Vita or Resume of the instructor(s) and completed evaluation sheets from participants.

### 3. Participant responsibilities:

- a. Participants are to print names clearly on the Sign-In Sheet, include job title, job location and Staff ID#.
- b. Participants must not sign more than one Sign-In Sheet per training session.
- c. It is considered fraudulent and will require disciplinary action if:
  - A participant signs someone else's name on a Sign-In Sheet.
  - A participant signs a Sign-In Sheet and does not attend the training session.

### 4. Training Reports

- a. The Program Manager will email the Campus Director a reminder to print Child Plus Training Reports each September/October, January/December, and May/June.
- b. This report will contain:
  - Training activities per staff member, length of each training session, dates of training sessions, category of each training session, job title of staff, and Staff ID number.

\*Copies of this report can be requested at any time by Campus Director. Because of the length of these reports, do not ask that it be FAXED to the Campus.

- c. Training reports of individual staff can be issued upon request from employee. (Allow at least five working days).
- d. Unless otherwise requested, these reports will include name of staff, name of training sessions, dates of training, length of sessions, and categories of training.

## **Section I.D. Training Conferences**

1. The Program sponsors trainings conferences throughout the year. Some of these include the Pre-Service Training Conference (usually in early August), Summer Training Conference (usually in June/July), and the Policy Council and Governing Board Training (throughout

the year).

2. The Program may also sponsor Training Days during each school year. These are days that may correspond to the local ISD Staff workdays. These are days where children are not in attendance.
3. Unless otherwise informed, all staff are to attend and participate in all Pre/In-Service Training and any Agency Training Conferences.
4. staff required to attend Training Day activities will be notified by their supervisor.
5. Participants at training conferences are required to use sign-in and out sheets at the beginning and end of each day. Training Session participation should be verified on the participant's time sheet.

### **Section I.E. Training for CEUs**

1. Staff needing CEUs should notify the Program Manager in writing of their need for CEUs so that training activities can be planned to help meet these training needs. Be specific about the number of CEUs needed, special sessions required, and time limitations to acquire the CEUs.
2. The Program has a partnership with Region VIII ESC Service Center to provide trainings to staff. CEUs are provided to staff that attend these trainings. (See Region VIII ESC Partnership for information on how to register for these trainings.)
3. In order for any In-Service training sessions to qualify for CEUs, there are a number of criteria that must be met. These criteria are primarily the responsibility of the training instructor. Training has developed a number of forms to meet these criteria.
  - a. A resume or vita must be on file in Training for the instructor.
  - b. An outline of the training session must be submitted.
  - c. A Sign-In Sheet must be submitted.
  - d. Evaluation Sheets must be submitted.
  - e. A Statement of Specific Form must be submitted that contains the objectives of the training and the purpose and benefits of the training.

### **Section I.F. Virtual Learning**

1. Some of the training provided by Community Services is conducted through virtual learning modes.
2. The verification or signature page is required to be submitted to Training within five working days of the date of completion of the

training.

2. Although it is not true for all of our virtual training, most of this training is for the purpose of reinforcing previous training or enhancing prior training. Virtual training has as its goal to provide training that is required of staff in a way that is less intrusive of staff time than traditional classroom type training. This training is primarily in subject areas that are required on an annual or frequent basis.

## **Section I.G. Training Requirements**

### **A. In-Agency Requirements**

1. Campus Directors are required to keep training records of all staff they supervise. Administrative staff have the advantage of delegating this task to Administrative Coordinators or the Human Resources Director, since this area is close enough at hand to be convenient.
  - a. In-agency training reports will be forwarded to Campus Directors as needed, but out-of-agency training will not be included on these reports.
  - b. It is suggested that staff who attend out-of-agency trainings keep track of these trainings on their training logs and provide training certificates to supervisors and on a regular basis.
2. \*Teachers are required to post in a prominent place in their classroom:
  - a. College diplomas in Child Development, Early Childhood Education, or related fields. All posted diplomas must be a clean copy. (Other non-related diplomas are not to be posted in or around the classroom.), or
  - b. Current CDA certificates or a clean copy of CDA certificates. (Expired CDA certificates must not be posted.), and
  - c. Current First Aid/CPR certification card or a clean copy of First Aid/CPR certification card. (Expired First Aid/CPR certification cards must not be posted.)
  - d. These certifications or diplomas are required by Head Start standards and/or Texas State licensing requirements. They must be posted in a very visible place near the entrance to each classroom or next to the door outside the classroom.
  - e. Teachers may also post other training certificates received, but the posting of other certificates must not block or detract from the other required posted documents. Other certifications or

certificates must be directly related to childcare training and can only be posted during the school year(s) in which the certificate is current. Any other certificates not required to be posted must have Campus Director's approval.

*\*This is for Child Care Licensed Classrooms only and not ISD Contracted Classrooms*

For training activities, such as, CEUs or other professionally related training, these may be approved through the employee's supervisor, but is limited to no more than 32 hours per calendar year and not more than a total cost of \$500.00. The 32 hours and \$500.00 is the outside limit, not a guarantee. These limits would not include Head Start/Early Head Start or NAEYC related conferences.

## B. Head Start Program Performance Standards Training Requirements

1. Teacher In-Service Requirements:
  - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year in Classroom management and EC Education.
  - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
  - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
2. Annual training in child abuse and positive discipline will be provided

## C. State Child Care Licensing Standards Training Requirements

1. A record in the personnel file of training hours, the instructors, dates of training, and the subject areas of training.

Minimum Standards requires staff have 24 clock hours from the following list:

At least six clock hours from:

1. Child Growth and Development
2. Guidance and Discipline
3. Age-Appropriate Curriculum
4. Teacher Child Interactions

At least one clock hour must focus on the prevention, recognition, and reporting of Child Abuse and neglect including:

1. Factors including a child is at risk for abuse or neglect
2. Warning signs indicating a child may be a victim of abuse or neglect
3. Internal procedures for reporting child abuse or neglect and
4. Community organizations that have training programs available to child-care center staff members, children, and parents.

If a caregiver provides care to a child younger than 24 months:

1. Recognizing and preventing shaken baby syndrome and abusive head trauma
2. Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
3. Understanding EC brain development

The remaining clock hours from:

1. Care of children with special needs
  2. Child health (for example, nutrition and activity)
  3. Safety
  4. Risk Management
  5. Identification and care of ill children
  6. Cultural diversity for children and families
  7. Professional development (i.e., effective communication, time and stress management)
  8. Topics relevant to age groups served
  9. Planning developmentally appropriate learning activities
  10. Observation and Assessment
  11. Attachment and responsive care giving
  12. Minimum standards and how they apply to caregiver
2. A record in the Personnel file of documentation of orientation training (746.1303 (a)(b)).
  3. A record in the Personnel file that staff has met the pre-service training requirement.
    - a. New staff must complete the 8-hour pre-service training (a caregiver must complete the remaining 16 hours within 90 days of employment).
      1. Developmental stages of children
      2. Age-appropriate activities for children
      3. Positive guidance and discipline of children
      4. Fostering children's self-esteem
      5. Supervision and safety practices in the care of children
      6. Positive interaction with children
      7. Preventing and controlling the spread of communicable diseases, including immunizations
      8. (if a caregiver provides services to a child younger than 24 months of age, pre-service training must cover the following topics: )
        - a) Recognizing and preventing shaken baby syndrome and abusive head trauma
        - b) Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS)
        - c) Understanding EC brain development

4. The Campus Director must have at least 30 hours of training per year including no less than six clock hours from the following list:
  1. Child Growth and Development
  2. Guidance and Discipline
  3. Age-Appropriate Curriculum
  4. Teacher Child Interaction
  5. Serving children with special care needs
  
5. At least one clock hour of annual training must focus on prevention, recognition, and reporting of child abuse and neglect, including:
  1. Factors including a child is at risk for abuse or neglect
  2. Warning signs indicating a child may be a victim of abuse or neglect
  3. Procedures for reporting child abuse or neglect
  3. Community organizations that have training programs available to child-care staff members, children, and parents
  
5. Annual training hours must also include training on the following:
  1. Emergency Preparedness
  2. Preventing and controlling the spread of communicable diseases, including immunizations
  3. Administering medication, if applicable, including compliance with 746.3803 of this title (relating to what authorization must I obtain before administering a medication to a child in my care?)
  4. Preventing and responding to emergencies due to food or an allergic reaction
  5. Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic
  6. Handling, storing and disposing of hazardous materials including compliance with 746.3425 of this title (relating to Must caregivers wear gloves when handling blood or bodily fluids containing blood?)
    - a. A director with five or fewer years of experience must also complete at least six clock hours of annual training in management techniques, leadership, or staff supervision.
    - b. A director with more than five years of experience must complete at least three clock hours of annual training in management techniques, leadership, or staff supervision.
    - c. The remaining 30 clock hours of annual training must be from 746.1309 of this title (relating to How many clock hours of annual training must be obtained by caregivers?)
    - d. The Director may obtain the clock hours from the same

sources as the caregivers, with the following exceptions:

1. Training hours may not be earned for presenting training to others, with the exception of up to two hours of training on transportation safety.
2. No more than 80% of annual training hours may be obtained through self-instruction.

### **College/Certification Training**

#### **Section II.A. Training, Conferences, Seminars, etc.**

1. Any staff member of the Program can request funds or time away from work for training. This can be done as follows:
  - a. Local training activities
    1. Complete a Training Request Form and show the supervisor's approval by obtaining his/her initials on the training registration form.
    2. Attach the training registration form to the Training Request Form and submit completed and signed forms to Program Manager for processing and approvals by the Head Start Director and the Executive Director
    3. The approved request with a completed Training Summary Form will be submitted to the Program Manager for requisitions and funding for the training
    4. The Program Manger will register the employee(s) for trainings.
    5. Copies of all training forms will be kept at the main office
  - b. Travel request and out-of-town training activities
    1. Complete the registration form from the training event and show supervisor's approval by obtaining his/her initials on the form.
    2. Attach training event forms, registration form and Training Request Form to the Travel Information Form.
    3. Submit completed forms to the Head Start Program Manager for processing and approvals by the Head Start Director and the Executive Director.
    4. The Program Manager will submit a check request with a copy of the Training Request Form, Travel Information Form, and the training registration form to Finance/Accounting for approval and acquisition of funds on all approved training.
    5. The Program Manager will complete the training registration process for all employee(s).
    6. Copies of all training forms will be kept at the main office.



2. Upon completion of the training, the employee is to meet with the Program Manager to reconcile the training. This is to be completed within (10) days of completion of the training.
3. Any employee whose registration and/or travel is provided by the Program must understand that he/she is accountable for professional and responsible behavior that reflects the agency's highest ideals.
4. Due to limitations of funds to provide out-of-town participation in conferences, seminars, etc., the employees who attend are expected to share the information obtained from the training with others in a timely manner.
5. See personnel policy No. 512 for information on travel procedures and expenses.

## **Section II.B. CDA Training Policy**

Procurement and renewal of the CDA is primarily the responsibility of the employee. Assistance from the Program will be provided through Training and Technical Assistance when funds are available.

*Part One:* Procedures and Responsibilities for obtaining the initial CDA certificate:

1. Our agency works with our local community colleges and State adopted web-based programs to provide resources for our employees who are required to obtain a CDA.
  - a. All employees taking a course paid for through the Program must successfully complete the course in and receive their CDA within 2 years. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until this deficiency is corrected.
  - b. All college funded employees must maintain a minimum 2.0 grade point average (GPA).
  - c. All employees seeking a CDA certificate must notify the Curriculum Director in writing at least five days before entering the CDA course and submit copies of paperwork and certificates within at least five days after completion of each course. (These copies will be placed in the Personnel file)
  - d. It will be required for employees to take courses on their own time, but through our collaboration with the community colleges and State-adopted, web-based programs, we will attempt to accommodate employees, as much as possible, to make it more

convenient for them to complete the CDA process.

- e. In order for any staff to be eligible for the Program to pay for their college course, the staff must complete the College Course Request Form and submit the form to the Program Manager within at least five working days prior to the end of the enrollment session for the course.

2. *Supervisor's responsibilities for Classroom staff CDAs:*

- a. The supervisor will conduct a monthly review of CDA status for all staff ensuring that all CDA certificates (or clean copies) are posted in the classrooms or office and that only current CDA certificates are posted.
- d. If CDA status of one or more teaching staff in a Campus is delinquent, it will be required of the Head Start Director to begin disciplinary action with the supervisor by implementing written timelines of correcting this discrepancy.

3. *Assisting employees in obtaining a CDA (per the Improving Head Start School Readiness Act of 2007):*

- a. All Head Start/Early Head Start employees seeking or holding the position of Teaching Assistant on September 30, 2013, must have at least a CDA credential, or be enrolled in a CDA Program and enrolled in an early childhood associate or baccalaureate program per the Improving Head Start School Readiness Act of 2007. Head Start/Early HS Teaching Assistants will have 2 years to complete their initial CDA. Head Start/EHS Teaching Assistants with a current CDA will have 18 months to obtain a new CDA with emphasis in the area where they are working (HS or EHS).
- b. Employees can request that the Program process CDA Assessment Request as well as provide payment of acquisition fees as a part of the benefits that are provided to Head Start employees if funds are available.
- c. The Program, as a part of the benefits that are provided to employees, can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be related to professional development.
- d. All employees taking a course funded wholly or partially by the Program must successfully complete the course in the scheduled time of the course and agree to repay total or

prorated amount of tuition if employment is terminated less than one (1) year after employee completes course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee reimburses the Program for the cost of the course.

*Part Two: Procedures and Responsibilities for renewal of the CDA certificate:*

1. Teaching Assistant/Campus Director responsibilities for renewing their CDA:
  - a. Staff must complete a college course or obtain 4.5 CEUs that are applicable to CDA renewal guidelines, in order to be eligible for CDA renewal.
  - b. No later than two months and no earlier than four months prior to the expiration date of the CDA, staff must submit to the Program Manager all materials needed to apply for CDA renewal.
  - c. Any staff who has not renewed their CDA prior to the expiration of the certificate will be placed on 90-day probation and is required to show renewal certificate or documentation of appropriate materials sent to the Program Manager before the end of the 90-day period.
  
2. CDA Reporting Guidelines:
  - a. All documents sent to the Program Manager related to the procurement of the CDA, including the CDA certificate, must have included on the document the individual's Staff ID number.
  - b. Clean copies of CDA certificates are to be sent to the Program Manager within five working days of receipt of this document.
  - c. First time CDA certificates are to be sent to the Program Manager along with a completed Request for Pay Raise Form within five working days of receipt of this document.
  
4. CDA Exceptions:
  - a. If a Teaching Assistant/Campus Director has a college degree from an accredited college or a current Texas State Paraprofessional Certification, the Teaching Assistant/Campus Director is not required to have a/or maintain a CDA certificate.

## **Section II.C. Improving Head Start School Readiness Act of 2007: Teacher Degree/Certificate Requirements**

1. All Head Start employees seeking the position of CSNT Head Start Lead Teacher must have at least a baccalaureate degree in Child Development or Early Childhood Education. Although the Improving Head Start School Readiness Act requires that at least half the Head Start Teachers nationally will have a baccalaureate degree, CSNT policies establish a goal that all CSNT Head Start employees that hold the position of Lead Teacher will have at least a baccalaureate degree by September 30, 2013.
2. All CSNT Early Head Start employees holding the position of Lead Teacher will have at least a CDA or comparable credential and have been trained or have equivalent coursework in early childhood development with a focus on infant and toddler development. If there are no candidates for hire with the required credentials, CSNT will hire an employee to work as a General Support Staff in the Early Head Start Classroom, while actively seeking an employee with the required credential. The General Support Staff will have one year from the date of employment to obtain the required credential. Once the General Support Staff obtains the required credential, they will be offered the Early Head Start Lead Teacher position. If someone is hired with the required credential at least 90 days prior to the General Support Staff receiving the required credential, the credentialed employee will be hired for the Early Head Start Lead Teacher position. The General Support Staff employee will be moved to another open position if one is available. CSNT Early Head Start Lead Teachers that have a Pre-K CDA will have 18 months to obtain a CDA or comparable credential with emphasis in infants and toddlers.
3. As a part of the benefits that are provided to all Head Start/Early Head Start employees, the Program can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area including achieving Texas Teacher Certification. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and the courses must be linked to the employee's professional development plan.
4. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course, agree to work for Head Start/Early Head Start for one (1) year after completing the course, and agree to repay the total or prorated amount of tuition, if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course

will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.

5. Head Start Lead Teachers that receive a bachelor's degree that is funded by the Program must agree to teach or work for Head Start for three (3) years after receiving the degree and agree to repay the total or prorated amount of tuition, if employment is terminated less than three (3) years after the employee receives the degree.
6. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of college courses by the Program until the situation has been corrected at the employee's expense. Head Start/Early Head Start employees are expected to pass all courses that are funded wholly or partially by the Program.
7. All employees utilizing this benefit must have a copy of their degree plan on file with the Program Manager and submit a copy of their official college grade report after completion of each course.
8. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.
9. For employees who have degrees in other academic areas or from universities outside the USA and are interested in getting a degree in their professional area, the Program can as a benefit to employee pay the fee to have transcripts evaluated. It is the employee's responsibility to have the degree plan translated, evaluated and to work with a college to have a current, working degree plan created. The Program Manager will do the required paperwork to reimburse the employee for necessary expenses if the employee provides the expense receipts. These expenses will be paid only if funds are available.

#### **Section II.D. Professional Development Courses**

1. The Program as a part of the benefits that are provided to all Head Start employees can provide tuition and fees up to \$2,000 per calendar year per employee, if funds are available. These funds can be used to obtain college credit in an area that will strengthen the skill level of the employee in their work area. The agency is not obligated to provide work time recompense for taking these courses. All courses are taken on a voluntary basis and must be linked to the employee's professional development plan.
2. All employees taking a course funded by the Program must successfully complete the course in the scheduled time of the course,

agree to work for the Program for one (1) year after receiving the degree, and agree to repay total or prorated amount of tuition if employment is terminated less than one (1) year after employee completes the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will not be funded for further courses until the employee has reimbursed the Program for the cost of the course.

3. All employees must achieve at least a 2.0 GPA upon completion of each college course funded by the Program, or the employee will not be eligible for further funding of courses by the Program until the situation has been corrected at the employee's expense. Employees are expected to pass all courses that are funded wholly or partially by the Program.
4. All employees utilizing this benefit must have a copy of their college degree plan or professional development plan on file with the Program Manager and submit a copy of their official college grade report after completion of each course.
5. All employees seeking funding for college courses must apply for a Federal Pell Grant before completing the College Request Form. Once the employee receives documentation of Pell Grant ineligibility, the employee must complete the College Course Request Form. The Pell Grant ineligibility documentation must be attached.

## **Training Reports and Professional Development Documentation**

### **Section III.A. Reports to Campuses**

1. The Program Manager can provide to each Campus Director, once a year, a training report of all reported training activities for all staff at the director's campus. The report includes:
  - a. Last name of employees.
  - b. First name of employees.
  - c. Job title of employees.
  - d. Name of training activities.
  - e. Training hours involved.
  - f. Category of training (as defined by CDA requirements and compatible with Head Start standards).
  - g. Dates of training activities.
  - h. Name of instructor
2. This report is designed to serve several purposes:
  - a. Provide the Campus Director with a readable and professional report in a concise format for a quick review by the director of training for participation of all

- staff at the campus.
  - b. Provide the Campus Director with a readable and professional report to share with licensing or other standards review personnel.
  - b. Provide the Campus Director with a means to review and correct database errors or deletions.
  - c. Assist the Campus Director in planning for campus-based training activities.
  - d. Assist the Campus Director in identifying expected competencies of trained staff.
- 3. This report is not inclusive of all available employee training data. If other information is requested, this may be provided if it is available.
- 4. This same type of report is available to all supervisory/managerial staff of the Agency upon written request to the Program Manager. The only limitation for information given is that the information be restricted to only those individuals who need to know the information. It is considered confidential information.
- 5. The Program Manager will specifically design training reports upon written request for Head Start staff with a valid need for this data.

### **Section III.B. Reports to Individuals**

1. Any employee can submit to the Program Manager a written request for his/her training records. Unless other specific data is requested and available, the report will be forwarded to the employee with the following data (if available):
  - a. Employee's last name
  - b. First name
  - c. Job title
  - d. Names of training activities
  - e. Hours of training per activity
  - f. Categories of training (as defined by CDA guidelines and in compliance with Head Start standards)
  - g. Dates of training activities
2. Unless there is a valid need, no training data information will be given to any employee or non-employee unless it is the specific training of the requesting employee or non-employee.
3. Employees are urged to keep Training Logs current. As our data flow improves and our agency becomes more accustomed to channeling all training information through the Head Start Program Manager, we are hopeful we can produce accurate training logs that will not need the employee's input.

### **Section III.C. Graphics, Handouts, videos, etc.**

1. When time permits, copies of training materials for other staff or non-staff will be provided. Typical projects that for others could include:
  - a. Providing equipment to play videos or ZOOM Trainings (See audio/visual equipment).
  - b. Making master copies of participant handouts.
  - c. Making master copies of covers for training materials.
  - d. Making master copies of certificates.
  - e. Making content specific training evaluation sheet(s).
2. Due to department budget limitations, the Program may or may not be able to reproduce in volume copies of materials for training handouts, posters, etc. This might also apply to making multiple transparencies. The requesting department may have to provide the materials.
3. Requests for assistance with graphics, handouts, videos, etc., should be made in writing to the Program Manager. It is often necessary for an appointment to be made so that the person requesting the material can work with staff in the designing of the product.
4. Any staff member conducting training can design his/her own materials. Information Technology staff has had training and experience in how to design and structure Audio Visual materials and are willing to provide consultation or suggestions.

### **Training Equipment and Facilities**

#### **Section IV.A. Audio Visual Equipment**

1. The Program has a variety of multimedia equipment available to staff for training purposes. This equipment includes:
  - a. TV/VCRs
  - b. Computers
  - f. Speakers
  - g. Flip chart easels
  - h. Audio/Visual Screens
  - i. Headphones/Microphones
2. Staff members wanting to use this equipment are recommended to request materials in writing prior to training session to reserve the equipment needed. Equipment is sometimes reserved on a priority schedule, but usually is claimed on a first-contact-first-served basis.
3. Staff using equipment are asked to notify the Program Manager



immediately if there is any problem with the equipment. It is recommended that all equipment be checked prior to leaving Head Start Management Building.

4. Staff using equipment must sign out the equipment through the Head Start Management Building. Also, the staff member signing out the equipment will be responsible for the care and return of the equipment.
5. In case of damage due to an accident or the theft of equipment under the care of a staff member, the Program requires the responsible staff member (the one who checked it out) to file a detailed description of the events related to the equipment. Staff will not be asked to cover the cost of damaged or stolen equipment unless gross negligence or improper storage or use of equipment is established. If other staff members are aware of or witnessed the demise of the equipment, they should also submit written statements of the circumstances.

#### **Section IV.B. Training Facilities**

1. The Program Manager will assist staff or non-staff in locating training facilities that will be adequate for their training needs.
2. When a training facility is needed for staff training, it is asked that the Program Manager be notified in writing of the specific need. This request would include (if the information is known):
  - a. Number of people involved in the training.
  - b. Job locations of the people involved in the training.
  - c. Date(s) and time(s) of the training.
  - d. Training facility setup (classroom style, theatre, open room, etc.).
  - e. Equipment needed, including sound system, Computers, TV/VCR, etc.
  - f. Instructor and/or contact person for training staff.
3. The instructor or contact person arranging the training session(s) is required to take the responsibility for rearranging and/or cleaning the training room when required by the facility.

#### **Section IV.C. Ethics**

The previous sections of this Handbook set forth many of the "rules" governing the standards of behavior expected of HEAD START/EARLY HEAD START staff. This is designed to define the standards of behavior related to training.

The purpose of these rules and procedures are to promote and assist in the process of educating, reinforcing expected behaviors, and accounting for training efforts and money invested. Furthermore, these rules are only of value to the extent that they promote these objectives. They were not designed to replace thinking and sound judgment.

Staff that provide training are considered educators. There are inherent principles that are required of educators: flexibility, creativity and exploration.

We ask that the staff follow the guidelines we have established, but please feel free to talk to us about changes, exceptions, modifications, or adjustments to any of the guidelines outlined in this Handbook. We would be poor educators if we were not willing to be educated.

Critical to all, is that we, as an agency and individually, provide our training services in a non-discriminatory manner, especially as this regards race, color, religion, national origin, gender, disability or sexual preference. Also, we recognize that as an agency of diverse people and backgrounds that serve an even more diverse population in rural Northeast Texas, we must reflect a level of sensitivity and understanding of differences that extends well beyond the legal aspects of "non-discrimination".

To the extent we are willing to be taught, we can teach.

## **Required Training and Professional Development Plans**

### **Section V.A. Professional Development Plans**

1. All supervisors are required to complete a Professional Development Plan annually and return it with their Performance Evaluations.
2. This form is to be completed by the employee and the employee's supervisor.
3. This form is to provide the Program with specific training needs related to:
  - a. Training activities related to strengthening their present job skills. This could involve quantitative or qualitative recommendations.
  - b. Providing employees with training that meets federal, state licensing requirements, etc. (first Aid/CPR, fire safety, etc.)
  - e. Training the employee would need to advance professionally in their present field or in a related Head Start area of employment.

## Section VI.B. Required Training (Nutrition)

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings (Head Start/Early Head Start Nutrition):

1. Our agency works with our local community colleges, universities, and State-adopted, web-based programs to set required courses for our staff throughout the program year.
  - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and must register for the next available course offering. The employee is responsible for completing the courses within three attempts. Any employee who does not meet this requirement within three attempts will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
  - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Program Manager.
  - c. All employees seeking any required certification must notify the Program Manager in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or as soon as notification is received).
2. It will be required for employees to take courses as soon as assigned by their supervisor or the HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course, although the Program will compensate the employee monetarily.
  3. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Program Manager within at least five working days prior to the end of the enrollment session for the course.

Procedures and Responsibilities for obtaining required trainings (CACFP Nutrition):

1. The Nutrition Manager assists CACFP staff in obtaining their required annual training needs. The Nutrition Manager receives annual training through the Texas Department of Agriculture for the Child and Adult Care Food Program and from licensed dietitians/County Extension Agents.
  - a. All CACFP employees are required to obtain 24 hours of training per year with the majority of the training focused on basic knowledge of policies and procedures.
  - b. All CACFP employees are required to have annual Civil Rights training as set forth by the USDA/CACFP regulations. This training will be provided by the Nutrition Manager with assistance from the Human Resource Director. All employees will complete posttest after receiving the training. This document will be kept in the employees' personnel file.

### **Section VI.C. Required Training (Bus Drivers)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management Staff when available.

Procedures and Responsibilities for obtaining required trainings (Bus Drivers):

1. Our agency works with our local Education Service Campus (Region VIII) and local school districts to obtain training for Bus Drivers. This training is required for every new bus driver without the Texas Bus Driver Certification Card and every three years for drivers who have already obtained the certification card.
  - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who drops a course, fails a course, or takes an "Incomplete" for a course will be out of compliance and cannot drive a school bus for the Program. Any employee who does not meet this requirement will be deemed incapable of performing their job functions. This could result in disciplinary action, up to and including termination of employment.
  - b. The employee will be responsible for retaking the course and sending a copy of the registration to the Program Manager to be eligible to drive a Program bus.
  - c. All employees seeking any required certification must notify the Program Manager in writing at least five days before entering the course and submit a copy of their pass or fail notification or the certification within five days after completion of each course (or

as soon as notification is received).

2. It will be required for employees to take these courses as soon as assigned by their supervisor or HR Director. The Program will pay for these courses taken by employees. If the employee takes the course and fails, they will then be held responsible for retaking the course.
  
4. In order for any staff to be eligible for the Program to pay for their course, the employee must complete the College Course Request Form and submit the form to the Program Manager within at least five working days prior to the end of the enrollment session for the course.

#### **Section VI.D. Required Training (Bus Monitor Training)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Bus Monitor Training):

1. Bus Monitor Training is required for every employee and/or volunteer that rides a van/bus with Head Start children.
  - a. All employees taking a course required through the Program must successfully complete the course in the scheduled time of the course. Any employee who does not meet this requirement will be deemed incapable of performing their job functions and will not be able to ride a bus/van with Head Start children. This could result in disciplinary action, up to and including termination of employment.
  - b. The employee will be responsible for retaking the course at a later date.
2. This training is scheduled through the Support Services Manager. The employee should register for the next available Bus Monitor Training.

#### **Section VI.E. Required Training (Safety Evacuation Training)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of content area specialist when available.

Procedures and Responsibilities for obtaining required trainings (Safety Evacuation Training):

1. Safety Evacuation Training is required annually for every employee

and/or volunteer that rides a van/bus with Head Start children.

- a. This training is scheduled through the Support Services Manager. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
- b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus/van with Head Start children until they have acquired this training.)
- c. It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Safety Evacuation Training.

### **Section VI.F. Required Training (Transportation/Defensive Driving)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff when available.

Procedures and Responsibilities for obtaining required trainings  
(Transportation/Defensive Driving)

1. Transportation/Defensive Driving Training is required annually for every employee and/or volunteer.
  - a. This training is scheduled through the Transportation Coordinator. Failure to comply with this required training could result in disciplinary action, up to and including termination of employment.
  - b. If the employee is not able to attend the scheduled training, they will be responsible for retaking the course at a later date. (Employees are not eligible to ride the bus with Head Start children until they have acquired this training.)

It will be required for employees to take courses as soon as assigned by their supervisor or HR Director. The employee should register for the next available Transportation/Defensive Driving Training.

### **Section VI.G. Required Training (15 clock hours for Teachers)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

Procedures and Responsibilities for obtaining required trainings (Teacher 15

clock hours of professional Development)

1. All Lead Teachers are required to have 15 clock hours of professional development per year per Head Start Standard 648A(5)
  - a. Each Lead Teacher shall attend not less than 15 clock hours of professional development per year.
  - b. Professional development shall be high-quality, sustained, intensive, and classroom-focused.
  - c. Professional development will be evaluated for effectiveness through the Classroom Assessment Scoring System (CLASS) at least three times per year.
  
2. Region VIII Education Service Center will provide professional development training for Lead Teachers
  - a. Teachers are required to notify their supervisor in writing of all trainings that they would like to attend through Region VIII ESC – this requires dates and times
  - b. The supervisor must approve the training date and time to assure that campuses will not be short-handed when the employee is attending the training.
  - c. Staff are required to get all training pre-approved that has a fee if the Program will pay for the training.
  - d. Region VIII ESC will provide training reports/Certificates for each employee receiving training. However, staff are still responsible for providing a copy of the training certificate to their supervisor. One copy will be placed in the Campus level personnel file and a copy will be sent to HR at the Administrative Office for their personnel file.

#### **Section VI.H. Required Training (CLASS Reliable Certification)**

All required training is primarily the responsibility of the employee. Assistance from the Program will be provided through the efforts of Management staff, Region VIII ESC and other training venues when available.

1. Class Specialist, Curriculum Director, and Practice Based Coach are required to obtain CLASS Reliable Certification within the first 12 months of accepting the position.
  - a. Recertification is required annually.
  - b. The Agency will pay for two CLASS Reliable Certification courses within the first 12 months of accepting the position.
  - c. The Agency will pay for two CLASS Recertification courses in a 12-month period.
  
2. Campus Directors are required to obtain an initial CLASS Reliable Certification within 24 months of becoming a Campus Director.
  - a. Recertification is required annually.

- b. The Agency will pay for four CLASS Reliable Courses within a 24 month period.
  - c. The Agency will pay for two CLASS Recertification courses in a 12 month period.
3. CLASS Specialists are required to obtain CLASS Reliable Train-the-Trainer Certification within the first 18 months of accepting their position.
- a. Recertification is required annually.
  - b. The Agency will pay for two CLASS Reliable Train-the-Trainer Certification courses within the first 18 months of accepting the CLASS Specialist position.
  - c. The Agency will pay for two CLASS Train-the-Trainer Recertification courses in an 18-month period.
4. All Education staff are responsible for familiarizing themselves with CLASS and implementing it within Head Start/Early Head Start Classrooms.

All staff that do not obtain the required trainings and/or certifications listed above could incur disciplinary actions including and up to termination.

**\* All training forms are available on the CSNT website.**





**CSNT HEAD START**

# **Strategic Plan**

**Grant #06CH011282  
Fiscal Years 2020-2024  
Program Years 1-5**



# CSNT HEAD START 2020-2024 STRATEGIC PLAN

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# FOREWORD

COMMUNITY SERVICES OF NORTHEAST TEXAS, INC. (CSNT) Head

Start/Early Head Start program provides comprehensive and developmentally appropriate activities and services for eligible children in Bowie, Camp, Cass and Morris Counties of Northeast Texas.

The primary focus of the program is school readiness of children and the self-sufficiency of families. The goal is to provide the foundation for the development of school ready, self-sufficient, healthy, caring, and productive children and families.

The most important ingredient for each child's success in school readiness is the positive and active engagement of the family. Furthermore, education for children, families, and staff, both formal and informal, will provide the opportunity for the growth and change needed to meet the goals of the families and of this program.

The Program believes...

- ✓ Parents are their children's first and most important teacher
- ✓ Engaged parents are key to a child's health and well-being
- ✓ Parent trainings should reflect the needs of the parents and be easy to access for busy families
- ✓ Parents need assistance in utilizing all of the resources that are available in the community
- ✓ Involvement of parents and community members in decision-making increases the quality of services

# MISSION STATEMENT

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

## OUR VISION

To provide a system of education and encouragement which results in school readiness for young children and their families

## Our Core Values

**There are two types of values recognized by CSNT:**

- Pitcher Values
- Catcher Values



### **PITCHER VALUES**

Pitcher Values are those which we 'throw' out each day with our forward actions. It might be difficult for someone to see us exemplifying these values without our outward actions.



### **CATCHER VALUES**

Catcher Values are those which are more visible by others simply by watching us do what we do each day. They are the things that people 'catch' us doing in our daily routine.

<b>SEVEN PITCHER VALUES</b>	<b>SEVEN CATCHER VALUES</b>
<b>PROFESSIONALISM INTEGRITY TEAMWORK CHARACTER HONESTY ETHICS RESPECT</b>	<b>COMPASSION ACCOUNTABILITY TRANSPARENCY COURTESY HUMILITY EMPATHY RELIABILITY</b>

# **CSNT HEAD START /EARLY HEAD START PROGRAM ABSTRACT**

## **PAST:**

Community Services of Northeast Texas (CSNT) was incorporated as a private non-profit agency in 1965. The main objective of CSNT was to offer vital services to underprivileged people in Northeast Texas. As the agency grew so did the services that CSNT offered. Head Start became one of the vital services offered to families in Bowie, Camp, Cass, and Morris Counties in Northeast Texas. As a key component in President Lyndon B. Johnson's war on poverty, Head Start became a way for CSNT to join in the battle against poverty in local communities in Northeast Texas. The first CSNT Head Start was located in Atlanta, TX, as a summer school program for underprivileged children. CSNT Head Start/Early Head Start still provides services to children and families in the Atlanta area.

## **PRESENT:**

CSNT Head Start has eight locations in four counties in rural Northeast Texas. These counties are Bowie, Camp, Cass, and Morris. At the present time CSNT is funded to serve 465 children in the following communities: Atlanta ISD (108 capacity), Bloomburg ISD (17 capacity), Daingerfield-Lone Star ISD (40 capacity), Hughes Springs (74 capacity), Naples/Omaha (17 capacity), New Boston (17 capacity), Pittsburg (49 capacity), and Texarkana (143 capacity). CSNT Early Head Start, started in November 2020, has one location in Cass County. It is funded to serve 16 infants and toddlers in the Hughes Springs

community.

Each of these locations meet the needs of each child and family that is served.

All of the sites are in partnership with the local school districts in providing services. These complex partnerships with the local school districts include a collaboration of services that include transportation, meal services, disability services, and blending educational services.

Some of the services offered through the Program include assisting families in obtaining regular dental and physical examinations for their children. Children are also given vision and hearing screenings annually. Many community programs work with the Program and help provide the services when the family is unable to afford the added expense of glasses or other necessary expenses.

In conclusion, the community and the Head Start/Early Head Start Program have shown that dedication and people working together to create new and innovative ideas can build an effective and successful early childhood development program that meets the needs of the community and the children and families that it serves.



# STRATEGIC PLAN DEVELOPMENT

The CSNT Head Start/Early Head Start Strategic Plan aligns program data with long range planning. Members of the Policy Council, Governing Board, staff, community representatives, and parents participate in the plan development process. The purpose of the strategic plan is to develop long-range program goals that follow the five-year grant cycle.

Program data is collected from the following areas:

- Family and Community Engagement
- School Readiness and Early Childhood Education
- Health and Safety
- Management Systems/Program Governance
- On-Going Monitoring/Detailed Monitoring/Self-Assessment

After the collection and analyzation of program data, program goals are created that focus on the needs of the children and families that are served. Some of the top priorities of the program are school readiness, health and safety of children and families, and engaged families and communities.

Not only will the program develop program goals, but also School Readiness Goals and Parent, Family, and Community Engagement Goals. Each year, after the completion of the Self-Assessment, the program conducts a Strategic Planning Committee Meeting to align all of the goals and objectives along with specific action steps in all areas of the program. These areas include:

- School Readiness/Early Childhood Education

- Health & Safety
- Family and Community Engagement

(Actions/activities from each area will assist the program in meeting the aligned goal.)

After developing the program goals, objectives are created that focus on what the program plans to do to meet the goal. These objectives focus on program activities that guide the program toward completion of the goal. Included in the objectives are outcomes that can be measured for success.

The Program Manager tracks the program's progress toward reaching the program goals at least three times per year (fall, winter, spring). Every spring, the Program Manager will update the program goals and schedule the Strategic Planning Committee Meeting. The strategic planning process is on-going and is driven by the needs of the program.

# STRATEGIC PLAN

## PROGRAM GOALS

2020-2024

See Program Goals  
Year (1-5)

# ACCOMPLISHMENTS

- ✓ The creation of ISD partnerships in 8 locations with our largest partnership created at Paul Laurence Dunbar Early Education Center serving an estimated 317 pre-kindergarten students that include 148 dually enrolled Head Start students
- ✓ Several staff that have completed Degrees in their professional and many staff attend trainings throughout the program year to enhance their skills and knowledge of their areas
- ✓ CSNT Head Start monitoring system that includes on-going monitoring, detailed monitoring, and the annual Self-Assessment
- ✓ Several members of the CSNT Administrative staff serve on local boards and other local community organizations
- ✓ Collaborations with many local resources in the service area including Region VIII ESC and many local colleges and universities
- ✓ CLASS Specialist is a Trainer-of-Trainers for CLASS Reliability
- ✓ CSNT Head Start has a Practice-based Coach that assists teaching staff in improving the quality of classroom instruction
- ✓ The Curriculum Director is a Trainer-of-Trainers for Frog Street Curriculum
- ✓ The Family Service Administrator is a Trainer-of-Trainers for the Family Service Credential