

**Big Sandy Area Community Action Program
Head Start**

Policies And Procedures

Updated 5-14-2024

Policies and Procedures

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Child Health and Developmental Services

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BIG SANDY AREA HEAD START PROGRAM
CHILD HEALTH AND DEVELOPMENTAL SERVICES

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

A. Determining Child Health Status

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

1. During the child's enrollment process, program staff will interview parents and review medical documents with them to help make a determination as to whether or not each child has a source of continuous, accessible health care.
2. Big Sandy Area Head Start and delegate agencies will also determine whether or not each child has a source of funding for health services necessary to assure a prompt and complete assessment of child's health status.
3. If it is determined that a child does not have a continuous source of care, grantee and delegate staff will work with the parents to plan strategies for acquiring a medical home. Strategies will include:
 - a. Seeking assistance from the Health Services Advisory Committee to identify long-term providers, sources of funding for health services, and ways to inform community health providers about the health needs of Head Start children and families;
 - b. Working with the local Medicaid agency to determine a child's eligibility for medical assistance;
 - c. Carefully and periodically reviewing health records to ensure that recommended treatment and preventive services are being provided, and that plans are developed for treatment and follow-up.
4. Big Sandy Area Head Start and delegate agencies will maintain documentation of the determination of child's health care provider(s) and source of funding for health services.

Objective 2: To ensure that each child is up-to-date on a schedule of age appropriate and primary health care within 90 calendar days of the child's entry into the program.

1. Big Sandy Area Head Start and delegate agencies will obtain from a health care professional a determination as to whether each child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. The well child care (EPSDT program schedule) will be followed.
2. For children who are not up-to-date on the well child care (EPSDT) schedule, Big Sandy Area Head Start and delegate agencies will assist parents in making arrangements for children to receive needed examinations and immunizations.
3. For children determined to be up-to-date on the well child care (EPSDT) schedule, Big Sandy Area Head Start and delegate agencies will insure that they continue to follow the recommended schedule by:
 - a. Discussing with parents the importance of prevention, early intervention and well child care;
 - b. Speaking with parents to ensure that they have arranged necessary appointments with health care if needed;
 - c. Assisting families in arranging for transportation to and from appointments, as well as locating child care professionals;
 - d. Providing other support, as necessary, to ensure appointments are kept;
 - e. Ensuring that the parents understand their child's eligibility for services under Medicaid programs and how to advocate for their child in a variety of health delivery systems.

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

1. Big Sandy Area Head Start and delegate agencies will establish procedures to track the provision of health care services to children.
2. The grantee and delegate agencies will maintain health records for each child which will be used to:
 - a. Provide a child development program suited to the individual child;
 - b. Identify needed preventive and corrective care;
 - c. Assure that needed preventive and corrective care is arranged to unauthorized persons.
3. Child health records will be kept confidential and inaccessible to unauthorized persons.

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

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

1. Big Sandy Area Head Start and delegate agencies will ensure that appropriate intervention occur for children needing further diagnosis, examination and treatment of health and developmental programs.
2. The grantee and delegate agencies will ensure that health and developmental problems receive competent and continuing care until the issues are remedied, or until ongoing care is established.
3. Together with parents, program staff will develop and implement a follow-up plan for and medical/dental, developmental, nutritional, or mental health problems identified.

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

1. Grantee and delegate agencies will, in collaboration with the parents, perform or obtain behavior, vision, hearing, speech/language, and a developmental screening within the first 45 days of enrollment.
2. Big Sandy Area Head Start and delegate agencies will develop and implement screening procedures which conform to sound early childhood practice, are sensitive to the child’s cultural background, and produce valid, reliable results.
3. The grantee and delegate agencies will obtain direct guidance from a mental health or child development professional on how to interpret results and use findings to address identified needs.
4. The program will utilize multiple sources of information on all

aspects of each child's development and behavior (i.e. screening results, parent observation/concerns, staff observations, etc.) in determining results.

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

1. To facilitate the implementation of a follow-up plan, Big Sandy Area Head Start and delegate agencies will have a system in place for on-going communication with the parents of children with identified health needs.
2. Grantee and delegate agencies will provide assistance to the parents in arranging transportation, obtaining prescribed medications, aids, or equipment for medical and dental conditions and discuss any issues or questions parents raise. The program staff will assist parents in learning how to communicate and work with health professionals,
3. Dental follow-up and treatment will include:
 - a. Fluoride supplements and topical fluoride treatments as recommended by the dental professional.
 - b. Other necessary preventive measures and further dental treatment as recommended by the dental professional.
4. Grantee and delegate agencies will assist with the provision of related services addressing health concerns in accordance with the child's Individualized Education Program. The Individual Education Plan (I.E.P.) defines the educational and service needs of a child with a disability.
5. Big Sandy Area Head Start and delegate agencies will help parents to access and use existing services and resources for medical and dental services. The program will determine that all available resources have been exhausted prior to use of Head Start funds.

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

1. Grantee and delegate agencies will develop and implement ongoing procedures by which Head Start staff can identify any new or recurring medical, dental or developmental concerns of children in a timely fashion.
2. Procedures will include periodic observations and recordings of individual children's development progress; changes in physical appearance, emotional and behavior patterns. Procedures will include observations from parents and staff.

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

1. To ensure that each child enrolled is receiving appropriate health care services, grantee and delegate agencies will carry out the following:
 - a. Familiarize parents with the use and rationale for all health and developmental procedures administered through the program.
 - b. Obtain advance parent or guardian authorization for such procedures.
 - c. Ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;
 - d. Talk with parents about how to familiarize their children in advance with all the procedures they will receive while enrolled in the program;
 - e. Assist parents to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process;
 - f. Obtain written documentation of parent or legal guardian's refusal to give authorization for child's health services.

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

1. Big Sandy Area Head Start and delegate agencies will use the information from the developmental, sensory, and behavior screening, the ongoing observations, medical and dental evaluations and treatments and parents to determine how the program can best respond to each child's individual characteristics, strengths and needs.
2. Information from staff and parent observations as well as the developmental screening will be used to complete a developmental assessment on each child three times during the school year. An individual growth plan will be automatically developed by the program's on-line assessment data base (Creative Curriculum.net) to inform staff and parents about the types of activities that the child needs to engage in.
3. Grantee and delegate agencies will support the individualization for children with disabilities. Children with a diagnosed disability will have an Individual Education Plan (I.E.P.) with specific interventions to meet their needs.

Determining Health Provider and Insurance

POLICY:

To ensure that children and parents have an ongoing source of care and health coverage.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)*

PROCEDURE:

1. During the enrollment process or within 30 calendar days after the child's enrollment date, staff will discuss with parent/guardian if child has an ongoing source of medical/dental care that is accessible.
2. Staff will discuss if the child has insurance to assist with meeting health care needs.
3. Staff will interview the parent/guardian and document answers on the Child's Health History that includes information concerning medical/dental provider and insurance of any type.
4. Staff will develop a plan to refer and assist the parent in obtaining a medical/dental home.
5. Staff will assist the parent/guardian with information to obtain health insurance using available resources for insurance.

Approved by the Policy Council, September 2017

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Determining Child's Health Status

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42, 1302.46 and 1302.41](#)

PROCEDURE:

1. As part of the enrollment process, parents will be asked to identify their child's health care provider(s) and to give written consent to enable the Head Start program to establish communication with the provider(s).
2. During the family assessment process, the Family Advocate will identify with the family barriers in accessing health care and a plan of action will be developed and documented.
3. At the time of intake/enrollment, parents will be informed of the health requirements of the program. Requirements are consistent with the Early Periodic Screening, Diagnosis and Treatment (EPSDT) schedule Kentucky Immunization Program, the Center for Disease Control and Prevention, and any additional recommendations from the local Health Advisory Committee that are based on prevalent community health problems. Parents will be encouraged to obtain or provide documentation of an up-dated physical examination, dental examination and immunization record prior to the child coming into the classroom. (*See Physical Exam, Dental Exam and Services, Immunizations Policies*)
4. If the family does not have a medical and dental home, staff will assist them in choosing one and in making/scheduling appointments; (Health Department *unless seeing doctor there*, or urgent care/emergency room is not considered a medical home)

- a. If the child is not up-to-date on the recommended schedule of well child care, staff will assist families in making necessary arrangements (including transportation) to bring the child up-to-date. Children not eligible for KMAP, KCHIP or other payment source, will be referred to medical/dental providers contracted by the Head Start program for services or local health department. (*See Head Start Payment for Medical/Dental Services Policy*)
 - b. For children who are up-to-date on an age appropriate schedule, the program will ensure that they continue to follow the recommended schedule by closely monitoring each child's individual health record. (*See Tracking and Follow-Up Policy*)
5. Assessment of the child's current health status will include the following screenings, examination and information:

A. **Child Health History:**

The parent will be asked to complete, with staff involvement, a health history and risk assessment and observation information which will be the basis for meeting the child's health needs. (*See Child Health History, Tuberculosis Risk Assessment/Screening, Lead Risk Assessment Policies*)

B. **Physical Exam:**

An examination/medical report completed and signed by the child's health care provider. (*See Physical Exam Policy*)

Should include:

- i. Blood Pressure (*see Blood Pressure Policy*)
- ii. HCT/HGB (*see Hematocrit/Hemoglobin Determination Policy*)
- iii. Lead screening result (*see Lead Policy*)
- iv. Addressing mental health issues (*See Mental Health Policy*)

C. **Height and Weight** (*see Growth Assessment Policy*)

D. Vision Exam

A vision examination and report completed by an Optometrist or Ophthalmologist. (*See Vision Exam Policy*)

E. Vision screening

Vision screening completed by doctor or trained staff. (*See Vision Screening Policy*)

F. Hearing Screening

Audiometric screening performed by a speech/language pathologist, consultant, or trained staff. (*See Hearing Screening Policy*)

G. Developmental/Behavioral Screening

Screening of motor, cognitive, speech/language, social and emotional skills using appropriate screening instruments, parent/family and staff observations. (*See Developmental/Behavior Screening, Speech/Language Screening Policies*)

H. Immunizations

A valid Childhood Immunization Certificate indicating that the child has received age appropriate immunizations or Medical/Religious Exemption. (*See Immunization Policy*)

I. Dental Exam

An examination and treatment report completed and signed by the child's dentist. (*See Dental Exams/Services Policy*)

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Child Health History

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. During the enrollment process, the parent will be asked to complete, with staff assistance (using a black/blue pen or computer), the Child Health History to provide information concerning the child's health and developmental history, special needs, dietary habits, medical/dental home, insurance and to identify if the child is at risk for certain disease or illness.
2. The staff interviewer assisting the parent in the completion of the Child Health History, will ensure the completion of all questions and necessary information.
3. The grantee Health Services Manager will review the Child Health History if there is a problem or concern from program staff to determine child's present health status and current needs as needed, and during Big Sandy Record Check.
4. A completed copy of the Child Health History will be filed in the child's individual health folder and entered on COPA under Child Health History tab.

Approved by Policy Council: September 2018

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Physical Examination

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. During the intake/enrollment process, parents will be informed of the health requirements of the program and encouraged to schedule their child to receive a physical examination prior to school entry. If the family does not have health coverage of some type, staff will inform them of the Kentucky Medical Assistance Program, KCHIP, Benefind, and other low cost resources.
2. If the family does not have a medical provider, staff will assist them in choosing one within 30 days from enrollment date and in making the necessary arrangements for the child's exam.
3. A School Physical Exam form will be provided for the parent to take to the medical provider for completion.
4. Staff will inform the parents of the importance of HCT/HGB, blood pressure, and lead blood screening.
5. All children should have a physical examination from a health care professional within 90 days of the enrollment date in our program. Physical examinations given within one (1) year prior to enrollment in the program will be considered current. Once the date of the physical has expired, the staff must notify the family and assist them with obtaining another physical.
6. If the child is not eligible for KMAP, KCHIP, or does not have private insurance, Head Start funds may be used for payment of the physical exam once the eligibility and the enrollment process are completed. (*See Head Start Pay Policy and Procedure*)

Physical Examination

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7. Physical exams will be completed annually as recommended by the EPSDT schedule and upon yearly date of actual physical.
8. The Family Advocate will utilize tracking procedures to ensure that each child receives timely screenings, exams, and follow-up when needed.

Approved by Policy Council: September 2018

Hematocrit/Hemoglobin Determination

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. During the intake/enrollment process, staff and parents will determine if the child is up to date on all screenings/exams according to the recommended schedule. EPSDT recommends that an HCT/HGB screening be done by age 9 to 12 months.
2. Through use of the School Physical Exam form or from the WIC office, the parent will be asked to provide the program with the HCT/HGB screening date and results. This can be a previous result. If needed, the parent may sign a release of information form allowing the program to obtain the results from the provider.
3. If determined that the child has not been screened for iron deficiency or the results of a previous screening cannot be obtained, the Family Advocate, program staff, or Grantee Health Manager, will assist the parent in arranging for and obtaining this screening.
4. Hematocrit/Hemoglobin screening results will be kept in the child's health folder and entered on the child's Medical Record on COPA under the anemia tab.
5. If on the physical, the Hematocrit /Hemoglobin number is under 10.0 or above 15.0 and the medical provider has not identified this as an abnormal result, it will be marked on the COPA Medical Record as normal, no problem suspected.

6. A referral will be made to the child's physician or local health department if:
 - a. The child's HGB screening was completed by a Head Start staff member and showed a result of less than 10.0 or above 15.0 .
 - b. The child's HCT is below 33%.
 - c. Classroom staff observe changes in the child's energy level, eating patterns, and general wellbeing.
 - d. Parent has concerns

Approved by Policy Council: December 2022

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Blood Pressure Screening

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. Through the use of the School Physical Exam form, physicians will be requested to conduct blood pressure and other health screenings as part of the physical examination per EPSDT Schedule.
2. In the event that blood pressure screening is not completed at the time of the physical exam, the family advocate will inform the parent of other resources that can provide the screening and assist with scheduling and coordinating transportation, if needed.
3. If attempts to obtain a blood pressure screening from other sources have failed, Head Start staff will contact the Grantee Health Services Manager, School Nurse, or School Health Aid to complete the screening. Written permission for screening must be obtained from the child's parent on Health History or Permission Sheet.
4. The average blood pressure reading for a four-year-old child is 98/64 and most children should fall between the 25th and 75th percentile (88/56 and 106/68). The upper limit or 95th percentile for three to six-year-old children is 110/70.
5. If the reading is higher than 110/70, the child will be re-screened within 2 weeks, if still over 110/70 the child will be referred. If on the physical exam report, the blood pressure result is over 110/70 and the physician has no comments and determined this as being normal, no further action will be taken by the Head Start staff.

6. Blood pressure screening date and results will be maintained in the child's individual health folder and entered on the Child's COPA Medical Record under the General Information tab.
7. Staff will send a copy of the Screening Result Sheet home to parent/guardian with the B/P results when performed onsite.
8. Staff will monitor/track blood pressure screening, as with all other medical screenings and exams. (*See Tracking-Follow-Up policy*)
9. All children will have an annual blood pressure screening, as recommended by the EPSDT schedule.

Tuberculosis Risk Assessment/Screening

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. During the intake/enrollment process prior to the child attending school, parents will be asked to complete, with staff assistance, the Preventive Health Questionnaire that includes the written TB assessment as part of the child health history.
2. If any question on the T.B. Risk Assessment form is answered “YES” (other than the child has had a negative T.B. Skin Test), the parent/guardian will be contacted and a referral will be made to the local health department/ family physician for follow-up at provider’s discretion.
3. The Family Advocate will assist the family, as needed, in obtaining and/or arranging follow-up services.
4. Tuberculosis risk assessment, screening results and referrals will be filed in child’s individual health folder and entered on Child Immunizations & T.B. on COPA under TB testing.
5. The tuberculosis screening policy will be reviewed and evaluated by the Health Advisory Committee at least once pre- program year to determine if the policy complies with current state/community recommendations, laws and regulations.
6. Grantee and Model City staff will complete a Staff TB Risk Assessment annually. If any risk factors are answered yes, a referral will be made to their family physician or local Health Department for follow-up at provider’s discretion.
7. Delegate program staff will follow their local LEA for recommendations on TB screening.

Approved by Policy Council: April 2019

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Lead Assessment

POLICY:

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

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.42*

PROCEDURE:

1. The EPSDT (Early Periodic Screening Diagnosis & Treatment) schedule recommends that children should receive a lead screening at 9 and 24 months of age and up to 72 months of age if they did not receive a screening earlier. During the intake/enrollment process prior to entry into the classroom, staff will inform the parent/guardian of the program's health requirements and determine if the child is up-to-date on the recommended schedule. (See determining Child's Health Status Policy)
2. Staff will assist parent/guardian to complete The Preventive Health Questionnaire that includes the Written Lead Assessment. All questions are to be completed. All children will complete this form yearly. The hard copy will be filed in the Child's Health Folder and recorded on COPA Medical Record.
3. A referral will be made to the local health department or the child's physician for follow-up at their discretion if:
 - a. Child has not previously had a lead blood screening.
 - b. The parent answers YES to any question on the Lead Risk Assessment other than "the child has had a lead screening."
 - c. Screening results indicate a blood level of 3.5 ug/dl and above.
4. Program staff /Family Advocate will assist the parent /guardian in making and keeping appointments or arranging with transportation assistance.
5. All Results will be entered on the COPA Medical Record under Lead Screening:
 - The Preventive Health questionnaire will serve as our program's "Written Lead Assessment". For the 1st year child, the lead assessment will be entered in the

Lead Section on the Medical Record as the 12 mo. For retuning children, it will be identified as the 6 mo. This will be marked as an assessment on COPA.

- The blood lead screening will be entered in the Lead section of the child's Medical Record. Staff will enter the result as 24 mo. for the 1st year child, and 18mo for the second year child, if updated. This will be marked as a screening.
 - If there are more than 2 assessment/screenings, staff will use another age in mo. that hasn't been used to add information.
6. The Family Advocates will follow-up and track lead assessments and lead blood screening results using the same procedure used for other screening and exams. (See Tracking –Follow-Up policy)

Approved by Policy Council: December 2022

Immunizations

POLICY:

All children entering the Head Start Program are required to have an up-to-date immunization certificate or Medical/ Religious Exemption on file, in accordance with the Kentucky Immunization Program.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. Parents will be asked to submit a signed Childhood Immunization Certificate, Medical or Religious Exemption Certificate with their child's enrollment application.
2. Prior to attendance, children must have a minimum dose of the following vaccines:
 - Varicella (Chickenpox)*
 - Diphtheria, Tetanus, Pertussis (DTaP)*
 - Haemophilus Influenzae Type b (Hib)*
 - Measles, Mumps, Rubella (MMR)*
 - Inactivated Polio*
 - Hepatitis A (Hep A)*
 - Hepatitis B (Hep B)*
3. Health services staff will evaluate each child's immunization record to ensure that the certificate is signed, has the date the dose of vaccine was given, expiration date, or has a religious or medical exemption (*notarized*).
4. If a new enrollee does not have at least one of each of the mandatory immunizations or a medical or religious exemption certificate, staff will inform the parent of what they need and remind them that the child must have one of these items before attending school.
5. The child will not be allowed to attend class until the parent can take the child for the immunization and provide the necessary documentation.

The Family Advocate will assist the family in getting the required immunizations, if needed.

6. Model City – Because of daycare licensing, if a child's immunization certificate expires, the child will not be allowed to return to school until it has been updated.
7. All BSACAP Delegates – An enrolled child may continue to attend school for up to 14 days after an immunization certificate has expired. If they have not obtained an updated immunization certificate after 14 days, the child will not be able to return to school until it is obtained.
8. Staff will give written notice to parents thirty (30) days prior to expiration date on immunization certificate.
9. Every child should continue to receive immunizations according to schedule. Staff will encourage parents to provide the program with any updated information. The Family Advocate will work with families to ensure that they are informed and have the resources needed to remain "up-to-date" on the child's immunizations.
10. A copy of the immunization certificate or Medical/ Religious Exemption will be filed in the child's health folder and information entered on COPA.
11. The Grantee Health Services Manager and delegate staff will utilize COPA to monitor each child's immunization record.

Approved by Policy Council: September 2018

Developmental/Behavior Screening

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Section 1302.33](#)

PROCEDURE:

1. The program will complete developmental, sensory, and behavioral screenings for all children within 45 calendar days of the child beginning school.
2. Screenings may be scheduled between May-August for children accepted into Head Start. Children that enroll later in the school year will be screened within 45 calendar days of the child beginning school.
3. A child must be at least 3 years of age in order to complete a developmental screening and the screening tool must be age appropriate for the child.
4. Screening may be conducted for potential enrollees during Spring/ Summer months in collaboration with the LEA's child find efforts. Head Start will make every effort to identify and include all eligible children in each service area.
5. Age, linguistically and culturally appropriate standardized screening instruments will be used with the aid of an interpreter if needed.
6. Prior to screening, parents must be informed of the type and purpose of screening and must give written permission to screen. If parent refuses part or all of a screening(s), parent /guardian must complete a Head Start Parent Refusal Document.

7. After screening is completed and a child has a result of *Below Average, Fail or CNT*, a determination will be made for rescreening, intervention (RTI) or further assessment/evaluation based on scores, observations, parent input, and guidance from the Mental Health Consultant and local LEA.
8. If the determination is to rescreen a child with a *result of Below Average, Fail or CNT* in any area on the initial screening, the rescreen in the area(s) of concern will be completed within 30 calendar days. If screening was done during summer screening, then 2nd attempt will take place as soon as the child feels comfortable in the classroom and no longer than 30 days after enrollment. If the child is still scored *Below Average, Fail, or CNT*, Head Start staff will follow local BOE procedures. (See *Referral Evaluation Policy*)
9. If a child fails a developmental screening but already has an IEP, it is not required to rescreen as the child is already receiving services.
10. Parents will be provided written notification of their child's screening results and any recommendations.
11. All screening dates, results, referrals and follow-up will be entered into the child's individual folder as well as on COPA under the "Developmental" tab.
12. Head Start programs will not use screenings or assessments to exclude children from enrollment or participation in the program.

Approved October 2023

Vision Screening

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42 and 1302.33](#)*

PROCEDURE:

1. Trained Head Start staff will conduct a vision screening on all children within 45 calendar days of enrollment.
2. Staff will review health information that the parent brings in to see if a new vision exam has been obtained after the last day of the previous school year. If the child did in fact have a vision exam after the last day in the previous school year, the staff vision screening will not be required.
3. There are two options for vision screening; SPOT Camera and the Sight Line Flipchart Screening.

A. Spot Camera screening procedure:

- Trained staff can perform the vision screening using the Spot Camera.
- Enter the child's name and Birthday.
- The camera will generate a result with either a passing result (Screening Complete) or a fail (Complete Eye Exam Recommended).
- If Complete Eye Exam is recommended, then follow-up would be to refer to local eye care professional.
- If the child had a recent vision exam completed after the last day of the previous school year and the spot camera results indicate "Complete Eye Exam Recommended", then staff will follow-up with the child's eye care professional and document in family case notes.

- B. The Sight Line flipchart is a critical line test of recognition visual acuity, which means each eye is screened separately using the line a child should pass according to the child's age. Results are recorded as pass/fail or refer.

Sight Line flipchart screening procedure:

- When using the flipchart for screening children ages 3 years
 - Use 20/50 cards
- When using the flipchart for screening children ages 4-5 years
 - Use 20/40 cards
- Select a screening location that is at least 12 feet in length, quiet, free of distractions, and evenly lit.
- Measure 10 feet (3 meters) between the chart and the child's eyes with the cord included in the kit.
- If placing a mark on the floor to maintain the 10 foot screening distance, ensure the child stands with the arch of their foot on the mark.
- If using a chair, measure to the back of the chair seat and ensure the child is seated with their back against the back of the chair.
- Begin by familiarizing the child with the screening task.
- Hold the flipchart 16 inches (40 Centimeters) from the child's face.
- With the child's eyes uncovered, ask the child to name symbols (pictures) on the 20/100 card.
- Accept whatever the name the child calls each symbol.
- Occlude the child's left eye, using a set of the specially constructed occlude glasses included in the kit.
- Sunflower occlude glasses are for smaller faces. If the child is wearing prescription glasses, the occlude glasses go over the prescription glasses.
- Turn the flip book to the Right Eye Card that matches the child's age.
- At 10 foot and with the child's left eye occluded, present the flipbook at the child's eye level.
- Ensure the flipbook cards have no glare from nearby windows or other lighting sources.
- Hold the flipbook perpendicular to the floor. Do not tilt the flipbook up or down.
- Ask the child to identify (verbally naming or matching) the symbols on the provided Right Eye Card that matches the child's age.
- Alternatively, the four small individual cards with one symbol on each card can be placed on the floor in front of the child; the child can match the flipbook symbols by stepping on the cards.
- Switch occlude glasses so that the Left Eye is occluded.
- Turn the flipbook to the Left Eye Card that matches the child's age.
- Repeat the process for the left eye.
- Record the results as pass, fail, or refer.

Pass= Correct identification of 3-5 of the symbols with each eye individually.

Fail= means the child can only identify 0-2 symbols with either eye or both eyes.
Rescreen the same day or within 30 calendar days of initial screening date.

Refer =If the child has a score of “fail” or “CNT” on rescreen, follow-up with an eye care professional.

Head Start can no longer accept the Snellen Vision Charts for vision screening. If you use a screening from the Health Dept. or family medical doctor you will need to verify if this screening was completed using the Snellen Vision Chart and if so, rescreen the child using the Sight Line flipchart or SPOT Camera.

Approved by the Policy Council, September 2017

Vision Exam

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#); [School Health Services Regulation 704 KAR 4:020](#) and [KRS 156.160](#)

PROCEDURE:

1. Head Start will follow The Kentucky Department of Education's School Health Services regulation which requires a vision examination by an optometrist or ophthalmologist the first year the child is enrolled in school.
2. During the intake/enrollment process, staff will ensure that parents are informed of the program's health requirements and assist the parent in finding a provider, scheduling appointments and coordinating transportation, if necessary.
3. Each child will receive a vision examination within 90 calendar days of entry into the program, completed on a "Kentucky Eye Examination for School Entry" form and signed by the optometrist or ophthalmologist with a copy filed in the child's individual health folder.
4. If a child is not eligible for Medicaid/KCHIP and does not have vision insurance or other payment sources, Head Start funds may be used for payment of the vision exam.
5. Documentation of the vision exam date, result and referral/follow-up will be maintained in the child's health folder, family case notes, and entered into medical record on COPA.
6. The Family Advocate and staff will monitor/track the children's vision exams and follow-up as with all other exams and screenings. (*See Tracking-Follow-up policy*)

Approved by Policy Council: September 2018

Hearing Screening

POLICY:

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

This policy relates to Head Start Performance Standards 45 CFR Part 1302.42 and 1302.33

PROCEDURE:

1. Hearing/audiometric screening will be conducted annually during scheduled screening programs or within 45 days of the child's first day of enrollment. Staff will review health information to see if a hearing screening has been obtained after the last day of the previous school year. If so, then staff may use this date as a new hearing screening for the new school year.
2. LEA speech/language pathologists will administer the hearing whenever possible. Other persons performing hearing screening may include school nurses or designated program staff who are trained in the use of the equipment and interpretation of the child's responses.
3. Children will be screened at 20 decibels at frequencies of 1000, 2000 and 4000 Hz. However, it will be at the discretion of the screener as to whether other frequencies are checked.
4. The Head Start Screening Results form will be filled out by the screener, after each screening, and placed in the child's file. Frequencies and decibel levels screened will be recorded. Any discrepancy as to the noise level during screening, the child's failure to respond, or observing that the child appears congested, etc., will also be recorded.
5. Parents will receive a copy of the Screening Results form.
6. Children failing to respond at the recommended level (20 db) at any frequency (1000, 2000, 4000 Hz) in either ear will be considered a "fail" on the screening.

7. Children who cannot be conditioned to respond, refuse to respond or give inconsistent responses will be considered “CNT” (cannot test).
8. Any child determined to be a *FAIL* or CNT on the initial screening will be rescreened within 30 calendar days or sooner. If screening was done during summer screening by staff, the 2nd attempt will take place within 30 calendar days of enrollment or sooner.
9. If a child fails two screenings, staff will notify parent/guardian to see if they have concerns about their child’s hearing. If the child passed the hearing screening on a current physical (within past 12 months) and the parents have no concerns, then staff will document in family case notes this follow-up and no referral will be made for hearing. If the child passed the hearing screening on the physical and the parent does have concerns, then a referral will be made for the child to go to their provider or ENT. Staff will assist with finding an ENT/Audiologist for further evaluation.
10. Documentation of hearing screening date, result and referral/follow-up will be maintained in the child’s health folder and entered on COPA Medical Record. Additional comments will be entered on Family Case Notes.
11. Staff will monitor screening and follow-up using the same procedures used for other medical and dental services. (*See Tracking-Follow-up Policy*)
12. The Kentucky Hearing Conservation Program, operated through the Kentucky Commission for Children with Special Health Care Needs will be utilized for assistance in identifying children hearing impairment and/or ear pathology. The Grantee Health Services Manager will assist delegate staff in obtaining and scheduling services provided by the Commission if needed.

Speech/Language Screening

POLICY:

All children will receive a speech/language screening to identify any delays

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.42 and 1302.33*

PROCEDURE:

1. A speech/language screening will be completed on each child within 45 calendar days of the child's first day of school.
2. Each delegate program will choose an age appropriate, standardized screening tool. All children must be screened using the same tool.
3. A speech/language screening is implemented by an analysis of the following information:
 - a. history
 - b. parent concern
 - c. staff observation
 - d. screening instruments
 - e. hearing screening results
4. Whenever possible, a speech/language screening will be conducted by a licensed pathologist/therapist using a standardized screening instrument.
5. A child will be referred for further evaluation if the results in the categories listed above are of concern. (*see Referral-Evaluation policy*)
6. Adults who speak the child's primary language will be involved in the screening and evaluation to ensure accuracy in differentiating between language confusion and developmental acquisition.

Approved by the Policy Council, September 2017

Growth Assessment

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. As part of the health screening process, each child will be weighed and measured within 45 calendar days of entry into the program and again in April.
 - Have child take off shoes when weighing and make sure the scale is on a hard surface, not a rug. Have child step on the scale and stand still. Record exactly what the scale shows as the child's weight.
 - Attach height ruler to wall with bottom of ruler at the same level as the floor on which the child stands. For reliable results, measure the child on a hard surface rather than carpet.
 - Have child remove shoes and look at an object directly at her eye level. Use a flat ruler or other rigid, straight object. Hold on top of the child's head and move the end of object straight across, head to ruler. Record height in inches. Round up to the nearest quarter inch.
2. Each child's height and weight measurement will be entered on the Growth Assessment page on COPA. This will calculate BMI (Body Mass Index 2-20 years) and stature-for-age (2-20 years in inches) for the child.
3. Children who fall above the 95th percentile or below the 5th percentile for BMI will be followed up on. Children with stature-for-age below the 5th percentile will receive follow-up. (See Nutritional Assessment/follow-up *policy*)
4. A copy of the child's BMI and stature-for-age chart will be kept in the child's health folder.

Approved by Policy Council: April 2019

Observation of Child Health

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42 and 1302.46 and 1302.63](#).

PROCEDURE:

1. Teaching staff will complete the Observation of Child Health form on each child within forty-five (45) days of the enrollment date, and again during the month of March. The form will not be completed until the child has been enrolled for at least two weeks (14 calendar days) in order to allow a period of adjustment to the classroom environment.
2. If a child enrolls before November 1, teaching staff will need to complete two Observations of Child Health forms, following the timeline above. If the child enrolls on or after November 1, the child will only have one Observation of Child Health completed within 45 calendar days starting with enrollment date.
3. Observations that have an item(s) marked will need to have documentation in comments about what the teaching staff are doing to address the concerns.
4. Appropriate follow-up and/or referrals will be made on areas of concern identified by the observations.

Approved by Policy Council: December 2022

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Dental Exams/Services

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1304.42](#)

PROCEDURE:

1. At the time of intake/enrollment, staff will inform parents of the program health requirements and request that they schedule their child for a dental examination. If the parents do not have insurance coverage of some type, staff will refer them to the Kentucky Medical Assistance Program (Benefind), Healthcare.gov, or other resources.
2. The grantee agency will coordinate agreements with local area dentists for the provision of dental services to enrolled children who are without an established source of dental care.
3. All children will receive a dental exam within 90 calendar days of the child's entry into the program from a licensed dentist. If a dental hygienist has completed the exam, then a licensed dentist must sign the exam form to be counted as a dental exam. *(A stamp with the dentist's name is acceptable as a signature)*
4. The parent will be asked to give consent on the child's health history for dental screening/exam *(to detect problems with teeth and gums)* and treatment. If the Head Start staff take the child to the dentist, they will assist family with paperwork and a dental trip permission form will be completed.
5. Contracted dentists will, at the time of the exam, complete a treatment plan to address each child's dental health needs.
6. The family advocate will contact the parent with the results of the exam and recommended follow-up treatment immediately, within ten (10)

working days after the child's dental exam. A "Report of Dental Exam" form provides information to the parent on the minimum requirements for dental services needed to provide their child with a healthy mouth.

7. Dental treatment plans estimated over \$300 will be forwarded to the grantee office for pre-approval. A referral for treatment to a pediatric dentist must have prior approval by the Grantee Health Services Manager and Director before Head Start funds may be used. An Authorization for Medical/Dental request form should be used.
8. Records/forms documenting the child's exam date and follow-up treatment will be maintained in the child's individual health record and entered into the medical record on COPA.
9. Re-examination will be done one (1) year from the initial exam date unless there are parental concerns and the child is complaining of pain, swelling, other problems, or the dentist recommends more frequent visits. If a child received dental treatment and completed treatment late in the school year, then a new dental exam will be due 1 year from dental treatment completion date unless the dentist makes a recommendation for new exam sooner.
10. When a dental exam has expired, it should be updated as soon as possible.
11. Staff will monitor/track for the timely provision of dental services throughout the program year (*see Tracking-Follow-up policy*)

Approved by Policy Council: April 2019

Referral-Evaluation

POLICY:

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

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.42 and 1302.41*

PROCEDURE:

1. A child who shows abnormal finding(s) on health screenings (hematocrit/hemoglobin, urinalysis, blood pressure, lead screening, tuberculosis screening) will be referred to a physician for further assessment.
2. Children who are determined to be at risk, according to the lead and/or tuberculosis risk assessment, (Preventive Health Questionnaire) will be referred to their physician or local health department for follow-up at faculty's discretion.
3. The program will screen the child for vision, hearing, developmental, and speech/language. When a child scores below the acceptable level (determined by individual screening tool), he/she will be rescreened by program staff within 30 days. The only exception will be for a vision screening that is done with the SPOT Camera. If a child's vision is below the standard level according to the SPOT Camera, a rescreen will not be necessary and the child will be referred to an optometrist or the staff will contact the family's optometrist to see if a follow-up appointment is recommended.
4. Children who *Fail* or are *CNT* on a hearing screening a second time will be referred to their family provider, ENT, or an audiologist for further assessment.
5. If a child scores below the acceptable level on the developmental or speech/language screening, a rescreen will take place within 30 days. If the child is still determined to be at-risk after the rescreen, staff will follow LEA procedures on further evaluation/assessment.
6. Parents will be notified in writing of all screening results and recommended referrals. The Family Advocate will follow-up with

the parent on all referrals and provide any necessary assistance (transportation, scheduling, etc.).

7. Documentation of all referrals, assessments and follow-up will be maintained and filed in the child's individual health record as well as on the COPA "Developmental" tab. (see developmental policy)

Approved by the Policy Council, September 2017

Head Start Payment for Services

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. Head Start funds are used for payment of medical and dental services only when no other source of payment is available, or if the length of time needed to obtain payment from another source is detrimental to the health of the child.
2. Payment for mileage cost may be given to the parent/guardian if medical travel is necessary due to a referral to another professional agency as a result of a required Head Start screening or exam.
3. The family advocate will first need to determine if the child is eligible to receive medical and dental assistance through the Kentucky Medical Assistance Program, Healthcare.gov, private insurance, or other free or low cost resources.
4. The grantee Health Services Manager and family advocate will ensure that the direct service staff has up-to-date information on available state/local resources and eligibility requirements.
5. Staff will have written documentation of efforts to access other available sources of payment before Head Start funds are used.
6. Head Start funds may be used to pay co-pays for medical/dental services if necessary, after other sources/third-party payments have been made, at parent/guardian request.

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

- a) The child must be enrolled into the Head Start program before any type of payment is requested. Any service that was obtained prior to enrollment will not be paid.

- b) If a child is income eligible for Head Start, the parent/guardian must apply for Medicaid/K-Chip / Healthcare.gov. If denied, the parent must provide delegate staff with written documentation from the appropriate agency concerning the denial. The delegate staff will then request assistance through the Grantee Health Services Manager on behalf of the parent.
 - c) Head Start will only pay for dental or medical fees and travel that have been pre-approved by the Grantee Director and Health Services Manager. If the parent/guardian takes the child to a non-contract dentist, the grantee office will not be responsible for payment without prior permission from the Grantee Director.
 - d) Head Start will not pay for dental outpatient surgery including hospital fees, anesthesia, pre-labs, and pre-physical for outpatient procedures. Head Start can assist with in-office sedation if pre-approved and part of child dental treatment plan.
 - e) Staff will assist the parent/guardian to make necessary arrangements or appointments if requested.
 - f) Mileage paid by BSACAP will be calculated using Map It/MapQuest based on city to city estimates and funds appropriated at the current state rate of pay per mile.
 - g) A request for mileage assistance must be received in the grantee office within 10 working days prior to scheduled travel.
7. The family advocate will notify the Health Services Manager when Head Start payment for services is requested. The following information is to be provided:
- a. What is being requested
 - b. How the need was determined
 - c. The name(s) of the provider(s) and address, including phone # an appointment date and time.
8. The Health Services Manager will be responsible for communicating with service providers about payment of services and forwarding information to the Family Advocate and other appropriate staff.
9. Staff will ensure that all changes to child's insurance/KMAP/KCHIP and private insurance are updated on all appropriate forms and on the COPA data base as they become known.

Approved by Policy Council: October 2022

Tracking-Follow-Up

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. Family contact sheets, health tracking forms, child/family staffing and the COPA data base will be used for the purpose of documentation and tracking child health services.
2. Family Advocates and other Head Start staff will enter all health information as it becomes available on the COPA data Base. Staff will update information as it is received. Copies of the information will be kept in the child's individual health folder.
3. Through the use of COPA, the continuing progress and status of services to each child is monitored. Reports are analyzed for information in self-assessment activities, outcomes and in the development of action plans.

Approved by Policy Council: September 2018

Involving Parents

POLICY:

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

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.41 and 1302.46*

PROCEDURE:

1. During enrollment, parents are informed of the type and purpose of all health and developmental screenings.
 - (a) Head Start staff will consult with parents immediately (no longer than 10 calendar days) when a child's health or developmental problems are suspected or identified. Family Advocates or staff will maintain contact with parent/guardian concerning child's health.
 - (b) During enrollment, the Family Advocate will inform parents of the type and purpose of all health and developmental procedures administered through the program. Consent for health and developmental services is located on the child's Health History. If the child will take part in screenings prior to the beginning of school, staff will use the "Summer Screening Permission" form to obtain parent consent.
 - (c) Diagnostic and treatment procedures are explained to parents and every effort is made to ensure parents fully understand the findings and the importance of their child receiving on-going care.
 - (d) Parents and staff condition children in advance about all procedures they will receive while in the program. Classroom activities are geared toward the individual needs of the children. Teaching staff and Family Advocate work with the parents on home activities.
 - (e) Family Advocate and other staff members assist and collaborate with parents to help them participate in parent trainings, ongoing family health care and encourage parents to be active partners in their children's health, including dental, nutritional, mental health, educational, safety and environmental needs.

- (f) If a parent or legal guardian refused to give authorization for health services, the program maintains written documentation of the refusal on the Head Start Parent Refusal Documentation form.

Approved by the Policy Council, September 2017

Parent Authorization/Informed Consent

POLICY:

Parents will have accurate information concerning child services and provide prior written consent for all screenings and exams

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.41 and 1302.41*

PROCEDURE:

1. Children may not receive health/developmental procedures without prior parent authorization.
2. Steps to obtain informed parental consent will follow in a logical time sequence.
 - a. Explain type and purpose of health/developmental procedure to parent.
 - b. Acquire parent written authorization before procedure is performed.
 - c. Procedure is performed by a qualified provider.
 - d. Once performed, provide the parent with the results of the procedure or any recommendations made by the provider immediately or within (10) calendar days.
3. Prior authorization is needed for:
 - a. health/developmental screenings
 - b. dental exam
 - c. dental treatment
 - d. emergency medical/dental services
 - e. administering medication
 - f. release of information
 - g. dental exam and treatment travel (dental travel permission)
 - h. vision exam travel (vision travel permission)
4. Since several health and developmental procedures are completed annually, parent permission for health/developmental services is obtained for second year enrollees as well as new enrollees.

5. If a parent refuses to give authorization for services, the program will obtain and maintain written documentation of the refusal on the Head Start Refusal of Services documentation form.
6. When a parent refuses services required and provided through the Head Start program, the parent will be asked to provide the program with documentation indicating that the child has received services through another source/provider.
7. The parent must sign an authorization form before any information can be released to another agency, institution, and/or individual. The authorization must specify the type of information to be released, the name of the agency/individual to whom the information is being released and for what purpose.
8. Parent authorization/consent forms and any refusal of services documentation will be filed in the child's individual record/health folder and documented in family case notes or under item refused on COPA.

Approved by the Policy Council, September 2017

Consent for Follow up Services

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42 and 1302.46](#)

PROCEDURE:

1. The program will obtain written permission from the parent before any outside health or developmental service follow-up is obtained/provided.
2. Parent consent will be obtained on the “Consent for Follow-up Services” form.
3. The permission for follow-up services form must include the following Information:
 - a. Full name of child
 - b. Child’s birth date
 - c. Type of follow-up recommended
 - d. Person/agency providing follow up services
 - e. Location of follow up service
 - f. Date follow up services are scheduled
 - g. Signature of parent/guardian and date signed
 - h. Signature of witness/staff person and date signed
4. If the parent schedules and transports his/her child for the needed follow up services, the permission form does not have to be signed. However, the parent will be requested to provide the program with results of follow up services and/or give consent for the program to obtain information/consult with the provider.

Consent for Follow up Services
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5. Documentation in regard to follow up services will be monitored in the child's health record/folder and entered onto COPA family case notes.

Approved by Policy Council: September 2018

Parent Refusal of Services

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.41](#)

PROCEDURE:

1. When a child will not receive all the Head Start required medical services from the following list within 90 days of enrollment, parents will be asked to sign the “Head Start Parent Refusal Documentation” form:
 - a. *Physical Exam*
 - b. *Blood Pressure*
 - c. *Hemoglobin or Hematocrit*
 - d. *Lead Screen*
 - e. *Dental Exam*
 - f. *Vision Exam*
2. The signed refusal form will be maintained in the child’s individual record and entered on the COPA Medical Record under the item(s) refused. Staff will list the item exam date as the date listed on the refusal and the treatment status will be marked as “Refused/Not Needed”. Information will be added in the Comment Section of each item or Family Case Notes if further explanation is needed.
3. Once the refusal is signed, program staff will follow-up later with the family to see if there has been a change in the situation or if they need further assistance. Efforts should be documented in Family Case Notes. The child’s COPA Medical Record should be updated as needed when information becomes available.
4. During the school year when an item from the list above expires, the staff will have 90 days to obtain an update for the child. If the child will not be able to receive the update within that 90 day period, parents will be asked to sign the refusal form. If the expiration date will occur with less than 90 days remaining in the school year, a refusal will not be needed.

Child's Health Folder/ COPA

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42 and 1302.47](#)

PROCEDURE:

1. The child's individual health folder will include:
 - a. Completed Health History - COPA Child Health History
 - b. All Program Consent (I.E. - medical/dental & treatment, developmental, emergency medical/dental etc.) – COPA Health History or Screening Permission form
 - c. Health, developmental history, and dental information – COPA Health History.
 - d. Medical Home – COPA Health History & Medical Record
 - e. Medical/dental coverage information (KMAP, KCHIP, private insurance, etc.) – COPA Health History & Medical Record
 - f. Physical exam, Hematocrit/Hemoglobin, Blood Pressure, Blood Lead Screening- Copa Medical record or Medical /Dental verification form.
 - g. Immunization certificate or Medical/Religious exemption - COPA Immunization tab and COPA Health History.
 - h. TB certificate (if applicable) or Preventive Health Questionnaire that contains written TB Assessment - COPA immunization tab
 - i. Nutrition assessment – COPA Health History
 - j. Height/weight and BMI should have copies of Stature for Age

2-20, and BMI for age 2-20 and copy of growth notification if overweight /underweight. – COPA Growth Assessment

- k. Copy of daily health check, incident/accident, and head injury page, if applicable.
- l. Asthma /Allergy Questionnaire if applicable.
- m. Copy of medical travel (vision/dental) permission if applicable.
- n. Dental exam and treatment record- COPA Medical Record
- o. Blood Lead Screening and Preventive Health Questionnaire that includes the written lead assessment – COPA Medical Record-Lead Screening written lead assessment
- p. Release of information if applicable
- q. Hearing screening on Screening Result Page - COPA Medical Record
- r. Vision examination - COPA Medical Record
- s. Vision screening on screening Result page if applicable - COPA Medical Record
- t. Parent notification of screening results – Screening Result page
- u. Documentation of follow-up services/treatment (if applicable)
- v. End of the year summary report – COPA Child health information (under *Reports* tab)
- w. Individual Health plan (if applicable)
- x. Any other information related to child's health. Health records/folders/files are kept confidential. (*See Confidentiality policy*)

Approved by Policy Council: September 2018

Individualized Health Plan

POLICY:

Head Start will recognize and respond to individual health needs.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42, 1302.46, 1302.41](#)

PROCEDURE:

1. Head Start will develop and implement an individual health plan for children who:
 - a. Have a chronic condition requiring adaptations in daily activities
 - b. Needs medication regularly; that cannot be given before or after school.
 - c. Requires a specialized emergency plan
2. Program staff will notify the Grantee Health Services Manager or school nurse/health aid of children enrolling in the program who need an individualized health plan.
3. The Health Services Manager, School Nurse/health aide or family advocate in collaboration with the child's family, classroom staff, medical professionals, and other relevant management staff (e.g. disabilities, nutrition, and education) will develop a written health care plan to serve as a guide to meeting the child's health needs.
4. The parent will be asked to sign a release of information allowing the program to obtain relevant medical information and recommendations from the child's physician/medical provider to develop the plan.
5. The child's Individual Health Plan will at a minimum, provide guidance on:
 - a. What accommodations are needed in daily programming including meals, playing, resting/sleeping, and toileting
 - b. When and how to give medication and who is to give it

Individualized Health Plan

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- c. When and how to perform required medical procedures, and who may perform them
 - d. What procedures to follow in the event of a medical emergency
- 6. The Grantee Health Services Manager / School Nurse/health aide with assistance from other management staff will arrange and/or provide training needed for staff to effectively implement and follow the health plan.
- 7. Plans will be monitored regularly and updated as needed.
- 8. Individualized Health Plans are considered confidential and will be filed in the child's individual health folder.

Approved by Policy Council: September 2018

Hospitalization (Child)

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42 and 1302.47](#)

PROCEDURE:

1. When a child has been admitted into the hospital for any reason, the parent will be requested to obtain a dated and signed medical release upon discharge from the hospital before the child can return to the classroom.
2. The attending physician will include any recommendations or concerns that she/he may have for child.
3. Head Start will follow the medication policy for any medications that will be administered during class time.
4. This documentation will be kept in the child's health record/folder.

Approved by Policy Council: September 2018

Health Services “End of Year” Summary

POLICY:

To provide parents with a summary of the health services provided to their child while enrolled in the Head Start program, by staff or medical provider.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.42](#)

PROCEDURE:

1. Two weeks prior to the end of each school year, the program will provide the parent with a copy of COPA Child Health Information.
2. A copy of the report will also be filed in the child’s individual folder.

Approved by Policy Council: September 2018

Child / Family Staffing

POLICY:

Components of Head Start services will be integrated into the on-going planning process for children and families. The word “staffing” refers to the review of selected child and family information in an organized manner by a team of staff members.

This policy relates to [Head Start Performance Standard 45 CFR Parts 1302.42](#)

PROCEDURE:

1. A staffing will be conducted on each child/family at least two (2) times during the program year.
2. The child’s Teacher and Family Advocate will attend staffing along with any other key individuals whose attendance is deemed necessary by the program director.
3. Everyone will come to the meeting prepared and ready to share information concerning the child and family. The staffing should be a team approach looking at the overall picture of the child/family strengths, accomplishments, interests, goals and any health or other needs.
4. After reviewing the information, a plan of action should be discussed if needed. The plan should identify who and what is going to happen to ensure follow up takes place that assist child / family with any identifiable needs.
5. During second staffing, any follow up from first staffing will be discussed to verify that the child/family needs have been met.
6. Staffing will be documented on COPA by responsible staff member using the checklist that can be found on the child’s data sheet. No paper copies are required.

Approved by Policy Council: September 2018

Pedestrian / Bus Training

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47 and 1303.74](#)

PROCEDURE:

1. Staff will complete pedestrian / bus preparedness and bus evacuation with children and parents within 30 calendar days of enrollment, and noted on lesson plan.
2. Staff will conduct 2 more bus evacuation drills during the school year at the Director's discretion, noted on lesson plan.
3. All trainings will be documented and given to Delegate Director or Transportation Supervisor of the program.
4. Any new child and parent entering the program during the school year will need bus and pedestrian safety training within their first 30 calendar days of child's enrollment. This must be documented and the parent must sign statement of participation.
- 5.. Documentation of training will be kept in Delegate office for review.

Child Development and Education

- Child Development and Education Goals and Objectives
- Child Assessment Process
- Observations
- The Development and Learning Report
- Curriculum
- Lesson Planning
- Developing Cognitive, Numeracy, Language, and Literacy Skills
- Supporting Social and Emotional Development
- Promoting Physical Development
- Integration of Health/Safety/Wellness in Curriculum
- Field Trips
- Child Guidance and Behavior
- Child/Adult Interactions and Supervision
- Setting Up the Physical Environment
- Daily Schedule
- Developmentally Appropriate Materials, Equipment and Activities
- Use of Media in the Classroom
- Education Home Visits Parent/Teacher Conferences
- Naptime Policy
- Transition from Head Start into Kindergarten
- Transition into Head Start
- Transition Within Head Start

BIG SANDY AREA HEAD START PROGRAM
CHILD DEVELOPMENT AND EDUCATION

Goal Statement – Children receive a developmentally appropriate education curriculum.

A. Child Development and Education for All Children

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

1. Implementing a curriculum which is developmentally and linguistically appropriate, recognizing Head Start children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds and learning styles.
2. Children with special needs/disabilities will have an Individual Education Plan (IEP) with specific interventions to meet their needs.
3. Providing an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition.
4. Developing and implementing a daily schedule to allow opportunities for child initiated and adult directed activities and include individual and small group activities.
5. Allowing and enabling children to independently use toilet facilities when it is developmentally appropriate and when attempts to encourage toilet training are supported by the parents.
6. Ensuring appropriate, effective and nurturing teacher-child interactions in a classroom setting.

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

1. Invited to become involved in the development of the program's curriculum and approach to child development and education.
2. Provided opportunities to increase their observation skills and to share assessments with staff that will help plan the learning experiences.
3. Encouraged to participate in teacher-parent conferences and home visits to discuss their child's development and education.

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

1. Teaching staff will implement developmentally appropriate practices which will encourage and strengthen children's social and emotional development through play. Staff will provide an atmosphere where a child can learn trust, develop confidence in themselves, others and the environment.
2. Fostering concepts of self-worth, understanding of feelings and the expression of those feelings. They are setting clear limits to minimize stress and tension. The uses of positive techniques offer encouragement of positive behavior and ultimate respect.
3. Supporting and respecting each child's home language, culture and family composition.
4. Establishing a consistent daily routine to ensure smooth transitions by familiarizing children with the routine and preparing them for what comes next.

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

1. Allowing children not only to explore, but also manipulate and discover materials that are age appropriate.
2. Providing an environment that will support the learning process of children and help them in becoming school ready.
3. Providing opportunities for children to express creativity through developmentally appropriate activities (i.e. music, art, dancing, interactive storytelling, etc.).
4. Encouraging verbal communication and interaction among children with adults during mealtimes, indoor and outdoor play, circle time, and work time during the school day.
5. Providing activities that will encourage numeracy and literacy development that are age appropriate through sorting, matching, classifying and a print-rich environment.

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

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

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

B. Child Development and Education Approach for Preschoolers

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

1. Teaching staff will implement, with assistance from parents, a curriculum that will support each child's individual learning process. We provide hands on opportunities for children to develop cognitive skills, number concepts, social, emotional, and physical development, language, literacy, decision making and problem solving skills.
2. Health, nutrition and mental health will be integrated throughout the daily schedule of activities.
3. Teaching staff will create an environment to help children develop emotional security, a positive attitude toward learning as well as building social relationships. This will be acquired by use of child-size furniture, adult/child interactions, and sharing/cooperative activities.
4. Each child's understanding of self as an individual and as a member of a group will be enhanced to promote school readiness by providing experiences that will lead to the development of trust, autonomy and initiative rather than mistrust, shame and doubt.
5. In a supportive setting, each child will be provided opportunities to develop their abilities and interest and to have opportunities to experience success.
6. Teaching staff will provide a daily routine which will consist of specific time segments allotted to certain activities. Individual, small group, indoor and outdoor will be included.

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

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

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

Approved by the Policy Council, May 2017

Child Assessment Process

POLICY:

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

. This policy relates to *Head Start Performance Standards 45 CFR Part 1302.33, 1302.10*

PROCEDURE:

1. All children will be screened in the areas of motor, language, cognitive, health, social & emotional development within the first 45 days of enrollment. (*See Developmental Screening policy*)
2. Beginning in the first week of the child's enrollment, teaching staff will begin a period of observation. During this time, classroom teaching staff will gather information about each child's strengths, interests and individual needs by setting up assessment activities and making on-going observation notations (anecdotal notes).
3. The child assessment instrument, Teaching Strategies GOLD, is completed in accordance with the instructions to ensure consistency of scoring and validity of the results.
4. The Development and Learning Report on Teaching Strategies GOLD will be developed based on screening results, observations, assessments and parent information.
5. Parents will become aware of school readiness goals through the scheduling of all Education Home Visits and Parent Teacher Conferences. Teaching staff review information with parent(s) and obtain additional parent/family observations and input. Parents choose 2 (two) at home activities to work on with their child(ren) which enhance school readiness skills. Parent(s) and staff identify goals based on screening, observations and assessment data and discuss the "Development and Learning Report" as well as school readiness goals. (*See Individual Child Report policy*)

6. Children in need of further assessment will be referred as soon as the need is evident. (*See Referral policy*)
7. Staff will continue to assess children's developmental progress throughout the program year, utilizing staff and parent observations and portfolio/record entries to keep all individual assessment information current.
8. Each individual child assessment will be completed at three (3) specific times during the school year; (Fall, Winter, and Spring).
9. A final "Parent/Teacher Conference" report is completed to discuss school readiness goals and document the child's progress toward meeting his/her individual goals. Transitioning to the next level concerning education will be discussed as well. A copy of the report is reviewed with and given to the parent along with 2 (two) Summer activities for the parent to assist the child in continuance of becoming school ready.

Approved by the Policy Council: May 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Observations

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.33](#)*

PROCEDURE:

1. Collect objective observations of children's development and behavior using current observation tools & methods (anecdotal records, assessment tool, etc.), thus promoting individualization.
2. Teaching staff focus on child observations daily.
3. Use of observational data will assist in the assessing of progress toward meeting each individual child's goals and effectiveness of individualizing the curriculum.
4. By use of the Class Profile Report on Teaching Strategies GOLD (TSG), the teaching staff will view the children who fall below the widely held expectations (by viewing color bands) and individualize on the lesson plan for these children throughout the program year.
5. Observations may include a variety of resources including technical devices: Notes, work samplings, photos, voice recordings, etc.
6. Teachers, Family Advocates (FA), parents, program managers and consultants may assist in obtaining observation data.

Approved by the Policy Council, May 2017

The Development and Learning Report

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33, 1302.34, 1302.71](#)

PROCEDURE:

1. Complete child's screening, observations and assessment and document in child's file. (*see Developmental, Sensory and Behavioral Screening, Child Assessment and Observations policies*)
2. Scheduling of 1 (one) Education Home Visit and 2 (two) Parent Teacher Conferences in order to share school readiness goals, assessment data, obtain parent input and to discuss the "Development and Learning Report". Goals and strategies developed with the parent must be developmentally appropriate, measurable, written clearly, respectful of the child's gender, culture and ethnic background, and in the child's home language.
3. During the 1 (one) Education Home Visit and both Parent Teacher Conferences, the teaching staff will discuss a minimum of 4 activities with the parent that he/she feels may benefit the child's developmental progress. The parent will choose 2 (two) of the activities to use in the home. The teacher will utilize the other 2 (two) activities by placing these in a notebook in his/her classroom. Each week, activities will be chosen from that notebook and added to the lesson plan to ensure individual needs are being met. These will be used during small group as well as other appropriate times.
4. The Development and Learning Report will include both classroom and home activities for helping the child to achieve his/her goals.
5. Keep track of each child's progress through on-going assessment, using observation/anecdotal notes, parent input, child's work, photos, as well as technical recordings.

6. The Development and Learning Report will be reviewed and updated with the family during scheduled Education Home Visits and the final Parent/Teacher conference. However, plans can be reviewed and updated with the family as often as needed to assess progress and develop new goals and strategies to ensure school readiness.

Approved by the Policy Council - May 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Curriculum

POLICY:

The program will select and utilize the curriculum: Creative Curriculum, 5th Ed. which will integrate the various Head Start components and parent input into the daily program and be developmentally and linguistically appropriate for all children to promote school readiness.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.21, 1302.30, 1302.32](#)*

PROCEDURE:

1. Curriculum must be developmentally appropriate for all ages and stages of development of all children.
2. Curriculum must be consistent with Head Start Performance Standards and based on sound child development principals of how children grow and learn.
3. Curriculum decisions will encourage children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own individual interests.
4. The selected curriculum(s) must support each child's social, emotional, cognitive and physical development, and incorporate all component areas including:
 - a. Health education: personal health, dental, safety and nutrition
 - b. Mental health: self-esteem, feelings/emotions, social competence, resolving conflicts, anger management, sharing, coping skills
 - c. Anti-bias/cultural
 - d. Literacy
 - e. Large and fine motor
 - f. Math/science
 - g. Creative art, music and movement
 - h. Community

Approved by the Policy Council, May 2017

Lesson Planning

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33, 1302.34](#)*

PROCEDURE:

1. All teachers are responsible for developing weekly lesson plans aimed at fostering optimal growth of all children in the areas of social/emotional, cognitive, and physical development.
2. Lesson plans will be documented on selected form(s) and maintained at least one (1) week in advance of use with at least one (1) child listed in the Individual Child Planning area.
3. By use of the Class Profile Report, (found on TSG) children who fall below the widely held expectations (color bands) will be placed on the lesson plan in the specific area of need. As a result, teaching staff will be able to focus on particular children during activities that relate to their weaknesses that the Class Profile Report has identified.
4. Lesson plans must provide developmentally appropriate activities to support the development of cognitive skills, problem solving skills, literacy, reasoning, social skills, decision-making skills, gross and fine motor skills, and healthy habits.
5. Plans will document both group and individual activities based on assessment skills, curriculum goals and/or individual goals of the children. The Teaching Strategies Gold report: Class Profile Report will be an integral tool for grouping and planning activities.
6. Integrate personal health, safety, nutrition, mental health activities into the curriculum at least one time weekly and document on the lesson plan to help with child progression toward school readiness.

7. Document those activities and ideas used which parents actually suggested and/or participated in.
8. The lesson plan must indicate the date the plan will be utilized and include enough detail that a substitute can follow the plan.
9. Current lesson plans must be posted in an accessible place in the classroom and initialed by both the teacher and the assistant. Parents should be able to review the lesson plan upon entrance of the classroom. Past lesson plans should be maintained in a binder to be kept on or near the teacher's desk.

Approved by the Policy Council, May 2017

Developing Cognitive, Numeracy, Language and Literacy Skills

POLICY:

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

- *This policy relates to [Head Start Performance Standard CFR Section 1302.30, 13.02.31, 1302.32, 1302.60](#)*

PROCEDURE:

1. Plan activities for labeling, classifying, or sorting objects by different attributes.
2. Read books and poems daily, tell children stories about real life experiences, talk about pictures and dictate experience stories children tell.
3. Provide a print rich environment and encourage children's emerging interests in writing (scribbling, drawing, copying).
4. All classroom print that children are exposed to should be in the same, basic font in order to keep from confusing children with different printing styles.
5. Use flannel board, puppets, songs, finger plays, etc.
6. Extend child's learning during activities by adding new materials, asking open-ended questions, offering ideas or suggestions, joining in their play and facilitating problem solving.
7. Observe natural events such as seeds growing, life cycle of pets and other animals, weather changes, etc.
8. The High Five Mathematize Resource Book will be utilized to create opportunities and events to introduce math vocabulary (sphere, cylinder, etc.) and use routine activities to introduce spatial sense.

9. Plan field trips to provide new learning experiences (*see Field Trip policy*).
10. Encourage water and sand play and other sensory activities.
11. Document cognitive, numeracy and literacy activities on lesson plans. (*see Lesson Planning policy*)
12. Establish a library/literacy area in the classroom using the following criteria:
 - a. Must be enclosed on 3 sides so that there is only one way into the center in order to minimize outside interruptions and foot traffic
 - b. Should be a quiet, comfortable area with soft furnishings for children to relax. Soft furnishings could include a couch, chair, bean bag, pillows, etc.
 - c. The library area should have at least 35 books accessible for children with many of them facing forward so the cover can be seen
 - d. Books in the library area should be age appropriate, in good condition, and cover a variety of topics such as differing abilities, cultures, health, jobs/work, math, people, nature/science, math, etc.
 - e. There should be at least 5 books displayed in the room (doesn't have to be in the library area) that relate to current classroom activities or themes
 - f. Books should be rotated monthly to maintain child interest
13. Provide a writing center in the classroom in the following manner:
 - a. This area can be placed at a table during free play or it can be a permanent interest area
 - b. There should be various types of writing materials in this area such as markers, crayons, pencils, stencils, lined paper, blank paper, construction paper, journals, tracing cards, etc.
 - c. The area should contain items that encourage the child's interest in learning to write alphabet letters such as a book with names of the children, alphabet in plain view, animal picture cards with names, dry erase word cards, etc.
14. Place appropriate children's books and other printed materials in all learning centers and throughout the classroom: books, magazines, charts, posters, writing utensils, paper, etc.
15. Provide lots of meaningful print: signs, directions, rules, messages, helpers' chart, etc.
16. A Word Wall will be posted in the classroom on the child's level. Words with pictures will be added weekly. Discussion of the word wall will occur weekly to ensure the letter/word/picture have a connection.

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

Approved by the Policy Council, November 2016

Supporting Social and Emotional Development

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31](#)

PROCEDURE:

1. Set clear consistent limits, develop rules, post visual cues, and apply them consistently. Review and update rules throughout the year with input from the children.
2. Have realistic, appropriate expectations of children based on knowledge of early childhood development and each child's strengths and needs.
3. Include anti-bias curriculum goals in lesson planning. Provide opportunities for children to:
 - Build trust
 - Feel good *about him/herself*
 - Appreciate and interact comfortably with others who are different from themselves
 - Develop skills to recognize and deal with hurtful attitudes and behavior directed against themselves and others
4. Provide many opportunities for children to initiate activities and make choices.
5. Use goals from Second Step and other available curriculums to address self-control and respect feelings and rights of others (understanding self and others, impulse control and anger management). Document in lesson plans

6. Help children to make friends and support each child's efforts to renegotiate friendships as necessary.
7. Create space and time for children to interact and work together; games, build with blocks, dramatic play, puppet show, etc. to promote team-building concepts and activities.
8. Provide encouragement and suggestions to enable children to solve problems on their own, complete challenging tasks, and learn from their mistakes.

Approved by the Policy Council: May 2017

Promoting Physical Development

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.31](#)*

PROCEDURE:

1. Provide sufficient time and space, both indoors and outdoors, for active play and large motor development such as jumping, running, balancing, climbing, and riding wheel toys (a minimum of 40 min. daily for part-day sessions – 60 min. for full-day sessions) . The Just A Minute (JAM) Exercise Program or GoNoodle activities will be implemented daily for 10 minutes. Include this information on the lesson plan.
2. Provide a sufficient quantity and variety of equipment and materials to meet individual needs.
3. Provide adult guidance and support during activities and use of materials and equipment.
4. Provide creative movement activities using obstacle courses, activity songs, records, and tapes.
5. Provide fine motor activities such as stacking, stringing beads, pegboards, puzzles, lacing cards, and woodworking.
6. Utilize child's ongoing assessment information to assist in planning and accessing appropriate activities and skill development (Class Profile Report) Document in lesson plans.
7. Integrate development of social skills by including non-competitive large and small group games.
8. In planning for outdoor play, the play area should offer a balance of activities to support child development across the four develop areas

social/emotional, physical, cognitive and language to help in the supporting of school readiness.

9. All equipment must meet safety standards.
10. The outdoor play area should meet the following criteria to the extent possible:
 - a. There are a variety of activity choices (children can ride, construct, swing, climb, read, pour, dig, kick, throw, pretend, paint, balance, cooperate, and play games).
 - b. There are play opportunities and equipment for children with differing abilities.
 - c. There are grassy, open areas.
 - d. There is a smooth surface for equipment with wheels.
 - e. There is enough room for children to move freely without getting in other people's way.
 - f. There are a variety of hard and soft textures and surfaces (grass, sand, paved areas, wood chips).
 - g. There are shady areas which include a place for activities such as drawing or working a puzzle.
 - h. There is a storage area to hold equipment and toys.
 - i. There should be a minimum of 75 sq ft of space per child

Approved by Policy Council: October 2022

Integration of Health/Safety/Wellness In Curriculum

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30 & 1302.31](#)*

PROCEDURE:

1. Staff will include routine health practices (i.e. hand washing, diapering, toileting, tooth brushing, physical activity and transitioning between activities) into their daily routine. Physical activity must not be used as a punishment or reward.
(see hand washing, tooth brushing *policy*)
2. Activities in personal health, nutrition, safety, and 2nd STEP, will be planned for and clearly documented in lesson plans. Each area should be covered at least weekly.
3. Activities will be planned to develop safety awareness in the program, home and community.
4. Staff will implement learning activities and experiences for children and parents that promote a positive self-concept.
5. Staff will discuss with children about visiting the doctor and dentist. The classroom will contain related books, puzzles, and dramatic play opportunities.
6. Healthy nutrition activities and cooking experiences will be available to the children.
7. The program will serve a variety of nutritious foods and include children in preparation and serving as developmentally appropriate.
8. Staff will utilize the Health and Nutrition Services Managers, program consultants and resources in obtaining information and assistance with integrating and promoting health into the classroom activities.

9. Will provide opportunity for a rest period not less than 30 minutes and not longer than one hour. Staff will not force nap or rest time on children, but will offer quiet learning activities to those children who do not want to rest or nap.
9. The program will use the following health/wellness goals as a guide in integrating activities into the daily schedule in the areas of science, math, literacy, motor activities and learning centers:

Health/Wellness

Growth and Development

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

Mental and Emotional Health

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

Personal Health

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

Nutrition

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

Family Life and Community Health

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

Disease Control

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

Safety

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

Drug Use Prevention

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

Resources

1. Head Start Dental Curriculum
2. Hooray for Hand washing
3. Second Step Violence Prevention
4. Colgate Bright Smiles Bright Futures
5. JAM
6. GoNoodle

Approved by the Policy Council: February 2019

Field Trips

POLICY:

Field trips will support classroom educational experiences, current curriculum, each child's individual developmental level and cultural background of all children. Field trips will be pre-planned, supporting all children's engagement in learning experiences and activities.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.21 1302.60; 1302.61; 1303.72; 1303.75; 1302.31](#)*

PROCEDURE:

1. The field trip must be relevant to the curriculum and reflective of the needs, interests and cultures of the children and this relevance documented on the lesson plan.
2. Field trips will be pre-planned and approved prior to the scheduled trip.
3. Notify parents, in writing, at least five (5) days in advance of the scheduled field trip, and obtain their signed permission.
4. Parents and volunteers should be encouraged to accompany classroom staff on field trips to ensure adequate supervision (*see Field Trip Safety policy*). However, no child will be excluded from the field trip based on the child's parent being unable or choosing not to accompany him/her on the scheduled trip.
5. Children and volunteers will be counted and names recorded prior to leaving the classroom. Prior to returning, a head count must be made and names checked to ensure the presence of all children and adults.
6. Each child will wear a durable identification tag including the name of the program, program address and phone number (not the child's name). (*see Field Trip Safety policy*)
7. Each child's "Consent for Medical/Dental Emergency" form, Emergency Contact form -COPA Report #702 and a First Aid Kit must be taken on all field trips.
8. Parents may use their private vehicles to transport their own children. No other Head Start enrolled child may ride in the private

vehicle to or from the field trip.

9. Siblings attending field trips are the sole responsibility of the parent/guardian.
10. Classroom discussion should occur both before and after a field trip in order to prepare children and assess outcome.
11. Field trips will be discussed at parent meetings to share how the trip integrates into the curriculum and to discuss ways that parents can become involved.
12. Rules and regulations mandated by the delegate agency and/or state Licensing source, in regard to field trips, will be followed.
13. Children with disabilities cannot be excluded from field trips due to issues with transportation or accommodation during outings. Whenever possible, children with disabilities must be transported in the same vehicles used to transport other children enrolled in the Head Start program. Other needs regarding transportation identified on the child's IEP, such as seating requirements, necessary training for bus drivers or monitors, etc. must be in place for field trips.

Approved by the Policy Council, May 2017

Child Guidance and Behavior

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.32, 1302.34, 1302.47, 1302.90](#)*

PROCEDURE:

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

- c. Teaching children positive social skills through direct teaching, modeling and practice with peers including mental health and social skills activities in lesson plans.
 - d. Providing children alternative choices and redirection away from inappropriate behavior. Avoid power struggles with children whenever possible.
- 3. Develop classroom rules that are clear, reasonable and consistent. Establish the rules at the beginning of the year, including children in the process:
 - a. Classroom rules will be posted in classroom.
 - b. Posted rules will include pictures as much as possible.
 - c. Establishing, modifying, and discussing rules will be part of the regular class day.
 - d. Rules will be consistent with Head Start policies and procedures.
 - e. Rules will be as few in number as possible, being clear and reasonable.
 - f. The rules will state what the child should do, instead of what they shouldn't do.
- 4. Intervention for behavior problems should be progressive and based on the situation:
 - a. Children who forget the rules are redirected and reminded of the expectations. Refer to posted rules when necessary.
 - b. Repeated occurrences of inappropriate behavior require intervention through problem solving.
- 5. When a child presents dangerous behavior with the potential for hurting themselves or others, staff will intervene immediately. Additional strategies could include: Removing the child from the immediate situation, providing time to calm down, problem solve and plan how to re-enter the play environment.
- 6. For the safety of the child and staff, crisis intervention for the child displaying dangerous behavior will not exceed gentle but firm physical guidance and direction, holding the child only long enough to get them to a safe place to calm down. Physical restraint is not to be used as a routine procedure without an approved, signed behavior plan specifying its use.

7. The use of corporal punishment is strictly forbidden. Use of such methods will result in immediate termination.
8. Withholding food, or access to the bathroom, name calling or any other form of demeaning treatment is strictly forbidden. Use of such methods will result in disciplinary action up to and including termination.
9. Behavior that is chronically unacceptable may be an indicator that further support and assessment is needed. This support may include an in-house referral to the mental health professional (*see Referral policy*). Special support may be required during the time of referral and assessment. The mental health consultant and management staff should be included in planning the necessary support.
10. Continual communication with parents must be maintained concerning the child's behavior through staff observation (anecdotal) note taking. Staff will be sensitive to different cultural beliefs and values.

Approved by the Policy Council, November 2016

Child/Adult Interactions and Supervision

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.21, 1302.30, 1302.31, 1302.91](#)*

PROCEDURE:

1. Each classroom will be staffed by 1 teacher AND 1 teacher assistant at all times regardless of the number of children present.
2. The maximum number of children that can be in a classroom is 20.
3. If the majority of children enrolled in a classroom are less than 4 years old, the maximum number of children that can be enrolled is 17.
4. Both the teacher and assistant must be with the group of children at all times with only two exceptions:
 - If necessary, one staff member will be permitted to leave the classroom for up to five minutes
 - During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age
5. Adults will greet each child upon arrival to acknowledge that they belong in classroom.
6. Adults will actively listen to children and observe non-verbal communication.
7. Adults will respond quickly and positively to children's needs and questions, comforting distressed children and helping them deal with their problems constructively.
8. Adults will physically place themselves (bend, kneel, sit down) at the child's eye level while interacting.
9. Adults will show respect for children's feeling and ideas.

10. Adults will encourage children to talk about their feelings.
11. Adults will describe the behavior(s) they want to see in positive terms.
12. Adults will give attention to children who are less verbal, as well as those who have a lot to say and who demand attention.
13. Adults will allow children to discuss and resolve their conflicts on their own and give support when necessary.
14. The Classroom Assessment Scoring System (CLASS) instrument will be used to evaluate the quality of staff-child interaction in all classrooms. Each classroom will have 2 CLASS observations each year (1 in the Fall, 1 in the Spring) and results will be shared with teaching staff and administrators to determine if additional professional development is needed.

Approved by the Policy Council: May 2017

Setting Up the Physical Environment

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31, 1302.47](#)*

PROCEDURE:

1. Ensure indoor and outdoor spaces are safe, clean, spacious and attractive at all times.
2. Determine activity areas and make sure they are clearly defined while allowing children to work individually or together in small or large groups. Arrange space to provide clear pathways for children to move from one area to another and to minimize distractions.
3. Create a Helpers/Jobs Chart and designate roles for the children to do each day or week (*i.e. weather person, door holder, line leader, etc.*). If possible, make enough jobs so that each child has one daily/weekly but at a minimum, at least half of the kids should have an assigned job.
4. The Fairness Chart should be used to assist in assigning jobs for children.
5. The classroom should not have loud background noise that takes away from the children's ability to learn. Background music should not be played except for designated music/group time or at rest time. Ensure that air conditioning, heating units, etc. are not loud enough that voices of adults and children must be raised to communicate
6. Adapt and modify space for special needs (wheelchairs, other adaptive equipment/materials).
7. The classroom must have at least 9 specific learning centers covering block building, dramatic play, experiences in art, fine motor/manipulatives, music/movement, science, computers/tablet/Smartboard, writing, and quiet book reading.

8. There are six (6) centers that must be “Stationary” meaning they are not moved during the day to different locations or only brought out during center time. These 6 centers are: Blocks, Art, Fine Motor, Library, Dramatic Play, and Science. These learning centers should be set up in the following manner:

a. Block Area

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

b. Art Area

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

c. Fine Motor/Manipulatives Area

- i. Should be several different types of fine motor materials in this center including those that snap, connect, stack, etc.
- ii. The materials should vary in difficulty to address the needs of all children. Some examples are regular and knobbed puzzles, larger and smaller interlocking blocks, smaller and larger stringing beads, etc.

- iii. Most fine motor materials should be stored in bins (without lids) and both the shelf and bins should be labeled with pictures and words to help the children with organizational skills, clean-up, and literacy skills
- iv. A table should be in or near the fine motor area so children can play with the materials comfortably

d. Library Area

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

e. Dramatic Play Area

- i. There should be a variety of dramatic play materials accessible such as dolls, child-sized furniture, play foods, cooking utensils, dress-up clothes for boys and girls, stuffed animals, camping supplies, mailbox, restaurant menus, doctor tools, play money, etc.
- ii. There should be at least 4 examples to represent diversity in the dramatic play area such as dolls of different races, foods of different cultures, equipment used by people with disabilities, etc.
- iii. The dramatic play area should be one of the two biggest centers in the room along with the block area
- iv. The dramatic play area can be altered to address the interests of the children and does not have to just be a "kitchen" area

f. Science Area

- i. The science center cannot be labeled "Science/Math". Math should be evident in all centers and is not solely combined with science and cannot be labeled as such
- ii. There should be a variety of science materials accessible from 5 specific categories:
 - a) Living Things such as ant farms, class pet, plants, window bird feeder, etc.
 - b) Natural Objects such as a bird's nest, seeds, leaves, pine cones, rocks, seashells, etc.
 - c) Factual Books/Science Picture Games such as books, board games, matching games, plastic animals, etc.

1. Nature/Science Tools such as binoculars, color paddles, magnets, magnifying glasses, prisms, smelling cans, tornado tubes, etc.
 - d) Sand/Water Table with toys such as funnels, measuring cups, sand molds, scoops, sifters, bowls, etc.
 - iii. A sand/water table with toys must be accessible for children during each indoor free play period, but it does not have to be attached to the science area
 - iv. Sand substitutes such as seeds, aquarium pebbles, etc. can be used in the table
 - v. Inappropriate sand substitutes would be gravels, styrofoam, leaves, buttons, rice, beans, or any food product.
 - vi. The sand/water table should have many different toys available to dig, pour, measure, etc.
 - vii. It is encouraged, but not required, that each classroom have a living thing such as a classroom pet or a plant so the children have the opportunity to help take care of it
 - viii. If there is a plant in the classroom, it must be labeled with the name of the plant and information that proves it is not poisonous
9. In addition to the stationary learning centers mentioned above, each classroom must have learning centers for music/movement, writing, and computers/tablet/Smartboard. These 3 additional centers can be stationary, but they can also be mobile centers that are only created during free play time. These learning centers should be set up in the following manner:
 - a. Music Area**
 - i. There should be at least 10 musical instruments of different types available for children during free play such as bells, rhythm sticks, maracas, drums, shakers, tambourines, rain sticks, etc.
 - ii. If musical instruments are used at group time, there must be enough for 1 per child participating
 - iii. The music area and instruments must be available for at least 1 hour during free play periods
 - b. Writing Area**
 - i. This area can be placed at a table during free play or it can be a permanent interest area
 - ii. There should be various types of writing materials in this area such as markers, crayons, pencils, stencils, lined paper, blank paper, construction paper, journals, tracing cards, etc.
 - iii. The area should contain items that encourage the child's interest in learning to write alphabet letters such as a book with names of the children, alphabet in plain view, animal picture cards with names, dry erase word cards, etc.
 - c. Computers/Tablet/Smartboard**

- i. There should be an area of technology within the classroom where children can play interactive learning games
 - ii. Each classroom must have either a desktop computer for child use, a smartboard, or an interactive computer tablet available during free play
 - iii. A timer must be used in this interest area to assure that no child has more than 15 minutes of media time, per day
10. Create a space for child privacy so 1 or 2 children can play alone without expected interruptions. This space should be available during free play and placed in a quiet area where there is not usually a lot of classroom activity. Some examples of a “space for privacy” would be a writing center, a private game that has been set up by the teacher, an interest area with a sign that only allows 1-2 children at a time, etc. The computer area will not be viewed as a space for privacy because children can only stay at the computer for 15 minutes and the space for privacy should not have a time limit.
11. Space should include soft elements such as rugs, cushions, or rocking chairs. Use sound absorbing materials to cut down on excessive noise whenever possible.
12. Develop a cozy area in the classroom with soft furnishings that will allow children to COMPLETELY escape the hardness of the room. This may or may not be your Library/Reading area.
13. Arrange developmentally appropriate materials and equipment on low, open shelves to promote accessibility and independent use by children. Ensure a sufficient quantity of a durable materials and equipment. Rotate and adapt materials, change learning centers to maintain children’s interest and extend their experiences.
14. Check that the environment reflects non-stereotyping and cultural diversity. Reflect the backgrounds and interests of families and children represented in the classroom in pictures, photographs and materials displayed and used in activities.
15. The “*Required Classroom Display*” document identifies several items that must be posted inside or outside the classroom. In addition to those required items, the display should be used to enhance the child’s environment and promote learning such as literacy and math skills.
16. The weekly theme/topic should be evident in the classroom display.
17. Photos and names of the enrolled children should be found in multiple places throughout the room. Examples would be: Their cubbies, tables, charts, child identifiers for center selection (i.e. pictures on ice cream sticks), bulletin boards, birthday displays, writing center, etc.

18. About 1/3 of the display materials should be children's individualized artwork.
19. Use signs and pictures in each interest area of the classroom to help volunteers know what skills children can learn and how to facilitate activities in each area.
20. Separate the location of the learning centers that are "quiet" from the ones that are "noisy". This can be done by having them on opposite sides of the classroom or by placing a "buffer" center between them. Centers should be viewed as quiet, noisy, or a buffer based on the information below:
 - **Quiet Centers:** Library, Writing, Listening
 - **Buffer Centers:** Computers, Science, Fine Motor, Math, Art
 - **Noisy Centers:** Dramatic Play, Blocks, Musical Instruments, Music Without Headphones
21. Provide individual spaces for children to hang their clothing and store their personal belongings. Children's belongings should not be touching while stored in their individual areas.
22. Arrange a parent bulletin board and message center that is regularly updated with attractive displays, interesting articles and announcements of activities and events of the program, center and community. *Refer to "Required Classroom Display" document for guidance.*
23. Provide a safe, well-organized outdoor play area which includes a variety of surfaces, equipment and materials for large muscle play and space for activities such as painting, and water play.
24. Ensure outdoor areas are protected by fencing or natural barriers from access to roadway/streets, parking lots and/or other dangers.

Approved by the Policy Council: October 2022

Daily Schedule

POLICY:

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

. This policy relates to Head Start Performance Standards 45 CFR Part 1302.31, 1302.43

PROCEDURE:

1. Teachers will develop and provide a classroom schedule that will provide a balanced program and guide children and adults into a secure and orderly day.
2. The daily schedule provides for alternating periods of quiet and active play.
3. Indoor free play periods allow the children to choose the materials they play with and which learning centers they want to spend time in. Free play should be scheduled as follows:
 - Full day programs (6 hours or more) must have 120 minutes of free play daily
 - Part day programs (less than 6 hours) must have 100 minutes of free play daily
4. Outdoor/gross motor play should be scheduled as follows:
 - Full day programs (6 hours or more) must have 60 minutes of outdoor/gross motor play daily
 - Part day programs (less than 6 hours) must have 40 minutes of outdoor/gross motor play daily
5. Provide a balance of large muscle and small muscle activity.
6. JAM or GoNoodle will have a 10-minute block of time listed on the schedule.
7. Set aside sufficient time each day for each meal. There must be a minimum of 2 hours between the beginning of one meal to the beginning of the next.
8. Children are instructed to brush teeth after breakfast (recommended within one hour of eating breakfast).

9. A rest/quiet period is scheduled for classes in session for 6 hours or more each day.
10. Use of the Second Step curriculum must be listed as a stand-alone activity on the daily schedule for a minimum of 10 minutes.
11. Incorporate routine tasks into the program as a means of furthering children's learning, self-help and social skills. Routines such as toileting, hand washing, and tooth brushing should be relaxed, reassuring, and individualized based on developmental needs.
12. Change planned or routine activities according to the needs or interests of the children, and/or to cope with changes in weather or other situations that affect routines without unduly alarming the children.
13. Conduct smooth and unregimented transitions between activities. Children should not always be required to move from one activity to another as a group. Use transition as a vehicle for learning. Wait time/down time should be less than 3 minutes.
14. Post the daily schedule in the classroom and a separate picture schedule for children's use. The picture schedule should be placed on the child's eye level.
15. Within a 3 hour block of time on the daily schedule, there should be at least 60 minutes of free play, 40 minutes of gross motor play, and a meal.
16. A copy of the daily schedule is to be submitted to the Education Services Manager by the end of the second week of school and at any time thereafter when changes are made.

Approved by the Policy Council: September 2023

Developmentally Appropriate Materials, Equipment and Activities

POLICY:

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

. This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.60, 1302.61](#)

GUIDANCE:

1. Materials, equipment, and activities are selected to achieve the following goals:
 - Foster a positive self-concept
 - Develop social skills
 - Encourage children to think, reason, question, and experiment
 - Scaffolding (Taking children to a higher learning level of thinking)
 - Encourage language development and literacy skills
 - Enhance physical development
 - Encourage and demonstrate sound health, safety and nutritional practices
 - Encourage creative expression and appreciation of the arts
 - Respect cultural diversity
2. There will be a sufficient quantity of materials and equipment to meet the individual developmental needs of the children, including those with special needs and/or disabilities.
3. Free choice time each day for children to interact with a variety of materials and activities should be 1 hour within each 3 hour block of the scheduled day.
4. Materials, equipment and activities in each interest area which will reflect the curriculum, interests and life experiences of the children.

5. Materials in all interest areas are will be unbiased (i.e.: men and women dress-up clothing, community helper props showing both men and women in all roles, as well as books and pictures having women in leadership roles and men in nurturing roles.)
6. Materials will be provided that vary in complexity (i.e. 5 piece puzzles as well as 10 -12 piece puzzles).
7. Various textured materials, such as play dough, finger paint, clay, sand, water, will be activity options each day.
8. Materials must be accessible, attractive, and inviting, and should be designed to provide a variety of learning experiences and enhance school readiness.
9. All materials and equipment will be stored in a safe, orderly fashion when not in use:
 - Organize all materials and equipment in a logical manner with related items stored together.
 - Store toys with small pieces in clearly labeled containers.
 - Label shelves with pictures and words to identify where items belong and to promote language development as well as self-help skills.
10. Materials and equipment will be kept in good repair with no sharp edges, broken parts, splinters, or other safety hazards.
11. Inventory materials/equipment at least once each program year.

Approved by the Policy Council: February 2019

Use of Media in the Classroom

POLICY:

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

PROCEDURE:

1. The use of media, such as television and video, must relate to weekly themes.
2. Staff will preview any media to be used in the classroom prior to use.
3. Teachers will provide other options/activities for children who choose not to view a program.
4. Staff will discuss what is viewed with the children before, during, and after viewing the video to develop critical thinking and observation skills.
5. Television/video time will be limited to no more than 30 minutes per week.
6. Television/media screen viewing is prohibited during meals/snacks and during naptime.
7. Computer time (*including Smart Boards and iPads*) will be limited to no more than 15 minutes per day, per child. The only exception will be when a child with a disability has an IEP plan that specifically calls for additional time involving technology devices. The 15 minute daily limit for the Smart Board does not include instances when the teacher uses the board with the entire group for learning experiences, dance/music/exercise, or storytelling.

Approved by the Policy Council: April 2023

Parent Involvement in Child Development Education and Parent/Child Activities

POLICY:

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

This policy relates to Head Start Performance Standards 45 CFR Part 1302.34, 1302.50, 1302.51

PROCEDURE:

1. Parents are given opportunities to be involved in curriculum planning through participation in:
 - a. Education Home Visits and Family Home Visits
 - b. Parent/Teacher Conferences
 - c. Parent meetings, Policy Committee and Advisory Committees
 - d. Curriculum development
(see Home Visits/Conferences, Parent Meeting policies)
 - e. Volunteering in the classroom
 - f. Surveys
 - g. Individual concerns or input shared with the teaching staff
2. Parents are encouraged to volunteer in the classroom, be observers, or become paid staff in the classroom, become members of policy groups, and attend parent meetings in order to become familiar with the program. They receive orientation plus training to support them in these activities. (see Parent Participation, Parent Orientation, Volunteer Orientation/Training policies)
3. Issues related to child development, curriculum, and developmentally appropriate practices will be addressed during Education Home Visits/Parent-Teacher Conferences as well as parent meetings and trainings. (see Parent Meeting policy)
4. Staff will help guide parents with age appropriate activities to encourage their children to become engaged in developmental and educational activities at home and in their communities. Activities will be sent home on a regular basis for family and child to work on

together in the home setting. No more than one (1) home activity will be sent to the families each week. Family home projects should not be any more than 1 hour.

5. The Educational and Family Home Visits will address developmental/learning opportunities in the home setting. Educational Home Visits will offer choices of activities for parents to participate with their child(ren) in the home.
6. Parents can access literacy as well as career development funds to pursue goals of furthering education. They may take courses that will help them learn early childhood skills of working with their children at home or in the classroom. (see Literacy Assistance, Parent Career Development policies)
7. Staff maintains documentation of parent involvement opportunities including: Education Home Visits, Family Home Visits, Parent/Teacher Conferences, Parent Curriculum Input, Parent Committee meetings, Policy Committee meetings, workshops/trainings, choosing of home activities, printed materials/handouts.

Approved by the Policy Council August 2018

Education Home Visits & Parent/Teacher Conferences

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.33, 1302.34, 1302.42](#)

PROCEDURE:

1. Education Home Visits and Parent/Teacher Conferences should be scheduled with location and time options available to meet the needs of individual families.
2. A minimum of 2 (two) Education Home Visits and 2 (two) Parent/Teacher Conferences will be scheduled during the program year for children enrolled in the center-based option. However, additional home visits and/or conferences may be scheduled when needed.
3. Education Home Visits and Parent/Teacher Conferences are not a requirement for enrollment in the program. Staff must respect the parents' wishes and schedule at their convenience. Every effort should be made by staff to inform parents about the benefits of Education Home Visits and Parent/Teacher Conferences.
4. In the event the parent refuses an Education Home Visit, staff may conduct an Education Home Visit or Parent/Teacher Conference at a location requested by the parent. The denial/request will be documented on the Education Home Visit form and/or the Parent Teacher Conference form.
5. Teachers may coordinate home visits with the Family Service Worker and/or other program staff.
6. If the delegate program enrolls a child that lives outside the service area, the teacher must still complete the 2 Education Home Visits at the child's home.

7. Education Home Visits and Parent/Teacher Conferences should be well planned and must address educational issues relevant to the child. A sufficient amount of time must be scheduled for each visit and/or conference in order to discuss the child's progress thoroughly and to obtain parent input.
8. The following is a suggested routine for sharing information with families during the school year:

Completed immediately after child is accepted up to 30 days after enrollment- Education Home Visit #1

- . Classroom policies and procedures
- . Discuss screening results and follow-up
- . Copy of the School Readiness Goals given to parent and discussed
- . Discuss health & disability services
- . Introduce the assessment tool
- . Volunteer information
- . Family Home Projects
- . Discuss home visit
- . Health follow-up

November – Parent/Teacher Conference #1

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

February – Education Home Visit #2

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

May – End of school year – Parent Teacher Conference #2

- . Discuss assessment data, observations, etc.
- . Discussion of School Readiness Goals
- . Discuss the Development and Learning Report
- . End of year assessment of goals
- . Transition
- . 2 (two) Summer activities (Chosen by parent)

- . Parent questions and/or concerns
 - . Volunteer opportunities
 - . Health follow-up
9. Education Home Visits and Parent/Teacher Conferences will be documented (Home Visit Report form/Family Contact form) and entered into COPA.

Approved by the Policy Council – October, 2019

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Naptime

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31](#)

PROCEDURE:

1. Naptime will consist of dim lighting and soft music.
2. Adults may use reading as a source of relaxation for the children as they prepare for naptime.
3. A naptime period is required for all classrooms that operate more than 5 hours per day. Naptime will not be appropriate for any classroom operating less than 5 hours per day.
4. Naptime should be at least 30 minutes, but no longer than 1 hour each day.
5. Children will continue to be supervised by two adults even at naptime.
6. Teaching staff in our program will provide alternative quiet learning activities for children who do not need or want to rest or nap during naptime.

Approved by the Policy Council: May 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Transition to Head Start

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.60, 1302.61 and 1302.70.](#)

PROCEDURE:

1. Children and families will be given the opportunity to participate in planned program activities designed to ease their transition from home or other child care setting, into the Head Start program.
 - a. Opportunity to meet the staff and socially interact with a small group of children.
 - b. To view the classroom and be involved in activities that will become part of their daily schedule/routine;
 - c. To see buses and become conscious of the vehicle, staff and its purpose.
2. Methods for conducting transition activities will include one or more of the following:
 - . Open House
 - . Child-Find/Screening programs
 - . Phase-in program
 - . Individual center/classroom visits
3. Each family will have the opportunity to participate in orientation/transition activities to:
 - a. Receive information about the program, services, policies and procedures;

- b. To socially interact with staff, children and other Head Start families;
- c. To view Head Start facilities and materials;
- d. To participate in transition meetings for children leaving early intervention programs and/or with disability.
- e. To ensure the opportunity for participation of parents, LEA and Head Start personnel, along with the child's parent(s) will take part of the IFSP transition plan / process for children transitioning from Part C (Kentucky's Early Intervention System) to Part B. These meetings are also meant to ensure the appropriate steps are taken in a timely manner toward transition at age 3 and the implementation of the IEP once the child enters the Head Start program.

Approved by the Policy Council, August 2017

Transition from Head Start to Kindergarten

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.60, 1302.61; 1302.62 and 1302.71.](#)

PROCEDURE:

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

- . Transition topics addressed at parent meetings;
 - . Agency wide/site based training sessions;
 - . Written material (Transition Packet)
3. In collaboration with school personnel, staff plan and schedule time for children and families to visit their perspective elementary school. The visit includes opportunity to:
 - a. Meet kindergarten teacher/school personnel;
 - b. Visit the classroom, cafeteria, playground area, rest rooms and Family Resource Center;
 - c. Become familiar with the school bus loading/unloading procedures, zones, etc.
 4. Family Advocate/Home Visitor will provide families with written notification of scheduled visits and provide necessary support services to encourage their participation.
 5. The addition to scheduled visits, Head Start teachers plan and implement a variety of classroom activities to ease the transition of children exiting the program;
 - a. Dramatic and role-play new school situations and activities;
 - b. Art activities about the new environment;
 - c. Personal growth changes, both physical and developmental, are discussed and activities incorporated.
 - d. Summer transition packets t include both family and child activities.
 - e. Helpful Entry Level Skills checklist completed and forwarded with records.
 6. Throughout the year, the designated Head Start delegate personnel collaborate with LEA personnel and the child's parents to ensure appropriate and timely steps are taken to support the transition to the new setting within the least restrictive environment. These collaborative efforts help parents advocate for and promote successful transitions to Kindergarten. These steps may include:

1. School district personnel may schedule visits to child's Head Start classroom;
2. Meeting with school district personnel, child's teacher and parent(s) for IEP review/update.
3. Have permission form signed by parent to allow observation and/or testing (only if necessary).
7. Head Start sends complete, updated records to school district upon request.
8. Transition process is reviewed with districts, parents and staff each year.

Approved by the Policy Council, August 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Transition Within Head Start

POLICY:

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

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.40\(h\) \(1-4\)](#).*

PROCEDURE:

1. When a child transfers to another site or program within the same delegate Head Start program, the FSW/Home Visitor at the site the child is leaving will:
 1. Review the child's file for completeness. (Include family file information if there will be a new FSW)
 2. Place any child abuse reports or other confidential information in the file.
 3. Complete a "Change of Status" form and place in front of the child's file.
 4. Bring file to the Head Start central office for transition to the new Family Service Worker/Home Visitor.
2. When a child enters a new site, the FSW/Home Visitor and Teacher will:
 1. Review the file and remove child abuse report/other confidential information into a separate file.
 2. Contact the family to arrange a time for meeting and/or visiting the new site/classroom and set a start date.
 3. Consult with program managers and consultants about related services (transportation, therapy, special assistance, etc.) If applicable.

4. The program will ensure that all “Change of Status” information is entered into COPA.

Approved by the Policy Council August, 2007

Child Health and Safety

- Child Health and Safety Goals and Objectives
- Hand Washing
- Tooth Brushing
- Toileting
- Diapering/Pull-ups/Soiled Clothing
- Daily Health Checks
- Medical/Dental Emergency
- Parent Consent for Emergency Treatment
- Parent Consent for Child Release
- Teacher's Observation of Child Health
- Communicable Disease Control
- Lice Control
- Blood Borne Pathogen Control
- Exclusion of Sick Children
- Administration of Medications
- Monthly Health & Safety Monitoring
- Classroom Safety
- Playground/Gross Motor Safety
- Field Trip Safety
- Emergency Preparedness
- Accidents Bus Accident Reporting
- Bus Accident Reporting Procedures For Model City Head Start
- First Aid Kit
- First Aid Inventory Checklist
- Drug Free Workplace
- Smoke/Tobacco-Free Workshop
- Documenting Child Arrival-Departure

**BIG SANDY AREA HEAD START PROGRAM
CHILD HEALTH AND SAFETY**

Goal Statement – Children are protected through appropriate health and safety measures.

A. Child Health and Safety

Objective 1: The Big Sandy Area Head Start program and delegate agencies will have health and emergency policies and procedures with which all staff are familiar and trained. This will include:

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

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

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

4. Children with conditions requiring health care will be accommodated through modification in program procedures. The exception being if the condition poses a significant risk to the health and safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level.
5. During enrollment and throughout the program year, parents will be encouraged to inform staff of any health and/or safety needs of the child. The information will be documented in the child's health folder and health plans will be updated as needed.

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

Procedures will include:

1. Medication for children or staff will be stored in a locked location and refrigerated if necessary. However, emergency medication for children and staff will not be locked up, but will be kept out of the reach of children.
2. Designating a trained staff member(s) to administer, handle and store medications (*If there is no school nurse or health aide on site*).
3. Obtain a physician's instructions and written parent or guardian authorization for all medications administered by staff.
4. Maintaining an individual record of all medications dispensed and reviewing the record regularly with the parents.
5. Recording changes in child's behavior that may have implications for drug dosage/type and assisting the parent in communicating with the physician regarding the effect of the medication.
6. Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling and storing medication, including the use of necessary equipment.

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

1. Train staff and volunteers on safety practices and ensure that they demonstrate these practices.
2. Parents will be given information during the school year to promote health and safety at home and in the community.

Objective 5: To promote and implement good hygiene practices and universal precautions for staff, children and volunteers.

1. Proper hand washing techniques will be practiced by staff, children and volunteers.
2. Universal precautions will be observed to prevent contact with blood and other potentially infectious materials. All bodily fluids will be considered potentially infectious materials.
3. Appropriate sanitation and hygiene procedures will be followed for diapering that adequately protect the health and safety of children.

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

1. First aid kits, well stocked with age appropriate supplies, will be located in each Head Start classroom. First aid kits will be kept in a location in which they will be readily accessible but out of the reach of children.
2. Kits will be restocked after use and an inventory conducted monthly.
3. Kits will be taken to playground and on all field trips or off site activities.

Hand Washing

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Antibacterial soap will not be used.
2. Staff, volunteers, and children in the Head Start classrooms will perform hand washing with soap at the following times:
 - a. Before meals—if staff determine that children have contaminated their hands once they have reached the cafeteria, hand sanitizer can be used before they get their trays.
 - b. Before and after preparing food
 - c. After using the bathroom or cleaning
 - d. After assisting a child with toilet use
 - e. Before and after treating or bandaging a wound
 - f. After contact with bodily fluids, even if wearing gloves
 - g. After diapering
 - h. After wiping noses, mouths, etc.
 - i. Before and after giving medications
 - j. After inspection of hair/scalp for lice
 - k. After cleaning/handling soiled items
 - l. After touching animals or contaminated objects
3. The sink must be sanitized after all of the children use the toilet rather than after each child during the regular classroom schedule with the exception of meals/snacks. The sink must be sanitized before the children, volunteers, and staff begin washing for meals/snacks. A staff person needs to turn on the faucet with a paper towel, and the water needs to run until the last child, volunteer, and staff washes his hands. The last staff person will turn off the faucet with a paper towel.

4. To avoid recontamination, trash cans used to dispose of paper towels after hand washing must be hands-free (i.e., have a foot pedal or sensor) or not have a lid. Diapers must be disposed of in a hands-free trash can (trash can must have a lid).
5. Hand washing will be conducted using the following best practices:
 - a. Wet hands with warm water.
 - b. Apply soap. Soap must be available and within children's reach.
 - c. Lather hands from the front to back of hands and between fingers rubbing vigorously for approximately 20 seconds.
 - d. Dry hands with a paper towel.
6. Staff /volunteer will supervise the use of hand sanitizer.
 - a. Staff/adult volunteer will use a hand sanitizer that contains 60-95% alcohol.
 - b. The manufacturer's instructions are followed. Staff will apply sanitizer to the child's hands; the child rubs hands from the front to the back and between fingers.
 - c. Staff/ volunteer will observe the child rubbing hands together until sanitizer is completely dry to avoid ingestion or contact with the eyes and mucous membranes.
 - d. Hand Sanitizer must be locked away or kept on staff/volunteers at all times because the label states ***Keep out of reach of children.***
 - e. Hand Sanitizer Dispensers are prohibited.
7. Hand Sanitizer can be used under the following circumstances:
 - a. Upon arrival in classroom and re-entry from outdoors (if hands are not soiled)
 - b. After meals if staff & children touch food
 - c. After sand or messy play with dry materials
 - d. Before and after water play and play with wet, sensory materials.

Tooth Brushing

POLICY:

Classrooms will have supervised tooth brushing daily.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.43](#)

PROCEDURE:

1. Each child will have his/her own toothbrush labeled with his/her name.
2. Toothbrushes will be stored with the head of each brush upright in an appropriate toothbrush holder, not touching.
3. Toothbrushes and toothbrush holders will be kept clean and sanitary.
4. Toothbrushes must be kept out of the reach of children in a place where contamination will not occur. They should not be kept inside a bathroom or near a sink where children could splash water on them.
5. When toothbrushes become worn, they are discarded and replaced (appropriately every 3 months).
6. Classroom schedules should be developed so children will be able to brush their teeth within 2 hours after breakfast.
7. Only toothpaste with fluoride is to be used.
8. To eliminate contamination when one large tube of paste is used, place a small dab (pea size) of the paste on the inside of the child's rinsing cup just prior to the child brushing. The child will use his/her toothbrush to scoop the paste off the cup onto their toothbrush. This will avoid transferring germs from one child's brush to another.
9. Teachers will provide group activities that allow children to learn proper brushing techniques.

Approved by Policy Council: May 2024

Toileting

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Bathrooms/toilets for use by the children will be within or immediately adjacent to the classroom whenever possible.
2. All bathrooms will have a sink with running warm water. Water heater/pipes will be regulated to ensure that water temperature does not exceed 110 degrees Fahrenheit.
3. Bathroom fixtures and accessories, including toilets, sinks, mirrors, soap, paper dispensers, etc. will be child-sized and appropriate to the age and height of children whenever possible.
4. All surfaces in bathroom will be cleaned and sanitized daily.
5. Bathrooms will be supplied with paper towels, toilet tissue, and liquid soap (*non- antibacterial soap*) within reach of the children.
6. Toilets will be adapted for independent use by the children. A non-slippery plastic stool to step up to the toilet and/or sink and a toilet seat adapter may be used.
7. Potty chairs will not be used unless a child's condition is such that other adaptations will not safely accommodate the child. In the event a portable potty chair is necessary, the following guidelines apply:
 - a. The potty chair will be individually assigned and used only by that child.
 - b. Potty chair frames will be made of a continuous surfaced, smooth, non-porous material that can be cleaned and disinfected easily. Wood frames are not recommended.
 - c. Potties will be used and stored only in the toilet area out of reach of children.

- d. Cleaning and sanitation of potties will be done in a utility sink.
 - e. After each use of the potty chair:
 - . Empty contents into the toilet
 - . Rinse potty in the utility sink
 - . Wash all parts of the potty chair with soap and water using disposable towels
 - . Empty soapy water into the toilet
 - . Spray with bleach solution or an EPA approved solution
 - . Air dry
 - . Wash and disinfect sink
 - . Wash hands
8. Teachers must have a system in place for knowing when children go and return from the bathroom.
9. Children who require assistance will be accompanied to the toilet by a staff member.
10. Staff will monitor toileting areas to ensure that proper hand washing and safety is maintained.
11. In the event that a child has an accident and visible body fluids are present, staff must wear disposable gloves and wash hands after assisting the child with cleaning themselves and sanitizing toilet, sink, floor, etc. soiled with body fluids.

Approved by Policy Council: September 2018

Diapering/ Pull-ups/Soiled Clothing

POLICY:

Diapering and the changing of soiled clothing will take place in a designated area. This will occur in a safe, sanitary, and respectful manner.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. A designated area will be established specifically for diapering. The diapering area is to be as far away from the food area as possible and not easily visible to the other children. Careful planning should be done to ensure that diapering occurs in a respectful and comfortable way.
2. Construct a diapering surface that is flat and safe. It should be a comfortable height for adults.
3. Diapering surfaces will be kept clean. They should be free of all cracks, tape, and crevices.
4. All diapering and cleaning supplies will be stored off the diapering surface and out of the reach of the children.
5. Diapers, along with wipes and other supplies that may be provided by the parent, must be labeled with the child's name.
6. Only Head Start staff or the child's parent will engage in the diapering of the child.

The following procedures must be followed:

- Before bringing the child to the diapering area, gather all the needed supplies which include: a fresh diaper, enough wipes, gloves, diaper cream if prescribed and a plastic bag for soiled diapers/clothes. Place these items near but not on the changing mat. Keep all supplies needed for diapering out of the reach of the children.
- Place non-absorbent paper or disposable cover on the diapering surface. The cover should be large enough to cover from the child's shoulder to the child's feet.
- Wash hands and put on gloves.
- Keep one hand on the child at all times. Never leave the child unattended.
- Bring child to the diapering area. Remove any clothing that may become contaminated from soiled diaper. Unfasten soiled diaper and fold inward beneath child. Lift the child's legs. Gently clean the child's bottom with a moist disposable wipe. Remove stool and urine from front to back using 1 wipe per swipe. Repeat with clean wipes until child is clean. Place the soiled wipes into the diaper and reseal it with the tabs or throw wipes directly into hands free plastic lined covered trash can.
- Remove the soiled diaper folded inward and resealed into a plastic lined hands free covered trash can.
- Placed soiled clothes into a plastic bag to be taken home for laundry.
- Check for spills under the child, if disposable paper liner is used, fold upwards from the feet to cover any spill, so fresh paper is now under the child's bottom.
- Remove gloves, place in hands free plastic lined trash can, clean hands with a disposable wipe and clean child's hands with a fresh disposable wipe.
- Slide clean diaper under child's bottom, if child has prescription diaper cream use a fresh glove or tissue paper to apply to area, discarding into a plastic lined hands free covered trashcan when finished. Adjust and fasten diaper. Put clothes back on child. Do not let child stand on diapering surface.
- Wash child's hands before returning to classroom.
- Tie up any soiled clothing to be sent home.
- Remove the disposable covering from the diapering surface and place it in the trash can. Remove any visible soil from the diapering surface with soap and water, then disinfect the surface by spraying it with a bleach solution. Staff must follow the manufacturer's instructions on the bleach container. If bleach is not allowable, it is also acceptable to use an EPA approved product following manufacturer's instructions.

- Wash hands thoroughly.
- Document and report any skin problems or redness to the parent/guardian.

Pull-up/soiled clothing procedure:

- The teaching staff or the child's parent is only to change pull-up/soiled clothing.
- A designated area will be established specifically for diapering. The diapering area is to be as far away from the food area as possible. It should also not be easily visible to other children. Careful planning should be done to ensure that diapering occurs in a respectful and comfortable way.
- Determine if a child will be changed by lying down or by standing up. If the child will be lying down, use the same procedure as diapering.

If the child will be standing, do the following:

- Gather the supplies for the changing process and place these on or near the changing surface outside the contaminated area. Gather enough wipes for the process, clean pull up or underwear, clean clothes and a plastic bag for soiled clothing if needed. Non latex disposable gloves and an adequate piece of non-absorbent paper (enough to cover the changing area) must also be used.
- Staff person will wash hands and put on gloves.
- Staff will bring the child to the changing area and have the child stand on the paper and place needed clean items on the paper and out of the child's reach.
- To avoid contamination of the clean shoes, socks and then clothing, staff should remove unsoiled clothing and set it aside on the paper out of reach of the child. If the child's shirt is clean, it is helpful to have them hold their shirt up above their waist during the change.
- Remove the soiled clothing and place it in a plastic bag to send home. If a pull up was used, remove it by pulling the sides apart and discard it in the lined, hands-free covered trash can. If the underwear is soiled, remove from the child and do your best to avoid contamination of the surface and place with the clothes in the bag. Do not rinse soiled clothing.
- Check paper for soil around the child and fold paper over if needed so there is a clean surface to stand on.
- Clean the child's skin around their pull up/underwear area. Wipe from front to back using one wipe per swipe. Make sure to repeat with a fresh wipe until area is clean. Throw each wipe in the plastic lined, hands-free covered trash can. Remove gloves and discard them in the trash can.

- Use a fresh wipe to clean your hands and then use another fresh wipe to wipe the child's hands. Throw these wipes into the same trash can.
- Assist the child as needed in putting on clean pull-up/underwear and getting dressed, including socks and shoes.
- Supervise the washing of the child's hands and his/her return to the group.
- Securely tie the bag of soiled clothing, and store it in an area that is inaccessible to children until it can be sent home. Dispose of paper lining in the plastic lined hands free covered trash can. Clean visible soil from the changing area and disinfect the surface with bleach-water solution following the manufacturer's instructions. If bleach is not allowable, it is acceptable to use an EPA approved product. Follow the directions on the container.
- Wash your hands. Record the change and any concerns on the child's changing log including things such as loose stool, unusual odor, and color or skin irritation. Share any concerns with the parents.

Approved by Policy Council: August 2021

Daily Health Check

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47, 1302.42, and 1302.102](#)

PROCEDURE:

- Teaching staff will observe children as they enter the classroom each morning. Teaching staff will look for any adverse signs indicating illness or injury. The teaching staff will pay particular attention to children who have been absent due to illness or who have been exposed to a communicable disease.
- Children who appear alert, responsive, and in good health will begin their daily routine.
- If it is determined that a child is not able to actively participate in the daily routine due to illness, the parent or authorized person from the emergency contact list will be contacted to come and pick up the child as soon as possible. (Exclusion of Children and Communicable Disease Control policies)
- Staff observations of illness or injury will be documented on a daily health check documentation sheet. Documentation will include a description of the concern and any recommendations or referrals. Parent comments will also be documented on this sheet. All information will be added in the “family case notes” section of COPA and placed in the child’s health folder. If the staff notes an illness, significant bruise, or unusual mark on the child, he/she will list an “H” on the COPA Child Attendance & Meal Count tab to signify that there was an issue with the child’s health or appearance.
- If a staff member suspects that the child’s illness or injury is due to abuse or neglect, the child will remain in the classroom and a report will be made immediately to the Department of Protection and Permanency. (Reporting Child Abuse and Neglect policy)

Approved by Policy Council: September 2018

Medical/Dental Emergency

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Management and direct service staff will develop separate plans of action for rapid response to medical and dental emergencies that may occur in the classroom, on field trips, or on a Head Start bus.
2. All staff working with children will have a current First Aid and C.P.R. card.
3. Medical and dental emergency procedures will be maintained in one designated place and be readily accessible to staff.
4. There must be a sign in the classroom indicating the location of the first aid kit and the nearest telephone.
5. Telephone numbers for hospitals, fire department, police department, emergency response systems and the Poison Control Center are posted near the telephone.
6. Consent for medical/dental emergency treatment is maintained on each child.
7. Methods for contacting the parent in the event of an emergency involving their child are established.
8. All medical and/or dental emergencies will be recorded on an incident report form. Serious injuries requiring a child to be sent home or to a medical provider must be reported by telephone immediately following the incident. (*see Accidents policy*)

Approved by Policy Council: September 2018

Parent Consent for Emergency Treatment

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.41 and 1302.47](#)

PROCEDURE:

1. The “Consent for Emergency/Dental Treatment” will be checked yes or no on each child’s COPA Health History – *Consents question #9*.
2. The parent/guardian will complete the Health History, including the consents section, prior to their child’s enrollment.
3. The parent/guardian will sign and date the COPA Health History at the time of enrollment.
4. Parent/guardian will sign Emergency Medical/Dental treatment consent for the school year, if staff is not copying health history consent.
5. Staff will share the emergency policies and procedures with the parents in the parent handbook and during the enrollment process.
6. Staff will keep a copy of the Emergency Medical/Dental consent in a folder to accompany the teaching staff during off-site activities.

Approved by the Policy Council: September 2018

Parent Consent for Child Release

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47 and 1303.72](#)

PROCEDURE:

1. The enrollment application for Head Start will be used to allow the parent to identify all persons with authority to pick up their child from the classroom or to receive their child from the bus.
2. A list of all children and the persons they may be released to will be kept in the classroom and on the bus at all times for reference by staff to assure that children are only released to authorized individuals.
3. Release names from the enrollment application will be entered on COPA. If the parent requests (*in person*) for names to be changed, changes will be made accordingly on COPA.
4. If a parent requests to change the release names after his/her child is enrolled, a Change of Status form will be completed with the new information and signed & dated by both staff and parent. Release lists used in the classroom and on the bus will be updated immediately to reflect this new information.
5. In the case of an emergency when a parent requests, by telephone, for his/her child to be released to a previously unauthorized individual, the following questions will be asked by the staff to verify that the person requesting the release is in fact the parent:
 - Parent's Date of Birth
 - Child's Date of BirthA child will only be released by parent phone verification to a previously unauthorized person when an illness or other unavoidable occurrence has impeded their ability to make a face-to-face change to the list of release individuals.

Teacher's Observation of Child Health

Child's Name _____ Teacher _____

Classroom _____ Date of Observation 1st _____ 2nd _____

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

	1		2	
	Y	N	Y	N
Tires Easily				
Frequently Sleepy				
Inactive				
Shortness of Breath with Exercise				
Unintelligible Speech				
Poor Hearing				
Discharge or Running from ears				
Continuous Runny Nose				
Frequent Nose Picking or Rubbing				
Convulsions, Fits or spells				
Poor Writing or Drawing				
Headaches				
Clumsy				
Poor Vision				
Eyes Crossed Or Out				

	1		2	
	Y	N	Y	N
Poor Posture, Limp / Abnormal Gait				
Poor Nutrition or eating Habits				
Poor Hygiene				
Skin Rash / Skin Sores				
Frequent Scratching				
Pale or Sallow Skin				
Over or Under Weight				
Stomachaches				
Vomiting				
Frequent Urination				
Wet Pants				
Soil Self with Bowel Movements				
Cough				
Wheezing				
Red, Runny or Itchy Eyes				

What is your opinion of this child's Health?

Perfectly Healthy ☐

Specific Problem(s) as noted but Generally Healthy ☐

Not in Good Health ☐

Document Follow Up Here:

Communicable Disease Control

POLICY:

Limiting the spread of communicable diseases through preventive health practices and appropriate reporting procedures will be a priority for this agency.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. All children will have a signed Childhood Immunization Certificate, indicating that all required immunizations are current and up-to-date, or will have a medical/religious exemption on file. *(See Immunization Policy)*.
2. All staff and regular volunteers will have an initial health exam and tuberculosis assessment or screening. Each Delegate program will follow their local Board of Education policy.
3. Adults and children will wash their hands with soap and running water regularly. *(See Hand Washing policy)*
4. All classroom surfaces are cleaned and disinfected regularly with an EPA approved disinfectant/sanitizer or if using bleach, following the manufacturer's instructions.
5. All cloth items used by children will be laundered on a weekly basis. If a documented case of lice or scabies occur, the items will be laundered prior to the next day of class.
6. Toothbrushes are stored in an appropriate holder with brushes upright, and not touching each other. *(See Tooth Brushing policy)*
7. If a child is ill or appears to have a communicable disease, measures are taken to prevent the spread of disease by keeping the child isolated from others, but under adult supervision, while contacting the parent(s) or emergency contact person. *(See Exclusion policy)*
8. Staff who have direct contact with a person who has a communicable disease will be instructed in the use of universal precautions. *(See Blood Borne Pathogen Control Plan policy)*

9. If there is an infectious disease outbreak (two or more children/staff that have an onset of similar signs and symptoms within a 72-hour period) of any reportable illness, the individual must be excluded if the Health Department or primary care provider suspects that the child or staff member is contributing to the transmission of illness or is not adequately immunized when the outbreak of a vaccine-preventable disease or the circulating pathogen poses an increased risk to the individual.
10. The child/staff member must have a note from the health department or primary care provider clearing them to come back into the facility.
11. Head Start will follow CDC recommendations and Kentucky Department of Health recommendations and guidelines for any health and safety concerns and issues that may arise. Model City Head Start will also follow all Kentucky Child Care regulations, as well as the local Health Department for recommendations on health and illness safety issues.

Approved by Policy Council: August 2021

Lice Control

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Parents will be informed during orientation that head lice screening will be conducted throughout the school year.
2. Classroom staff will create a time and specific routine for performing regular head checks on children.
3. All children will be checked regularly. Children will be treated with tact and sensitivity. If a child is found to have lice or nits, the staff shall be discreet and not alert the other children to this fact.
4. If a child is found to have live lice or nits, the parent(s) or an emergency contact person will be called to come and take the child home as soon as possible. As with any other communicable disease, the child will need to be separated from the other children in a way that does not damage the child's self-esteem but will also prevent the spread of lice to others. Delegate programs will follow their local Board of Education policy dealing with lice.
5. Parents will be given information on the most current and safest treatment of head lice.
6. Head Start does not require the family to use pesticide shampoo before returning the child to the classroom, however we do require that the child not have lice and/or nits present in the hair/scalp. They will need a statement from a physician, health department, nurse, or appointed staff person that the child is lice and nit free.

7. If a child returns to school more than once with lice or nits still present, a meeting will be arranged to problem solve the issue with the family.
8. Staff will stress the importance of following the recommended guidelines for treatment of lice. Any parent concerns or requests will be addressed and the staff will share the potential consequences for continued, untreated cases of lice (*i.e. child missing school and activities with classmates, potential charges of neglect, etc.*). Discussion with parents will be documented under the Family Case Notes tab of COPA.
9. Staff will limit their discussion of head lice to the employees within the classroom and the health services staff unless it becomes necessary to contact other direct services or management staff concerning the situation. An exception is when the classroom is located within a public school and school personnel provide direct services to the child and family, then the school personnel will be notified. Each delegate program will follow their local LEA recommendations concerning lice control. Model City will follow state licensing recommendations.

Approved by the Policy Council: September 2018

Blood Borne Pathogen Control

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47 & 1304.40](#)

PROCEDURE:

1. Training in the prevention of cross contamination of blood borne pathogens will be provided before beginning work in the program and annually to staff who may have occupational exposure to blood or other potentially infectious materials.
2. Delegate programs operated by the Local Education Agency will follow the school district's plan/procedures for blood borne pathogens.
3. Model City Head Start will retain a blood borne pathogen control plan for the site.
4. The grantee agency will follow the BSACAP blood borne pathogen control plan located in the central office.
5. The blood borne pathogen control plan will be available to all personnel for review.
6. The delegate programs and Model City will maintain documentation of the annual training on blood borne pathogen control.

Approved by Policy Council: September 2018

Exclusion of Sick Children

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. In order to ensure the safety and health of children and staff, children who have an acute or contagious illness will be temporarily excluded from the program until the condition subsides, is no longer contagious, or a statement is received from the child's doctor that the child is no longer contagious.
2. Children who have any of the following conditions/symptoms will be excluded from the classroom:
 - Fever or an oral temperature of 100.4 degrees or 101.4 degrees under the arm
 - Nausea or vomiting (more than one time in last 24 hours)
 - Diarrhea (more than two time in last 24 hours)
 - Deep, hacking uncontrolled cough
 - Sore, red throat
 - Shortness of breath/Difficulty breathing/ Severe chest congestion
 - Muscle aches or body aches
 - Fatigue
 - New loss of taste or smell
 - Congestion or runny nose
 - Confusion
 - Persistent pain in the or pressure in the chest
 - Pale, gray, or blue colored skin, lips or nail beds depending on skin tone.
 - Unexplained rash
 - Earache
 - Yellow discharge from the eyes
 - Cuts or opening on the skin that are oozing or pus-filled
 - Lice

- A contagious/communicable disease such as:
 - a. Chicken Pox
 - b. Fifth Disease
 - c. Flu
 - d. Hand, Foot, and Mouth Disease
 - e. Hepatitis Type A
 - f. Impetigo
 - g. Measles
 - h. Meningitis
 - i. Mononucleosis
 - j. Mumps
 - k. Pink Eye (conjunctivitis)
 - l. Pinworm
 - m. Roseloa
 - n. Rubella
 - o. Strep Throat (streptococcal infections)
 - p. Whooping Cough (Pertussis)
 - q. Covid-19
 - Any illness that prevents the child from participating comfortably in activities.
 - Any illness that results in a need for care that is greater than the staff can provide without comprising the health and safety of other children.
 - Any illness that poses a risk of spread of harmful disease to others.
3. If a parent knows or suspects that their child has a contagious disease, advise her/him to call the classroom to make staff aware of the absence and to take the child to see a licensed health care professional to confirm the diagnosis and receive medications (if needed). If the child was taken to a health provider, the parent/ guardian will need to bring a school excuse or note from the health care provider, releasing child to return to classroom.
 4. The child will need to be fever free for 24 hours without the use of fever reducing medication, prior to returning to the classroom, so the signs and symptoms of fever will not be masked by medication.
 5. If staff are uncertain regarding the child's condition or whether the illness poses a risk to others, a call will be made to the parent to discuss the situation. In cases where the parent and staff disagree about the child's condition, staff will take child to school nurse/health aid if available, call the Delegate Head Start Director, designated staff person, Grantee Health Services Manager or child's physician for further advice.
 6. Refer to Communicable Disease and Illness policy and procedures for further guidance.

Procedure to take a child's temperature.

- If possible use a touchless thermometer, following manufactures instructions for use.

If not available do the following.

* Follow thermometer manufactures instructions for use.

*Turn the digital thermometer on.

*Place a thermometer probe cover over the portion of thermometer that will be placed in the child's mouth. If the child is unable or unwilling to hold the thermometer in their mouth, then place the probe tip under the arm with the arm held against their chest.

*Have the child hold it under their tongue until the temperature is displayed (*usually 30 seconds - 2 minutes depending on the thermometer*). A normal temperature is 98.6 degrees F. If the oral temperature is 100.4 or the underarm temperature is 101.4 degrees call the parent /guardian to let them know the child is sick and needs to be picked up as soon as possible.

* Make sure scanner thermometer is set for Fahrenheit, and not Celsius.

Approved by Policy Council; August 2021

Administration of Medications

POLICY:

The administering of medications to children who have short term or chronic illnesses should only be done when it is determined by the child's physician that it is in the child's best interest to receive the medication. This applies to medication that is given during class time or medication that is used to prevent a life threatening emergency.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Medications for both short term illnesses and chronic conditions will be administered by the family at home, unless it is verified by the child's physician that the medication can only be given during the time the child is in the classroom.
2. In all cases, the physician's permission form for prescribed or over the counter medication along with the consent/permission form from the child's parent(s) must be obtained then reviewed and signed by a health services staff and a program director prior to the administration in the classroom.
3. The physician's permission form must include the following things: the first and last name of the child, the name of the medication, the reason for the medication and the form of medication. It must also include the dosage, time interval, method of administration, duration of administration, side effects and any other important information.
4. Staff must read the physician's information and be aware of possible adverse reactions included in the instructions.
5. In most instances, medication will be administered by the teacher unless there is a school nurse/ trained health aide or a designee trained from the LEA on site during program operation hours. If staff feels uncomfortable with the administration of medication, the grantee health services manager may be requested to provide and/or access training and assistance.
6. Staff will ensure that all medication is in the original container and properly labeled by the pharmacist. It should include the child's name, the frequency

7. and amount of dosage. It should also include the name of the drug and the duration of administration along with the expiration date, the date filled storage, and name of the prescribing physician.
8. Medications will be kept in a locked container and stored in locked cabinet or drawer to reduce the potential for misuse or loss. Medications requiring refrigeration will be kept in a locked box and stored to the back of the top shelf in the refrigerator. If a medication is for acute and emergency use, it will be kept in the first aid kit and/or out of reach of children (Ex: Epi Pen or Inhaler) if it is not kept in the school nurse/health aide office per their LEA policy and procedure. Staff medication that is needed at school will be locked away and should be inaccessible to children at all times.
9. The administration of medication log will be used to document the date as well as the time and name of the medication. It will also be used to document the signature of the person who is administering the medication along with any observed behavior changes or adverse reactions each time the medication is given.
10. The administration of medication log will be utilized and kept with the parent permission and physician instructions forms in the child's file. These will be kept with the school nurse and the medication.
11. If a child refuses to take medication or there is an adverse reaction or behavior changes are observed, the parent(s) must be notified immediately. Communication to parents or physician prescribing the medication will be documented on the administration log and in family case notes.
12. A parent or guardian must review the medication log three (3) times a year. It must be signed and dated each time medication(s) is being administered.
13. The medication forms and documentation will be monitored by both the grantee health services manager and the team manager. When a question arises, it will be directed to the delegate health staff (or director) and school nurse/health aide assigned to the classroom within the LEA.
14. Unused medication must be returned home or be disposed of when treatment is complete or at the end of the school year. All medications left at school will be given to designated health services staff for proper disposal.
15. A designated staff person will notify the parent/guardian 1 month prior to the medication expiration date.

16. Staff members involved in the administration of medication will be sensitive to and aware of the confidentiality issues in carrying out this responsibility. In cases where all staff need to be aware of a child's medical condition and/or medication, delegate programs will obtain parent permission to post information within the classroom. If parent permission cannot be obtained, the child's condition will be posted with a cover sheet. For classrooms at Model City, a cover sheet will always be used regardless if parent permission is obtained.

Approved by Policy Council: September 2018

Monthly Health & Safety Monitoring

POLICY:

All Head Start classrooms will have an on-site observation each month to identify and resolve and safety concerns.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. The delegate Head Start director will designate members of the staff or community to take part in a monthly visit to classroom locations. The purpose will be to complete a Health & Safety Checklist. These individuals will be referred to as the “MHS Team”.
2. The format of the Health & Safety Checklist is updated and distributed to all delegate directors by the grantee office. One checklist will be completed on each individual classroom. The results will be sent to the delegate director and combined into a Health & Safety Report that is then sent to the grantee director.
3. The Health & Safety Report will be sent to the grantee director by the 15th of the following month.
4. The MHS Team can be made up of administrators, family advocates, parents, or community members. Teaching staff are prohibited from being part of the team that completes the checklist as this may cause a conflict of interest.
5. The MHS team will evaluate the indoor and outdoor facilities that are used by children for any dangers or evident threats including but not limited to:
 - Prohibited materials, cleaning supplies, etc.
 - Essential emergency supplies and written procedures
 - Working fire extinguishers and alarms
 - Sharp edges or entrapment dangers
 - Cleanliness
 - Playground surfacing
 - Suitable playground enclosures (fencing/gates)
 - Appropriate playground equipment free of cracks, breaks, or snags

- Fall & Use Zones for all equipment
6. If a problem is identified on the checklist by the MHS Team, the delegate director will determine the most appropriate course of action. For minor issues that do not pose an immediate risk to either children or adults, the director will implement a timeline for addressing the problem and the person responsible for carrying out the activity. **However, almost all items that would appear as a noncompliance on the checklist are considered a threat to children and must be immediately addressed.** When the director receives the checklist from the MHS team, he/she must quickly identify the seriousness of any issue mentioned and contact the classroom staff to make sure the matter is taken care of without hesitation. The timeline for correcting any issue that deals with an immediate danger to children would be 0-24 hours, depending on severity, supplies, and accessibility to children.
 7. There may be issues identified by the MHS Team that cannot be fixed by classroom staff or administrators and require the assistance of maintenance personnel. For such repairs, the delegate director will submit a work order to the maintenance supervisor describing the action needed and the requested timeline. Once the request is received by the maintenance supervisor, a response will follow describing a plan of action.
 8. When maintenance personnel have been contacted, the delegate director will make the grantee director aware of the situation and the anticipated timeline. The grantee director will follow up with the delegate director according to the timeline given to assure that the issue has been corrected.
 9. When equipment or supplies must be purchased, the delegate and grantee staff will communicate to determine who will be responsible for purchasing. If the purchase will require a significant expenditure (i.e. playground climbing structure), the grantee budget will be the first consideration. The delegate director will also consult with the building principal and school superintendent to determine if school districts funds could be utilized for the purchase. For less significant expenditure needs (i.e. first aid supplies, outlet covers, etc.), the delegate Head Start budget will be the first consideration.
 10. Once the issue found on the checklist has been corrected, the delegate director will confirm the completion to the grantee director through email or direct communication.

Classroom Safety

POLICY:

Staff will maintain safety in all aspects of their job while working with families, children and staff.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. All staff working with children will have be certified in CPR and First Aid.
2. All emergency procedures will be posted in one particular area of the classroom. The area must be labeled (i.e. EMERGENCY) so that it is clear to all adults where to look for any emergency information.
3. There must be a sign in the classroom that indicates the location of the first aid kit and nearest telephone.
4. Emergency telephone numbers will be posted on the classroom emergency plan.
5. The first aid kit and a copy of each child's emergency consent form will be taken on field trips or any trip away from the classroom site.
6. A diagrammed evacuation plan will be posted on the main exit or a designated exit in the classroom.
7. Fire drills/building evacuations will be practiced once per month.
8. All electrical outlets accessible to children will have protective caps in place when outlets are not in use.

9. Items of potential danger to children, such as toxic materials or flammable liquids, must be kept locked up and in their original container. They should be stored separately from and any food service equipment.
10. Any item that contains the statement “keep out of reach of children” must be kept locked up during times when not being used under staff supervision. Examples would include: Toothpaste, hand sanitizer, shaving cream, etc.
11. An emergency light source will be available at all times.
12. Children will be free from choking or strangulation hazards.
13. The center will be free of firearms and other weapons.
14. Children will not be left alone with volunteers. There will always be two staff members with the children except in the following two instances:
 - a. One staff member may leave the room for a brief absence (no more than 5 minutes)
 - b. During nap/rest time, one staff member may be replaced by another trained staff or volunteer who does not meet the teaching qualifications required for the age.
15. Areas and equipment that the staff feels may be unsafe should be immediately reported to the Head Start director or designee.
16. Allowable classroom pets are: Hamsters, Gerbils, Guinea Pigs, and Fish. There should be no other pets in the classroom. Before placing one of the appropriate pets in the classroom, staff will make sure there are no children or staff members that has an allergy to the pet and there must be a current (*time specified*) certificate from a veterinarian on file in the classroom, stating that the pet (excluding fish) is in good health, showing no evidence of carrying any disease, fleas, ticks, and be fully immunized.

Approved by the Policy Council September 2019

Playground / Gross Motor Area Safety

POLICY:

Routine playground/gross motor area safety inspections and rules will be established and maintained at all times. The Consumer Product Safety Commission and National guidelines related to playground safety will be followed.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Staff will thoroughly inspect the playground / gross motor area each day prior to the children's indoor / outdoor play time. This check will include, but not be limited to, a search for the following hazards:
 - . glass, needles, or sharp objects
 - . dangerous equipment that may cause falls, cuts, pinching, puncture wounds, or serious injury
 - . inadequate ground cover underneath play-structures and swings
 - . unfamiliar person who does not have a legitimate reason for being in or around the playground area
 - . poisonous foliage, bee/wasp nests, animals/animal feces, trash/garbage
2. Some equipment located on public school playgrounds may be inappropriate for very young children. Head Start children should not be allowed to play on these structures.
3. Staff will establish and routinely review playground / gross motor area safety rules with the children. Playground rules will minimally include:
 - . Establishment of area that is safe for running (i.e. not under/around play structures).
 - . Playground boundaries.
 - . Appropriate play for slide safety (*i.e. sitting down facing forward on the slide*).
 - . Wheel toy play: traffic boundaries and safety rules for both the driver and pedestrians. Children will wear helmets during trike riding.
 - . Instructions for children when they encounter objects on the playground.

4. Proper supervision is very important in preventing playground / gross motor accidents/injury. There will always be a minimum of two (2) staff persons on the playground during gross motor play. Only Head Start staff will be considered the supervising adults when children are on the playground / gross motor area. Parents and other volunteers may increase the ratio of adult-to-children but they will not replace staff members.
5. Staff must be strategically located on the playground / gross motor area during play so that all children are within sight at all times.
6. First aid kits must be taken and carried by a staff person when on the playground / gross motor area. First aid kits are not to be placed on a bench or other areas where they are in reach of children.

Approved by Policy Council: September 2018

Field Trip Safety

POLICY:

Staff will ensure that safety is the first priority on all field trips and outings away from the Head Start site.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. A minimum of two Head Start staff will accompany children on any outings that are not on Head Start premises.
2. Children will wear identification tags on all outings. Identification will consist of the program name and telephone number. The child's name will not appear on the tag.
3. Emergency consent, contact forms and a fully stocked first aid kit must be taken on all field trips.
4. When going places that have either a large number of people present or areas that are remote and have few emergency facilities, the adult-child ratio will be at least one adult to 5 children.
5. Teachers must ensure that medication or equipment needed for the safety of a child with special needs (*asthma, diabetes or other potential life threatening condition*) is taken on the field trip.
6. Each child must have field trip permission form, signed by parent/guardian, in place prior to the trip.

Approved by Policy Council: September 2018

Emergency Preparedness

POLICY:

Each Head Start classroom will have an emergency/disaster preparedness plan in the event of fire, earthquake, severe storm or other natural disaster. Safety drills for fire, natural disasters, bus evacuation, and pedestrian safety will be completed and documented accordingly.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Site personnel will develop an individual emergency/disaster management plan and procedures which are practiced throughout the program year.
2. The emergency/disaster management plan must include evacuation routes, safe meeting places, head count procedures, safety spots in the classroom or building, and procedures for assisting children with disabilities.
3. Safe evacuation routes will be established, illustrated and posted on the main or designated exit.
4. Teachers will plan learning activities, discussions and demonstrations that will increase children's knowledge and prepare them to respond safely in an emergency situation. These activities, discussions and demonstrations will be included and documented in daily lesson plans.
5. Fire drills will be conducted at least one (1) time per month.
6. Earthquake preparedness drills are held at least three (3) times during the program year.
7. Bus evacuation drills will be done 3 times a year. The first drill will be completed within 30 calendar days of enrollment and the other during the school year at the director's discretion.

8. Tornado drills are held during the first full month of the school year, and during the months of February, March and April.
9. Additional fire, earthquake and tornado drills may be conducted as necessary until satisfactory proficiency is obtained.
10. All drills will be documented on a Record of Drills form.
11. During evacuation of the building, emergency consent forms, attendance record and first aid kit must be taken.
12. Staff will follow procedures and instructions for notification of parents in the event of an emergency involving their child.
13. Management staff will routinely monitor the emergency preparedness plans, procedures and activities.
14. Classrooms housed in public school facilities will follow the school's emergency plan/procedures.
15. Staff and parents will receive annual training/information on emergency/disaster management.

Approved by Policy Council: September 2018

ACCIDENTS

POLICY:

Staff will ensure that all accidents are managed using the proper first aid and reporting procedures.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Any accident involving a child that requires staff to provide first aid (*bumps, bruises, scrapes, and splinter*) must be written up on an accident report form and must be reported to the child's parent/guardian on the day of the accident. Staff will call the parent immediately to inform them of the accident.
2. Any serious injuries (*i.e. broken bones, severe bleeding, or any injury requiring the child to be sent home or to a medical provider*) must be reported by telephone to the delegate and grantee office immediately following the incident. A written incident report is then submitted to the delegate office within 24 hours.
3. Life threatening situations are to be reported immediately to the grantee office who will then report the incident to the ACF Regional Office.
4. If injury involves the child's head, the staff will complete the Head Injury Form and this will be given to parent along with incident report.
5. The Health Services Manager and/or delegate staff will review accident reports and provide feedback if necessary.
6. Bus accident reports will follow their local LEA protocol. Model City Head Start will follow the Bus Accident policy for BSACAP.

Approved by the Policy Council: September 2018

Bus Accident Reporting

POLICY:

An accident involving a bus transporting a Head Start child must immediately be reported to the BSACAP Grantee Office. The grantee director will report the incident to the program specialist in the regional office in Atlanta, GA. Bus drivers for delegate programs will follow the school system procedures if an accident occurs while transporting a Head Start child. The procedures listed below will be followed by Model City staff.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47, 1302.102 and 1303.74](#)

PROCEDURE:

- In the event of an accident that requires medical or police assistance, the driver or monitor should dial 911 as soon as possible. After contacting 911, the following procedures should be followed as well:

1. Bus and fixed object:

In the event of an accident involving a fixed project (i.e., sign, mailbox, fence, etc.), the driver shall immediately notify the Model City Site Supervisor. The site supervisor will then immediately contact the Head Start Director. The reporting of the accident shall include the following information:

- * Number of injuries
- * Type and seriousness of injuries
- * Damage to bus
- * Damage to other property

2. Bus and Vehicle:

In the event of an accident involving another vehicle, the driver shall notify the Model City Site Supervisor who will in turn contact the Head Start Director. The reporting of the accident shall include the following information:

- * Number of injuries
- * Type and seriousness of injuries
- * Damage to bus
- * Damage to other property

- After notification of an incident without injury, the driver will make the determination as to whether the bus can continue on the route or if a spare bus is to be dispatched. The police having jurisdiction where the

accident occurs will be notified and a police investigation requested. The driver will document the location and the time as well as the names of all adults and children on board the bus. The driver will also document any other relevant information for later review by the Head Start Director.

- In the event of any accident, the driver's primary concern shall be for the safety and well-being of the students on his/her bus. The driver shall make every effort to care for the injured and calm the students.
- If an evacuation is necessary, the type of evacuation will depend on the particular situation. The driver will make sure that the students get off the bus safely and ensure they are safe after they exit from the bus by having them assemble at least one hundred (100) feet from the bus and traffic. All students should be accounted for at this time.

Approved by Policy Council: September 2018

BUS ACCIDENT REPORTING PROCEDURES FOR MODEL CITY HEAD START

IN THE EVENT OF AN ACCIDENT THAT REQUIRES MEDICAL OR POLICE ASSISTANCE, THE DRIVER OR MONITOR WILL DIAL 911 AS SOON AS POSSIBLE. THE FOLLOWING PROCEDURES SHALL BE FOLLOWED AS WELL:

1. BUS AND FIXED OBJECT:

IN THE EVENT OF AN ACCIDENT INVOLVING A FIXED PROJECT (I.E., SIGN, MAILBOX, FENCE, ETC.), THE DRIVER SHALL IMMEDIATELY NOTIFY THE MODEL CITY SITE SUPERVISOR. THE SITE SUPERVISOR WILL THEN IMMEDIATELY CONTACT THE HEAD START DIRECTOR. THE REPORTING OF THE ACCIDENT SHALL INCLUDE THE FOLLOWING INFORMATION

- * NUMBER OF INJURIES**
- * TYPE AND SERIOUSNESS OF INJURIES**
- * DAMAGE TO BUS**
- * DAMAGE TO OTHER PROPERTY**

2. BUS AND VEHICLE:

IN THE EVENT OF AN ACCIDENT INVOLVING ANOTHER VEHICLE, THE DRIVER SHALL NOTIFY THE MODEL CITY SITE SUPERVISOR WHO WILL IN TURN CONTACT THE HS DIRECTOR. THE REPORTING OF THE ACCIDENT SHALL INCLUDE THE FOLLOWING INFORMATION:

- * NUMBER OF INJURIES**
- * TYPE AND SERIOUSNESS OF INJURIES**
- * DAMAGE TO BUS**
- * DAMAGE TO OTHER PROPERTY**

AFTER NOTIFICATION OF INJURY AND THE DETERMINATION TO CONTACT MEDICAL ASSISTANCE, THE DRIVER WILL MAKE THE DETERMINATION AS TO WHETHER THE BUS CAN CONTINUE ON THE ROUTE OR IF A SPARE BUS IS TO BE DISPATCHED. THE POLICE, HAVING JURISDICTION WHERE THE ACCIDENT OCCURS, WILL BE NOTIFIED AND A POLICE INVESTIGATION REQUESTED. THE DRIVER WILL DOCUMENT THE LOCATION, TIME, NAMES OF ALL ADULTS AND CHILDREN ON BOARD THE BUS, AND ANY OTHER RELEVANT INFORMATION FOR LATER REVIEW BY THE HEAD START DIRECTOR.

IN THE EVENT OF ANY ACCIDENT, THE DRIVER'S PRIMARY CONCERN SHALL BE FOR THE SAFETY AND WELL-BEING OF THE STUDENTS ON HIS/HER BUS. THE DRIVER SHALL MAKE EVERY EFFORT TO CARE FOR THE INJURED AND CALM THE STUDENTS.

IF AN EVACUATION IS NECESSARY, THE TYPE OF EVACUATION WILL DEPEND ON THE PARTICULAR SITUATION. THE DRIVER WILL MAKE SURE THAT THE STUDENTS GET OFF THE BUS SAFELY AND ENSURE THEY ARE SAFE AFTER THEY EXIT FROM THE BUS BY HAVING THEM ASSEMBLE AT LEAST ONE HUNDRED (100) FEET FROM THE BUS AND TRAFFIC. ALL STUDENTS SHOULD BE ACCOUNTED FOR AT THIS TIME.

First Aid Kit

POLICY:

Classrooms will be equipped with emergency first aid kits that are readily accessible and stocked with the necessary items. First aid training will be provided for staff as needed.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

1. Well supplied first aid kits, appropriate for the ages and number of children served, will be maintained at each facility.
2. Each first aid kit must include at least the following items:
 - a. Gauze bandages/pads/roll
 - b. One box of assorted size bandages
 - c. Adhesive or paper tape
 - d. Small scissors
 - e. Disposable tweezers
 - f. Disposable CPR mask
 - g. Water
 - h. Non latex gloves (2 pairs)
 - i. Instant ice/cold pack
 - j. Sterile eye pads
 - k. First aid guide
 - l. Disposable or digital thermometer (probe covers)
3. First aid kit should be kept in low-traffic areas where it is easily accessible and identifiable for adults. The kit must be out of children's reach.
4. First aid kits are taken on field trips, any type of safety drills, outdoor playground areas and during off site activities.
5. A first aid inventory checklist is used monthly by staff to assure that the required materials are present and in good condition. As materials expire, they will be replaced with new items.

Drug – Free Workplace

POLICY:

The Grantee certifies that it will provide a drug free workplace. Staff, caregivers, and volunteers will not be impaired due to the use of alcohol, illegal drugs, or prescription medication during program hours. If impaired, he/she will be restricted from premises including indoor/outdoor environment and in any vehicle/bus used by the program.

This policy relates to [Head Start Performance Standards 45 CER Part 1302.47](#)

PROCEDURE:

1. Employee policies will contain a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. The agency will provide employees with information regarding:
 - a) The dangers of drug abuse in the workplace
 - b) The program's policy of maintaining a drug – free workplace
 - c) Any available drug counseling, rehabilitation, employee assistance programs
 - d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace
3. Each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1.
4. The employee will:
 - a) Abide by the terms of the statement
 - b) Within 5 days, notify the agency of any criminal drug statute conviction

5. Within 10 days after receiving notice under subparagraph (4) (b) from the employee or otherwise receiving actual notice of such conviction, employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number (s) of each affected grant.
6. The following actions may be taken within 30 days of receiving notice under subparagraph (4) (b) with respect to any employee who is so convicted:
 - a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by federal, state, or local health, law enforcement, or other appropriate agency.
7. BSACAP will continue their effort to maintain a drug-free workplace through implementation of paragraphs (1) through (6).

Approved by Policy Council: September 2018

Smoke/Tobacco – Free Workplace

POLICY:

Smoking and use of tobacco is prohibited in all facilities used to serve Head Start children.

This policy relates to [ACF Program Instruction #ACYF-PI-HS-95-04](#), and relates to [Head Start Performance Standards 45 CFR Part 1302.47](#)

PROCEDURE:

The Grantee certifies that it will provide a smoke and tobacco free workplace by:

5. Prohibiting smoking (including e-cigarettes) and the use of tobacco products in all buildings, offices, playgrounds, and classrooms. Administrative offices and classrooms located on school district properties must follow the tobacco free policy of the district if more restrictive policies are in place.
6. Requiring all employees, interns, and volunteers to only smoke or use tobacco products in designated areas outside the building, before or after work and during breaks and/or lunch.
7. Ensuring that employees will not smoke or use tobacco products when dealing in person with other employees, customers, prospective customers, or the general public while on the job.
8. Banning smoking and the use of tobacco products in agency vehicles and in personal vehicles when employees will be reimbursed for mileage.
5. Prohibiting smoking and tobacco use by staff during home visits. Staff may request that parents not smoke or use tobacco during home visits.
6. Providing educational materials regarding the effects of smoking, environmental tobacco smoke and smokeless tobacco to staff and parents that are culturally sensitive and appropriately written.

Approved by Policy Council: September 2018

Documenting Child Arrival-Departure

POLICY:

In order to assure the safety of all children, a documentation system must exist. This documentation system requires the classroom staff to record the daily arrival and departure of each enrolled child.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47](#) And OHS document: [Caring for Our Children](#).

PROCEDURE:

1. Arrival of each child will be documented by the teaching staff or a designated staff person each day. The time will be recorded.
2. Departure of each child will be documented on the same form used for arrival. Departure will identify the time the child left the classroom and whether the child was released to an individual on the pick-up list or was transported by agency bus.
3. Each delegate is encouraged to use the Child Arrival/Departure form created by the grantee for arrival/departure verification. However, the program may choose a different form to be used for documentation as long as it contains the same information that is stated in number one and number two of the procedure list.
4. Teaching staff will file the child arrival/departure documentation each week. Teaching staff must be able to produce the documentation when asked by management staff.

Approved by Policy Council: September 2018

Air Fresheners in the Classroom

POLICY:

Air fresheners and scented deodorizers are not allowed in the Head Start classroom environment.

PROCEDURE:

Definition of Air Freshener: *A device used to disperse chemicals intended to mask or eliminate unpleasant odors.*

1. Strong fragrances from air fresheners and deodorizers can have adverse effects on the health of children and adults including headaches, allergies, respiratory symptoms, and the inability to concentrate.
2. Prohibited products include, but are not limited to, liquids, semisolids, solids, aerosol or pump sprays, wicks, wipes, diffusers, powders, or crystals, designed or labeled for the purpose of masking odors, or freshening, cleaning, scenting, or deodorizing the air.
3. The term “Air Freshener” does not include items that are used on the human body or products that function primarily as cleaning products as indicated on the label.
4. Disinfectants and sanitizers should be chosen with consideration to the strength of fragrance.

Approved by Policy Council: May 2023

Child Nutrition

- Child Nutrition Goals and Objectives
- Nutrition Services
- Nutritional Assessment and Referral
- Food Allergies and Dietary Restrictions
- Nutrition Activities
- Meal Service
- Meal Substitutions
- Food Handling and Sanitation
- Evaluation of Meals Parent Survey
- Monitoring Nutrition Services
- Nutrition Training
- Family Assistance with Nutrition
- Child and Adult Care Food Program Application Process
- Master Roster of Enrollees
- Menus
- COPA Daily Meal Count
- Outside Food
- Enrollment Form

BIG SANDY AREA HEAD START PROGRAM
CHILD NUTRITION

Goal Statement – Children receive nutritional services which promote child wellness.

B. Child Nutrition

Objective 1: The Big Sandy Area Head Start program and delegate agencies will work with families to identify each child's nutritional needs.

1. Height and weight measurements of each child will be taken within the first 45 days of the child's enrollment; measurements will be taken again in April.
2. Hemoglobin/hematocrit determination will be completed by a health service provider.
3. Information about child/family eating patterns will be obtained through staff and parent interviews and nutrition assessment questionnaire.
4. Nutrition issues as identified through the community assessment or the Health Services Advisory Committee will be considered when making a determination of needs.

Objective 2: To design and implement a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and disabilities.

1. Funds with the USDA Food Consumer Service and Child Nutrition Programs will be used to cover payment of meals served. Head Start funds may be used to cover the allowable costs not covered by USDA.
2. Each child in a center based full-day program will receive meals and snacks that provide 1/3 to 2/3 of the child's daily nutritional needs, depending on the length of the program day.
3. For 3 to 5 year old in center based settings, the quantities and kinds of food served must conform to recommended serving sizes and minimum standards for meal patterns and nutrient standards set forth by USDA.
 - a. Food served will be low in fat, sugar, salt and high in nutrients.
 - b. Meal and snack periods in center-based settings will be appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met.
 - c. Staff will promote effective dental hygiene among children in conjunction with meals.

- d. Parents and appropriate community resources will be involved in the planning, implementing, and evaluation of the nutrition services program.

Objective 3: Big Sandy Area Head Start program and delegate agencies will ensure that nutritional services in center-based settings will contribute to the development and socialization of enrolled children.

1. A variety of food will be served to broaden each child's food experience.
2. Children will be encouraged but not forced to eat or taste his or her food. Food will not be used as a reward or punishment.
3. Children, staff, and volunteers eat together and share the same menu to the extent possible. Meal times will be used to foster communication and conversations that contribute to a child's learning, development, and socialization.
4. Sufficient time is allowed for children to eat at a leisurely pace. The meal schedule will be posted in each classroom.
5. Medically based diets, religious based diets, or other dietary needs are accommodated.
6. Developmentally appropriate opportunities are provided for the involvement of children in nutrition-related activities.

Objective 4: To assist Head Start families with nutrition.

1. Big Sandy Area Head Start and delegate agencies will provide parent education activities. These activities include but are not limited to opportunities to learn about the importance of physical activity, healthy eating, food budgeting, and healthy meal preparation.
2. A nutrition newsletter will be provided regularly with information on nutrition education for the whole family, recipes, home & money management, and consumer education.

Objective 5: To implement food safety and standards that comply with all federal, state and local safety and sanitation laws.

1. The Head Start program will post evidence of compliance with all federal, state and local food safety and sanitation laws including those related to storage, preparation and service of food and the health of food handlers. The Big Sandy Area Head Start program will contract only with food service vendors that are licensed in accordance with state and local laws.

Nutrition Services

POLICY:

The program's nutrition component will be designed and implemented to meet the needs of each child.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31, 1302.40, 1302.41, & 1302.44](#)*

PROCEDURE:

1. Provide food which will help meet the child's daily nutritional needs in a pleasant environment, recognizing individual differences and cultural patterns.
2. Serve a variety of food which broadens each child's food experience.
3. Provide safe drinking water throughout the program day.
4. Provide an environment which will support and promote socialization and learning.
5. Provide learning and decision making experiences through participation in mealtime activities (i.e. setting table, preparing food, serving food, sampling unfamiliar foods, pouring milk/juice, cleaning up, etc.).
6. Provide opportunities for staff, children, and parents to learn and gain an understanding of the relationship between good nutritional habits and increased health and well-being. Demonstrate the interrelationship of nutrition to other activities of the program and child development goals.
7. Involve all staff, parents and community partners, as appropriate, in helping to meet each child's nutritional needs.
8. Adults help share children's attitude toward the acceptance of nutritious food and positive food attitudes by eating and socializing with the children at mealtimes.

Approved by the Policy Council, April 2017

Nutrition Assessment and Referral

POLICY:

Staff and parents will work together to identify and address each child's nutritional needs.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.41, 1302.42, & 1302.44](#)*

PROCEDURE:

1. Parents will be interviewed to complete a nutrition questionnaire (COPA Health History) for their child during the intake/enrollment process. (see Child Health Record policy)
2. A hemoglobin/hematocrit determination is obtained or completed within 90 days of the child's entry into the program. (see Hematocrit/Hemoglobin Determination policy)
3. Height and weight measurements are taken during the first 45 days of the child's enrollment and again in April. Results are entered into COPA, which completes various growth charts for each child. A copy of the BMI-for-age (2-20 years) and stature-for-age (2-20 years in inches) chart will be placed in the child's folder. (see Growth Assessment policy)
4. Teachers will complete an Observation of Health on each child within 45 calendar days of the child's first day of attendance. (see Observation of Health policy)
5. All nutrition assessment data (hemoglobin/hematocrit, height & weight, and other related data) will be reviewed by designated delegate staff to determine the need for further review by the Nutrition Services Manager/RD.
6. Nutrition contacts/follow-ups are made if the following occurs:
 1. Growth assessment is at or above the 95th percentile or at or below the 5th percentile for BMI-for-age; stature-for-age is below the 5th percentile. A copy of the information sent to parents is kept in the child health folder, and follow-up information is recorded on COPA family case notes. The date that the Growth Assessment Form is signed is the date that is recorded on Family Case Notes.

2. Hemoglobin or hematocrit determination is below 10.0 gm/dl or 33%, respectively. (A hemoglobin result that is 15 gm/dl or above will be monitored.)
3. Appetite, eating habits, eating skills, and energy level are observed to be poor by either the parent or staff.
4. A physician/health provider has indicated on the child's physical exam a nutrition problem, food allergy, or other special dietary need.
7. Nutrition review is initiated by the Nutrition Services Manager/RD after a referral has been received.
8. Nutrition recommendations are discussed with the child's parent/guardian to jointly decide upon and develop a plan of action for referral, follow-up, etc.
9. Nutrition recommendations will be sent to the Family Advocates. They will work to support the efforts of the family in meeting the nutrition recommendations.
10. The Family Advocate will observe and recommend families who appear to need nutrition assistance.
11. The Family Advocate will schedule appointments with the family for personal assistance. Parents will be given the Nutrition Services Manager's name and work telephone number so that the parent can call to make a direct contact if preferred.
12. Nutrition data, recommendations and any follow-up documentation will be filed in the child's individual health folder and entered on to the COPA data base under family case notes.

Approved by the Policy Council, April 2017

Food Allergies and Dietary Restrictions

POLICY:

There is a plan to accommodate and ensure the safety of children who have food allergies and other dietary restrictions or special needs.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44 & 1302.47](#)*

PROCEDURE:

1. Through an interview with the parent/guardian, staff will document all diagnosed and suspected food allergies and/or dietary restrictions/needs on Health History of COPA. (see Child Health History, Parent Consent for Emergency Medical/Dental Treatment *policies*)
2. If the dietary restriction is due to a diagnosed allergy, disability or medical condition, specific documentation and information regarding the allergy/condition must be obtained from the child's physician/health care provider. Any food substitutions recommended must be noted in the documentation. A completed School Food Service Modification Form (all delegates) or the CACFP required form (Model City) will be used for documentation. If additional instructions are required, the child's physician/health care provider will complete an individual allergy plan. If the child has a disability, a Licensed Physician must sign the medical statement. A Licensed Physician is anyone medically deemed certified to write prescriptions or perform surgery. If the child does not have a disability, then a Medical Authority can sign, such as a Registered Nurse or a Registered Dietitian.

The Allergy Questionnaire must be completed if the parent/guardian reports a food allergy. If the medication question is answered yes, a food allergy plan must be completed by a Licensed Physician.

A food allergy plan needs to include instructions regarding the food to which the child is allergic and the steps to be taken to avoid that food.

A detailed plan is to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan will include specific symptoms that would indicate the need to administer one or more medications.

The plan, mobile phone, and proper medications will be routinely carried on field trips or transport out of the education setting. The program will notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food even if a reaction did not occur. The program will contact emergency medical services system immediately whenever epinephrine has been administered.

3. Each child's food allergies will be posted prominently in the classroom and wherever food is served with permission of the parent/guardian. If the parent does not sign permission to post, staff will post the allergy with a cover sheet to ensure the safety of the child when substitutes are in the classroom.
4. It is mandatory to have documentation in place to be able to accommodate each child's dietary needs. Information must be obtained before substitutions can be made.
5. A report of the children who have specific food allergies or other dietary restrictions will be generated by the delegate office prior to the first day of school and distributed to classroom staff and food service personnel. The Nutrition Manager will access the report from COPA.
6. The program will work with teachers and parents to ensure that dietary restrictions that are personal (religious/cultural) will be accommodated, if possible. A statement from the child's parent/guardian describing the restriction is required.
7. Delegate staff will consult with the Nutrition Services Manager regarding concerns and to ensure that needed follow-up occurs.
8. Sippy cups are only allowed if recommended by a Licensed Physician or Medical Authority or specified by the child's IEP.
9. Physician reports, nutrition assessment information, individual plans and follow-up will be maintained in the child's individual health record.
10. The Nutrition and Health Services Manager monitors allergy/dietary restriction plans.

Approved by the Policy Council, April 2017

Nutrition Activities

POLICY:

Teachers will provide developmentally appropriate opportunities for the involvement of children in nutrition education and food related activities.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31 & 1302.44](#)*

PROCEDURE:

1. Teaching staff will incorporate nutrition education activities in the lesson plans that are developmentally appropriate for 3 to 5 year-olds.
2. Staff will access the internet for nutrition resources and activities. The Nutrition Manager is available if staff need guidance.
3. Food experiences will occur a minimum of one time per month and documented on the lesson plan. The activity will comply with guidelines of local health departments, the State Fire Marshall, and licensing regulations.
4. Non-food activities occur the weeks that a food experience does not. Nutrition, language, math, science, and other concepts should be included in the learning experience.
5. Nutrition activities will reflect Head Start and USDA nutrition guidelines to ensure that children are taught healthy food habits.
6. In any nutrition activity where food is going to be eaten raw, children must handle or touch only the food they will be eating. Food handled by children should never be placed in a community bowl for consumption.
7. Food or other supplies needed for food experiences and nutrition education activities should be requested/ordered through the Head Start delegate office.

Approved by the Policy Council, April 2017

Meal Service

POLICY:

Meal service is designed to promote the physical, social, and emotional development and healthy eating habits of children.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31 & 1302.44](#)*

PROCEDURE:

1. USDA Food, Nutrition, and Consumer Services, Child Nutrition Program is the primary source of payment for meal services. Head Start funds may be used to cover those allowable costs not covered by USDA.
2. Every child enrolled in a program with less than six hours will receive a quantity of food in meals and snacks which provides at least $\frac{1}{3}$ to $\frac{1}{2}$ of their daily nutritional needs. Children enrolled in a program for more than six hours will receive meals and snacks to meet at least $\frac{1}{2}$ to $\frac{2}{3}$ of their daily nutritional needs. Meals and snacks are high in nutrients and low in fat, sugar, and salt. Because nutritional needs are met during mealtimes, parents are not allowed to send money for extra food for their child.
3. All children who have not received breakfast at the time they arrive to the program site will be served a nourishing breakfast.
4. Breakfast, lunch, and snack must have at least two hours between the beginnings of each meal.
5. Sufficient time is allowed for each child to eat.
6. In order to ensure good appetites and a relaxing mealtime environment, calming transitional activities should be planned before meals.
7. Mealtimes should occur in a quiet well-lit, and ventilated area.
8. Children, staff, and volunteers eat together family style and share the same menu to the extent possible. Snack and meal times will be structured and used as learning opportunities that support staff/child interactions and foster communication and conversations that contribute to the child's learning, development, and socialization.

9. Food will not be used as punishment or reward. Children are encouraged but not forced to eat or taste. Children will not be forced to finish their food.
10. A variety of foods is served to broaden each child's food experience.
11. Children are involved in meal related activities which provide opportunities for decision making, communication, sharing, fine motor, and eye-hand coordination (setting tables, preparing food, carrying trays, rinsing plates, etc.).

Approved by the Policy Council, April 2017

Meal Substitutions

POLICY:

Head Start will provide food substitutions in the required meal patterns to accommodate medical and/or other dietary needs of children.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44 & 1302.47](#)*

PROCEDURE:

1. Food substitutions will be made to accommodate the needs of children who are unable to eat or drink foods or beverages required by the meal pattern.
2. Substitutions are made only when a completed School Food Service Modification Form (all delegates) or the CACFP required form (Model City) is obtained from a Licensed Physician or Medical Authority and includes recommended foods that may be used as substitutions.
3. Substitutions may be made for foods in the required patterns to accommodate for religious/cultural needs of a child. A statement from the parent describing the reason must be obtained.

Approved by the Policy Council, April 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

Food Handling and Sanitation

POLICY:

The program will comply with all applicable Federal, State and Local food safety and sanitation laws, including those related to storage, preparation, service and health of food handlers.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.47*

PROCEDURE:

1. Evidence of compliance with all applicable Federal, State and local food safety and sanitation laws is posted and information about the health of food handlers will be on file.
2. The program contracts only with food service vendors that are licensed in accordance with state and local laws.
3. Staff and Volunteers wear gloves when serving foods.
4. Handwashing procedures from the Handwashing Policy will be followed.
5. School cafeteria staff wash and sanitize tables before meals.
6. Head Start staff wash and sanitize classroom tables before snack.
7. If tables show debris, soap and water must be used to clean the tables.
8. Tables must be sanitized before snack. To sanitize tables, staff must use a Clorox/water solution or EPA-certified wipes, one wipe per table. Tables must air dry or be dried by a paper towel before kids can be seated.

Approved 1-23-2024

Evaluation of Meals Parent Survey

POLICY:

The program will solicit comments from parents, staff and volunteers concerning nutrition services, meals, snacks and food service.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.46](#)*

PROCEDURE:

1. Parents, staff and volunteers are provided opportunity and encouraged to notify the Nutrition Services Manager of positive or negative facts relating to quantity, quality and acceptability of meals and snacks served to Head Start children.
2. Written comments may be mailed directly to the Nutrition Services Manager.
3. The enrollment packet for each child will include a parent survey regarding nutrition services and menus. The surveys will be reviewed by the Nutrition Services Manager, and appropriate information will be shared with delegate and Model City Food Service Staff.

Approved by the Policy Council, April 2017

Monitoring Nutrition Services

POLICY:

The Nutrition Services Manager and Team Managers will monitor the program's nutrition services as established by Head Start Performance Standards and USDA/CACFP Regulations.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44 & 1302.46](#)*

PROCEDURE:

1. The CACFP monitoring form will be completed three times a year for each funding site that participates in snack. Two of the three must be unannounced.
2. Regular on-site visits by the grantee Nutrition Services Manager and Team Managers will be made to review menus, observe meal service, and observe classroom nutrition activities.
3. Team Managers will monitor Parent Training Plans and Parent Committee Minutes for nutrition workshops.
4. Cycle menus reviewed by a Registered/Licensed Dietitian will be maintained on file in the grantee office.
5. Growth assessment and follow-up information will be monitored by the Nutrition Services Manager.
6. Hemoglobin/Hematocrit results and follow-up information will be monitored by the Nutrition Services Manager and the Health Services Manager.

Approved by the Policy Council, April 2017

Nutrition Training

POLICY:

Head Start personnel will receive nutrition education training to meet Head Start Performance Standards, USDA, and CACFP regulations.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.92](#) & [USDA/CACFP](#)*

PROCEDURE:

1. The grantee Nutrition Services Manager/RD, in collaboration with other Grantee and delegate staff, will develop an annual training plan to include nutrition education training.
2. Staff training required for program's participating in USDA/CACFP will be conducted annually.
3. Nutrition training will be scheduled and implemented during;
 - a. Pre-service training
 - b. Delegate in-service training
 - c. Classroom training as needed/required
 - d. Individual training or technical assistance as needed/required
 - e. Orientation training, before or during the first 3 months of employment, including the prevention and response to emergencies due to food and allergic reactions.
4. All training will be documented and filed at both the grantee and delegate office.

Approved by the Policy Council, April 2017

Family Assistance with Nutrition

POLICY:

The program will provide parent education opportunities that can offer parents new skills and information for providing nutritious meals at home, helping children to become school ready.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.46](#)*

PROCEDURE:

1. The program will arrange/provide parent educational activities throughout the program year to assist families with nutrition and food preparation skills through:
 - . Training
 - . Newsletters
 - . Educational materials
 - . Workshops
 - . Coordination with local agencies
2. The grantee Nutrition Services Manager/RD will assist delegate programs in obtaining/providing nutrition education opportunities as requested.

Approved by the Policy Council, April 2017

Child and Adult Care Food Program Application Process

POLICY:

Delegate Head Start programs who participate with the grantee in the Child and Adult Care Food Program will follow the application procedures and adhere to paperwork requirements.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44](#) and [CACFP](#)*

PROCEDURE:

1. The grantee will compile and submit the CACFP renewal application to the Kentucky Department of Education by the date requested.
2. Each Head Start delegate program will prepare and present the following completed forms to the grantee following the schedule established by the Kentucky State Department of Education:
 - a. Monthly Master Roster;
 - b. Monthly Attendance Record (COPA Report 201);
 - c. Monthly Meal Count form (COPA Report 208);
 - d. Weekly snack menu;
3. Delegate information is compiled and submitted to the KY Department of Education, School and Community Nutrition, for reimbursement.

Approved by the Policy Council, April 2017

Master Roster of Enrollees

POLICY:

The program will maintain an enrollment roster which lists the names of each child who participates in meal service during the month. All Head Start and KERA pre-school children that participate in CACFP are automatically Free (USDA Policy 11-2013).

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44 & CACFP](#)*

PROCEDURE:

1. For each month of operation, a Master Roster will be updated to accurately reflect the number of children enrolled in the classroom.
2. The Master Roster is to be submitted to the grantee Nutrition Services Manager monthly.
3. Master Rosters are to be kept up-to-date and filed in a locked cabinet.
 - Master Rosters must be on-going and up-to-date
 - Names on Master Roster should always reflect names on COPA attendance.

Approved by the Policy Council, April 2017

Menus

POLICY:

Current breakfast, lunch, and snack menus are posted in the classroom or just outside the classroom for easy review.

- *This policy relates to [Head Start Performance Standards 45 CFR 1302.44](#), [CACFP](#), [School Breakfast](#), and [National School Lunch](#)*

PROCEDURE:

1. Breakfast and lunch menus can be posted on a weekly or monthly form.
2. School Food Service must use the weekly snack menu form created by the CACFP State Agency. It must always reflect the current week when being posted.

Additional instructions for completing the weekly snack menu are as follows:

- a. Enter name of classroom;
- b. Enter the calendar date showing month and year
- c. Each weekday must have a date listed.
- d. If the classroom is having an a.m. snack, then the snack must be listed in the a.m. supplement slot. If the classroom is having a p.m. snack, the snack must be listed in the p.m. supplement slot.
- e. At least two creditable components have to be listed (and served) on the menu. In the morning, on a daily basis, teaching staff will ask food service about changes to the snack menu. If there are changes, snack menus will be updated immediately to reflect meal components served.
- f. All snack menus compiled in a month will be submitted to the Grantee Nutrition Services Manager for review to determine the CACFP claim for reimbursement.

Approved by the Policy Council, April 2017

COPA Daily Meal Count

POLICY:

Meal counts are completed in accordance with procedures outlined by Child and Adult Care Food Program policies and Head Start reporting requirements.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44](#), [USDA](#), [CACFP](#) and [Reporting](#)*

PROCEDURE:

1. Breakfast and lunch counts are taken immediately after the meal. Snack counts are taken at the time the snack is served.
2. All meal counts are recorded on COPA Attendance and Meal Count.
3. If a child is served food but does not wish to eat, the child is still counted in the meal count.
4. After the last meal is served each month, the COPA Meal Count Form (Report 208) is submitted to the delegate office following established procedures. The meal count will then be sent to the grantee Nutrition Services Manager who must submit the program's total tally of snacks served to the KDE-CACFP office for reimbursement.
5. USDA child participation and a total for meals & snacks are reported monthly to Policy Council and the Board of Directors.

Approved by the Policy Council, April 2017

Outside Food

POLICY:

In order to foster the health and safety of children, food served during breakfast, lunch, and snack will be prepared by School Food Service and Model City Daycare's kitchen staff. Food served to children must be high in nutrients and low in fat, sugar, and salt. Outside food poses potential risk to children including food allergies and food-borne illness.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44 & 1302.47](#)*

PROCEDURE:

1. Children will be served breakfast, lunch, and snack handled and prepared by cafeteria staff. Children are not allowed to pack their meals.
2. Food prepared at home will not be allowed.
3. During classroom socials and other functions, food brought into Head Start must come from licensed vendors and must be in unopened packages. Teachers must be aware of food allergies in the classroom, and when the case arises, give prior approval for foods brought in.
4. Fresh fruits and vegetables may be brought in. However, they must be washed in the center before being prepared and served.

Approved by the Policy Council, April 2017

Enrollment Form

POLICY:

Enrollment Forms will be obtained on every child that participates in the Child and Adult Care Food Program. All Head Start and KERA pre-school children are automatically eligible for Free meals. (USDA Policy 11-2013)

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.44](#) and CACFP*

PROCEDURE:

1. A completed enrollment form must be obtained on every child that participates in CACFP. The enrollment form must be obtained the month the child enrolls. It must be signed and dated by the parent/guardian the month the child enrolls. If a child does not have an enrollment form, the child's attendance, as well as meals consumed, will not be claimed for reimbursement.
2. All original enrollment forms will be submitted to the Grantee Nutrition Services Manager/RD for review. The forms will be kept on file in the Grantee Office, and copies will be kept in each classroom and delegate office.

Approved by the Policy Council, April 2017

Child Mental Health

- Child Mental Health Goals and Objectives
- Mental Health Consultant
- On-Site Consultation
- Mental Health Services: Parent Involvement/Education
- Violence Prevention Curriculum
- Mental Health Services/Referrals

**BIG SANDY AREA HEAD START PROGRAM
CHILD MENTAL HEALTH**

Goal Statement – Children will receive mental health services.

Child Mental Health

Objective 1: To work collaboratively with parents concerning children's behavior and mental health issues, to include;

1. Soliciting parental information, observations and concerns about their child's mental health during intake/enrollment, parent-teacher conferences and home visits.
2. Staff will share information regarding their observations with parents during home visits, parent-teacher conferences and when the child displays a typical behavior.
3. Through meetings, workshops, individual conferences, Mental Health staff will provide parents with information concerning appropriate responses to their child's behavior.
4. During group meetings, trainings, individual conferences, Mental Health staff discuss and provide parents with information on how to Strengthen nurturing, supportive environments and relationships.
5. Parents will be helped to better understand mental health issues through literature, individual conferences and group training, as well as referrals for parenting classes, or mental health counseling, according to the specific needs of each family.
6. Staff will support parents' participation in any needed mental health interventions.

Objective 2: Big Sandy Area Head Start program and delegate agencies will secure the services of mental health professionals on a schedule of sufficient frequency to enable a timely and effective identification and intervention in family and staff concerns about a child's mental health.

1. The grantee will secure the services of qualified mental health professional through written contracts and agreements with community mental health service providers.
2. Additional services may be secured by delegate agencies through contract and agreements with local Board of Education personnel.

3. Mental health services staff will coordinate mental health services under the guidance of the mental health professional.

Objective 3: Mental Health program services will include a regular schedule of on-site mental health consultation involving the mental health professional, program staff and parents.

1. Mental health services will design and implement program practices responsive to the identified behavioral and mental health concerns of individual children or groups of children.
2. Mental health services will promote children's mental wellness by providing group and individual staff and parent education on mental health issues.
3. The mental health services program will assist in providing special help for children with a typical behavior.
4. Big Sandy Area Head Start and delegate agencies will utilize community mental health resources as needed.

Approved by the Policy Council, June 2007

Mental Health Consultant

POLICY:

Head Start will secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45](#)*

PROCEDURE:

1. The grantee agency secures the services of Mental Health Consultant(s) for provision of mental health services to Head Start program's children, families and staff. A contract will provide for availability of the mental health professional for consultation, assessment, training and planning of mental health services.
2. If delegates choose not to utilize the services of the Mental Health Consultant(s) obtained by the grantee agency, there must be an amendment attached to the Agreement for Delegation of Activities which identifies who the delegate mental health professional will be and how services will be provided.
3. Grantee Mental Health Services Manager will work closely with the Mental Health Consultant(s) in scheduling and provision of services.
4. The Mental Health Consultant(s) contract and the Mental Health Services written plan will be reviewed and updated annually with input by the Health Advisory Committee and presented to the Policy Council for approval.

Approved by the Policy Council: October 2022

On-Site Consultation

POLICY:

Mental health services includes a regular schedule of on-site mental health consultation involving the mental health professional, program staff and parents.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45 & 1302.46](#)*

PROCEDURE:

1. A licensed Mental Health Consultant will be available according to a schedule of frequency which allows the professional to identify needs of children, families and staff and provide support on:
 - a. Designing and implementing program practices responsive to the identified behavioral and mental health concerns of a child or a group of children;
 - b. Promoting each child's mental wellness by providing group and individual staff and parent education on mental health issues;
 - c. Providing recommendations for children with atypical behavior or development;
 - d. Recommending for utilization of other community mental health resources, as needed.
 - e. Help both parents and staff understand mental health and access needed interventions.
2. Methods for selecting a site within each program for on-site consultation with the mental health professional will be based on the following:
 - a. Request by teacher, staff, family service staff, program managers or Head Start director.
 - b. Director/designee will address the request at the program level and forward necessary information to the Grantee Mental Health Services Manager for scheduling.
3. Grantee Mental Health Manager provides Head Start director/designee with consultation dates via e-mail, fax, letter, phone, and calendar.

Mental Health Services: Parent Involvement/Education

POLICY:

Staff will assist parents in better understanding their child's behavior and mental health issues.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45 & 1302.46](#)*

PROCEDURE:

1. Parent observation and information regarding their child's behavior and mental wellness will be solicited through;
 - a. Parent Information/Observation forms completed during screening or at the time of enrollment;
 - b. Completion of the child's health history;
 - c. Discussions during home visits and conferences.
2. Teachers will share and discuss information regarding their observation with parents during home visits and conferences, and at any time the child displays any atypical behavior.
3. During parent contacts, staff will discuss and provide parents with literature, as well as specific techniques and/or recommendations on how to respond appropriately to their child's behavior.
4. Parents will receive information on how to strength nurturing, supportive, environments and relationships through training, printed materials and referral for counseling.
5. Parents will be helped to better understand mental health issues through literature/printed materials, individual consultations and group training. Referral to parenting classes or mental health counseling will be made according to the specific needs of each family.

Approved by the Policy Council: October 2022

Violence Prevention Curriculum

POLICY:

The Second Step violence prevention curriculum will be implemented in all classrooms to serve as a tool for teaching pro-social skills focusing on Empathy, Problem Solving/ Impulse Control, and Anger Management.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45](#)*

PROCEDURE:

1. To lay a foundation for developing students' social-emotional skills, a "Second Step" lesson will be implemented on a weekly basis.
2. Teachers will follow up daily with discussion specific to the weekly lesson.
 - a. Teachers will use the transfer-of-learning tools contained within the kit and designed to promote students' use of skills covered in the curriculum.
 - b. Teachers will implement additional mental health activities pertinent to classroom needs weekly (i.e. happy, angry, etc.).
3. The Mental Health Services Manager will visit classrooms in a rotation basis to coordinate support team meetings, distribute pre-post evaluations, conduct surveys work with delegate Director to ensure the curriculum is implemented effectively and efficiently.
4. All activities will be documented on the lesson plan showing specific component area lesson number being implemented and at least one way to transfer training.

Approved by the Policy Council: October 2022

Mental Health Services/Referrals

POLICY:

To provide mental health services to children and families.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45 & 1302.46](#)*

PROCEDURE:

1. At enrollment or during orientation, parents will be informed of the Mental Health Consultant's role and services available through the program.
2. A short presentation on mental health, as it relates to children and families, is recommended for all parent committees and should occur within two months of the beginning of the school year.
3. If the parent identifies a mental health need during the school year, the staff person obtaining the information will complete a referral form regarding the need and forward to the delegate director/designee who will then forward to the Grantee Mental Health Services Manager. If the child/family is currently receiving mental health services from another agency, the staff person will ask the parent to sign a Release of Information form and explain the need for this in order to coordinate and share information for this family/child.
4. Teachers will gather information during the screening and assessment period utilizing the appropriate screening/assessment forms and procedures.
5. Enrollment, observation forms and screening results will be reviewed during the initial staffing and the Mental Health Services Manager or Mental Health Consultant may assist delegate staff in making an appropriate decision on mental health referrals.
 - a. In cases where there is a behavior management concern ONLY, the delegate/grantee Education Services Manager or grantee team manager will visit the classroom to complete an observation and to consult with classroom staff to make suggestions and decide on a course of action best suited to the situation.

6. During home visits or other contacts, parents may also request mental health services. At this point, the staff person will generate a referral, documenting the reasons given by the parent for the need for the mental health services.
7. Regardless of how the referral is generated, parents will need to sign a Permission for Mental Health Services form prior to forwarding to the Grantee Mental Health Services Manager. This form must be on file before the consultant can observe the child in the classroom setting.
8. If the parent refuses to give permission, the staff person will document the refusal. At this point, other ideas and ways to work with the child will be decided upon and staff will continue to work with the family to address the behavior problem or need.
9. All referrals should include the following information:
 - i. Completed referral form
 - ii. Record of classroom observations of the child
 - iii. Permission for Mental Health Services form signed by parent
 - iv. Parent input/special request
 - v. Permission to Release Information form if another agency was involved
10. The Grantee Mental Health Services Manager and the consultant will coordinate a plan for site/program needs.
11. The Mental Health Consultant will submit a monthly record of the hours utilized for mental health services to the grantee Mental Health Services Manager for review and submission of payment.
12. The consultant will provide timely written reports and verbal feedback on classroom/child observation and parent-staff consults. Information/reports/feedback will be shared during staffing or sooner if it is an urgent situation.
13. All relevant information, plans of action, referrals and follow-up will be documented and filed appropriately.

Approved by the Policy Council: October 2022

Family Services

- Family and Community Partnerships Goals and Objectives
- Family Assessment
- Family Partnership Agreement
- Accessing Community Resources/Services
- Community Resource Book/Directory
- Crisis Intervention/Emergency Assistance
- Advocating for Families
- Family Support Services for Health, Nutrition, and Mental Health
- Family Services Home Visits
- Referral Tracking
- Confidentiality of Family Records
- Child Support Enforcement Services
- Family Services Monthly Report

BIG SANDY AREA HEAD START PROGRAM
FAMILY AND COMMUNITY PARTNERSHIPS

Goal Statement – To create partnerships with Head Start families.

A. Family Partnerships

Objective 1: To ensure that a PFCE Family Needs/Goals Assessment is completed on all families to identify interests, desires, goals, needs and strengths

1. In an effort to begin the process of collaborative partnership building with families concerning their short-term and long-term goals, staff will address the family in relationship with their immediate concerns.
2. Staff will initiate a PFCE Family Needs/Goals Assessment with the parent at the time of enrollment, or as early as possible, taking into consideration, each family's readiness and willingness to participate.
3. Staff will encourage all families to establish an individualized Family Partnership Agreement which describes family goals, responsibilities, timelines, and strategies. The Family Partnership Agreement allows for achieving process with these goals.
4. To avoid duplication or conflict, the Family Partnership Agreement will build upon any pre-existing plans developed between the family and other programs/agencies. Big Sandy Area Head Start program and delegate agencies will coordinate, to the extent possible, with families and other agencies, to support the accomplishment of goals in pre-existing plans.
5. A variety of opportunities will be created by the program for interactions with parents throughout the year.
6. Meetings and interactions with families shall be respectful of each family's diversity, culture and ethnic background.

Objective 2: Big Sandy Area Head Start program and delegate agencies will work cooperatively with all participating parents/guardians to identify and continually access, either directly or through referrals, services and resources which are responsive to each family's interests and goals including:

1. Emergency and crisis assistance in areas such as food, housing, clothing and transportation.

2. Education and other appropriate interventions including opportunities for parents to participate in counseling programs, and/or support groups, or to receive information on mental health issues which place families at risk, such as substance abuse, child abuse and neglect, and domestic violence.
3. Opportunities for continuing education and employee training and other employment services through formal and informal networks in the community

Objective 3: Big Sandy Area Head Start program and delegate agencies will follow-up with each family to determine whether the kind, quality and timelines of the services received through referrals met the family's expectations and circumstances.

1. Staff will follow-up with the family via telephone contact or home visits, to ensure that they receive the requested service in a timely manner.
2. Follow-up with the agency that the family was referred to will also take place if needed.
3. Staff will solicit from parents/guardians their overall satisfaction concerning services that they received.

Objective 4: To provide parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents/guardians, both as individuals and as members of a group.

1. In addition to involving parents/guardians in program policy making and operations, the grantee and delegate agencies will provide parent involvement and education activities that will include workshops, training, orientations, parent groups and individual counseling that will be responsive to the ongoing and expressed needs of the parents/guardians. Other community agencies will be encouraged to assist in the planning and implementation of these programs.
2. All Head Start settings will be open to parents/guardians during all program hours. Parents/guardians will always be welcomed as visitors and observers. Parents/guardians will be encouraged to spend time observing children in the classroom and to participate in group activities with children. The participation of parents/guardians in any program activity will be voluntary, and will not be required as a condition of their child's enrollment.
3. Big Sandy Area Head Start program and delegate agencies will provide parents/guardians with opportunities to participate in the program as employees or volunteers.

Objective 5: To ensure parent involvement in child development and education by:

1. Providing parents/guardians with opportunities to make suggestions regarding the curriculum and have input into the daily lesson plans.
2. Planning and making available training opportunities to enhance parenting skills, knowledge and understanding of child development and education.
3. Encouraging parents/guardians to share any suggestions and/or concerns that they may have regarding the services their child receives, during parent conferences and home visits in the program.
4. Providing, either directly or through referral to other agencies, opportunities for children and families to participate in family literacy services by:
 - a. Increasing family access to materials, services and activities essential to family literacy development.
 - b. Assisting parents/guardians as adult learners to recognize and address their own literacy goals.

Objective 6: To ensure parent involvement in health, nutrition, and mental health education, Big Sandy Area Head Start program and delegate agencies shall;

1. Provide medical, dental, nutrition and mental health education programs for staff, parents and families.
2. Ensure that, at a minimum, the medical and dental health program:
 - a. Assists parents/guardians in understanding how to enroll and participate in a system of ongoing formal health care
 - b. Encourages parents/guardians to become active partners in their child's medical and dental health care process and to accompany their child to medical and dental examinations and appointment times
 - c. Provides parents/guardians with the opportunity to learn the principals of preventive medical and dental health, emergency first aid, occupational and environmental hazards, and safety practices for use in the classroom and in the home. In addition to information on general topics, information specific to the health needs of individual children will also be made available to the extent possible.
3. Big Sandy Area Head Start and delegate agencies will ensure that the nutrition education program includes, at a minimum:

- a. Nutrition education in the selection and preparation of foods to meet family needs.
 - b. Parent discussions with program staff about the nutritional status of their child.
- 4. Ensure that the mental health education program provides, at a minimum;
 - a. A variety of group opportunities for parents/guardians and program staff and consultants to identify and discuss issues related to child mental health.
 - b. Individual opportunities for parents/guardians to discuss mental health issues related to their child and family with program staff and consultants.
 - c. The active involvement of parents/guardians in planning and implementing any mental health interventions for their children.

Objective 7: To ensure that parent involvement in community advocacy, Big Sandy Area Head Start program and delegate agencies will:

- 1. Support and encourage parents/guardians to influence the character and goals of community services in order to make them more responsive to their interests and needs.
- 2. Establish procedures to provide families with comprehensive information about community resources.
- 3. Provide parents/guardians with regular opportunities to work together, and with other community members, on activities which they have helped to develop and in which the families show an interest.

Objective 8: To ensure parent involvement in transition activities.

- 1. Big Sandy Area Head Start and delegate agencies will assist parents/guardians in becoming their child's advocate as they transition both into the Head Start program from the home or other child care setting, and from Head Start to the Primary Program.
- 2. Staff will work to prepare parents/guardians to become their child's advocate through transition periods by conducting staff/parent conferences and meetings throughout the year. These activities will enable parents/guardians to understand their child's progress while enrolled in Head Start, and what to expect in next school setting.

3. To promote the continued involvement of Head Start parents/guardians in the education and development of their children upon transition to school, the program will:
 - a. Provide education and training to parents/guardians to prepare them to exercise their rights and responsibilities concerning the education of their children in a school setting.
 - b. Assist parents/guardians to communicate with teachers and other school personnel so that parents/guardians can participate in decisions related to their children's education.

Objective 9: To provide parent involvement in home visits.

1. Big Sandy Area Head Start program and delegate agencies will not require that parents/guardians permit home visits as a condition of the child's participation in Head Start center-based programs. Every effort will be made to explain the advantages of home visits to the parents/guardians.
2. The child's teacher in the center-based program will make no less than two (2) home visits per program year to the home of each enrolled child, unless the parents/guardians expressly forbid the visits. Other staff working with the family will make or join home visits as appropriate.
3. Staff shall schedule home visits at times which are mutually convenient for the parents/guardians, primary caregivers and staff.
4. In cases where parents/guardians whose children are enrolled in the center-based program ask that the home visits be conducted outside the home, or in cases where a home visit to the home presents significant safety hazards for staff, the home visit will take place at the Head Start site or at another safe location which affords privacy.

Goal Statement – To create and utilize partnerships with the community.

A. Community Partnerships

Objective 1: To take an active role in community planning

1. Big Sandy Area Head Start and delegate agencies will take an active role in community planning to encourage communication cooperation and the sharing of information to improve the delivery of community service to children and their families. This will take place in accordance with the agency's confidentiality policy. Documentation will be maintained to reflect the level of effort undertaken to establish community partnerships.

2. Agency staff will serve on community boards and committees such as:
 - i. Interagency Committees
 - ii. Pre-K
 - iii. Child Care
 - iv. First Steps/Early Intervention
3. The program will take affirmative steps to establish ongoing collaborative relationships with community organizations to promote access of children and families to community services which are responsible to their needs to include:
 - a. Health care providers, such as clinics, physicians, dentists, and other health professionals
 - b. Mental health providers
 - c. Nutrition service providers
 - d. Individuals and agencies which provide services to children with disabilities and their families
 - e. Family preservation and support services
 - f. Child protection services and any other agency to which child abuse must be reported under state law
 - g. Local elementary schools and other educational and cultural institutions, such as libraries, for both children and families
 - h. Providers of child care services
 - i. Any other organizations or businesses which can provide support and resources to families
4. The grantee and delegates will perform outreach strategies and techniques to encourage volunteers from the community to participate in the program.
5. To enable the effective participation of children with disabilities and their families, Big Sandy Area Head Start and delegate agencies will make specific efforts to develop interagency agreements with local educational agencies and other agencies within the service area.

Objective 2: To establish and maintain a Health Services Advisory Committee

1. The grantee and delegate agencies shall establish and maintain a Health Services Advisory Committee to address program issues in medical, dental, mental health, nutrition and human services fields. Membership of the committee shall include professionals and volunteers from the community.
2. Big Sandy Area Head Start and delegate agencies shall also establish other service advisory committees as deemed appropriate to address program service issues and to help respond to community needs.

Objective 3: To establish and maintain procedures which support successful transitions for enrolled children and families from previous child care programs into Head Start and from Head Start into elementary school

1. Big Sandy Area Head Start and delegate agencies shall implement procedures to support successful transitions of children and families by:
 - a. Coordinating with the elementary schools and other agencies to ensure that Head Start children's relevant records are transferred to the school or next placement in which the child will enroll or from earlier placements to Head Start.
 - b. Outreach to encourage communication between Head Start staff and their counterparts in the schools and other child care settings, including principals, teachers, social workers, and health staff to facilitate continuity of programming.
 - c. Initiating meetings involving Head Start teachers, parents and primary teachers to discuss the developmental progress and abilities of individual children.
 - d. Initiating joint transition-related training for the Head Start staff and other child development staff.
 - e. Ensuring parental participation in their child's transition to and from Big Sandy Area and delegate Head Start programs.

Family Assessment

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.34, 1302.50, 1302.52, 1302.53, 1302.102](#)

PROCEDURE:

1. In an effort to begin collaborative partnership building with parents concerning their long-term goals, it is imperative to address the family in relationship to their immediate concerns. Therefore, the family assessment will be initiated during the enrollment process.
2. The Family Advocate will ensure that the family assessment is completed no later than 90 calendar days from the date of enrollment.
3. The Family Advocate will ensure that the second family assessment is completed no later than 150 days after the first unless the school year ends prior to this date.
4. Families with the highest or emergency needs will have the opportunity to complete the Family Assessment form as soon as possible.
5. The information provided will assist the Family Advocate in determining how best to maximize and maintain family strengths while focusing on needs and/or concerns.
6. While the Family Assessment form is a questionnaire, it will serve as a conversational guide to engage families in discussion in what they perceive as their needs.
7. Once the family's strengths and needs have been identified, the next step is to prioritize. At this point, services will then be made available to meet the needs of each family.
8. In areas where the family has identified needs, the Family Advocate will make appropriate referrals and provide resource information and materials.

9. A discussion with the family concerning their goals will occur next. If the family chooses to set a goal, a Family Partnership Agreement form outlining their goal is completed. All parents will be encouraged to complete the Family Partnership Agreement (parent readiness is the guide). (*see Family Partnership Agreement policy*)
10. To the extent possible, family assessment and goal setting will be developed with the family in a home setting. However, in no case will home visits be a condition of the child's enrollment in Head Start.
11. Following the home visit/contact, the Family Advocate will check with family to see if resources and/or referrals met their need. If not, additional referrals will be given or advocacy efforts will be initiated with relevant agencies.
12. The Family Advocate will document as follows:
 1. Complete the Family Assessment form.
 2. Document visits and additional contacts.
 3. Note any referrals and resources given to the family.
 4. Document any follow up that needs to be done and completed.

Approved by the Policy Council: August 2018

Family Partnership Agreement

POLICY:

Staff and parents will develop a Family Partnership Agreement which seeks to support families in their efforts to reach the goals they have identified.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.50, 1302.52](#)

PROCEDURE:

1. Family Advocates will visit families immediately after their child is accepted in the Head Start program and up to 90 calendar days after enrollment to:
 - I. Complete a Family Assessment form or update as needed.
 - II. Establish a Family Partnership Agreement that includes:
 - (a) Create a family goal and steps to reach that goal. This goal should not duplicate Head Start's standard objectives that are already in place for enrolled children and families.
 - (b) Problem solve to remove barriers to reaching goal and make appropriate referrals as needed.
 - (c) Discuss opportunities available through Head Start to help achieve the goal.
 - (d) If the family is already working with another agency and has established goals or pre-existing plans, goals will be the same as those previously identified. Efforts to exchange information regarding pre-existing plans should be made. The FA must obtain copies of plans and avoid duplication of goals.
 - III. Discuss parent opportunities:
 - (a) Volunteer opportunities
 - (b) Policy Committee
 - (c) Literacy/career development options
 - (d) Childcare support/subsidy
 - (e) Community advocacy opportunities
 - IV. Follow up in medical and dental needs
 - V. Update child/family information
2. Family Advocates will have a least one (1) written goal and one (1) referral for no less than 50% of their assigned families within 90 days of enrollment. The goals and referrals will be logged on the COPA system within 120 days.

3. Family Partnership Agreements will be reviewed at subsequent visits. Progress will be documented in the update section of the agreement form and on COPA.
4. Contents of the Family Partnership Agreement will be shared with other staff only when appropriate.
5. Family Partnership Agreements can be altered, changed or replaced at the family's request.

Approved by the Policy Council: September 2023

Accessing Community Resources and Services

POLICY:

Staff will work collaboratively with parents in the identification and use of community resources and services to meet family needs and interests.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45, 1302.50, 1302.53](#)

PROCEDURE:

1. Parents are provided information on available community resources for emergency or crisis assistance, opportunities for continuing education and employment training, and programs/agencies which provide counseling and/or information on mental health issues that place families at risk (e.g. substance abuse, domestic violence, child abuse and neglect).
2. Each family will receive a Community Resource Directory during orientation with instructions on how to use it to access information and services. (*see Family Assessment/Goal Setting policy*)
3. During home visits or other opportunities that arise, the Family Advocate will give referrals on needs the family has identified in the Family Agreement/Partnership Agreement process. (*see Family Assessment/Goal Setting policy*)
4. Families will receive notice and information on additional opportunities for education, community collaboration, resource/referral throughout the program year. These could be posted on parent bulletin boards, referenced during parent meeting /training, during home visits or conferences and in newsletters.
5. The Family Advocate follows up with each family to determine whether the quality and timelines of the services received through referrals met the family's expectations and circumstances.

Approved by the Policy Council: August 2018

Community Resource Book/Directory

POLICY:

Families will be provided information on resources and services within their community

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.53](#)

PROCEDURE:

1. Every family receives a directory of resources and services available in their community/county.
2. Community Resource books/directories will be annually updated with name, address, services and contact person listed for each resource by Family Advocates, then updated on COPA.
3. Training on use of the Community Resource book/directory is done during parent orientation and at the first parent committee meeting.
4. Families will receive notices and information regarding new community resources and services as they become available throughout the year.

Approved by the Policy Council: August 2018

Crisis Intervention/Emergency Assistance

POLICY:

Emergency assistance and crisis intervention services will be made available to families in need.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.53](#)

PROCEDURE:

1. The focus on services will be to address the most immediate needs of the family.
2. Needs identified and prioritized through the family assessment process will be addressed with follow-up services.
3. Services to address emergency food, shelter, clothing and transportation needs may be accessed directly through the CAA, or when appropriate, referrals made to other agencies, including the local Department for Children and Families, Christian Appalachian Project, Salvation Army, Goodwill Industries, Sandy Valley Transportation Program, The Ministerial Association, and emergency housing programs that are available.
4. Family Advocates will be familiar with a number of providers in an effort to ensure that families receive appropriate counseling and services in regard to substance abuse, child abuse/neglect, domestic violence and criminal justice.
5. Family Advocates will have the community resource directory from COPA in conjunction with other resource guides available to them that reflects services for their assigned geographical area, their county and surrounding areas.
6. The program will provide families with necessary support services in order to access crisis intervention or emergency assistance.

Approved by the Policy Council: August 2018

Advocating for Families

POLICY:

Head Start will assist families in obtaining and receiving needed services. Staff will advocate for the family when necessary, and while training them to become an advocate for their child and for themselves.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.50, 1302.52, 1302.53, 1302.71](#)

PROCEDURE:

1. Upon enrollment Family Advocate is assigned to begin advocacy efforts when necessary.
2. If a family brings to the attention of the staff that they are having difficulty in communicating with an agency, staff will act as a spokesperson for the family.
3. Families will be trained to exercise their rights and responsibilities concerning the education of their children in the elementary school setting.
4. After the family has contacted an agency, the Family Advocate, will follow-up to see that services were obtained.
5. If a family fails to receive services or benefits to which they are entitled, the Family Advocate, in collaboration with other relevant staff, will assist in identifying the problems in an effort to obtain services for the family.
6. Family and agency contacts are documented and maintained in the child / family file or entered on COPA.

Approved by the Policy Council: August 2018

Family Support Services for Health, Mental Health and Nutrition

POLICY:

Delegate Programs and Model City collaborate with parents to promote children's health and well-being by providing medical, oral, nutrition, and mental health education support services.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.46](#)

PROCEDURE:

1. Training on each of the components is provided to parents/guardians at regular parent meetings and other planned program activities. (see Parent Meetings *policy*)
2. Parents/guardians receive adequate notice and support services to facilitate their attendance at meetings/trainings.
3. Parents/guardians are provided resources and referrals are made for in appropriate areas.
4. At a minimum, staff will cover the following topics within their medical & dental support for parents:
 - (a) During the enrollment process while completing the child's health history form, staff will assist parents in understanding how to enroll and participate in a system of ongoing family health care. They will encourage parents to keep their child up-to-date on all health matters including requirements set forth by the Head Start program.
 - (b) Parents will be encouraged to become active partners in their children's medical and dental health care process and accompany their child to medical and dental appointments for on-going care.
 - (c) Parents will be provided with the opportunity to learn the principles of medical and dental health, emergency first-aid, occupational and environmental hazards and safety practices for use in the classroom and in the home. In addition to information on general topics, specific information to meet the health needs of individual children is made available to the extent possible.
 - (d) Staff will assist families in understanding how to access health insurance, treatment needs, and services their child will need or receive in Head Start.

5. The nutrition education program provides, at a minimum:
 - (a) During the Family Assessment, the following topics are discussed: The importance of physical activity, healthy eating, the negative consequences of sugar-sweetened beverages, and how to select and prepare nutritious foods that meet the family's nutrition and food budget needs.
 - (b) Parents/guardians have opportunities to discuss the nutritional status of their child with staff during the enrollment process (including the health history), the family assessment, home visits, and any other time the parent/guardian has concerns.

6. The mental health education program provides, at a minimum:
 - (a) A variety of group opportunities for parents and program staff to identify and discuss issues related to their child's mental health.
 - (b) Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
 - (c) The active involvement of parents in planning and implementing any mental health interventions for their child.

Family Services Home Visits

POLICY:

Staff will ensure opportunity for interaction with parents throughout the program year concerning the Family Assessment and Partnership.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.52](#)

PROCEDURE:

1. The Family Advocate will schedule a minimum of one (1) home visit/conference with each family between the time the child is accepted into the Head Start program and up to 90 calendar days after enrollment in order to complete the Family Assessment and Partnership Agreement. *(see Family Assessment and Family Partnership policies)*. All family home visits must be posted on COPA within 120 days.
2. To the extent possible, assessment, goal setting and service plan will be developed with the family in the home setting. In cases when the family requests visits be conducted outside the home, or in cases where there is a safety issue for staff, the home visit may take place at the classroom site or another safe location.
3. Home visits may be scheduled in conjunction with the teacher's education home visits when possible.
4. Additional home visits/contacts will be scheduled with the family as needed throughout the year concerning attendance, referrals, direct services of the program.
5. All family contacts and home visits will be documented in the child/family file and entered into the COPA data base.

Approved by the Policy Council: November 2019

Referral Tracking

POLICY:

Family Advocate will track family services referrals and follow up services.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.53](#)

PROCEDURE:

1. Head Start will make services available to each family based on identified needs. *(see Family Assessment policy)*
2. Services will be rendered directly through the agency or by referral when appropriate. *(see Accessing Community Resources and Services policy)* Family Advocates will assist families with referrals by 90 calendar days after enrollment. Referrals can be made thereafter when needed.
3. At least 50% of the families that are assigned to a Family Advocate's caseload should have a referral within the first 90 days of the child's enrollment. All referrals must be listed on COPA within 120 days of the child's enrollment.
4. Family Advocate will follow up on family referrals within 60 days as to whether the referral was used and the timeliness and responsiveness of the agency to which they are referred.
5. Referrals and follow up will be documented on the Family Assessment/Family Partnership Agreement and maintained confidentially in the family file.

Confidentiality of Family Records

POLICY:

Family files are kept confidential in all situations and circumstances.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.90](#)

PROCEDURE:

1. Family files are established, maintained and kept confidential at all program levels. Staff must keep all family files in a locked cabinet when not in use.
2. Family files include enrollment forms, Family Assessment, Family Partnership Agreement, Family Visits, referrals and follow-up reports of contacts with other agencies/community resources, crisis intervention documentation, and other pertinent information.
3. Access to file will only be granted to appropriate staff members after signing disclosure form stating who accessed the file, the date and reason for access.
4. Staff may choose to keep child abuse report forms, documentation of domestic violence concerns, etc., in a separate, confidential file until the end of the program year. At that time, they will be placed in the family file.

Approved by the Policy Council: August 2018

Child Support Enforcement Services

POLICY:

Families will be made aware of local procedures regarding child support enforcement and referred to such and assisted in their efforts to attain services.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.53](#)

PROCEDURE:

1. Information regarding child support enforcement services will be included in the Community Resource Directory given to families upon enrollment.
2. Agency will establish collaborative relationships and partnerships with community organizations.
3. Child support enforcement information will be discussed in parent group meetings and/or written information will be made available to families.
4. Families will be referred to child support enforcement services when the need is assessed.
5. Follow up for those referred will be documented in the family assessment and/or family case notes on COPA.

Approved by the Policy Council: August 2018

Family Services Monthly Report

POLICY:

Staff will generate a monthly report of services provided to Head Start families.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3, 1302.51](#)

PROCEDURE:

1. A monthly report, which documents volunteer hours, parent involvement activities, family home projects, attendance and enrollment, will be completed by the Family Advocate for each assigned classroom or group of children.
2. The report will be completed in cooperation with other direct services staff.
3. Once completed, the Family Services Monthly Report will be submitted to the Grantee Family Services Manager, no later than the fifth working day of the month, who will compile and analyze the information for areas of concern.
4. Family services statistical information will be reported to the Program Director and Policy Council each month.

Approved by the Policy Council, August, 2018

Parent Involvement

- Parent Orientation
- Parent Meetings
- Parent Participation
- Parent Involvement in Child Development Education and Parent/Child Activities
- Increased Knowledge: Child Growth & Development
- Classroom Volunteers
- Development of Parenting Skills
- Parent Participation in Transition of Children
- Adult Basic Education/Literacy
- Parent Opportunities for Assistance
- Literacy Assistance
- Parent Career Development
- Parent Involvement in Fundraising Activities

Parent Orientation

POLICY:

Parents will receive orientation to the Head Start Program.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.5](#)

GUIDELINES:

1. Orientation will begin on first contact with parent.
2. The opportunities to participate in the program, activities and services will be explained to the parents.
3. Parents will receive knowledge of opportunities available to them as individual or as groups.
4. Orientation will include information regarding:
 - . Program philosophy, goals and objectives
 - . Program/classroom description & location
 - . Parent involvement opportunities and activities
 - . Program services including mental health and crisis intervention
 - . Program calendar/schedule
 - . Literacy/training/career development opportunities
 - . Relevant policies (attendance, child abuse/neglect reporting, confidentiality, no smoking, complaints/concerns, etc.)
 - . Parent Handbook
 - . Community Resource Directory
 - . Volunteer Handbook
5. Methods of orientation may include: individual or group training, parent meetings, orientation days, home visits, classroom visits, pre-screening opportunities, mailing of packets.

Approved by the Policy Council August, 2018

Parent Meetings

POLICY:

Parent meetings will be held on a monthly basis to provide opportunity for parents to become involved in on-site decision making, parent education and curriculum development.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3 1301.4 1302.46](#)

PROCEDURE:

1. All parents at the site are members of the Parent Committee and will receive notification of the time, date and location of the monthly meetings.
2. Parent meetings will be held at a time that is most convenient for the majority. Input about these times will be solicited at the beginning of the program year.
3. Minutes/notes of each parent meeting will be recorded and included with an attendance sheet, topics discussed and decisions reached. Efforts will be made to inform parents who do not attend meetings, which could include posting minutes/notes in Parent Corner/bulletin board, sending a brief summary to each parent, or including information in newsletters, etc.
4. The agenda for parent meetings will contain at least the following items:
 - . Policy Committee/Policy Council report- Representative or alternate representative
 - . Classroom update/activities/curriculum- teacher
 - . Community resource update –Family Advocate
 - . Parent education topic –Family Advocate or guest speaker

Approved by Policy Council – August, 2018

Parent Participation

POLICY:

All staff encourage and help parents participate in Head Start program activities.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.34, 1302.50](#)

PROCEDURE:

1. Staff will instruct parents in regards to Head Start components and opportunities for parent involvement at the beginning of the program year and during monthly parent meetings. Staff will encourage male involvement.
2. Staff work with parents to plan activities for classes, field trips and parent/child home activities.
3. Head Start classrooms are open to parents during all program hours. Parents are welcomed as visitors and encouraged to observe children as often as possible and to participate with children in group activities.
4. The program provides parents with opportunities to participate in the program as paid employees or volunteers. When qualifications are equal, parents receive preference for employment vacancies.
5. The program works with local social service agencies in providing training sites for parents.
6. The participation of parents in any program activity is voluntary and is not required as a condition of the child's enrollment.
7. Program managers monitor all classrooms to determine the extent of parent involvement and give technical assistance when needed/requested.

Approved by the Policy Council – August, 2018

Parent Involvement in Child Development Education and Parent/Child Activities

POLICY:

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

This policy relates to Head Start Performance Standards 45 CFR Part 1302.34, 1302.50, 1302.51

PROCEDURE:

1. Parents are given opportunities to be involved in curriculum planning through participation in:
 - a. Education Home Visits and Family Home Visits
 - b. Parent/Teacher Conferences
 - c. Parent meetings, Policy Committee and Advisory Committees
 - d. Curriculum development
(see Home Visits/Conferences, Parent Meeting policies)
 - e. Volunteering in the classroom
 - f. Surveys
 - g. Individual concerns or input shared with the teaching staff
2. Parents are encouraged to volunteer in the classroom, be observers, or become paid staff in the classroom, become members of policy groups, and attend parent meetings in order to become familiar with the program. They receive orientation plus training to support them in these activities. (see Parent Participation, Parent Orientation, Volunteer Orientation/Training policies)
3. Issues related to child development, curriculum, and developmentally appropriate practices will be addressed during Education Home Visits/Parent-Teacher Conferences as well as parent meetings and trainings. (see Parent Meeting policy)
4. Staff will help guide parents with age appropriate activities to encourage their children to become engaged in developmental and educational activities at home and in their communities. Activities will be sent home on a regular basis for family and child to work on

together in the home setting. No more than one (1) home activity will be sent to the families each week. Family home projects should not be any more than 1 hour.

5. The Educational and Family Home Visits will address developmental/learning opportunities in the home setting. Educational Home Visits will offer choices of activities for parents to participate with their child(ren) in the home.
6. Parents can access literacy as well as career development funds to pursue goals of furthering education. They may take courses that will help them learn early childhood skills of working with their children at home or in the classroom. (see Literacy Assistance, Parent Career Development policies)
7. Staff maintains documentation of parent involvement opportunities including: Education Home Visits, Family Home Visits, Parent/Teacher Conferences, Parent Curriculum Input, Parent Committee meetings, Policy Committee meetings, workshops/trainings, choosing of home activities, printed materials/handouts.

Increased Knowledge: Child Growth & Development

POLICY:

Parents will be given opportunities to increase their knowledge of child growth and development.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.41](#)*

PROCEDURE:

1. On a regular basis, parents and staff plan activities to strengthen parents' knowledge and confidence about child growth and development and how best to meet the needs of their child.
2. Activities can take place at parent meetings, parent/teacher conference, formal/informal workshops and home visits.
Topics could include:
 - . nutrition
 - . health
 - . dental health
 - . mental health
 - . normal child growth and development
 - . special needs
 - . discipline/behavior management
 - . safety
3. Information is provided in both verbal and written forms and in the primary language of the parent.
4. Program managers monitor parent education and involvement activities throughout the program year to review and documentation and to assist direct service staff as appropriate.

Approved by the Policy Council: April 2019

Classroom Volunteers

POLICY:

The program will provide meaningful opportunities for parents to volunteer.

This policy relates to Head Start Performance Standards 45 CFR Part 1302.34, 1302.50, 1302.94

PROCEDURE:

1. Inform parents of volunteer opportunities at:
 - Parent orientation
 - Home visits
 - Parent meetings
 - Conferences
2. When a parent decides to volunteer, the program will provide:
 - Volunteer orientation (*see Volunteer Orientation/Training policy*) which includes:
 - Head Start philosophy/goals
 - Confidentiality policy
 - Standards of Conduct policy
 - Appropriate staff-child interaction
 - Safety and emergency procedures
 - School hours and daily schedule
 - Volunteer Handbook
3. When parent arrives to volunteer:
 - Welcome parent
 - Have parent sign in
 - Orient parent to classroom activity centers, schedule, materials, emergency procedures, and standards of conduct
4. When parent is ready to leave:
 - Thank parent for the help
 - Ensure that all relevant in-kind sheets are signed
 - Ask parent if they plan to volunteer again
 - Ask for feedback on their experience

Development of Parenting Skills

POLICY:

Parents are involved in experiences and activities that develop skills, self-confidence, and independence in fostering an environment in which their children can develop to their full potential.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.50, 1302.51](#)

PROCEDURE:

1. Parents are encouraged to participate in policy and advisory groups at orientation, parent meetings and home visits.
2. Parents are encouraged to share information and conduct sessions for staff, children and other parents in activities for which they have special skills and talent. Staff assist in providing support and materials needed for these activities.
3. Parents are encouraged to participate as volunteers in facilitating parent meetings, contacting community agencies as well as volunteering or observing in the classroom.

Approved by the Policy Council: August 2018

Parent Participation in Transition of Children

POLICY:

The program will assist parents in becoming their child's advocate as they transition into Head Start and from Head Start to kindergarten or the next educational setting.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.71, 1302.72](#)

PROCEDURE:

1. Parents will be involved in the transition of their child from home or other setting into the Head Start program.
2. Activities will include parent orientation meetings and materials which will provide information on all services available through the program.
3. Parents will also be given opportunities to visit the center/classroom to learn more about the program before the child begins to attend.
4. Staff will work to prepare parents to become their children's advocate in transition periods through parent meetings, staff-parent conferences and home visits. These activities/discussions will enable parents to understand their child's progress while in the Head Start program and what to expect in public school or the next educational setting.
5. To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, the program will;
 - (a) Provide education and training to prepare parents to exercise their rights and responsibilities concerning their children.
 - (b) Provide activities which assist parents to communicate with teachers and other school personnel so they can participate in decisions related to their children's education.

Approved by the Policy Council – August, 2018

Adult Basic Education/Literacy

POLICY:

The program will assist parents as adult learners in recognizing and addressing their educational needs.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.52 and 1302.53](#)

PROCEDURE:

1. The Family Assessment is completed to determine interest and eligibility of parents to participate in basic education/literacy classes.
2. Staff will be familiar with all adult learning centers/programs in the service area and negotiate agreements to provide classes, if necessary.
3. Information is provided to parents on available education and literacy programs.
4. Transportation, babysitting and expenses for testing and materials may be paid by the Grantee for parents to obtain a GED if needed. (*see Literacy Assistance policy*)

Approved by the Policy Council March, 2018

Parent Opportunities for Assistance

POLICY:

Head Start parents will be informed and continually reminded of the opportunities for assistance in meeting their literacy, educational and job training goals.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.5](#),

PROCEDURE:

1. Parents will be given information regarding opportunities in career development and literacy in the following ways:
 - . during parent orientation
 - . in parent handbook
 - . flyers
 - . posting on parent boards
 - . parent committee meetings
2. Parents will be reminded of the opportunities available to them throughout the year through:
 - . parent committee meetings
 - . home visits
 - . parent/teacher conference
 - . flyers
 - . posting on parent boards.

Approved by the Policy Council – August, 2018

Literacy Assistance

POLICY:

Head Start parents of currently enrolled children will receive assistance in obtaining literacy, GED, or diploma equivalency.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.51 and 1302.53](#)

PROCEDURE:

1. Parents may request assistance for any of the following:
 - . GED testing fee/enrollment fee
 - . travel costs to and from GED classes
 - . baby-sitting while attending GED classes
 - . eye exam/glasses needed for GED classes or testing
 - . hearing aids needed for GED classes or testing
 - . other literacy activities
2. Procedure for submitting request will include:
 - (a) Parent submits Literacy Effort Request form to delegate Head Start Director for initial approval. Requests for an eye exam/glasses or hearing aids must include documentation that the parent is enrolled in GED or literacy classes or is scheduled to take the GED exam.
 - (b) Delegate Director reviews request for completeness and forwards approved request and letter to the grantee office in a timely manner (10 days maximum from the date received).
 - (c) Request for testing must be received by the Grantee office no later than one week prior to test date.
 - (d) Grantee Quality Control Manager, Head Start Director, and Executive Director reviews submitted request.
 - (e) Upon approval, the grantee Quality Control Manager prepares approval vouchers for all approved requests.

- (f) Grantee staff follows-up and notifies the parent applicant and the delegate Director of approved literacy requests by U.S. mail or email.
- 3. To receive payment for mileage and/or baby-sitting costs:
 - (a) The teacher/instructor of literacy/GED classes must initial beside date of each class attended.
 - (b) Mileage sheet or baby-sitting sheet must be submitted to delegate Director at least monthly.
 - (c) The delegate Director must approve mileage and/or baby-sitting fees and forward approved bill to the grantee office in a timely manner (10 days maximum from date received).
- 4. Parents may be approved for assistance in college classes or vocational training upon successful completion of GED/high school equivalency diploma program. Verification of successful completion must be provided.

Parent Career Development

POLICY:

Head Start parents of currently enrolled children will be considered for tuition or training costs for classes or programs that promote families as learners; and support family well-being, specifically in the area of economic stability, through the development of job readiness and employability skills

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.50, 1302.52, 1302.53](#)

PROCEDURE:

1. Parents may request tuition assistance for any of the following:
 - . three (3) undergraduate college hours
 - . job skill training such as CNA, CDL, EMT
 - . driver's education
 - . vocational training through the Kentucky Community and Technical College System or affiliate school
 - . other opportunities as available
2. Parents receiving assistance in vocational training will not be approved for requests for assistance with college classes prior to completion of the training.
3. All career development activities must be related to assisting parents in gaining the skills needed to become job ready/employable.
4. Training costs must not be covered by other outside financial aid.
5. Procedure for submitting a request:
 - (a) Through the Family Assessment process, parents will:
 1. Identify educational goals needed for increased job readiness and employability;
 2. Determine if other financial resources, such as community, state and federal programs, grants, and scholarships will cover training.
 - (b) If there are no other outside financial resources available the parent will:

1. Complete a Big Sandy Area Community Action Program Head Start Career Development Request Form
2. Obtain verification from the educational institution/training program that the training is not covered by other financial resources;
or
Provide a copy of the Expected Financial Contribution (EFC) statement from a current FAFSA Application.
- (c) The delegate Head Start Director will review the Career Development Request Form and financial verification document for completeness and forward the approved request to the Grantee office in a timely manner
- (d) The submitted request will be reviewed by the grantee Quality Control Manager, the grantee Head Start Director, and the agency Executive Director.
- (e) Requests will be approved based on the availability of funds.
- (f) Upon approval, the Quality Control Manager will prepare approval vouchers for all approved requests.
- (g) The applicant will be notified of approval status by mail or e-mail.
- (h) The delegate Director will be notified of all parents approved for career development assistance and follow-up will be completed by delegate staff.
6. Any parent approved for tuition assistance who withdraws or drops the approved class or training, must notify the delegate Director immediately. Any cash/check refund from the university/school/agency for the approved class must be forwarded to the grantee Head Start office.
7. Parents not completing approved classes may not be approved for further assistance.
8. Parents may be approved for assistance once per semester if funding permits. Priority will be given to parents who have not previously received assistance during the current program year if funding is limited.

Approved by the Policy Council, March 2018

Parent Involvement in Fund Raising Activities

POLICY:

The BSACAP Grantee Head Start and its delegates prohibit any fund-raising activities for Head Start purposes regardless of parent sponsorship.

PROCEDURE:

1. Head Start staff are instructed to notify all families at the first Parent Meeting for each center of the fund-raising policy.
2. Parents are not authorized by the Head Start program to solicit donations from any business or individual at any time.
3. If it is determined that a parent has organized a fund-raising event to benefit the Head Start program, a meeting will be held between the Grantee Director and Delegate Director of the program in question to determine how to proceed with the funds that were raised. If sources of the funding can be identified, the money will be returned without being used to benefit the program.

Approved by the Policy Council August, 2018

Community

- Community Partnerships
- Community Advocacy
- Volunteer Orientation and Training
- Parent-Community Complaint
- Parent-Community Complaint Form

Community Partnerships

POLICY:

Head Start will take an active role in community planning to encourage strong communication, cooperation, and in sharing of information among agencies to improve the delivery of services to children and families in accordance with the agencies' confidentiality policies.

This policy relates to Head Start Performance Standards 45 CFR Part 1302.45, 1302.53

PROCEDURE:

1. The grantee and delegate agencies will establish or enhance collaborative relationships within the Big Sandy service area. The partnership include, but not limited to:
 - a. Health care providers;
 - b. Mental health agencies/providers;
 - c. Nutrition service providers;
 - d. Individuals and agencies that provide services to children with disabilities and their families;
 - e. Family preservation and support services;
 - f. Child protection services and other agencies working for the prevention of child abuse and neglect;
 - g. Local schools and other educational institutions for children and families;
 - h. Providers of child care services;
 - i. Other organizations or businesses that may provide support and/or resources to families.
2. The program will encourage volunteers from the children's families as well as in the community. Community leaders are invited to visit/observe classrooms.
3. To enable the effective participation of children with disabilities and their families, Head Start makes specific efforts to develop interagency agreements with Local Education Agencies (LEA's) and other agencies within the program's service area.

Community Advocacy

POLICY:

Staff will support and encourage Head Start parent involvement in community advocacy effort and opportunities.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.45, 1302.53](#)

GUIDELINES:

1. Staff will support and encourage parents to influence the character and goals of their community in order to help make community services more responsive to their interests and needs.
2. The program will provide parents with comprehensive information about community resources and advocacy opportunities throughout the program year (*see Accessing Community Resources and Service policy*)
3. Through various workshops and other program activities, parents are encouraged to feel good about themselves and less intimidated to work with agencies in their community. They are encouraged to take an active role on advisory committees for their schools and other agencies.
4. Head Start will provide parents regular opportunities to work together, and with other community members, on activities that they have helped to develop and in which they have expressed an interest.

Approved by the Policy Council: August 2018

Volunteer Orientation and Training

POLICY:

Parents and community volunteers will have the opportunity to volunteer in the Head Start program after receiving an orientation training.

This policy relates to Head Start Performance Standards 45 CFR Part 1302.90, 1302.92, 1302.94

PROCEDURE:

1. Program managers, family advocates, and teachers will work together to plan the volunteer orientation training. More than one training may be needed per year, depending on turnover and attendance.
2. ALL volunteers will be given an orientation training prior to being allowed to volunteer in the classroom. Items that will be covered include:
 - Head Start philosophy/goals
 - Confidentiality policy
 - Standards of Conduct policy
 - Appropriate staff-child interaction
 - Safety and emergency procedures
 - School hours and daily schedule
3. Volunteers will be given a Volunteer Handbook with a verbal description of its use.
4. Volunteers will sign necessary forms:
 - Head Start volunteer TB assessment
 - Confidentiality statement
 - Child abuse/neglect declaration statement
5. A “Regular Volunteer” is defined as an individual that is scheduled to volunteer in a Head Start classroom on a consistent basis (*i.e. at least one day each week*).
6. All regular volunteers will adhere to a criminal background check and child abuse & neglect (CAN) check.

7. Staff will make specific arrangements for volunteers according to their interests.
8. Teachers and Family Advocates will discuss volunteer opportunities and participation with parents/families during home visits and other contacts.

Approved by the Policy Council – October 2023

Parent-Community Complaint

POLICY:

A standard procedure will be used in the event a parent or legal guardian has a complaint that cannot be resolved at the center level

GUIDELINES:

1. When a parent has a complaint that cannot be resolved at the center level, he/she is instructed by the center staff to complete a Community/Parent Complaint form. This form may be found on the Parent Board in each classroom. The parent will then forward the completed form to the Head Start Director or on-site supervisor.
2. The HS Director may contact the parent/guardian in an attempt to resolve the problem. If a solution is not reached, The HS Director will contact all parties involved including the center staff and responsible supervisors for clarification on the situation. The director will also contact the parent/guardian making the complaint to gather all relevant information.
3. After reviewing the information, the HS Director may contact the parent by telephone to offer a solution to the situation. If the parent does not agree with the proposed action, he/she must then request in writing within ten (10) days, for the director to arrange a hearing before the Policy Council Grievance Committee.
4. The director will schedule a hearing for the parent/guardian with the PC Grievance Committee at a time and location acceptable to all parties within thirty (30) days after the written request from the parent/guardian.
5. The action recommended by the Grievance Committee as a result of the hearing will be reported to the Executive Committee and the Executive Director of the agency.

Parent / Community Complaint Form

Type of Complaint

_____ Civil Rights	_____ Services
_____ Age	_____ Denial
_____ Sex	_____ Exclusion
_____ Race or Color	_____ General Program Operation
_____ National Origin	_____ Disability
_____ Religion	

If your complaint is directed at a particular staff member, please identify them below:

Name _____

Title _____

Date that action occurred that you are referencing in this complaint:

Time of day _____ Month _____ Day _____ Year _____

Explain the situation below: *(Attach additional page if necessary)*

Signature of Complainant

Telephone Number

Address _____

City _____ State _____ Zip _____

Program Governance

- Policy Council/ Policy Committee/Parent Committee Structure
- Policy Council Formation and Composition
- Policy Committee Formation and Composition
- Policy Council/Policy Committee Objectives
- Policy Council/Policy Committee Provision of Information
- Policy Council/Policy Committee and Personnel Policies
- Policy Council/Policy Committee Limitations on Memberships
- Policy Council/Committee Alternates
- Policy Council Regular Meetings
- Policy Council/Policy Committee Special/Emergency Meetings
- Policy Council Voting
- Policy Council Subcommittees
- Location of Meetings
- Policy Council Reimbursement
- Policy Council Termination of Membership
- Internal Dispute Resolution
- Policy Council By-Laws
- Health Advisory Committee
- Health Advisory Committee By-Laws

Policy Council/Policy Committee/ Parent Committee Structure

POLICY:

Head Start establishes and maintains a formal structure of shared governance.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. The formal structure of shared governance consists of the following groups:
 - i. **Policy Council** - The Policy Council is established at the grantee level and is comprised of at least 51% parents of children currently enrolled in the program as well as community representatives.
 - ii. **Policy Committee** - The Policy Committee is established at the delegate level and consists of parents (51%) of children currently enrolled in the Head Start program and community representatives.
 - iii. **Parent Committee** - The Parent Committee is established at the center level. Parent Committees are comprised exclusively of the parents of children currently enrolled in the program.
2. The Policy Council, Policy Committee and Parent Committees are established as early in the program year as possible.
3. The Policy Council/Policy Committee is not dissolved until successor Council and Committee members are elected and seated.
4. The grantee and delegate agency's governing body (Board of Directors), and the Policy Council or Policy Committee do not have identical membership or functions.

Approved by Policy Council: February 2019

Policy Council Formation and Composition

POLICY:

The membership of the Policy Council will be at least 51% parents of currently enrolled children.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Each delegate Policy Committee will elect two parent representatives and two alternates as members to the Policy Council during the September meeting. If the delegate agency operates more than one program option (i.e. center-based, home-based, etc.) then representatives to the Council must be equally proportioned.
2. If a Head Start program is not a delegate but is operated by the grantee agency, they will not have a Policy Committee and will elect their two members to the Policy Council from their Parent Committees.
3. A Head Start parent will be defined as the Head Start enrolled child's mother, father, other family member who is the child's primary care giver, foster parent, guardian, or the person with whom the child has been placed for purposes of adoption.
4. Participation of past parents and other community representatives will be encouraged as long as the total Policy Council membership is at least 51% parents of currently enrolled children. All community representatives will be elected by the full Policy Council before they can be seated.
5. Until new representatives are elected, the prior year representatives will remain as members.

6. When new members are elected to the Policy Council, each delegate program will forward the names, mailing addresses, and telephone numbers to the grantee office who will then compile a roster to be distributed by the November meeting. As new members are elected to fill vacancies that may occur during the year, the delegate will forward those names, mailing addresses, and phone numbers to the grantee office.
7. New Policy Council members will be seated in the month of October.
8. All Policy Council members must stand for election or re-election annually.

Approved by Policy Council: February 2019

Policy Committee Formation and Composition

POLICY:

Each delegate agency will establish and maintain a Policy Committee through which parents can participate in policy making and other decisions about the program.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Each delegate agency will establish procedures for the composition and information of the Policy Committee which ensures the election of parents and community representatives.
2. The procedures will ensure that:
 - a. All parents are informed of their vital role in program governance;
 - b. There is a fair method of nomination;
 - c. Proportionate representation is provided for parents in all program options;
 - d. Consideration is given to using Parent Committees to facilitate the process for nomination and electing parents to the Policy Committee.
3. The Policy Committee is comprised of two types of representatives: parents of currently enrolled children and community representatives. The procedures must ensure that at least 51% of the members of the Policy Committee are parents of currently enrolled children.
4. Community representatives are drawn from the business community (public and private), civic and professional organizations, parents of former Head Start children, and others who are familiar with resources and services for low-income children and families within the community served.

5. All community representatives selected to serve on the Policy Committee must be approved by the parent members of the committee. Community representatives must not exceed 49% of the total committee membership.
6. All parent members of the committee stand for election or re-election annually. All community representatives are selected and approved annually.
7. Policy Committee limits the number of one-year terms any individual may serve to a combined total of five terms.
8. No delegate staff (or members of their immediate families) may serve on the Policy Committee except parents who occasionally substitute for the Head Start staff.

Approved by Policy Council: February 2019

Policy Council/Policy Committee Objectives

POLICY:

The program will provide a formal means of involving parents, agency and community persons in decisions affecting the operation and management of the Head Start program.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. At a minimum, the Policy Council/Policy Committee shall approve and submit to the governing body decisions about each of the following activities:
 - Activities to support the active involvement of parents in supporting program operations, including policies to ensure that the Head Start agency is responsive to community and parent needs.
 - Program recruitment, selection, and enrollment priorities.
 - Applications for funding and amendments to applications for funding
 - Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities.
 - Bylaws for the operation of the policy council.
 - Program personnel policies and decisions regarding the employment of program staff including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff.
 - Developing procedures for how members of the policy council of the Head Start agency will be elected.
 - Recommendations on the selection of delegate agencies and the service areas for such agencies.
 - Participate in planning and formulating long and short range goals.
 - Participate in establishing criteria for the selection of Head Start staff.
 - Approve/disapprove the hiring and/or firing of the Head Start Director and other staff who work primarily for the Head Start program.

2. In addition, the Policy Council/Policy Committee must perform the following functions directly:
 - Serve as a link to the Board of Director's, public and private organizations and the community served.
 - Assist Parent Committees in communicating with parents to ensure that they understand their rights, responsibilities and to encourage their participation in the program.
 - Assist Parent Committees in planning, coordinating and organizing program activities for parents.
 - Ensuring that funds set aside from program budgets are used to support parent activities.
 - Assist in recruiting volunteer services from parents, community residents and community organizations.
 - Establish and maintain procedures for hearing and resolving community complaints about the Head Start program.

Approved by the Policy Council: February 2019

Policy Council/Policy Committee Provision Of Information

POLICY:

A system for regular distribution of information to members of the Policy Council/Policy Committee is provided.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Information provided to Policy Council/Policy Committee members includes:
 - Timetables for planning, development and submission of proposals
 - Head Start policies, guidelines and communications from ACF
 - Financial reports and statements of funds expended
 - Work plans, grant applications and personnel policies
2. Appropriate staff distribute information and materials to Policy Council/Committee members in a timely manner. The Grantee Head Start Director, the Administrative Secretary and the Family Services Manager take primary responsibility as support staff to the Policy Council.
3. Distribution of information may include written reports, minutes of meetings, official correspondence and oral presentations at meeting or training sessions.
4. Notification of date and time and location of the next regular Policy Council/Committee meetings will be mailed to all members at least five working days prior to the meeting. The written notification will include:
 - minutes of the previous meeting
 - agenda for upcoming meeting
 - items to be approved by the Council/Committee

Approved by Policy Council: February 2019

Policy Council/Policy Committee and Personnel Policies

POLICY:

Parents are knowledgeable about Head Start Personnel Policies.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Personnel Policies are reviewed with the Policy Council/Policy Committee.
2. The Policy Council/Policy Committee must approve all agency personnel policies and procedures for Head Start.
3. The Personnel Committee may review Personnel Policies and Procedures and make recommendations to the full Council/Committee for approval or disapproval.
4. The Director and Family Services Manager will monitor Policy Council/Committee activity to determine compliance with this requirement.

Approved by Policy Council: February 2019

Policy Council/Policy Committee Limitations on Membership

POLICY:

No representative shall serve as a member of the Policy Council/Policy Committee for more than five (5) years.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. After five consecutive or intermittent years of Policy Council/Policy Committee membership, a person is no longer a voting member of the Policy Council/Policy Committee.
2. Representatives identified as having served five years on the Policy Council/Policy Committee will be recognized for their service and removed from the membership roster.
3. All members and alternates will only serve for a one year term and, if desired, can be considered for reelection at the end of their term.

Approved by Policy Council: February 2019

Policy Council/Committee Alternates

POLICY:

Policy Council/Policy Committee members shall secure the services of an alternate representative if they are unable to attend a meeting themselves.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. The Policy Committees at each delegate program shall elect 2 members and 2 alternates for Policy Council membership.
2. All privileges are granted to alternate members when the member is not present for that meeting.
3. Alternates shall notify the Secretary of who they are replacing for that meeting.
4. Members shall have a roster of all members and alternates on the Policy Council/Policy Committee.
5. Alternate representatives may not be elected as an officer of the Policy Council/Committee.

Approved by Policy Council: February 2019

Policy Council Regular Meetings

POLICY:

Policy Council meetings are held on the third Tuesday of each month throughout the calendar year, or as determined by the membership at the last scheduled meeting.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Policy Council meetings will be conducted as usual if a quorum is present within thirty minutes after the scheduled meeting time.
2. A quorum will be declared when 51% of the membership (9 out of 17) are present at the meeting.
3. If there are at least 7 members/alternates present for a meeting, the Chairperson can decide to conduct business according to the agenda and contact 2 additional members after the meeting to ask for their vote on items that were discussed. If both members agree with the decision that was passed by the members present, the decision will be accepted by the Policy Council since there were 9 (enough for a quorum) members who agreed on the action.
4. If at least 7 members are not present after thirty minutes, the meeting shall proceed as an informal discussion. No official session shall occur without a quorum.
5. This quorum will apply to all regular Policy Council meetings and any special called meetings.

Approved by Policy Council: February 2019

Policy Council/Policy Committee Special/Emergency Meetings

POLICY:

Special/Emergency meetings may be called by the Policy Council/Policy Committee Chairperson.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. The Chairperson may only call an emergency/special meeting when business requires such action.
2. If 51% of the Policy Council/Policy Committee members petition, in writing, to call a meeting, the Chairperson is obligated to schedule a meeting within three days of the receipt of the petition.
3. The Administrative Secretary will notify Council/Committee members of a need for the meeting and work with the Executive Committee to produce an agenda for the meeting.

Approved by Policy Council: February 2019

Policy Council Voting

POLICY:

Each member of the Policy Council/Policy Committee shall have one vote, with the exception of the Chairperson who shall cast the deciding vote only in the case of a tie vote of the body at large.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Each regular representative will have a maximum of one vote.
2. During the transition period when the out-going and in-coming Policy Council members are together, both will vote on each agenda item including election of officers.
3. Parent alternates are encouraged to attend all Policy Council meetings and will vote only in the absence of the regular member.
4. Votes are taken after motions are made, seconded and discussed. The Chairperson calls for the vote asking for an indication of approval, disapproval, or abstaining from the vote. Manner of voting procedure is determined by the council (voice, show of hands or secret ballot).
5. The Policy Council Secretary tabulates the vote and the Chairperson announces whether the motion was approved or disapproved. These decisions are included in the minutes.

Approved by the Policy Council: February 2019

Policy Council Subcommittees

POLICY:

Subcommittees will make recommendations to the full Policy Council to consider items for approval or disapproval.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. The Policy Council establishes subcommittees to perform specific duties.
2. Standing committees are established in the month of October.
3. There are a minimum of four (4) Standing Committees:

- . ***Executive Committee***

The Executive Committee is comprised of the officers of the Policy Council. The Executive Committee may conduct business for the Policy Council between regular meetings. The Executive Committee shall meet with staff to obtain information as needed for reports.

- . ***Personnel Committee***

The Personnel Committee shall review and discuss Head Start Personnel Policies and make recommendations to the full membership prior to the Policy Council approving said policies and procedures. This committee shall also screen, interview and recommend persons to be hired to fill vacancies in the Head Start program. They shall oversee personnel actions in regard to firing of Head Start employees.

. ***Finance Committee***

The Finance Committee shall discuss matters of the budget, timelines and the planning of financial issues of the program and make recommendations to the full Policy Council.

. ***Grievance Committee***

The Grievance Committee shall hear grievances from the community and from parents who have followed the grievance procedure of the committee. This committee may also hear grievances of the Head Start staff and present their findings to the Personnel Committee and the Board of Directors.

4. Members of these committees shall be comprised solely of Policy Council members.
5. Staff will provide support, training and technical assistance to standing committees.
6. Ad Hoc Committees are formed for the purpose of accomplishing a specific task and disbanded once their purpose is achieved.

Approved by Policy Council: February 2019

Location of Meetings

POLICY:

The Policy Council determines the location of its meetings.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.50](#)*

PROCEDURE:

1. Policy Council members decide on the location of the next meeting by majority vote if more than one site is requested.
2. Announcements of the time and place of regular meetings shall be sent to all members, in writing, at least five (5) working days prior to such meetings.

Approved by the Policy Council, June 2007

Policy Council Reimbursement

POLICY:

The Head Start program enables low-income members to participate fully in their group responsibilities by providing, if necessary, reimbursement for reasonable expenses incurred by the members.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

1. Travel expenses will be reimbursed at the same rate as which Head Start employees are reimbursed for program travel (i.e. Currently .41 cents per mile)
2. Baby-sitting services will be reimbursed at the average rate for child care services:

\$	20.00 per child – for up to five hours service
\$	25.00 per child – for five or more hours of service
3. Meal/food costs are provided by the program.

Approved by Policy Council: February 2019

Policy Council Termination of Membership

POLICY:

Membership in the Policy Council may be voluntarily terminated at any time by written notice to the Council. Failure to perform duties or attend meetings can result in involuntary termination of membership.

This policy relates to [Head Start Performance Standards 45 CFR Part 1301.3](#)

PROCEDURE:

6. The resigning member must write, sign and date a letter of resignation and submit it to the Policy Council.
2. Delegate program elections for replacements of parent members shall occur at their next scheduled Policy Committee meeting.
3. Alternate members will be requested to attend Policy Council meetings until a new member is elected.
4. In the event of a termination or resignation of a community representative, the agency represented may be asked to provide a replacement. The Policy Council must vote to approve or disapprove any potential replacement. Such election shall take place within one month of resignation or termination of the member.
5. Any member who misses three consecutive meetings of the Policy Council without submitting an excuse or securing the attendance of an alternate may be terminated by the Policy Council/Committee with a 2/3 majority vote. The Council must submit written notification of termination to the member.
6. Members may be terminated by means of written notice and by a 2/3 vote from the Policy Council at any time for:

- failure to uphold the standards of Head Start;
 - displays of inappropriate behaviors while representing the Policy Council/Committee;
 - gross misconduct;
 - acting on behalf of the Policy Council without their prior approval;
 - blatant disrespect of Head Start philosophies, goals or objectives;
 - neglect of duties.
-
7. Any member being considered for termination will be sent notification in writing after the second unexcused absence.
 8. A member being considered for termination may ask for a hearing to present justification to the Policy Council.
 9. If the terminated member is dissatisfied with the decision, he/she may request an impartial hearing.

Approved by Policy Council: February 2019

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Internal Dispute Resolution

POLICY:

To resolve internal dispute including impasse procedures between the governing body and policy group.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1301.6](#)*

PROCEDURE:

After informal discussion, if the Board of Directors believes that the Policy Council will not approve its decision and the agency wants to formalize the approval process, it should notify the Policy Council in writing. The notice will contain a statement of the reasons in support of the proposed decision or action.

Within ten (10) days after the receipt of the notice, the Policy Council will hold a special meeting for consideration of the Agency proposed decision or action.

Immediately after the special meeting, the Policy Council shall notify the Agency in writing of its approval or disapproval of the proposed decision or action. If it is a notice of disapproval, it will contain a statement of reason.

In the event of disapproval, and if the Agency desires further consideration of the matter, it shall initiate a meeting between itself and the Policy Council for the purpose of attempting to resolve their differences.

If after these efforts, the Agency and Policy Council are unable to reach an agreement, the Agency must invoke the arbitration procedures:

MEMBERSHIP

The arbitration panel will consist of three members.

1. A member will be designated by the Policy Council.
2. A member will be designated by the governing body.
3. A member will act as chairperson of the arbitration panel and shall be selected by the Agency. This member must be acceptable to both parties.

The arbiters shall be members of the community and not be associated with the Head Start program. None of the arbiters shall be relatives of any of the parties and shall serve without compensation.

NOTICE OF ARBITRATION:

When the Agency decides to submit the impasse to arbitration, it shall notify the Policy Council and the board of Directors in writing that the impasse is to be resolved by binding arbitration. The notice shall include:

1. A statement of the issue on which the groups are at impasse.
2. A request of both parties to submit (within seven (7) days) the names and addresses of their selection member to serve on the arbitration panel.

Failure by the Policy Council or Governing Board to designate an arbiter within seven (7) days of the receipt of the Notice of Arbitration shall be a default, and shall be considered to be approval of the proposed decision or action.

The Arbitration Panel shall schedule the hearing within twenty (20) calendar days. The hearing shall be conducted at a place acceptable to the panel members. The agency shall notify all members of the panel as to time and place and shall assume any expenses incurred by the arbitration and shall provide clerical and other support as needed.

The proceedings of the Arbitration Panel shall follow Parliamentary Procedures and consist of;

- . oral presentation from both parties;
- . response by both parties including questions;
- . additional presentation and written materials as deemed necessary (this may or may not include witnesses).

It is the responsibility of the Agency to provide the panel with needed materials such as budget, regulations, or other materials of that nature.

STANDARD OF CONDUCT

Both parties are obligated to act in good conduct before and during the proceedings. Neither party may communicate with the arbitrations once the panel has been selected unless all parties are present.

Arbitration does not preclude the parties from compromising their differences as long as no decision as been issued by the Panel.

On conclusion of the hearing, the Panel shall issue the decision in writing within fifteen (15) days after the Panel meeting. **The final decision shall be binding on all parties and there shall be no appeal.**

Approved by Policy Council: September 2018

BY-LAWS

BIG SANDY HEAD START POLICY COUNCIL

ARTICLE I

(Name)

The name of this organization shall be the Big Sandy Head Start Policy Council.

ARTICLE II

(Purpose and Functions)

SECTION I: Purpose

The purpose shall be to: Implement 45 CFR Part 1304.50 Head Start Program Performance Standards, Subpart D and Appendix A for which this Head Start Policy Council is created to serve as a link between public and private organizations, the Grantee Board of Directors, the communities of Head Start Programs in the counties of Floyd, Johnson, Magoffin, Martin and Pike in the state of Kentucky.

SECTION II: Functions

The functions of the Big Sandy Head Start Policy Council, in accordance with ACF/DHHS Regulations are:

1. Initiate suggestions and ideas for program improvements and to receive periodic reports on action taken by the administering agency with regard to its recommendations.
2. Plan, coordinate and organize agency-wide activities for Head Start parents with the assistance of staff.
3. Recruit volunteer services from parents, community residents, community organizations and mobilize community resources to meet identified needs.
4. Communicate with all parents and encourage their full participation in the Head Start Program.
5. Approve the goals for Head Start within the agency as proposed by the Grantee Board of Directors and develop ways to meet these goals within ACF/DHHS Guidelines.
6. Approve the locations of Head Start centers.
7. Assist in developing a plan for recruitment of eligible children and approve such a plan.
8. Approve the composition of the appropriate parent policy making groups and methods for getting them within ACF/DHHS Guidelines.
9. Approve the services provided to Head Start from the Grantee Central Office.
10. Policy Council will serve as an intermediary or group that assists or attempts to resolve complaints about Head Start.
11. Be consulted to ensure that standards for acquiring space, equipment and supplies are met.
12. Approve or disapprove of the Head Start Personnel Policies and Procedures, including establishment of hiring and firing criteria for Head Start staff, career development plans and employee grievance procedures.

13. Approve or disapprove the request for funds and proposed work programs (the grant package) prior to sending to ACF/DHHS, with sufficient time to study the grant package and ask questions of Head Start personnel.
14. Approve or disapprove major changes in the Head Start operating budget and work program while the program is in operation.
15. Approve or disapprove information prepared for the pre-review to ACF/DHHS.
16. Assist a self-evaluation of the Head Start Program.

ARTICLE III

(Membership)

SECTION 1: Composition

The Big Sandy Head Start Policy Council shall be comprised of parents of children currently enrolled in Head Start as well as community representatives in accordance with ACF/DHHS Guidelines.

SECTION 2: Membership

Membership on this Policy Council shall consist of two categories: 14 parent members and 3 community representatives.

- a. Each Head Start Program Policy Committee will elect two parent members to the Policy Council. These members will be parents of children currently enrolled in all program options and elected by a quorum stated in their Policy Committee By-laws. If a Head Start program does not have status as a delegate program and is directly

operated by the grantee agency who holds the awarded grant, they will not have a Policy Committee and therefore, will elect their two Policy Council members from their Parent Committees.

- b. Each Policy Council member shall have an alternate representative who is elected democratically by the Delegate Policy Committee. Alternates may attend each Policy Council meeting, but vote on issues only when the member they represent is absent. Each community representative will have an alternate designated by the agency he/she represents if applicable.
- c. The community representatives must be approved by the parent members of the Policy Council before he/she can be seated. Elections for the community representatives will be held during the November meeting. Nominations may be made by parent members at that time and then voted on by the entire Council. The community representatives shall represent major agencies of the communities and counties served by the Head Start agency or be parents of former Head Start Children.

SECTION 3: Term of Office

Policy Council members shall serve for a term of one (1) year. No member shall serve on the Policy Council as a parent member and/or community representative for no more than three (3) years. Policy Council parent members shall be seated at the October meeting.

SECTION 4: Voting Rights

Each member of the Policy Council shall have one (1) vote. There shall be no proxy voting by or for any member. The manner of voting procedure is determined by the Policy Council (voice, show of hands or secret ballot).

SECTION 5: Termination of Membership

A member of the Policy Council can be terminated by a two-thirds vote of the Policy Council if he/she is absent from three (3) consecutive meetings without having submitted a legitimate excuse in writing to the Policy Council Chairperson (or in his/her absence the Vice-Chairperson) prior to the meeting.

SECTION 6: Resignation

A member shall give a written statement of reasons before resigning.

SECTION 7: Vacancy

Any program shall elect, within 30 days, a new member to the Policy Council whenever there is a vacancy on the Policy Council occurring at the program. If a vacancy for a community representative occurs, the Policy Council members will nominate and elect a replacement as soon as possible.

SECTION 8: Nepotism and Conflict of Interest

In accordance with 45 CFR Section 1304.50 (b) (6), no person can serve as a member of the Policy Council while any of his/her immediate family is employed in the Head Start Program. A member of an immediate family includes any of the following persons:

1. Husband
2. Wife
3. Mother, mother-in-law
4. Father, father-in-law
5. Brother, brother-in-law
6. Sister, sister-in-law
7. Grandparents or grandparents of spouse
7. Son, son-in-law
8. Daughter, daughter-in-law
9. Step children, step parents, step brother or sister.

SECTION 9: Duties

All members of the Policy Council shall attend meetings regularly, arrive on time, and actively participate by reading the agenda prior to meeting and discussing matters to be considered with other parents in the unit(s) he/she represents, keep informed of the Policy Council, remember the rights of other members to express their opinions, consider all information and arguments before voting, remembering the parents he/she represents, debate the issues, not persons, accept and support any final decisions of the majority of the Policy Council.

ARTICLE IV

(Officers)

SECTION 1: Officers

The Policy Council shall elect a Chairperson, Vice-Chairperson and Secretary who shall be parent members of the Policy Council.

SECTION 2: Election and Term of Office

Each officer shall be elected at the October meeting and shall serve a term of one year. If an officer resigns or is removed by the Council, a replacement must be elected as soon as possible.

SECTION 3: Removal

Any officer or member of the Policy Council who fails to perform his duties as outlined above or below, can be removed by two-thirds vote of the Policy.

SECTION 4: Chairperson

The Chairperson shall preside at all meetings, talk no more than necessary when presiding, have an understanding of the By-Laws of the Policy Council, refrain from entering debates of questions before assembly, shall extend every

courtesy to the discussions of the motions, shall call meetings to order and formally close them, note whether a quorum is present and declaration of same, help prepare an agenda for each regular meeting, call special meetings and give explanations of same to each member, appoint chairperson to all committees, explain each motion before it is voted upon and may vote to break a tie.

SECTION 5: Vice-Chairperson

The Vice-Chairperson shall preside in the absence of the Chairperson or whenever the Chairperson temporarily vacates the chair; in case of resignation or death of the Chairperson, the Vice-Chairperson shall assume the office of Chairperson until a permanent Chairperson is elected.

SECTION 6: Secretary

The Secretary shall record the minutes of every Policy Council meeting once the meeting has been called to order, keep a copy of the By-Laws, list of members and a copy of the agenda.

ARTICLE V

(Committees)

SECTION 1: Appointment of Committees / Members

The Policy Council shall appoint such committees as are necessary to the proper conduct of its business, including but not limited to the following: Executive Committee, Personnel Committee, Finance Committee and Grievance Committee. At the October meeting, members of the Council can volunteer to be on a specific committee with the exception of the Executive Committee. At least three (3) members should be on each committee with a maximum of six (6). If there are not enough Council members willing to serve on the committees to reach the minimum number, members may serve on

multiple committees in order to assure that each one has a minimum number of three (3).

SECTION 2: Executive Committee

The Executive Committee shall be composed of the Officers of the Policy Council. The Executive Committee shall have power to conduct business for the Policy Council between regular meetings of the Policy Council.

SECTION 3: Personnel Committee

This committee shall discuss the Head Start Policies and Procedures and make recommendations to the membership prior to the Policy Council approving said Personnel Policies and Procedures. This Committee shall also screen, interview and recommend persons to be hired to fill vacancies in the grantee Head Start staff.

SECTION 4: Finance Committee

This committee shall discuss matters of the budget, timelines, planning and financial issues of the program and make recommendations to the full Policy Council.

SECTION 5: Grievance Committee

This committee shall hear grievances from the community and from parents who have followed the grievance procedures and take recommendations to the Policy Council to resolve these complaints. The committee may also hear grievances of the Head Start staff and present their findings to the full Policy Council and Grantee Board of Directors.

SECTION 6: Special Committees

Special Committees may be appointed by the Chairperson or selected by the Policy Council as the need arises.

ARTICLE VI

(Meetings)

SECTION 1: Regular Meetings

Regular meetings of the Policy Council shall be held on the 3rd Tuesday of each month during the school year and as needed in the summer. There shall be special called meetings as the Policy Council sees a need and shall be called by the Chairperson at least 48 hours in advance.

SECTION 2: Notice of Meetings

Written notices shall be mailed to reach any member of the Policy Council at least five (5) days prior to the date of each regular meeting. A copy of the agenda and minutes of the previous meeting shall be enclosed.

SECTION 3: Quorum

Fifty-one percent (51%) of the members of the Policy Council must be present to constitute a quorum for regular or special called meetings to transact business.

ARTICLE VII

(General)

1. All meetings of the Policy Council shall be open to the public.
2. Robert's Rules of Order shall be followed.

3. Compensations for travel and baby-sitting fees for poverty level parent members shall be paid in accordance with guidelines.
4. Standing committees shall be at least fifty-one percent (51%) parents.

ARTICLE VIII

(Amendments)

These by-laws may be amended by sending a copy of the proposed amendment to each Policy Council member at least one week before the meeting. The Policy Council may debate an amendment before adoption. Amendments must be approved by a two thirds vote of these Members present, a quorum being present and approval of the Directors of the Big Sandy Area Community Action Program Board.

REVISED 01/02

Health Advisory Committee

POLICY:

Health Service Advisory Committees will be established at the grantee level for the purpose of planning, implementing and evaluating the health services provided to children and families.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.40](#)

PROCEDURE:

1. The grantee agency will establish a Health Advisory Committee (HAC) that:
 - a. Meets at least twice yearly;
 - b. Assists the program in meeting Head Start Performance Standards, state and local regulations;
 - c. Problem solves to correct deficiencies and improve services;
 - d. Assists in planning the health services program and developing policies and procedures;
 - e. Assists in the program's self-assessment/evaluation of health services;
 - f. Identifies health needs of the community and of the families the program serves;
 - g. Assists in identifying all medical, dental, mental health, nutritional and disability services/resources within the area and how to make use of them;
 - h. Assists in staff and parent training;
 - i. Acts as child health advocates;
2. Membership of the Health Advisory Committee is comprised of parents of currently enrolled children, health service professionals, grantee and delegate health services staff, elected Policy Committee and Policy Council members, and other interested and appropriate individuals / agencies.
3. Members are encouraged to have regularly designated alternate members. Alternate members are welcome to attend meetings at any time.

4. Members who are unable to attend meetings due to the nature of their profession, are asked to give advice by phone or written correspondence.
5. The Health Services Manager is responsible for training parent participants, arranging meeting places and times, for ensuring proper sign-in sheets and for reporting to the Policy Council/Committee any and all Health Advisory Committee recommendations.

Approved by the Policy Council: April 2019

Program Design and Management

- Management Procedures
- Program Planning
- Community Assessment
- Program Evaluation/Self-Assessment
- Reporting Systems
- Monitoring Program Objectives and Activities
- Communication/Information Systems between Grantee and Delegates
- Communication/Information Systems with Governing Body and Policy Groups
- Communication/Information Systems for Staff
- Communication/Information Systems for Families
- Relocation of Child Records
- Parents, Area Residents and the Program
- Confidentiality of Information
- Child Abuse and Neglect
- Reporting Suspected or Known Child Abuse/Neglect
- Confidential Reporting Form: Suspected Child Abuse
- Confidential Reporting Form: Suspected Child Abuse by Staff Member

BIG SANDY HEAD START PROGRAM MANAGEMENT PROCEDURES

A. Program Planning

1. Big Sandy Head Start program and delegate agencies will implement a systematic, ongoing process of program planning which includes consultation with the Board of Directors, Policy Council(Committee), program staff, parents and children in our service area. Program planning shall include:
 - a. Head Start will conduct a Community Assessment within the five (5) county areas once every three years.
 - b. The formulation of both multi-year (long-range) program goals, short-term goals and financial objectives which address the findings of the community assessment, be consistent with the philosophy of the Big Sandy Head Start program and reflect the findings of the program's annual self-assessment.
 - c. The development of written plans for implementing services in each program area.
 - d. All written plans for implementing services, and the progress in meeting them, shall be written with input from staff, reviewed and approved by the Policy Council or Policy Committee at least annually, and shall be revised and updated as needed.

B. Communications System - General

1. Big Sandy Head Start program and delegate agencies will establish and implement communication systems to ensure that timely and accurate information is provided to parents, Policy groups, staff and the general community.

C. Communication with Families

1. Big Sandy Head Start program and delegate agencies will ensure that effective two-way, comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.
2. Communications with parents shall be carried out in the parent's primary or preferred language or through an interpreter, to the extent feasible.

D. Communication with Governing Bodies and Policy Groups

1. The program will ensure that the following information is provided regularly to the agency Board of Directors and to members of our Policy Council (Committee).
 - a. Procedures and timetables for program planning;
 - b. Policies, guidelines, and other communications from Big Sandy Head Start program and delegate agencies;
 - c. Program and financial reports;
 - d. Program plans, policies, procedures and Head Start grant applications.

E. Communications Among Staff

1. The grantee and delegate agencies shall have mechanisms for regular communication among all program staff to facilitate quality outcomes for children and families.

F. Record-Keeping Systems

1. Big Sandy Head Start program and delegate agencies will establish and maintain efficient and effective record keeping systems to provide accurate and timely information regarding children, families and staff. The program will ensure appropriate confidentiality of this information.

G. Reporting System

1. The grantee and delegate agencies will establish and maintain efficient reporting systems which:
 - a. Generate periodic reports of financial status and program operations in order to control program quality, maintain program accountability and advise governing bodies, policy groups, and staff of program progress.
 - b. Generate official reports for federal, state and local authorities, as required by applicable law.

H. Program Self-Assessment and Monitoring

1. Once each program year, with the consultation and participation of Policy Council (Committee) and other community members, the Big Sandy Head Start and delegate agencies will conduct a self-assessment

of their effectiveness and progress in meeting program goals and objectives and in implementing federal regulations.

2. The grantee and delegate agencies will establish and implement procedures for the ongoing monitoring of their own Head Start operation to ensure that these operations effectively implement Head Start regulations.
3. The program will inform Policy Council (Committee) and the Board of Directors of results (positive or negative) in the program's operations that are identified in the monitoring review. The Council (Committee) will help develop plans, including time tables, for addressing identified problems.

Approved by the Policy Council, October 2007

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Program Planning

POLICY:

The grantee and delegate agencies will develop and implement a systematic on-going process of planning that includes consultation with the program's governing body, policy groups, parents, program staff and community organizations that serve Head Start or other low-income children and families.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.102](#)*

PROCEDURE:

1. The program will conduct a Community Assessment within the Big Sandy service area at least once over the five-year grant period with a review in each of the following years to determine any significant change. The collection of data about community strengths, needs and resources will be used to make decisions about the way the agency will respond through its program and services. (See Community Assessment policy)
2. The grantee and each delegate agency will perform an annual program evaluation/self-assessment process to determine its effectiveness and progress in meeting program goals and objectives and in implementing Federal, State and local regulations. (see Program evaluation/Self-Assessment policy)
3. The program will use the information gathered to update the current long range goals and to establish shorter one-year program and financial objectives that address the findings of both the Community Assessment and the program's annual self-assessment.
4. Summarized data of the assessment findings will be given to grantee and delegate governing boards, Policy Committee/Policy Council, advisory groups and staff. The information provided will allow the governing bodies, parents, staff and community members to have a voice in establishing Head Start's direction and service delivery strategies. The process will also aid in establishing priorities to address the short and long term goals and objectives.
5. The Policy Council and BSACAP Board of Directors will approve the final long and short term goals established through the planning and governing bodies.

6. Written work plans and an operating budget to implement services will then be developed with input from staff, parents, community, and governing bodies.
7. Draft plans and a budget will then be presented to the Policy Council's Finance Committee for review and input. When the written plans and budget are finalized, they will be forwarded to the Policy Council for final approval.
8. Written plans will be monitored quarterly and budgets will be analyzed at management meetings to determine the need for improvement and adjustments. Reports are then forwarded to the Policy Committee/Policy Council for input and approval. Written plans will be revised and budget modifications will be made as required/needed.

Approved by the Policy Council, March 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Community Assessment

POLICY:

The grantee will determine community strengths, needs, and resources.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.11](#)*

PROCEDURE:

1. A Community Assessment will be conducted within the service area at least once over the five-year grant period to help design a program that meets community needs and builds on strengths and resources (see Program Planning policy) . The assessment will use data that describes community strengths, needs, and resources and will include, at a minimum:
 - a. The number of eligible infants, toddlers, preschool age children, and expectant mothers, including their geographic location, race, ethnicity, and languages they speak, including:
 - i. Children experiencing homelessness in collaboration with, to the extent possible, McKinney-Vento Local Education Liaisons (42 U.S.C. 11432 (6)(A));
 - ii. Children in foster care; and
 - iii. Children with disabilities, including types of disabilities and relevant services and resources provided to these children by community agencies.
 - b. The education, health, nutrition, and social service needs of eligible children and their families, including prevalent social or economic factors that impact their well- being;
 - c. Typical work, school, and training schedules of parents with eligible children;
 - d. Other child development, child care centers, and family child care programs that serve eligible children, including home visiting, publicly funded state and local preschools, and approximate number of eligible children served;
 - e. Resources that are available in the community to address the needs of eligible children and their families; and,

- f. Strengths of the community.
- 2. The Community Assessment will be reviewed and updated annually to reflect any significant changes including increased availability of publicly-funded pre-kindergarten (including an assessment of how the pre-kindergarten available in the community meets the needs of the parents and children served by the program, and whether it is offered for a full school day), rates of family and child homelessness, and significant shifts in community demographics and resources.
- 3. The program will consider whether the characteristics of the community allow it to include children from diverse economic backgrounds that would be supported by other funding sources, including private pay, in addition to the program's eligible funded enrollment, so long as such enrollment would not result in the program serving less than its eligible funded enrollment.

Approved by the Policy Council March, 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Program Evaluation/Self-Assessment

POLICY:

The program will conduct an annual self-assessment of the effectiveness and progress in meeting program goals and objectives and in implementing Federal regulations.

- *This policy relates to [Head Start Performance Standards Part 1302.2, 1302.3, 1302.101, 1302.102, 1302.41, 1302.34,](#)*

PROCEDURE:

1. The Head Start program evaluation is performed by the following levels:
 - a. Head Start Director reports data results to policy groups and the governing body for approval/amendments.
 - b. Staff performance evaluations are conducted annually.
 - i. Performance evaluations are conducted on each employee by the immediate supervisor.
 - ii. Employee and supervisor set individual performance goals and determine training needs. The information is put into an Individual Growth Plan.
 - c. Policy groups, staff, parents and community representatives perform an annual program self-assessment of the effectiveness and progress in meeting goals and objectives and in implementing federal regulations.
 - i. The self-assessment process is initiated by the Grantee Head Start Director with a time-frame and process used throughout the program.
 - ii. Each delegate program will develop a Self-Assessment team. The SA team will use various resources to determine a list of strengths and weaknesses.
 - iii. A parent survey will be given to parents to get their input on any changes they feel are necessary in order to improve the program.

- iv. The SA team will take the information they have gathered from staff and parents and create an improvement plan that identifies specific weaknesses that need to be addressed, strategies that will be used, and a timeline on when to expect completions to occur.
 - v. The grantee then uses all delegate improvement plans to look for patterns and weaknesses that are consistent. The grantee will then develop an overall improvement plan of improvement for the entire program.
 - vi. All improvement plans are shared with the Policy Council/Committees and Board of Directors for review and approval.
- d. Parents are also encouraged to complete an online survey, prior to the end of the school year, that relates to our school readiness goals and how the parents feel about their child's experience.

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Reporting Systems

POLICY:

The program will maintain an effective and efficient reporting system that generates reports for financial status and program operations.

- *This policy relates to [Head Start Performance Standards Part 1304.51](#)*

PROCEDURE:

1. The grantee and each delegate agency will utilize data tracing and financial management software that allows the program to:
 - a. Generate periodic reports for financial status and program operations in order to control program quality, maintain program accountability and advise the governing board, Policy Council and staff of program progress, and
 - b. Generate official reports for Federal, State and local authorities as required by applicable law.
2. The program currently uses the COPA data tracking system. The printouts frequency, use and type of data staff receive is determined by need.
 - a. The Family Services Manager reviews and/or generates reports on enrollment, waiting lists, attendance, terminations/transfers, eligibility, family assessments/partnership, referrals, parent involvement and volunteer services.
 - b. The Head Start Service Managers review and/or generate reports of developmental/sensory/behavior screenings, medical/dental exams, immunizations status, referrals and follow-up treatment.
 - c. The Education Services Manager reviews and/or generates reports of developmental screening and child assessment, child outcomes, educational home visits, parent/teacher conferences, and training.
 - d. The Nutrition Services Manager reviews and/or generates reports on enrollment, eligibility, daily attendance, child's growth and nutritional assessment data.

- e. The Disability Services Manager reviews and/or generates reports on child referral/evaluation, eligibility/disability status, special education & related services.
 - f. The Mental Health Services Manager reviews and/or generates reports on mental health referrals and services.
 - g. The Quality Control Manager reviews and/or generates reports on child attendance, waiting lists, staff credentials, and training.
3. All information is used to assess needs, plan service delivery activities and training, track the provision of services, monitor progress and compliance with Head Start Performance Standards, federal and state regulations.
 4. The program uses the data to support and increase the integration of services as follows:
 - a. Attendance data is used by family and nutrition services staff to monitor compliance with the 85% average daily attendance requirement, identify family support needs, and compare with meal counts for CACFP reimbursement.
 - b. Health services data is used in all component areas to address individual child & family needs and to monitor compliance with federal, state, local regulations and licensing requirements.
 - c. Family services and parent involvement data is used in all component areas, in program planning, identifying and obtaining needed services outside the program, and in the provision of information and training for parents.
 - d. Developmental/sensory/behavioral screenings and child assessment data is used by education, disability, health and family services to develop individualized education plans for children and to involve and train parents.
 - e. Volunteer services data is used by family services, health and administrative staff to ensure volunteer training and health requirements are met and to determine in-kind for the 20% funding match.
 5. All financial information at the grantee level is maintained on the Financial Edge (FE) accounting system. Monthly reports are generated that compare monthly and yearly expenditures to budgets and itemize line item expenditures. Financial information from the general ledger is transferred to the appropriate line item of the Financial Status Report (SF269) annually for each grant year. The report is submitted to the ACF Regional Office within 90 calendar days after the end of the grant year.

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Monitoring Program Objectives and Activities

POLICY:

Program monitoring will be an on-going process that assures program objectives and activities are being completed in a timely manner.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.102](#)*

PROCEDURE:

1. An on-going monitoring system will be established that provides immediate feedback to ensure that the grantee and delegate agencies implement federal regulations and that appropriate services are being provided to children and families.
2. The monitoring system will address key areas to determine whether:
 - a. Program objectives are being met;
 - b. Component work plans are being followed;
 - c. Head Start Performance Standards and other regulations are being met;
 - d. Budgets are being managed;
 - e. Staff are performing assignments;
 - f. Enrollment slots are filled;
 - g. Attendance is regular;
 - h. Centers/classrooms are well-stocked, organized and safe;
 - i. Parent involvement is occurring;
 - j. Services are being provided and/or arranged to meet child/family needs.
3. The following monitoring procedures will be used:

- a. Desk top monitoring – includes reviewing manual and computer data/reports.
 - b. On-site observations- include visits to offices and classrooms to visually observe and monitor.
 - c. Staff and parent interviews – include talking with staff and parents concerning program operations.
4. Staff responsibilities for monitoring are as follows:
 - a. Grantee Head Start Director will monitor administrative activities at grantee and delegate levels.
 - b. Grantee management staff will monitor delegate program operations in their respective area of expertise.
 - c. Fiscal staff will monitor grantee and delegate fiscal operations including budget, audits, and non-federal share.
5. Monitoring reports will be shared with delegate Head Start Directors and grantee management staff so that their follow-up can be done in a timely manner.
6. Findings relative to all delegates will be shared during monthly director/management meetings.
7. When the grantee identifies a deficiency in the delegate program operations, the grantee will notify the delegate agency in writing of such deficiencies. The grantee will arrange for individual consultation with appropriate administrative and/or management staff to assist the delegate in the development of a corrective action plan and to provide technical assistance to either resolve the deficiencies immediately or within a 90 day period.
8. The grantee and all delegates will develop and implement their own “Monitoring Structure” format to guide all monitoring activities for each individual agency. The Monitoring Structure will designate responsibilities, methods to be used, and timelines for all necessary monitoring activities to the appropriate staff according to job title and field of expertise.
9. The grantee staff (director and managers) will keep individual monitoring logs to verify the Monitoring Structure is being followed. The grantee director will be responsible for checking these logs on a regular basis in order to assure the appropriate monitoring is occurring based on the timeline of the Monitoring Structure.

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

**Communication/ Information Systems
Between Grantee and Delegates**

POLICY:

Two-way communication will occur between the grantee and delegate agencies on a regular basis.

- *This policy relates to [Head Start Performance Standards Part 1302.101, 1302.102, 1303.32, 1302.21](#)*

PROCEDURE:

1. The grantee ensures that delegate agencies receive all regulations, policies, memorandums, instructions and other pertinent information in a timely manner.
2. Communication with delegate agencies will flow through a variety of methods:
 - > interoffice/agency mail and correspondence
 - > telephone, fax & e-mail in order to expedite delivery of dated information
 - > memos
 - > calendars
 - > message posting on COPA
 - > agency webpage
3. Meetings will also be an avenue for sharing information.
 - > Director's/Management meetings held during the year
 - > Service managers' meetings (Family Services, Education & other advisory group meetings as needed).
 - > Grantee bookkeeper and/or fiscal officer meet with delegate fiscal staff as needed.
 - > Meeting scheduled to discuss matters/concerns relevant to a delegate as needed.

4. Training will be arranged/conducted by the grantee and delegate agencies throughout the program year as identified on the training plan/calendar.
5. Communication will also occur through delegate on-site visits by the grantee to monitor and provide technical assistance.

Approved by the Policy Council, April 2018

SUBJECT:

**Communication/ Information Sharing
with the Governing Body and Policy
Groups**

POLICY:

The program ensures that information is provided regularly to the grantee and delegate agencies governing body, Policy Council and/or Policy Committee members.

- *This policy relates to [Head Start Performance Standards Part 1301.2, 1301.3, 1302.101](#)*

PROCEDURE:

1. The program ensures information such as procedures and time tables for program planning, policies, guidelines, and other communications, program and financial reports, program plans, policies and procedures and the Head Start grant is provided on a regular basis to the agencies Board of Directors and members of the Policy Council and Policy Committees.
2. Service Managers, Coordinators and Family Advocates collect information for the Head Start Directors prior to Policy Council, Policy Committee and Board meetings.
3. The Grantee Director gives a written report to the Policy Council and Board of Directors on a monthly basis. In addition, each group is given a monthly statistical report that identifies information such as child enrollment, attendance, meals, parent volunteer hours, parent meeting attendance, etc.
4. Meeting notices, agendas and previous minutes are mailed prior to meetings.
5. Newsletters are distributed throughout the school year.
6. Other items are distributed as necessary.

7. The Policy Council as well as each Policy Committee meets on a monthly basis.
8. The Governing Board for BSACAP meets bi-monthly

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

**Communication/ Information Systems
For Staff**

POLICY:

Regular communication occurs among all program staff to facilitate quality outcomes for children and families.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.90, 1302.92, 1302.102](#)*

PROCEDURE:

1. Director's/Management meetings are held throughout the year to update everyone on policy changes and new information.
2. Administrative secretary receives and distributes mail, memos and other items daily.
3. Interoffice memos and/or e-mail are used to inform staff of program issues, meetings, training events, etc.
4. The grantee office will maintain a webpage with information and downloadable forms in each service area to be used by delegate staff. The webpage will also serve as a tool for grantee and delegate staff to post comments, questions, information, etc. regarding Head Start related topics.
5. Urgent announcements and bulletins will be posted on the opening page of the COPA online database software and/or sent via e-mail and phone calls.

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

**Communication/ Information Systems
for Families**

POLICY:

Effective two-way communication between staff and parents is carried out on a regular basis throughout the program year.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1303.23, 1302.34, 1302.41](#)*

PROCEDURE:

1. Communication between the program and families is a continuous process. Parents receive information through participation in center/classroom activities or committees, home visits, letters, news media, telephone, newsletter, conferences and trainings.
 - a. Service managers, teachers, assistant teachers and family advocates organize initial parent meetings. Meetings are held monthly or as needed. Information is discussed at these meetings.
 - b. Letters are mailed to parents.
 - c. Parent receives information through Head Start newsletters, radio, television, and newspaper.
 - d. Parents and staff communicate by phone.
 - e. Parent bulletin board in center is updated as needed.
 - f. Information is given during home visits.
 - g. Parents visit central office for information.
 - h. Conferences are held with parents concerning special problems.
 - i. Parents participate in training.

2. Communication with parents is carried out in the parent's primary or preferred language or through an interpreter, to the extent feasible.

Approved by the Policy Council, April 2018

Relocation of Child Records

POLICY:

When a parent terminates their child's enrollment in one of the BSACAP Head Start programs and then desires enrollment in a different BSACAP Head Start program, the subsequent procedure will be followed regarding the transfer of child records:

- *This policy relates to [Head Start Performance Standards Part 1302.12, 1302.72](#)*

PROCEDURE:

1. When a delegate program is contacted with a request for a formerly enrolled child's records, a Release of Information form signed by the parent or guardian must be obtained before any records are disclosed.
2. When a signed Release of Information form is received, a program must respond to the request with a transfer of records within ten working days of the notice.
3. If a program has received a request for a child's record and has obtained the signed Release of Information, a Record Relocation Check Sheet form must be completed by the responding program and accompany the forwarded records.
4. All child information being sent upon request by a BSACAP program should be original documents. The program forwarding the records can choose to make copies of the information if needed.
5. A child who is relocating from one BSACAP program to another should not be enrolled until all enrollment information is received, reviewed, and verified by the enrolling program. Once a program enrolls a child, they are responsible for all required documentation. If a child lacks any required information, the enrolling program must work with the family to obtain the needed information and assure compliance with Head Start policies.

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

**Parents, Area Residents and
the Program**

POLICY:

Parents participate in the evaluation and planning of the Head Start program.

- *This policy relates to [Head Start Performance Standards Part 1302.92, 1302.34, 1302.46, 1302.51, 1302.53](#)*

PROCEDURE:

1. Parents are given the opportunity to receive training and participate on committees formed for the purpose of program planning and development.
2. The program provides training for staff, parents, governing bodies, Policy Council/Committee and community partners.
3. A grievance procedure will be posted in all classrooms available to parents and the public as well, to voice their concerns about the program at any given time.

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Confidentiality of Information

POLICY:

The grantee and its delegate agencies will enforce and maintain the confidentiality of client information.

- *This policy relates to [Head Start Performance Standards Part 1302.1, 1302.61, 1302.90, 1302.92](#)*

PROCEDURE:

1. Identifying information concerning children and families will be kept in locked files at all times.
2. Access to files may be made by authorized personnel after signing a disclosure form which states who looked at the information, the date and reason for access.
3. Staff will not discuss children or families with anyone other than Head Start staff when necessary, unless parents have given written permission.
4. All program volunteers and consultants will be informed of the program's confidentiality policy. Staff will ask others to leave Head Start premises if they are discussing Head Start children and families.
5. A client's rights regarding the confidentiality of records will be ensured and enforced.
6. Written permission will be obtained from the client before releasing confidential information (telling about it, giving a copy of it or allowing someone to see it) that actually identifies a client.
7. Confidential information is defined as any of the following information when the client's name is attached: Specific screening data, family needs assessment, service plans, client counseling reports, client progress reports.

8. Personally identifiable information is defined as that information about a client or family which would make it possible to identify the family or client with reasonable certainty. This includes any information that has on it: the client's name, address, telephone number, insurance number, or any other data that can readily identify a client or family.
9. General information which is non-specific, unidentifiable, does not include the name, address, or other identifying information may be released without written consent. (Examples includes: number of client's in agency programs, compiled family needs assessment data, number in families, family members by age, etc.)
10. Client permission is not needed to release client information to the following:
 - a. Agency staff and consultants directly involved in planning and delivery of services.
 - b. Local School District that the client or child plans to attend.
 - c. Funding source officials and contractors who are conducting an audit or assessment.
 - d. Officials dealing with client's application for/and receipt of financial aid (e.g. DSI, DDS, Home Health).
 - e. Courts via a judicial order or subpoena.
 - f. Officials involved in health and safety emergencies.
 - g. Agencies from whom the client is receiving additional services.
11. However, any of the above parties to whom records are released must be informed in writing that the information is not to be released to anyone else without written client approval. Exceptions to this include courts, state, federal, and local education agencies.
12. A list of citing each time another agency/organization asked for and received information on a client, who asked for it, and why the information was needed will be maintained in each client's record for as long as the record is maintained.

13. Client records shall be maintained prior to destruction for 3 years from the date which the client leaves the program. The records will be maintained longer than 3 years in the following situations:
 - a. If any litigation claim, negotiation, audit or other action is stated before expiration of the 3 year period.
 - b. If records are formally transferred to the awarding party, or
 - c. If there are any outstanding requests to review them.
14. All portions of client's records must be destroyed at the same time. To destroy a record means to burn, shred, or render no longer legible or identifiable.
15. A client shall have the right to inspect his records within 45 days of written request.
16. A client shall file in writing complaints regarding the violation of confidentiality to the agency Personnel Finance and Grievance Committee. If the Committee cannot resolve the complaint to the satisfaction of the complainant, he may file in writing the complaint to the appropriate funding source.
17. An employee found guilty of violating the client's rights to confidentiality may be dismissed from the agency.

Approved by the Policy Council, April 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Child Abuse and Neglect

POLICY:

Affirmative steps are taken to protect children from abuse and neglect.

- *This policy relates to [Head Start Performance Standards Part 1302.47](#)*

PROCEDURE:

1. Within 90 days of hire, all Head Start personnel that have direct contact with children will be provided an orientation that includes all policies and regulations concerning the abuse and neglect of children.
2. Head Start personnel receive instructions on Kentucky laws governing their responsibilities for reporting child abuse and neglect.
3. Head Start personnel reports child abuse and neglect in compliance with state and local laws. (see Reporting Suspected or Known Child Abuse/Neglect policy)
4. Head Start maintains confidentiality of records concerning child abuse and neglect in accordance with state and local laws and Head Start Performance Standards.
5. Head Start works with protective service agencies in the area that deal with abused and neglected children. Head Start is not a primary treatment program and does not provide treatment on it's own.
6. Head Start tries to retain abused and/or neglected children and/or enroll allegedly abused and neglected children referred by child protective service agencies.
7. Head Start provides an annual orientation program for staff regarding identification and reporting child abuse and neglect.

Approved by the Policy Council: April 2018

SUBJECT:

Reporting Suspected or Known Child Abuse/Neglect

POLICY:

Head Start staff will report any suspected or known child abuse/neglect as required by law.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.47, 1302.92, 1302.102](#)*

PROCEDURE:

1. Each Head Start staff person is responsible for reporting any suspected or identified cases of child abuse immediately to the local Department of Protection and Permanency (DPP). The law is quite clear on the requirement to report such cases.
 - > Abuse includes: physical injury caused by actions other than accidental means, malnutrition, sexual molestation, emotional maltreatment which has an observable harmful effect on a child, gross neglect which could affect physical and/or mental well-being of the child.
 - > Children are unmarried persons under the age of eighteen; reporting is required for all children.
2. If there is a doubt as to whether a report needs to be made, the staff person will call the DPP office and give details of the situation without using the child/family name. If the DPP worker feels the situation warrants a report, the information will be given and abuse procedures followed.
3. Any reported case of suspected or known child abuse will be reported to the Delegate Director by submission of a “*Confidential Form for Reporting Child Abuse*” within a 24 hour period. If the person suspected of the abuse is a Head Start staff member, the “*Confidential Form for Reporting Staff Child Abuse*” will be used.
4. The Delegate Director will then follow-up:
 - a. Reassure staff that the program has complied with the law.

- b. Contact the Department of Protection and Permanency to receive information, contribute additional assistance, and receive appropriate procedural directions regarding steps in the investigative process.
 - c. Submit a copy of the appropriate Confidential Reporting Form as well as any additional documentation of the situation to the Grantee Head Start Director within a 24 hour period.
- 5. If a report is made to DPP alleging staff abuse of a child, the Delegate Director will immediately contact the Grantee Director with details about the report.
- 6. The Grantee Director will notify the Program Specialist in the Regional Office about any allegations of staff abuse toward a child within 24-48 hours of the time the report is made to DPP.
- 7. Follow-up contacts with DPP regarding what is happening to the child and family after the investigation will be made and documented.
- 8. When and where appropriate, the Family Advocate will work closely with DPP and family members to provide advocacy and support for the family.
- 9. Documentation of child abuse reports and follow up will be filed separately and confidentiality maintained.

Approved by Policy Council: April 2018

Big Sandy Area Head Start

CONFIDENTIAL REPORTING FORM: Suspected Child Abuse

When a report is made to the Department of Protection & Permanency alleging child abuse committed by a non-staff member, the reporting staff or their supervisor must immediately complete this form and submit to their local Head Start Director.

Child's Name:

Date of Birth:

Address:

Phone:

Parent(s) Name:

Head Start Center:

Classroom:

Description of Report to DPP:



Name of Reporting Staff

Date _____

Big Sandy Area Head Start

CONFIDENTIAL REPORTING FORM: Suspected Child Abuse by Staff Member

When a report is made to the Department of Protection & Permanency accusing a Head Start staff member of suspected child abuse, the reporting staff or their supervisor must immediately complete this form and submit to their local Head Start Director.

Child's Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Parent(s) Name: _____

Head Start Center: _____

Classroom: _____

Staff Member Suspected: _____

Description of Report to DPP:

Name of Reporting Staff

Date

Human Resources

- Organizational Structure
- Background Checks and Selection Procedures
- Staff Qualifications
- Program Staffing Patterns
- Standards of Conduct
- Staff and Volunteer Health
- Staff Performance Appraisals
- Training and Development
- Staff Professional Development Assistance
- Emergency Staffing Procedure

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Organizational Structure

POLICY:

To structure the program to support the three major service areas.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.40, 1302.50, 1302.60, 1302.70, 1302.92, 1302.94, 1302.100](#)*

PROCEDURE:

1. The Head Start program will establish and maintain an organizational structure that supports the accomplishments of program objectives.
 - i. The organizational structure will include the major functions and responsibilities, each staff position, and the reporting structure.
 - ii. The organizational structure will be reviewed annually during the budget process. This process will ensure that the program maintains a current organizational chart.
2. The Head Start Director will ensure that the program management functions are formally assigned and adopted by staff.
 - i. The Head Start Program Director will oversee all program management functions. Additional agency management staff will assist the Head Start Director in ensuring that program management functions are accomplished.
 - **CAA Fiscal Office** – oversees financial and budget function
 - **CAA Administrative Assistance & CAA Human Resources Manager** – oversees personnel administration
 - ii. Management of Early Childhood Development and Health Services is as follows:
 - **Health Services Manager** – oversees Health Services (child medical and dental)
 - **Education Services Manager** – oversees education services, transition services, and training for classroom staff
 - **Nutrition Services Manager** – oversees nutrition services and USDA CACFP operations

- **Mental Health Services Manager** – oversees mental health services in collaboration with the Mental Health Professional
- **Disabilities Services Coordinator** – oversees services for children with Disabilities
- **Quality Control Manager** – oversees career development for staff and parents

iii. Management of family and community partnerships is managed as follows:

Family Services Manager – oversees parent involvement and services

Approved by the Policy Council: February 2019

Background Checks and Selection Procedures

POLICY:

Head Start will comply with required background checks and procedures for selection of staff.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.90](#)*
- A. The program will ensure that before a person is hired, directly or through contract, including transportation staff and contractors, an interview is conducted, references are verified, a sex offender registry check is conducted and one of the following is obtained:
 1. State criminal history records, including fingerprint checks; or
 2. Federal Bureau of Investigation criminal history records, including fingerprint checks.
- B. The program will ensure that the background check process is completed no more than 90 days after an employee is hired by obtaining:
 1. Whichever check listed in section A above was not obtained prior to date of hire; and
 2. Child abuse and neglect state registry check, if available.
- C. The program will ensure that the information found in each employment application and complete background check is reviewed to assess the relevancy of any issue uncovered by the complete background check including any arrest, pending criminal charge, or conviction and that Child Care and Development Fund (CCDF) disqualification factors described in 42 U.S.C. 9858f(c) (1)(D) and 42 U.S.C.9858f(h)(1) are used to determine whether the prospective employee can be hired or the current employee must be terminated.
- D. The program will ensure a newly hired employee, consultant, or contractor does not have unsupervised access to children until the complete background check process described in sections A through C above is complete.

- E. The program will ensure that the complete background check for each employee, consultant, or contractor is conducted at least once every five years which must include each of the four checks listed in section A & B above, unless the program can demonstrate to the responsible HHS official that it has a more stringent system in place that will ensure child safety.

REFERENCE:

- A. Child Care and Development Fund (CCDF) disqualification factors described in:

1. Title 42 United States Code (U.S.C.) 9858f(c) (1)(D)

Has been convicted of a felony consisting of-

- a. Murder, as described in section 1111 of title 18;
- b. Child abuse or neglect;
- c. A crime against children, including child pornography;
- d. Spousal abuse;
- e. A crime involving rape or sexual assault;
- f. Kidnapping;
- g. Arson;
- h. Physical assault or battery; or
- i. Subject to subsection (e)(4), a drug-related offense committed during the preceding 5 years;

- 1) Subsection (e)(4) – Review

Should the Commonwealth of Kentucky allow for a review process, the Commonwealth may determine that a child care staff member (including a prospective child care staff member) disqualified for a drug-related offense committed during the preceding 5 years is eligible for employment, notwithstanding any other disqualification factors. The review process shall be consistent with Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.).

2. Title 42 United States Code (U.S.C.) 9858f (h)(1)

- a. Disqualification for other crimes

- 1) Nothing in this section shall be construed to prevent the Commonwealth of Kentucky from disqualifying individuals as child care staff members based on their convictions for crimes not specifically listed in this section that bear fitness of an individual to provide care for and have responsibility for the safety and well-being of children.

Approved by the Policy Council, February 2017

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Staff Qualifications

POLICY:

Head Start will comply with section 648 of the Head Start Act and any subsequent amendments regarding the qualifications of classroom teach

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.91*

A. Teachers

1. The program will ensure that each Head Start classroom is assigned a teacher who has at least one of the following:
 - a. An associate, baccalaureate, or advanced degree in early childhood education;
 - b. An associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; or
 - c. A baccalaureate or advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching pre-school age children.
2. The program will achieve and maintain the percentage of teachers with a baccalaureate or advanced degree in early childhood education or a baccalaureate or advanced degree in any subject and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children, to 50%.

B. Assistants

1. The program will ensure that all teaching assistants have a child development associate (CDA) credential or an associate degree in early childhood education or an associate with an emphasis in early childhood education.

C. Family Advocates

1. The program will ensure all family advocates hired after November 7, 2016, have, within eighteen (18) months of hire, at a minimum:
 - a. a credential or certification in social work, human services, family services, or counseling;or

- b. an associate degree with coursework equivalent to an emphasis in early childhood or an equivalent combination of early childhood coursework and social work, human services, family services, and/or counseling coursework.
- D. Education Services Managers
 - 1. The program will ensure that all education managers have:
 - a. A baccalaureate or advanced degree in early childhood education; or
 - b. A baccalaureate or advanced degree in any subject and coursework equivalent to a major relating to early childhood, with experience teaching preschool-age children.
- E. Health, Family, & Disability Services Managers
 - 1. The program will ensure staff responsible for management and oversight of family services, health services, and services to children with disabilities hired after November 7, 2016 have, at a minimum, a baccalaureate degree, preferably related to one or more of the disciplines they oversee.
- F. Head Start Directors
 - 1. The program will ensure a Head Start Director hired after November 7, 2016, has, at a minimum a baccalaureate degree and experience in supervision of staff, fiscal management, and administration.
- G. Additional Qualifications
 - a. Prior to employment, all staff must either meet the current degree and credentialing requirements set forth by the Head Start Act or they must be willing to work toward obtaining the stated requirements as described by a waiver that may be obtained from the Region IV Head Start Office.
 - b. The program will ensure staff and program consultants are familiar with the ethnic background and heritage of families in the program and are able to effectively communicate, either through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency.
 - i. The program will ensure if a majority of children in a class speak the same language, at least one class staff member will speak such language.
 - c. The program will ensure that current and former parents are considered for employment vacancies for which such parents apply and are qualified.

Approved by the Policy Council: March, 2023

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Program Staffing Patterns

POLICY:

Classroom staff meets specified qualifications.

- This policy relates to *Head Start Performance Standards 45 CFR Part 1302.21*

GUIDELINES:

1. The program ensures that appropriate adult/child ratios (2 staff with the children) are maintained in all program options. Regardless of how many children are in attendance (maximum 20), there will always be 2 staff with the children.
2. During normal classroom operation, there will be a minimum of (1) one lead teacher AND (1) one teacher assistant with the children at all times except in the following instances:
 - (i) For brief absences of a teaching staff member for no more than five minutes
 - (ii) During nap time, one teaching staff member may be replaced by one staff member or trained volunteer who does not meet the teaching qualifications required for the age
3. Staff are provided adequate time for planning and record keeping.
4. When a majority of children speak the same language, at least one classroom staff interacting regularly with the children speak their language.
5. Parents are actively encouraged to volunteer or observe in classrooms.
6. Additional classroom staff (Teacher Assistant, Special Aide) may be employed to ensure inclusion of children with special needs/disabilities if needed.
7. The grantee and delegate agencies provide adequate supervision of the staff.

Standards of Conduct

POLICY:

The grantee and delegate program ensures that all staff, consultants, and volunteers abide by the program's standards of conduct.

This policy relates to [Head Start Performance Standards Part 1302.90](#)

PROCEDURE:

1. These standards specify that staff consultants, and volunteers will:
 - a. Respect and promote the unique identity of each child and family and refrain from stereotyping on the basis of gender, race, ethnicity, culture, religion, or disability;
 - b. Follow program confidentiality policies concerning information about children, families and other staff members.
 - c. Assure that no child is left alone or unsupervised while under their care
 - d. Refrain from using any form of emotional abuse, including public or private humiliation, rejecting, terrorizing, extended ignoring, or corrupting a child
 - e. Use positive methods of child guidance and not engage in corporal punishment. Corporal punishment is defined as physically striking or hitting a child in any manner that is meant as a punishment.
 - f. Not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.
 - g. Not bind or tie a child to restrict movement or tape a child's mouth.
 - h. Not use any form of verbal abuse, including profane, sarcastic language, threats, or derogatory remarks about the child or child's family.
 - i. Not use physical activity or outdoor time as a punishment or reward.
2. The program ensures that all employees engaged in the award and administration of contracts or other financial awards sign statements that they will not solicit or accept personal gratuities, favors, or anything of significant monetary value from contractors or potential contractors.
3. Staff members will not falsify Head Start related information of any kind for any reason including an attempt to help a child qualify for services by requesting or encouraging incorrect information from a parent or family member.

4. The Personnel Policies and Procedures for each individual program (grantee and delegate) include the provision of appropriate penalties for violating the standards of conduct. If an individual delegate program does not have a policy that addresses the violation of the standards above, employees in that program will be held accountable to the BSACAP personnel policies on disciplinary actions found in the most recent personnel policies manual. As a result, any violation of these standards by a staff member will result in disciplinary action up to and including termination.
5. If a staff member is accused of abuse against an enrolled Head Start child or using any form of corporal punishment, the individual will be immediately suspended from his/her position of interacting with children until an investigation is conducted and it is determined whether the claim is substantiated. If it is found that the staff person is guilty of child abuse/corporal punishment, their employment with the agency will be immediately terminated.
6. While the employee is under investigation by child protective services or the agency, it will be the decision of the individual delegate program to determine whether the employee will receive their regular wages while suspended.
7. If the grantee or the child protective services agency has determined that a staff member is guilty of leaving a child alone/unsupervised, released to an unauthorized individual, or using an inappropriate method of discipline (i.e. corporal punishment), the grantee Head Start Director will make a report to the Region IV Head Start office within 24-48 hours of the determination.

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Staff and Volunteer Health

POLICY:

To ensure staff and volunteer health.

- *This policy relates to [Head Start Performance Standards Part 1302.93](#)*

PROCEDURE:

1. Each staff member has an initial health examination that includes screening for tuberculosis and periodic re-examination (as recommended by their health care provider and/or Health Services Advisory Committee) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others.
2. Regular volunteers are screened for tuberculosis in accordance with recommendations of the Health Services Advisory Committee.
3. The program makes mental health and wellness information available to staff with concerns that may affect their job performance.

Approved by Policy Council: February 2019

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Staff Performance Appraisals

POLICY:

The program performs an annual performance review of all staff.

- *This policy relates to [Head Start Performance Standards Part 1302.92](#)*

PROCEDURE:

1. At a minimum, the program performs an annual performance review of each Head Start staff member and uses the results of these reviews to identify staff training and professional development needs, modify staff job descriptions/ performance agreements, as necessary, and assist the staff member in improving his/her skills and professional competence.
2. The staff evaluation and other appropriate information will be used by the supervisor and staff member to develop an Individual Growth Plan.
3. The employee's immediate supervisor is responsible for the performance review.
4. The review is completed before the program year ends for all classroom staff and on or before July 1 for all other staff employees.

Approved by the Policy Council: February 2019

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Training and Development

POLICY:

To provide orientation and structured training for all staff, consultants and volunteers.

- *This policy relates to [Head Start Performance Standards Part 1302.92](#)*

PROCEDURE:

1. The grantee and delegate Head Start programs will provide orientation to all new staff, consultants, and volunteers that include the goals, objectives and philosophy of the program, and the ways in which they are implemented. Methods for providing orientation will include: annual Pre-Service Training, new employee orientation by supervisors, employee handbooks, center/classroom orientation programs for parents, staff and volunteers, and through regional, state and local in-service training.
2. The grantee office staff will provide an additional two-day training to all new classroom teachers and teacher assistants at the beginning of each program year covering, among other topics: the mission of Head Start, early childhood philosophy and best practices, appropriate classroom procedures, available resources, timelines, etc. There will also be an additional one-day training later in the school year for all classroom staff who attended the orientation to address questions they may have and provide additional support.
3. The program develops a structured approach to staff training and development. This will be done through several mechanisms: Staff training workshops and seminars; the grantee Career Development Program wherein staff will receive assistance with tuition costs for accredited college coursework; through contracts and professional service agreements with local and out-of-area consultants; and through the annual training and meeting calendar.
4. Classroom staff will be identified for additional support and training through an intensive mentor/coaching model. A mentor-coach will be assigned and work with teaching staff through on-site visits, group trainings, and individual consultations.
5. The grantee and delegate program will provide on-going opportunities for staff to acquire job knowledge and skills. The approach to staff development will:

- Build on prior staff development activities
 - Link to the employee's performance appraisals
 - Support individual needs of staff
 - Make use of locally available resources
 - Provide pre-service and in-service training
 - Collaborate with local LEAs and other agencies for training/workshops
 - Provide individual consultation/technical assistance and printed materials.
6. The program will ensure that staff development opportunities include:
- i. Methods for identifying and reporting child abuse and neglect by the following means:
 - Provide staff with a copy of relevant laws
 - Train staff on the appropriate use of reporting forms
 - Workshops on how to identify and report child abuse and neglect
 - ii. Methods for supporting successful transitions of children and families by the following means:
 - Preparing children and families for transition
 - Assisting parents in advocating for their children in school systems and exercising their rights
 - Supporting parents in identifying and selecting child care
 - Maintaining on-going communication and cooperation between Head Start and the elementary schools or other child care settings
 - Providing summer activities for the parents to use with their children to prepare them for Kindergarten
7. All staff who take part in making child eligibility determinations will receive an ERSEA training within 90 days of hire. An annual ERSEA training will take place during the month of February as well.
8. The grantee and delegate programs will provide orientation and training to the Head Start governing body members on an on-going basis through the provision of written reports, presentations and training sessions.
9. The programs will also provide orientation and ongoing training to Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.
10. Training for both the PC and Governing Board will take place as soon as possible following the seating of new members.
11. The grantee director will provide ERSEA training to PC and Board members within 180 days of the beginning of the term of a new governing Board or PC.

12. After the initial training, additional trainings may follow throughout the year based on the desire or need from the group. During the month that child eligibility criteria is approved, training will be given to both groups as an update on ERSEA procedures as well as information from the Community Assessment that could impact the criteria.

Approved by the Policy Council: February 2019

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Staff Professional Development Assistance

POLICY:

Head Start staff will be considered for tuition assistance and additional support for professional development efforts directly related to their current position and/or movement up the career ladder.

This policy relates to [Head Start Performance Standards 45 CFR 1302.91](#)

PROCEDURES:

1. Career Development assistance for Head Start staff will be as follows:
 - Teaching staff (teachers, assistants, & education managers) who do not have an associate degree may request up to three (3) college classes per semester.
 - Teaching staff who have an associate, baccalaureate or advanced degree, but lack the emphasis in early childhood education may request up to three (3) early childhood classes per semester.
 - Teaching staff who have the appropriate associate degree (*at least 15 hours of early childhood courses*) and are working towards a baccalaureate degree in early childhood education may request three (3) college classes per semester.
 - Teaching staff who have the appropriate baccalaureate degree (*at least 30 hours of early childhood courses*) are not eligible for career development assistance.
 - Teaching staff who have Interdisciplinary Early Childhood Education (IECE) certification are not eligible for career development assistance.
 - All other staff positions may be approved for one (1) class per semester in a field related to their current position depending on available funds.
2. All professional development activities must be directly related to the employee's present position and/or movement up the career ladder (i.e. Teacher Assistant to Teacher to Education Service Manager).

3. The program will only approve tuition and/or professional development costs not covered by other sources. Verification that a Free Application for Federal Aid (FAFSA) has been completed for the current school year must be submitted to the grantee office along with a signed Release of Information. Staff working in a blended program must also submit verification that a KHEAA Early Childhood Development Scholarship application has been completed for the semester.
4. Those applicants working towards a child development associate (CDA) credential must submit a signed CDA Tuition Reimbursement Agreement to the grantee office by the stated deadline. All other applicants must submit a Tuition Reimbursement Agreement to the grantee office by the stated deadline. If the agreement is not submitted, tuition assistance will be voided.
5. Procedure for submitting a professional development request is as follows:
 - a. Submit the request for assistance to the delegate Head Start Director for initial approval.
 - b. The delegate Head Start Director reviews request for completeness and forwards any approved request to the grantee office in a timely manner (10 days maximum from day received).
 - c. Approved professional development requests must be received in the grantee office by the stated deadline given by the grantee Quality Control Manager. The deadline will be scheduled according to registration dates at the local colleges.
 - d. Submitted requests will be reviewed for approval by the grantee office and the agency's Executive Director.
 - e. Upon approval, the grantee office will prepare approval vouchers for all approved requests.
 - f. The applicant will be notified by mail.
 - g. The Delegate Head Start Director will be notified of all staff approved for professional assistance.
6. Any Head Start employee approved for tuition assistance who does not complete the class requested must reimburse the grantee for the tuition cost or forfeit any future professional development assistance. The grantee Head Start Director and the Executive Director may waive payment in the event of an employee's extended illness or circumstances beyond their control.

7. The employee must provide proof of the successful completion of the class for which tuition assistance was received before any future request will be approved.
8. Receipts for any textbooks purchased for college level coursework may be submitted to the grantee office for reimbursement immediately upon purchase. Reimbursement of textbook costs may be suspended during any given semester depending on the number of staff taking college courses.
9. Staff members enrolled in an early childhood education course are eligible to be reimbursed at the rate of 41 cents per mile for each mile traveled to and from regularly scheduled class time. Mileage must be recorded on a *Class Attendance Voucher Form* and must be initialed by the instructor each date for which mileage is being claimed. Mileage claims must be submitted within thirty (30) days of completion of the early childhood course.
10. A standard supply fee of \$100.00 may be paid to staff who enroll in and complete a three (3) credit early childhood education college course that is directly related to their present position and/or movement up the career ladder. Early childhood education courses that are less than three (3) credits or are offered in a condensed time period will be reviewed on an individual basis to determine eligibility for the standard supply fee or a modified amount of the fee. Documentation of successful completion of early childhood education course work must be submitted to the grantee office no later than thirty (30) days after grades have been posted or a certificate of completion has been issued. This practice may be suspended during any semester depending upon the number of staff taking college courses.

Approved by the Policy Council, March 2018

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT:

Emergency Staffing Procedure

POLICY:

The grantee and delegate programs may hire an employee on an interim basis in an emergency situation prior to approval/disapproval by the full Policy Council or Policy Committee.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1304.52](#)*

PROCEDURE:

1. In order to ensure continued program quality, the program Head Start Director or Executive Director may determine a need to fill a position vacancy ASAP. For this reason, an employee may be hired prior to an approval from the full Policy Council /Policy Committee under the agreement that the employee will be listed as “provisional” and continued employment will be dependent on PC approval.
2. Employees will only be hired as “provisional” in extreme situations that require this action in order to keep the program in compliance with the Head Start Program Performance Standards.
3. Any staff person hired on a provisional basis will be approved/disapproved during the next Policy Council/Committee meeting.
4. All job openings, with the exception of substitutes, will be posted as usual and interviews will be conducted on a normal schedule even if the filling of a position is considered an emergency. The only step in the hiring process that may be delayed due to emergency status is the full Policy Council /Committee approval which must be addressed at the next scheduled meeting
5. Teacher Assistants and Substitute Teacher Assistants are two positions that may frequently require provisional employment status in order to meet classroom staffing requirements at all times.
6. All background requirements must be completed prior to hiring any employee (*provisional or permanent*) that will be in direct contact with children

Approved by the Policy Council: February 2019

Disability Services

- Disabilities Services
- Disabilities Services Written Plan
- Eligibility of Children with a Disability
- Enrolling Children with Disability at Age 3
- Interagency Agreement
- LEA Referral and Evaluation Procedure
- Recruitment and Enrollment of Children with Disabilities
- Referral-Evaluation
- Special Education and Related Services
- When Head Start Develops the IEP
- When the LEA Develops the IEP

Disability Services

“In these days it is doubtful that any child may reasonably be expected to succeed in life if he is denied the opportunity of an education. Such an opportunity is a right which must be made available to all on equal terms if provided by the state.”

Quote from *Chief Justice Earl Warren, Brown v. Board of Education (1954)*

With this philosophy in mind, and in accordance with the Head Start mandate to make at least 10 percent of its enrollment opportunities available to children with disabilities, the Big Sandy Area Community Action Program, Inc. Head Start has developed an active recruitment process designed to seek out children with special needs within its five county service area who are in need of comprehensive services.

The Disability Services Plan was written to ensure that each child enrolled will receive the maximum benefits of participation in the six delegate agencies and one direct operating agency of the Big Sandy Area C.A.P., Inc. These include but are not limited to:

1. Helping each child become more independent, self-reliant and to develop a positive self-concept.
2. Provide the opportunity for the child with disabilities to play and learn with non-disabled children.
3. Approach each child's needs on an individualized basis through the formulation and implementation of an Individualized Education Program (IEP), thus meeting the unique needs and capabilities of the child and the special circumstances of his/her family.
4. Offering services to parents in meeting the special needs of their child.

Specific Objectives of the Disability Component Plan

To provide, in accordance with school readiness goals, a comprehensive child development services plan which promotes the physical, motor, cognitive, language, social and emotional growth of all Head Start students.

To maintain an outreach and recruitment process to ensure a minimum enrollment of 10% diagnosed disabled children.

To provide a comprehensive program for this population of children and support services to their families.

To provide training to staff, parents and volunteers on disability services and resources available to them.

Provide for a smooth transition for children from Head Start to public school or other service delivery agencies.

P.S. 1302.12, 1302.13 and 1302.14: THE IDENTIFICATION AND RECRUITMENT OF CHILDREN WITH DISABILITIES

The recruitment, selection and enrollment of all children including disabled children are the primary responsibility of the Family Services component.

To actively participate in the important role of Child Find, it will be the responsibility of the Family Advocate to accept all applications. Those applications will become part of the Child Find Recruitment for the county-wide preschool screening and LEA referrals.

In order to comply with the P.S. 1302.33, 1302.34, 1302.42, a comprehensive recruitment and enrollment effort will be completed by June 30 to ensure cooperation between LEA (pre-school program) and the Head Start program in the placement of children needing preschool services.

The grantee Disability Services Manager will coordinate with LEA, Health Departments, Community Mental Health Agencies, early intervention programs, social service agencies, private medical providers, speech/language clinics, interagency councils, and other service agencies to initiate referrals to the Head Start program.

These recruitment contacts are made throughout the year, but in-depth efforts are put forth during the months of March – April to ensure the program of meeting the 10% mandate at the end of the recruitment period with pre-diagnosed children.

The Disability Services Manager will respond to all parent inquiries and/or contacts, regardless of type or severity of the disability. Parents will be referred to the LEA and delegate agency, as appropriate.

Selection/Enrollment:

Children will be selected for enrollment following the policies/procedures and selection criteria established by the Grantee agency and the established points system process, which allows additional points for a child with an identified disability. It is the responsibility of the Grantee Disability Services Manager and the delegate agency staff assigned to the disability services component to ensure that referrals received through Part C (Early Intervention Local Lead Agency), as well as any extenuating circumstances, are identified as priority factors on the child's eligibility application prior to enrollment selection.

The program must not deny enrollment to any child on the basis of a disability or its severity when:

1. The child meets the age and income eligibility criteria;
2. The parents wish to enroll the child;
3. Head Start is an appropriate placement;
4. The program has space to enroll more children.

If a disabled child is not accepted into the program, the designated LEA and delegate staff will inform parents of other appropriate resources, such as LEA Preschools, early intervention and child development programs.

Budget:

Children with disabilities will be eligible for the services offered by Head Start for all children. The special education and related services above and beyond the regular services will be available to disabled children and their families through the LEA, other available resources and the grantee and delegate Head Start program accounts.

The Disability Services Manager is responsible for initiating these special services throughout the program year with the guidance from the grantee and delegate Head Start Directors.

The Disability Services Manager will review program history of the types and disabling conditions served the disabilities of returning students, and the severity of conditions to be served, to determine budgetary needs for service delivery. During the program's planning process, the Disability Services Manager will meet with Directors and other management staff to plan and budget for the grant application which is submitted in July.

Contracts:

To assist the Disability Services Manager and Head Start Directors in planning the budget and service delivery, contractual agreements will be developed with LEA, mental health providers and other service agencies and individuals as deemed necessary.

In the event that Head Start is unable to secure contracts with the LEA, the grantee Director will notify the Program Specialist and the ACF Regional Office immediately.

Program Accessibility:

The Disability Services Manager will work closely with the Head Start Director and Services Managers to ensure that all facilities are accessible to children with disabilities. The Education Services Manager, teachers, Mental Health Services Manager and the Disability Services Manager will also work collaboratively to address any limited mobility, behavior or other safety concerns.

All possible resources will be utilized to meet identified needs (i.e. Assistive Technology Centers, Commission for Children with Special Health Care Needs, the Kentucky Statewide Network of Special Education Cooperatives, Medicaid, etc.), as well as Head Start program funds. Accessibility issues will be addressed upon each child's enrollment and continue to be monitored throughout the program year.

P.S. 1302.33 ASSESSMENTS OF CHILDREN

Screening / Assessment

The Health Services Manager shall be responsible for the health and developmental screening of all children, including those with disabilities. Screenings must be completed within 45 calendar days of when the child first attends the program. A vision exam will occur within 90 calendar days of initial entry into the program.

The Disability Services Manager shall assist the Health Services manager in fulfilling this responsibility by securing appropriate providers and individuals to assist with screenings, scheduling of screening dates/times and preparation of screening sites and materials.

Through collaboration and cooperation with LEA, screening will be conducted from May – August.

The individual delegate programs shall be responsible for notifying the Health Services Manager of any new enrollees that need to be screened.

The Education Services Manager will be responsible for seeing that teachers are provided training on Teaching Strategies Gold prior to assessing the children. The Disability Services Manager will be knowledgeable of and assist with this process as needed.

Evaluations:

The delegate disability services staff has the responsibility to refer a child as possibly having a disability to the LEA for further evaluation, as soon as the need is evident. A conference with the child's parent(s) will be held to discuss screening results and the referral process. Referrals will be made in writing and submitted to the LEA Special Education Director or his/her designee. The Disabilities Services Manager will monitor the status of referrals by review of screening and disability information available on COPA, as well as response to intervention (RTI) information submitted by each delegate on a monthly basis during the school year.

Parental consent for evaluation is the responsibility of the LEA. Designated delegate agency staff will work with the LEA to ensure that parents' informed consent is secured.

If the LEA is unable to conduct the evaluation in a timely manner, then it will be the Head Start program's responsibility to obtain parental consent and secure the evaluation. The LEA will use only licensed professionals in the field of the suspected disabling condition to provide evaluations.

When possible, the designated delegate or LEA staff will obtain, with parental permission, previous evaluation information that may have been completed on the child prior to his/her enrollment in Head Start.

Only those children found to be eligible under IDEA and having a current Individualized Education Plan shall be considered as “a child with a disability” for the purposes of enrollment, program planning and collection of child count data.

Staffing:

Staffing sessions will be conducted periodically for all children. Special staffing may be called by the Disability Services Manager upon receipt of a teacher referral of a child with a diagnosed or suspected disability.

All components will be notified to have representation at the staffing conference by the designated disability staff. Written staffing reports will be given to the Head Start Director for review of appropriate staff who could not attend the scheduled staffing.

P.S. 1302.47 DISABILITIES AND HEALTH SERVICES COORDINATION

The Disability Services Manager, Health Services Manager, and delegate agency staff will work closely together in the screening, assessment, and follow-up process to assure the special needs of each child with a disability is met.

Individual program staff will schedule periodic re-tests of children failing any part of the screening process.

To assist teachers in identifying children who appear to have a problem in social/emotional development, the Disability Services Manager will work closely with the Mental Health Services Manager / Consultant in scheduling classroom observations, staff/parent consultations and training.

Teachers will maintain anecdotal records on the child’s activities and events in order to assist the Mental Health Services Manager / Consultant in making specific recommendations. Referrals to the Mental Health Services Manager for individual observation and/or evaluation of a child with disability will be made by the staff responsible for disability services in each program.

The Disability Services Manager will work closely with the Health Services Manager and Head Start Director to ensure that program policies for the administration of medication to children include necessary requirements to meet disability regulations.

P.S. 1302.33, 1302.61, 1302.62, 13202.63 DEVELOPING INDIVIDUALIZED EDUCATION PROGRAMS

The designated LEA representative, typically the Director of Special Education or Preschool Coordinator, shall serve as the designated chairperson for the Admission and Release Committee (ARC) meetings. Other committee members shall include, but not limited to: the child’s parents, teacher and diagnosticians. The Grantee Disability Services Manager may be a part of the ARC Committee if requested. The

Committee Chairperson shall be responsible for notifying Committee members at least seven (7) days before the IEP conference is held.

Evaluations and the subsequent development of the child's IEP (if determined eligible under IDEA) are to be completed within 60 school days after receiving parental consent for evaluation. If the child is pre-diagnosed, and has an IEP completed prior to entry, services must begin as soon as possible after entry into the program.

The designated LEA staff/ARC Committee Chairperson will ensure that IEP's encompass a statement of the child's present level of functioning, annual goals and short term objectives, criteria for progress, special educational services to be provided, projected dates of initiation/ duration of services and evaluation procedures to determine if objectives have been achieved. All documentation of written and verbal attempts to involve the child's parents in the IEP process will also be maintained. The Disability Services Manager will monitor IEP development timeframes and content through during classroom visits, monitoring of information through COPA, and annual record reviews by appropriate Grantee staff.

When Head Start develops the IEP, an LEA representative will be invited in writing to attend. When the LEA develops the IEP, the appropriate delegate staff, including the child's teacher must make every effort to attend. The Grantee Disability Services Manager may attend an ARC meeting, if requested.

IEP conferences will be held at the Head Start site whenever possible.

If parents are unable to attend the IEP conference after three (3) attempts (written, phone call, home visit), the IEP will be developed by the remaining Committee members. Efforts will be made to make a home visit or obtain the parents input and signature. If a home visit or other opportunity to meet cannot be arranged, a copy of the IEP will be sent to the parent by registered mail.

The Admissions and Release Committee (ARC) will review the child's progress and update the IEP a minimum of every 12 months. The ARC Chairperson will provide copies of the IEP to the parents, teacher and other staff as deemed necessary.

The Disability Services Manager, Education Services Manager, and delegate staff responsible for disability services will monitor the implementation of the IEP in the classroom throughout the program year. This will be done through teacher observations/anecdotal records, service provider progress reports and the on-going developmental assessment process.

Program Options:

During the IEP conference, the diagnostician(s) findings and recommendations, observations made by Head Start staff and parental desires will be considered by the ARC when deciding on the program option that will be most beneficial for the child. Various options may include, but are not limited to: joint placement with other agencies, alternate schedule of hours and/or days in attendance, shared enrollment slot, shared personnel to supervise special education services, etc.

In all situations, the child's full participation in the total Head Start program will be the first option considered. The designated LEA staff will ensure necessary

modifications in activities, classroom environments and/or additional staff be provided in order to make this participation possible. Provisions for these modifications will be monitored by the Disability Services Manager and Grantee staff as part of classroom observations and review of IEP's.

If it is decided by the ARC that Head Start is not an appropriate placement for meeting the needs of the disabled child, the designated LEA staff will work with the child's teacher, parents and designated Head Start staff to refer to another existing agency/program.

Specific Services for Children with Disabilities:

The Disability Services Manager will coordinate all comprehensive services for children with disabilities throughout the program year. Once the child is diagnosed and the IEP developed, services are to begin as soon as possible and consistent with the beginning and ending dates stated on the IEP. If the child meets LEA criteria, the LEA is responsible for ensuring that these services are provided. Head Start may share the provision of services as determined in the child's IEP.

If the child does not meet LEA criteria, but is eligible to receive services through the Head Start criteria, then the Disability Services Manager will be responsible for securing all services to meet the needs of the child.

The Family Advocate will complete the PFCE Family Needs/Goals Assessment with the family, which includes questions regarding developmental issues / screening, as well as health, nutrition, school readiness subjects. This information is gathered in order to further plan for delivery of services to the child with disabilities and their families.

The designated LEA staff will coordinate the delivery of related services (speech/language therapy, physical therapy, occupational therapy, special transportation, etc.) for diagnosed children for whom Head Start has the responsibility of providing said services.

P.S. 1302.44 NUTRITION SERVICES

The Disability Services Manager will work closely with the Nutrition Services Manager to ensure that provisions to meet the needs of children with disabilities are incorporated into the nutrition program.

Professionals such as physical therapists, speech/language therapists, occupational therapists, and physicians, will be consulted to obtain information and guidance for staff and parents of children who have difficulty chewing and swallowing, who cannot feed themselves or who have severe allergies or other medical conditions.

The LEA designated staff, Nutrition Services and Disability Services Manager will assist the classroom staff in making any necessary adaptations or modifications to see that children with disabilities are participating in all nutrition and meal service activities to the extent possible.

P.S. 1303.75 TRANSPORTATION

Transportation, which includes school buses or allowable alternate vehicles adapted for children with disabilities, will be provided by the LEA and/or Head Start program as deemed necessary for children with disabilities to attend the center-based program in which they are enrolled. Transportation will also be provided in order for the child to keep therapy or other follow-up care services identified on the child's IEP or as deemed necessary as a service need (dental care, etc.). Children with disabilities will be provided necessary transportation in order to participate in classroom activities / outings attended by their nondisabled peers/classmates (field trips, community events, etc.). The program will ensure special transportation requirements designated in the child's IEP (seating requirements, equipment needs, necessary training for bus drivers and monitors, etc.) are met.

STATE CERTIFICATION:

Special education and related services will be provided to children qualified to receive these services by or under the supervision of LEA personnel meeting required State Qualifications. The Disability Services Manager or an LEA representative who meets these qualifications will supervise special education and related services to children needing these services.

TRAINING AND TECHNICAL ASSISTANCE:

Training will be conducted or arranged by the Disability Services Manager at the scheduled Pre-Service training program in July/August. Training will address any new forms, review of disabling conditions, working with children with specific disabilities, updates on rules and regulations regarding disability services and transition into and from Head Start.

During the program's in-service training, the Disability Services Manager will continue to arrange and provide information on topics that will better enhance staff, parents and volunteer's skills and understanding of children with disabilities, the use of specialized equipment and materials, and ways of including children in curriculum activities. Topics may include ways to prevent disabilities, indications/warning signs of possible disabilities, techniques and instruction on particular disabilities and other training needs that arise.

The Disability Manager and other delegate staff will arrange trainings for parents on disability topics in each county during the program year. Workshop topics will include parental rights and responsibilities, recognizing characteristics of disabling conditions and developmentally appropriate activities.

A list of appropriate referral resources will be included in the Community Resource Book/Directory and provided to parents by the Family Advocates.

Parents will be informed and referred to existing Parent Advocacy groups and other local organizations in order to obtain additional training and to be amongst others with similar needs and concerns.

The Disability Services Manager will work closely with the Head Start Director to plan for and conduct orientation for all new staff. Information will be comprehensive coverage of disability services.

Teaching staff will be selected to attend other local, cluster, regional and state training provided through the Regional Training Center, the Head Start Association, the Kentucky Board of Education, etc. Selection of teaching staff will be done according to the training topics being offered, identified training needs and the disabling conditions of the children they are serving.

Technical assistance will be provided and/or arranged for teaching staff as needed/requested.

The Disability Services Manager will keep abreast of the latest legislation, updates and techniques by attending training related to disability services throughout the year. Information will be shared with other managers and direct service staff during scheduled training, staff meetings, written reports, classroom visitations, etc.

P.S. 1302.34, 1302.61, and 1302.62 TRANSITION

The Head Start Director, Education Services Manager and Disability Services Manager will work with area Part C (Early Intervention) Local Lead Agencies and the LEA's in developing and implementing agreements/plans for transition of children with disabilities.

The Disability Services Manager will coordinate with the Family Services and Education Services Managers in providing training and appropriate transition activities for parents and children.

RECORD KEEPING:

A comprehensive file, kept under lock, will be maintained in the delegate Head Start office by an assigned staff person. All information regarding the child's disability will be kept separate from his/her cumulative record. Each file will contain a copy of the child's IEP, health information, enrollment application, staffing reports, diagnostic evaluations, consent forms, screening/assessment data, progress reports and other pertinent information as deemed necessary.

For children determined not eligible for disability services under IDEA, a copy of the documents created during this ARC meeting will be sent to the child's classroom teacher, and will be kept separate from his/her cumulative record in a folder labeled "ARC Meeting/Did Not Qualify".

A child's IEP or ARC meeting documents determining the child ineligible for disability services under IDEA will be sent to the classroom teacher within 30 days of the meeting date.

A record of disclosure will be maintained for each file and anyone having access to the files must sign and date the record access form.

Parents may view their child's file by arranging an appointment with the Head Start Director.

HEALTH ADVISORY COMMITTEE:

The Health Advisory Committee will be the vehicle by which the Disability Services Manager will secure guidance and assistance in carrying out the Disability Services Plan and regulations.

1. In coordination with the Health Services Manager, the Disabilities Services Manager will secure LEA, MCCC, and other agency representatives that provide services to children with disabilities to be a viable part of this Committee.

ANNUAL UPDATE/REVIEW:

The Disability Services Plan will be reviewed annually and revisions made as deemed necessary. Recommendations from the Health Advisory Committee, new regulations, input from other component managers, staff, and parents will be the basis for change.

The Disability Services Manager will have the responsibility for preparing the plan for submission to the Policy Council for their approval.

Approved by the Policy Council, March 2018

Disability Services Written Plan

POLICY:

The program develops, maintains and updates annually a Disability Services Plan which provides strategies for meeting the special needs of children with disabilities.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.101; 1302.61; 1302.63; and 1303.75.](#)

PROCEDURE:

1. The Disability Services Manager, working and consulting with program managers, direct services staff and parents, will prepare the Disability Services Written Plan.
2. The purpose of the plan is to assure:
 1. That all areas of child and family services within the Head Start program are appropriately involved in the integration of services to children with disabilities, and;
 2. That all available resources are used efficiently in the provision of services.
 3. The written plan contains:
 1. Procedures for timely screening of all children;
 2. Procedures for making referrals to the LEA for evaluation;
 3. Assurances for accessibility of facilities;
 4. Plans to provide appropriate equipment and materials, if needed;
 5. Assurances that confidentiality of records is maintained;
 6. Strategies for the transition of children into Head Start and from Head Start into the next placement;
 7. Types of special education and related services will be arranged and/or provided by Head Start or other agencies;
 8. Efforts to meet State standards for personnel serving children with Disabilities;
 9. Efforts to develop interagency agreements within the service area.
3. The plan will be reviewed and updated annually during the program's planning and grant application process and revisions made as deemed necessary. Recommendations from the Health Advisory Committee, new regulations, and input from other program managers, staff and parents will be the basis for change.
4. The Disability Services Plan will be submitted to the Policy Council for final approval.

Approved by the Policy Council, August 2017

Big Sandy Area C.A.P., Inc. - HEAD START
Program Policies and Procedures

SUBJECT

Eligibility of Children with a Disability Impacting Educational Performance

POLICY:

Those children with a disability, as defined by the current federal and state regulations, will be eligible to receive special education and related services once their eligibility determination is made by the Admissions and Release committee (ARC).

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.30, 1302.31, 1302.33, 1302.34, 1302.60, 1302.90.](#)

GUIDELINES:

1. Children will be evaluated to determine eligibility for special education services in accordance with current federal and state regulations.
2. Children found to meet all the criteria for one of the current disability categories will have their eligibility for special education and related services confirmed by the Admissions and Release committee, in accordance with current federal and state regulations.
3. The categories of disability to be considered include: autism, deaf/blindness, developmental delay, emotional/behavioral disability, functional mental disability, hearing impairment, mild mental disability, multiple disability, other health impairment, specific learning disability, speech or language impairment, traumatic brain injury, and visual impairment. To be eligible for special education services, the child's identified disability must have an adverse effect on the child's educational performance which necessitates the provision of these services.
4. Children determined eligible for special education and related services by the Admissions and Release committee, and having an Individual Education Program developed, will be considered for Head Start eligibility based upon the selection criteria set forth in the "Selection Process" and related policies of the BSACAP Head Start.

Approved by the Policy Council, August 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

SUBJECT:

Enrolling Children with a Disability at Age 3

POLICY:

To determine eligibility and enroll children with a disability turning 3 years of age after August 1st. This policy applies to children not previously identified as having a disability through other established transition and /or recruitment processes.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.12, 1302.15, 1302.70, 1302.33, 1302.42, and 1302.34.](#)

PROCEDURE:

1. The program receives and processes application.
2. The designated Head Start and / or LEA disability staff member is notification of children with suspected or diagnosed disability.
3. If information in the application indicates the child has an IEP, the designated Head Start and /or LEA disability staff member obtains a copy of the IEP and pertinent information relating to the disability if parent permission is given to obtain these records.
4. If the child does not have an IEP, the designated Head Start and /or LEA staff member (s) will coordinate with designated staff to implement appropriate screening, assessment and response to intervention processes to determine if a referral for further evaluation is needed.
5. If warranted, the designated Head Start or LEA staff member makes a referral to the LEA for further evaluation. After the evaluations are completed, the Admission & Release Committee meets to determine eligibility.
6. After eligibility for specially designed instruction under IDEA is determined, the child is eligible for Head Start enrollment, if slots are available.

Approved by Policy Council, August 2017

Interagency Agreement

POLICY:

Head Start commits to specific efforts to develop interagency agreements with the LEA's and other agencies within the grantee's service area.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33, 1302.60, 1302.61, 1302.62, 1302.63.](#)

PROCEDURE:

1. Head Start participates in the coordination of services to eligible preschool children through state (Kentucky Preschool) and federal (Head Start) funds. The agreement is based on the planned growth criteria set by the Kentucky Board of Education in conjunction with Head Start in January 1994 regarding local school districts requirements for full utilization of Head Start in Kentucky.
2. Efforts are made to develop interagency agreements with the LEA's and other agencies within the Big Sandy Head Start service area. If no agreements can be reached, the grantee documents its effort and informs the Regional Office.

The interagency agreements include information regarding:

- a. Head Start participation in the public agency's Child Find plan under Part B of IDEA;
- b. Joint training of staff and parents;
- c. Procedures for referral for evaluations, IEP meetings and placement decisions;
- d. Transition;
- e. Resource sharing;
- f. Head Start commitment to provide the number of children receiving services under IEP's to the LEA Child Count report by December 1st annually;

- g. Cooperation in assessing the community's needs for preschool services;
- h. Maximizing the use of Head Start funds to provide services to as many three and four year old children as possible;
- i. Coordinating the recruitment of preschool children for publicly funded preschool programs;
- j. Coordinating the location of preschool sites in the community in order to minimize the transportation of young children and to facilitate parent involvement in the preschool program;
- k. Coordinating services to children with disabilities;
- l. Updating the agreements annually.

Approved by the Policy Council, August 2017

LEA Referral and Evaluation Procedure

POLICY:

Children will be referred to the Local Education Agency (LEA) for Evaluation as soon as the need is evident.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302, 21, 1302.30, 1302.33, 1302.34, 1302.42, 1302.30, 1302.31, 1302.33, 1302.34, 1302.35, 1302.46, 1302.60, and 1302.90.](#)

PROCEDURE:

1. Complete all developmental and sensory screenings (see Developmental and Behavior Screening, Vision Exam/Screening, Speech/Language Screening, and Hearing Screening policies).
2. Review and discuss screening results and possible actions (see Child/Family Staffing, Involving Parents policies). Possible actions include:
 - a. No action needed
 - b. Review documentation related to implementation of interventions/response to interventions (RTI) process.
 - c. Refer for speech/language evaluation only
 - d. Refer for cognitive and/or motor and/or multiple evaluations
 - e. Refer for emotional/behavior evaluation (see Mental Health Services – Referrals policy)
 - f. Uncertain: request additional observation(s), interventions/progress documentation and or screening be completed to help determine further action.
3. If further evaluation is recommended, a written referral is made to the designated LEA disability staff member or Director of Special Education services in accordance with the state approved LEA referral policies, procedures and forms.
4. The LEA Special Education Director or designee will coordinate the Admissions and Release Committee (ARC) meetings, send out the notices, chair the meeting and complete the required paperwork.
5. School district evaluators can arrange the evaluation time and place with the parent and/or teachers. This will be determined based on the type of evaluation, time needed and parent preference.
6. If the LEA does not evaluate the child, Head Start is responsible for providing or arranging for the evaluation. In this case, the following requirements will be met:
 - a. Testing and evaluation procedures are selected and administered so as not to be racially or culturally discriminatory, and administered in the child's native language or mode of communication, unless it clearly is not feasible to do so.

- b. No single procedure may be the sole criterion for determining an appropriate educational program for a child.
- c. The evaluation is made by multi-disciplinary team or group of person including at least one teacher or specialist with knowledge in the area of suspected disability.
- d. Evaluators use only assessment materials which have been validated for the specific purpose for which they are used.
- e. Tests used for children with impaired sensory, manual, or communication skills are administered so that they reflect the children's aptitudes and achievement levels and not just the disabilities.
- f. Tests and materials must assess all areas related to the suspected disability.
- g. In the case of a child whose primary disability appears to be a speech or language impairment, the team ensures that enough tests are used to determine that the impairment is not a symptom of another disability and a Speech / Language Pathologist is involved in the evaluation.
- h. Confidentiality is maintained in accordance with these and State requirements. Parents are given the opportunity to review their child's records in a timely manner. Parents are notified and must give permission if additional evaluations are proposed. The designated delegate staff member, evaluator(s) and/ or Disability Services Manager explains the purpose and results of the evaluation and makes concerted efforts to help the parents understand them.
- i. The ARC, which includes the parent and a Head Start representative, provides the results of the evaluation and its professional opinion that the child does or does not meet the eligibility criteria for special education and related services under the Individuals with Disabilities Education Act (IDEA). If it is their professional opinion that a child has a disability, the team states which of the eligibility criteria applies and provides recommendations for program and services.
- j. If the ARC team's professional opinion indicates that the child does not meet the eligibility criteria for special education services under IDEA, the designated delegate staff member and / or the Disability Services Manager will seek guidance from a mental health or child development specialist to determine if a significant delay exists that is likely to interfere with the child's development and school readiness. If such a delay exists, the designated delegate staff member and Disability Services Manager will partner with the family to help address the child's needs. This may include, but is not limited to, consideration for services under section 504 of the Rehabilitation Act, information on available outpatient therapy centers, medical professionals, advocacy groups, and community agencies.

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

SUBJECT:

Recruitment and Enrollment of Children with Disabilities

POLICY:

To actively recruit and enroll children with special needs/disabilities.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.12, 1302.13, 1302.14, and 1302.17.](#)

PROCEDURE:

1. The program will adhere to the recruitment and enrollment procedures as outlined in Recruitment, Selection and Enrollment policies and procedures.
2. The grantee Disability Services Manager and designated delegate staff will communicate and coordinate with the LEA, health professionals, mental health providers, social services agencies, special services professionals, Part C Local Lead Agencies (Infant /Toddler early intervention programs) and Interagency Councils to solicit and initiate referrals to the Head Start program.
3. The grantee will coordinate and assist the delegate agencies in their participation in local “child find” efforts in collaboration with LEA’s and other specialized agencies.
4. All Head Start staff who engage in recruitment and enrollment efforts will be advised on the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Disability in Program and Activities Receiving or Benefiting from Federal Financial Assistance, the Americans with Disabilities Act of 1990, (42 U.S.C. 12101), and the Individuals with Disabilities Education Act (IDEA) of 2004.
5. The program will access resources and a plan for placement options, such as dual placement, use of resource staff and training, so that a child with a disability for whom Head Start is an appropriate placement according to the child’s IEP is not denied enrollment because of:
 - . staff attitudes and/or comprehension
 - . inaccessibility of facilities
 - . unfamiliarity with the disabling condition, or
 - . need for special equipment or personalized special services

Recruitment and Enrollment of Children with Disabilities

6. No child shall be denied enrollment solely on the basis of the disability **or** chronic health condition or its severity.
7. The program's established eligibility and selection criteria for all children apply to children with disabilities.
8. Children will be selected for enrollment following the policies/procedures and selection criteria established by the Grantee agency and the established points system process, which allows additional points for a child with an identified disability. It is the responsibility of the Grantee Disability Services Manager and the delegate agency staff assigned to the disability services component to ensure that referrals received through Part C (Early Intervention Local Lead Agency), as well as any extenuating circumstances, are identified as priority factors on the child's eligibility application prior to enrollment selection.
9. The program will ensure at least 10 percent of its total funded enrollment is filled by children having a disability (eligible for services under Individuals with Disabilities Education Act).

Approved by Policy Council, August 2017

Referral-Evaluation

POLICY:

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

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33; 1302.61; 1302.62; and 1302.63](#)

PROCEDURE:

1. A child with abnormal finding(s) on health screenings (hematocrit/hemoglobin, urinalysis, blood pressure, lead screening, tuberculosis screening) will be referred to a physician for further assessment.
2. Children who are determined to be at risk, according to the lead and/or tuberculosis risk assessment, will be referred to a physician or local health department for follow-up at faculty's discretion.
3. Children who fail or are "CNT" on hearing screening will be referred to an Audiologist for further assessment.
4. A child who fails the speech/language screening will be referred to a Speech/Language Pathologist for additional screening/assessment.
5. A child who is determined to be at-risk according to the developmental screening/assessment, which may include appropriate developmental rescreening, may be considered for the Response to Intervention process or referred to other resources to address concerns. However, a referral may be made to the Local Education Agency (LEA) for further evaluation / testing to determine eligibility for special education services at any time when a developmental concern has been identified by parents or staff.
6. Parents will be notified in writing of all screening results and recommended referrals. The FSW/Home Visitor will follow-up with the parent on all referrals and provide any necessary assistance (transportation, scheduling, etc.).
7. Documentation of all referrals, assessments and follow-up will be maintained and filed in the child's individual health record and listed on COPA.

Approved by the Policy Council, August 2017

Big Sandy Area C.A.P., Inc. – HEAD START
Program Policies and Procedures

SUBJECT

Special Education and Related Services

POLICY:

The Head Start program arranges and/or provides special education and related services necessary for children with diagnosed disabilities.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.31, 1302.33, 1302.60, 1302.61, 1302.62, 1302.63.](#)*

PROCEDURE:

1. The program arranges or provides special education and related services necessary to foster the maximum development of each child's potential and to facilitate participation in the regular program unless the services are being provided by the LEA or other agency. The program will arrange for, provide, or procure services which may include, but not limited to:
 1. Audiological services
 2. Speech/language therapy
 3. Physical therapy
 4. Occupational therapy
 5. Psychological services
 6. Transportation services
 7. Assistive technology services
 8. Special equipment and materials
 9. Classroom assistant
2. The child's IEP identifies the special education and related services needed. The ARC will determine who will provide or arrange for the needed services (LEA or Head Start).
3. When the ARC determines that a special classroom assistant is appropriate in order for the child to remain in the least restrictive environment, Head Start and/or the LEA will make arrangements for recruitment and placement for this position.

4. When a child is in the referral process, eligibility has not been determined and a special classroom assistant is needed for the child to remain in the classroom:
 1. Contact the designated delegate staff member and/or LEA staff member to initiate the confirmation of this need through required observations.
 2. The designated LEA staff member or Director of Special Education Services will notify the Head Start Director and coordinate the provision of services until the child's eligibility is determined.

Approved by the Policy Council, August 2017

When Head Start Develops the Individualized Education Program (IEP)

POLICY:

An Individualized Education Program is developed for each child enrolled in the Head Start program that has been evaluated and found to have a disability.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33, 1302.60, 1302.61, 1302.62, 1302.63.](#)*

PROCEDURE:

1. When Head Start provides for the evaluation, the multi-disciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The team assures that the evaluation findings and recommendations, as well as information from the developmental screening and assessment process, response to intervention (RTI) process (if utilized), observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.
2. Every child receiving services in the Head Start program and who had been evaluated and found to have a disability and in need of special services, must have an IEP before special education and related services are provided to ensure that comprehensive information is used to develop the child's program.
3. If Head Start develops the Individual Education Program (IEP), the IEP takes into account the child's unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child's disabilities. The IEP includes:
 - a. A statement of the child's present levels of functional performance in the areas of communication, academics, health, vision, hearing and motor abilities, social-emotional, self-help, and cognitive levels of development and the identification of needs in areas requiring specific programming. A statement of how the disability affects the child's participation in appropriate activities is also to be included.
 - b. A statement of measurable annual goals, designed to meet each of the child's other educational needs that result from the child's disability.

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- c. A description of how the child's progress toward meeting the annual goals will be measured. Also, a description regarding when periodic reports on the progress the child is making toward meeting the annual goals will be provided.
 - d. A statement of the special education and related services, supplemental aids and services to be provided to the child, or on behalf of the child, and a statement of the program modifications or supports for school personnel to enable the child to participate in the Head Start program will be included in the IEP. This purpose of this statement is to describe how these services will enable the child to: advance appropriately toward attaining the annual goals; to be involved in and make progress in the general education curriculum and participate in extracurricular and other nonacademic activities; and to be educated and participate with other children with disabilities and nondisabled children in the activities described in this section. This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals.
 - e. An explanation of the extent, if any, to which the child will not participate with nondisabled children in the regular class and in the activities described in 3(d) above.
 - f. A statement of any individual appropriate accommodations necessary to measure the academic achievement and functional performance of the child on State and districtwide assessments.
 - g. The projected dates for initiation of services and modifications identified in the IEP, as well as the anticipated frequency, location, and duration of the identified modifications and services.
4. When Head Start develops the IEP, the team includes:
- a. The Head Start Disability Services Manager or a representative who is qualified to provide or supervise the provision of special education services.
 - b. The child's Teacher.
 - c. One or both of the child's parents or guardians.

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- d. At least one of the professional members of the multidisciplinary team which evaluated the child.
 - e. The LEA representative is invited in writing if Head Start is initiating the request for a meeting.
 - f. Head Start may also invite other individuals at the request of the parents and other individuals at the discretion of Head Start program, including other Head Start staff, particularly those involved due to the nature of the child's disability.
- 5. A meeting is held at a time convenient for the parents and staff to develop the IEP within thirty calendar days of a determination that the child needs special education and related services. Services are to begin as soon as possible after the development of the IEP.
- 6. Head Start makes vigorous efforts to involve parents in the IEP process:
 - a. Provide written notification to the parents within 7 days of the proposed meeting date and, if necessary also verbally or by other appropriate means, of the purpose, persons requested to attend, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate.
 - b. Make every effort to assure that the parents understand the purpose and proceedings and that they are encouraged to provide information about their child and their desires for the child's program.
 - c. Provide, interpreters, if needed, and offer the parents a copy of the IEP, in the parents' language of understanding, after it has been signed.
 - d. Hold the meeting, without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation, through records of contacts, (i.e. phone calls, letters, home visits or visits to parent's place of work), along with the responses or results.
 - e. Arrange an opportunity to meet the parents to review the results of the meeting and secure their input and signature.

When Head Start Develops the IEP
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7. Head Start initiates the implementation of the IEP as soon as possible after the IEP meeting by modifying the child's program in accordance with the IEP and arranging for the provision or related services.

Approved by the Policy Council, August 2017

When the LEA Develops the Individualized Education Program (IEP)

POLICY:

To implement instructional objectives for the attainment of a child's specific annual goals.

This policy relates to [Head Start Performance Standards 45 CFR Part 1302.33, 1302.60, 1302.61, 1302.62, 1302.63.](#)

PROCEDURE:

1. Head Start screens enrolled children prior to or within forty-five (45) days of child's enrollment date.
2. Screenings, observation, implementation of interventions / Response to Intervention (RTI) process, and/or other information lead to referral of a child for further evaluation and as a possible candidate for special education services.
3. Referral is made to LEA for evaluation. (If the child has a known disability at the time of enrollment, notify the Local Education Agency immediately). For children enrolled at Model City Head Start, referral will be made to the appropriate LEA, which may be Pikeville Independent LEA or Pike County LEA.
4. A Head Start representative is included in the Admissions and Release Committee membership.
5. The ARC determines content of evaluation.
6. Parent permission for evaluation is obtained.
7. Child is evaluated to determine disability with adverse on educational performance and need for special education.
8. Evaluation must meet state requirements.
9. Head Start and/or other current data are used rather than repeated.
10. Head Start is part of the evaluation team.

11. ARC determines eligibility based on the evaluation and state eligibility criteria. If not eligible, ARC gives parent notice of refused services and alternative remedial actions, with due process rights. The designated delegate staff member and / or the Disability Services Manager will seek guidance from a mental health or child development specialist to determine if a significant delay exists that is likely to interfere with the child's development and school readiness. If such a delay exists, the designated delegate staff member and Disability Services Manager will partner with the family to help address the child's needs. This may include, but is not limited to, consideration for services under section 504 of the Rehabilitation Act, information on available outpatient therapy centers, medical professionals, advocacy groups, and community agencies.
12. If eligible, the child has an Individual Education Program (IEP) developed for the special education and related services needed.
13. The IEP addresses only special services. (These services over and above what every other child receives).
14. The IEP addresses what services will be provided by the school district and by the Head Start program.
15. The school district has the Free Appropriate Public Education (FAPE) responsibility and due process.
16. Child is included on district's Individuals with Disabilities Education Act (IDEA) count.
17. Child must be identified and served under an IEP by December 1 to be included in the count.
18. IDEA Count is for supplemental federal funds.
19. IDEA and Head Start funds are not duplicated. (The child may be counted funded under both).
20. The child is not counted in the State preschool (KERA) count.

Eligibility, Recruitment, Selection, Enrollment, Attendance

- Age and Income Eligibility
- Recruitment and Enrollment Opportunities
- Selection Process
- Enrollment
- Re-Enrollment
- Child Attendance
- Documenting Child Attendance
- Parent/Child Fees
- Voluntary and Involuntary Withdrawal of Children

Age and Income Eligibility

POLICY:

Program eligibility is based on age of children, family income & special needs.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.12*

PROCEDURE:

1. To be eligible for Head Start services, a child must be at least three years old by the date used to determine eligibility for public school. The date used to determine eligibility in Kentucky is August 1st. *The only exception will be if an enrollment slot has remained unfilled because there are no age eligible children on the waiting list. In this situation, a child that has already turned three but did not do so by August 1 may be enrolled as a last resort.*
2. Birth certificates will be used to verify that a child will be three by August 1st for enrollment purposes. If a parent cannot produce a birth certificate, other documentation will be accepted. Other forms of age documentation that will be acceptable are:
 - ◆ Immunization Card
 - ◆ Medical Card
 - ◆ Hospital Certificate
 - ◆ Community Based Services list (TANF List)
 - ◆ Documentation from appropriate agencies who have previously verified a child's age
3. Children with diagnosed disabilities may be considered for enrollment on or after their third birthday at any point of the calendar year.
4. An income eligible child is any child whose family has an annual income before taxes that is equal to, or less than, the poverty guideline or any child whose family is eligible for public assistance.
5. Head Start enrollment for a Grantee or Delegate program must adhere to the following income guidelines:
 - ◆ 90% of enrolled children must be from families whose income does not exceed 130% of the low-income guidelines.
 - ◆ Of the 90% mentioned above, a minimum of 65% of enrolled children must be from families whose income does not exceed 100% of the low-income guidelines. The remaining 25% can be children from

families whose income falls within the 101%-130% range of the low-income guidelines.

- ◆ Up to 10% of the children who are enrolled in the program may be children from families whose income exceeds 130% range of the low-income guidelines but who meet criteria the program has established for selecting such children and who could benefit from Head Start.

6. The family income is verified by the program before determining a child is eligible to participate in the program. Income verification is required no later than 90 days after the completion of the application.

Verification includes examination of any of the following:

- Individual Income Tax Form 1040
 - W-2 forms
 - Pay stubs
 - Pay envelopes
 - Written statements from employers
 - Documentation showing current status as recipients of public assistance.
7. An “Eligibility Verification” sheet will be completed and signed by a designated Head Start staff member and kept on file for each child admitted into the program. This sheet will identify the documentation used to determine a child’s age and income eligibility.
 8. When an enrollment application is completed, the family must present income within 90 days of the application date or the application is void.
 9. If a family presents pay stubs as income verification, it must show a full consecutive month and the ending date of pay must be no older than 30 days from the present day.
 10. When the family presents income verification, an Eligibility Verification form must be completed within 30 days.
 11. If an enrollment application is completed during or after the beginning date of our recruitment period (March 1), the application is placed on the waiting list and the child is considered for enrollment during the entire upcoming school year. If the application was completed prior to March 1, the child is only considered for enrollment for the remainder of the current school year.

Recruitment and Enrollment Opportunities

POLICY:

All families with Head Start eligible children are encouraged to apply for admission to the program.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.13, 1302.14, 1302.15*

PROCEDURE:

1. In order to reach those most in need of Head Start services, the program implements a recruitment process that is designed to actively inform all families with Head Start eligible children within the service area of the availability of services and encourage them to apply for admission to the program.
2. The agency-wide beginning date of recruitment will be March 1 for each upcoming program year.
3. Staff will solicit applications from as many families within the recruitment area as possible.
4. Special efforts will be made to recruit and serve children with disabilities.
5. Addresses of eligible families are accessed by utilizing the network the agency has with local schools and Social Services. Families are contacted by mail with announcements of recruitment information.
6. Parents are asked to call for appointments to pre-register children.
7. Head Start parents are requested to inform relatives and friends with eligible children about the program recruitment.
8. Select pre-registration sites:
 - a. Set up recruitment locations, dates and time
 - b. Ensure there is adequate staff at each site to accept applications
 - c. Assist parents as needed
9. Send notices to newspapers, radio and television stations of recruitment schedule, locations, etc. (February)

Recruitment and Enrollment Opportunities

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10. Notify parents of children currently enrolled that child is eligible for second year in Head Start.
11. Contact social services and schools for referrals.
12. Post public notices in places such as post offices, doctor/dentist offices, social agencies, grocery stores & health departments.
13. Make door to door contacts seeking children who may be eligible for Head Start.
14. Contact health and disability services providers & early intervention programs for referrals of children with disabilities.
15. Contact families on the list provided from the Governor's Office of Early Childhood. (TANF)
16. Review all applications for completeness and enter into the computer.
17. Each application is assigned points utilizing the selection criteria listed on COPA.
18. The list generated by COPA includes names of applicants ranked by highest number of eligibility points.
19. The program will obtain a number of applications greater than the number of enrollment opportunities anticipated being available over the course of the next year in order to select those with the greatest need for Head Start services.
20. The Grantee will monitor delegate agencies to review the recruitment process and activities in accordance with the requirements.

Approved by the Policy Council, March 2017

Selection Process

POLICY:

The program has a formal process for establishing selection criteria and for selecting children and families that considers all eligible applicants for Head Start services.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.14](#)*

PROCEDURE:

1. The BSACAP Head Start grantee and its delegates will use the information from the annual Community Assessment to determine appropriate eligibility criteria for enrollment into Head Start. This information will be discussed with all parties involved including staff, parents, governing body members, and policy groups. The eligibility criteria will be approved by the Governing Board, Policy Council and the Policy Committees of each delegate program on an annual basis.
2. The income of eligible families, the age of the child, the availability of kindergarten or first grade to the child, and the extent to which a child or family meets the criteria that is established will be considered. When a child's information is loaded on COPA, the Eligibility Waiting List will rank each child by number of points given based on the eligibility criteria used during the program year.
3. At least 10 percent of the total number of enrollment opportunities in the grantee and each delegate agency during an enrollment year are made available to children with disabilities.
4. A maximum of 10 percent of enrolled children may be from over-income families who meet the criteria and who could benefit from Head Start services. Over-income children are only enrolled in the absence of enough under-income children to fill the program slots.
5. Parents and staff review & update the program's selection process and criteria annually to make sure enrollment opportunities continue to be based on community needs.
6. The program develops at the beginning of each enrollment year, and maintains during the year, a waiting list that ranks children according to the selection criteria to assure that eligible children enter the program as vacancies occur. Each enrollment slot is filled as soon as a vacancy occurs and not to exceed 30 days.

Enrollment

POLICY:

Children are enrolled in accordance with Head Start regulations.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.12, 1302.14, 1302.15*

PROCEDURE:

1. Selection of Applications
 - a. The Eligibility Waiting List on COPA provides a list of children for enrollment selection ranked highest to lowest with priority points. When a child's application is logged on COPA, his/her name and information is automatically sent to this waiting list and their designated points are assigned.
 - b. Based on the number of points received, children are identified as accepted or waiting. If a child is accepted, he/she is moved to the Eligible/Accepted List on COPA.
 - c. The parent is notified of the selection decision, by a letter of acceptance or a letter stating the child is on the waiting list and will be notified if an enrollment opportunity becomes available.
 - d. The classroom where each child will be enrolled is determined and an appropriate code recorded on the preliminary classroom roster.
 - e. A preliminary list is given to the teaching staff and family service staff containing an alphabetical listing of children assigned to each classroom, including names, addresses, and telephone numbers of parents.
 - f. The Emergency Contact Report and listing of child transportation information is distributed to classroom staff.
 - g. The preliminary list is edited and printed as needed to complete enrollment of children.

2. Enrollment of Children:
 - a. Once all enrollment slots have been designated on COPA, staff will then move the children from the Eligible/Accepted List to officially enrolled.
 - b. The Master Roster Report may be printed when above process is completed.
 - c. The Master Roster Report, which is the list of children officially enrolled in each classroom, is distributed to teaching, family services and administrative staff. The report is printed as needed and contains the names of active and inactive children (if desired).
 - d. The Eligibility Waiting List maintains the names of children who were not selected for enrollment initially. The staff will monitor this list frequently and when a vacancy occurs, will refer to the list to determine the next eligible child to enroll.
3. Vacancies are filled in no more than thirty (30) calendar days.

Approved by the Policy Council, March 2017

Re-Enrollment

POLICY:

The program re-enrollees returning, age and income eligible children.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.12 and 1302.15](#)*

PROCEDURE:

1. A returning child is a child who was participating in the program at the end of the preceding year. If a child withdrew before the year ended, he/she is not considered a returning child.
2. If a PIR age three year old child enrolls in the Head Start program, he/she is allowed to remain in the program until kindergarten is available for the child.
3. If the child has been found income eligible and is a participant in the program, he or she remains income eligible through that enrollment year and the immediately succeeding year. It is not necessary to reverify income before enrolling the child for the 2nd year. However, if a parent reports to the Head Start program that their income has changed between program years, it will be at the discretion of the program to decide whether the increase or decrease warrants reverification.
4. If a child withdraws or is terminated from the program and then wants to return, a new application must be completed and income must be reverified if it has been more than 30 days since the termination. The child may not be placed back on the waiting list until the new documentation has been obtained.
5. A child who is withdrawn from the program forfeits any rights to reenrollment during the current or succeeding year. The child will only be reenrolled if determined to be the most in need at the time of potential reenrollment.

Approved by the Policy Council, March 2017

Child Attendance

POLICY:

To encourage regular attendance and assist families whose children are frequently absent.

- *This policy relates to Head Start Performance Standards 45 CFR Part 1302.16*

PROCEDURE:

1. Each delegate program will have a written attendance policy. A copy of the policy will be given to and discussed with each parent during orientation.
2. If a parent cannot agree with the stipulations in the attendance policy, the child will not be given an enrollment slot.
3. BSACAP does not allow for the “part-time” enrollment/attendance of any child.
4. Teaching staff will designate the reasons why children are absent on the daily attendance record of COPA. Attendance will be monitored and analyzed monthly by delegate office staff, using COPA report #236.
5. If a program’s daily attendance rate falls below eighty-five percent (85%), the causes of absenteeism are analyzed carefully by delegate program staff and the grantee office. This will be done by using COPA report #236. Appropriate actions will be determined and implemented by the delegate program to improve the attendance whenever possible.
6. It is the policy of this program to encourage regular attendance and to withdraw from the program, children who are chronically absent without a medical reason or valid cause. Prior to withdrawal, the family advocate assigned to the child’s family will make multiple contacts to assist family with attendance obstacles and will document her efforts in the “Family Case Notes” section on the COPA tracking system.

Valid reasons for absenteeism may include the following:

- ◆ child is hospitalized
- ◆ Child Attendance

- ◆ child is unable to attend due to serious illness or injury
 - ◆ child has a contagious disease
 - ◆ death in child's family
 - ◆ illness of parent
 - ◆ temporary family situation
 - ◆ receiving medical treatment or therapy at the time when class is held
7. If a child is unexpectedly absent and the family has not contacted the program within one hour of program start time, program staff will attempt to contact the family to ensure the child's well-being.
 8. If a child has two consecutive "unexplained" absences, the family advocate will make a visit to the family's home or have a face-to-face contact with them in a place other than the home. A conference with the family is held to determine how or if the program can assist in resolving problems which may be causing the child's absence. Contacts with the family emphasizes the benefits of regular attendance, while at the same time remaining sensitive to any special circumstances influencing attendance patterns.
 9. Within the first 60 days of each school year and ongoing thereafter, each program will use individual child attendance data to identify children with patterns of absences that total more than 10% of their total scheduled days. When a child is identified as having chronic absences (greater than 10%), the family advocate will develop strategies to help remove attendance obstacles including a meeting with the family either in the home or on-site.
 10. In circumstances where chronic absenteeism persists and it does not seem feasible to keep the child enrolled, the child may be withdrawn from the program. The child's slot is considered an enrollment vacancy.
 11. All contacts with the child's family as well as special family support activities provided by program staff are documented in Family Case Notes on COPA.

Approved by the Policy Council: October 2021

Documenting Child Attendance

POLICY:

An attendance count for each classroom is completed daily

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.16](#)*

PROCEDURE:

1. Teachers will maintain an attendance record for each class daily. The attendance record will be the primary source document for audit purposes.
2. A code for making present, excused absence and unexcused absence is used consistently throughout each program. Teaching staff will designate each absence as “excused” or “unexcused” on the Absentee List on COPA in a timely manner.
3. Attendance documents contain the teacher’s original signature and a statement verification by the teacher.
4. A child is counted in attendance when he/she has arrived on-site even if it was only for a short period of time. A child will also be counted in attendance if he/she is transported off-site by the Head Start staff for alternate Head Start activities (i.e. dentist, health department, field trips, etc.).
5. If a child is transported by the parent to alternate Head Start activities off-site such as the ones mentioned in the item above, the child will only be counted in attendance if he/she is present in the classroom at some point during the school day.
6. Attendance reports will be forwarded to the delegate office monthly.
7. Monthly reports will be forwarded to the grantee office with attendance date.
8. Monthly reports are given to the Policy Committees & Policy Council which include attendance count for the entire program as well as individual classrooms at the Policy Committee level.

Approved by the Policy Council, March 2017

Parent/Child Fees

POLICY:

The program does not charge any fees for participation.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.18](#)*

PROCEDURE:

1. Under no circumstances will the program solicit, encourage, or in any way condition a child's enrollment or participation in the program upon the payment of a fee.
2. If the family of a child determined to be eligible for participation in the program volunteers to pay part or all of the cost of the child's participation Head Start, the program may accept the voluntary payments and record the payments as program income.

Approved by the Policy Council, March 2017

Voluntary and Involuntary Withdrawal of Children

POLICY:

If a parent decides to voluntarily withdrawal his/her child from the Head Start program, every attempt is made by Head Start staff to determine the cause. All feasible attempts are made to maintain a child's enrollment in the program.

- *This policy relates to [Head Start Performance Standards 45 CFR Part 1302.15, 1302.16, 1302.17](#)*

PROCEDURE:

1. When Head Start learns a parent is considering withdrawing their child, an attempt to determine the reason is made. Staff will work with the parent to eliminate or reduce any problems identified relating to the potential withdrawal of the child and will encourage the parent to allow the child to remain in the program. The only exception is when a child is to be withdrawn due to medical reasons and remaining in the program would be detrimental to the child's health. Staff will try to persuade the parent(s) to postpone a final decision regarding withdrawing the child until all attempts to solve any problems are exhausted.
2. Staff will make the initial contact to summarize the initial meeting contact on a Family Contact Form.
3. If applicable, the family advocate will make a home visit to determine if the parent(s) will allow the child to remain in Head Start. A resolution of any conflict or problems concerning the family or child is then suggested by the family advocate. A presentation about benefits the child derives from remaining in Head Start is made at this time. Documentation of this conference is made by the FA on the Family Contact Form and then placed in the Family Visits section of COPA.
4. The family advocate informs the child's teacher of the conference and whether the parent has been persuaded to allow the child to remain in Head Start. A careful review of the parent's concerns or reasons for considering withdrawal is discussed between the FA

and the teacher. Documentation of the FA/teacher conference summarizing the problem is completed.

5. If the parent(s) still insist on withdrawing the child from the program, the teacher and family advocate proceed with the withdrawal procedures. Documentation of withdrawal is recorded and entered into COPA.
6. Final approval of the withdrawal is made by the Head Start Director after ensuring everything possible has been done to prevent the child from withdrawing.
7. In certain situations, it may be necessary for a child to be involuntarily withdrawn from the Head Start program.
8. Children with behavior issues will not be expelled from the program. The decision to suspend a child from the program will only be made in the most severe of cases (danger to himself or others) and will only be temporary.

Factor Warranting Withdrawal

1. Irregular Attendance
 - ◆ If a child is consistently absent without a medical reason or a valid cause, he/she may be withdrawn from the program if it is determined that all attempts by family services staff to eliminate attendance obstacles have failed.
2. Extreme Health Problems
 - ◆ If a child has a communicable disease such as tuberculosis.
 - ◆ If being in the program daily is professionally declared medically harmful to the child.
3. Failure to provide documentation of immunization or refusal to begin and maintain immunization schedule.

Steps Prior to Involuntary Withdrawal

1. Home visit (if parent will allow) is made by the teacher and/or family service staff to determine any problems.
 - ◆ Every effort is made to explore all variables.
 - ◆ Documentation has been presented.
 - ◆ Alternative resources with other agencies have been discussed.

Steps for Involuntary Withdrawal

2. Parents will receive an official notice of withdrawal from the Head Start Director which includes:
 - ◆ Reason for withdrawal
 - ◆ Date and signature of the Head Start Director

Approved by the Policy Council, March 2017