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### FY 2011 Monitoring Protocol: Health Services

#### Q. ID: Compliance Indicators:

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<thead>
<tr>
<th>Health Services Compliance Framework #1 - Staff Qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HL1</strong></td>
</tr>
</tbody>
</table>

**1.1** The program hires staff or consultants as content area experts to oversee health services who have training and experience in public health, nursing, health education, maternal and child health, or health administration. As part of this oversight, the program assures that health procedures are performed only by a licensed or certified health professional.

* Interview: Health Content Area Expert (Staff Qualifications and Expertise)*
  - Describe your training and experience. Talk about your training and experience in public health, nursing, health education, maternal and child health, or health administration.
  - How is the program made aware of health procedures that must be performed, and how does the program determine who performs them? Are health procedures performed by a licensed and certified professional when required?
  - Describe your process for regular staff oversight, monitoring the provision of health services, what you do when problems are identified, and how you use the community and self-assessment in program planning to continually improve health services.

* Document Review: Health Policies and Procedures*
  - Review the program’s plan and procedures for administration of health procedures to enrolled children to determine whether qualified health professionals are required to administer health procedures to children.

* Staff Files: Health Content Area Expert (Staff Qualifications and Expertise)*
  - Review employee and/or consultant files. Document the coordinator/health content area expert’s training, experience, and qualifications. Indicate whether there is one or more staff or consultants overseeing this area, and provide credentials of each person.

**1.2** The program ensures that the program management functions for health services are formally assigned to and adopted by staff within the program. Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.

* Interview: Health Coordinator (Staff Qualifications and Expertise)*
  - Describe how your knowledge, skills, and experience assist you in performing your assigned functions in the area of health services responsibly.

* Staff Files: Health Coordinator (Staff Qualifications and Expertise)*
  - Determine who is formally assigned to the functions of managing health services. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area.

### Health Services Compliance Framework #2 - Helping Families Access Health and Dental Care

**HL2** The program assists families in actively promoting and advocating for their child’s health by determining if each child has access to an ongoing source of continuous medical and oral health care; assessing and monitoring the health status of all enrolled children; determining if each child is up to date on a schedule of primary and preventive health care as recommended by State EPSDT (including dental); ensuring referrals...
**Head Start Program Policies and Procedures**

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
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</thead>
<tbody>
<tr>
<td><strong>FY 2011 Monitoring Protocol:</strong> <strong>Health Services</strong></td>
</tr>
</tbody>
</table>

**Q. ID:** Compliance Indicators:

### 1. Health Services

**Related Regulations:**

- 1304.20 a 1 ii C

**Related Policies:**

- HL1000
- HL1002

#### 2.1 The program has established procedures for tracking the provision of health care services.

**Interview: Health Coordinator (Tracking Health Services):**

- Describe how you use your Health Services Plan and procedures to guide how you and your staff implement health services for children and families. Describe your system for providing required health services and how it is used to meet the needs of children. How do you determine child health status, use information for any necessary referrals, engage parents in keeping children current on a schedule of well-child medical and oral health care, and identify and promptly refer any new medical and oral health concerns?

**Document Review: Health Tracking System**

- Ask the Health Coordinator to walk you through the Health Tracking System and show you how the program uses the Health Tracking System to obtain, use, and report information from the health tracking system.
- How does the program use the information from the Health Tracking System to inform and assist parents in keeping their children up to date and advocating for their children’s physical and oral health? Describe this system and any instances of children who are not up-to-date and the process the program uses, including inclusion of parents, to bring children up-to-date.
- Using a sample of child files, work with the Health Coordinator to determine whether the information in the files is consistent with the information documented in the tracking system. Document any discrepancies found between the files and the tracking system and use follow-up questions to determine how the staff handles these discrepancies.

**2.2 The program determines whether each child has an ongoing source of continuous, accessible health care.**

**Interview: Parent (Helping Families Access Health and Dental Care):**

- How does the program assist you in making sure that your child has a health care provider and dentist?

**Document Review: Health Policies and Procedures**

- Does the program have written health plans and procedures that provide:
  - Specific instructions and strategies to assist staff in determining whether each child has an ongoing source of health care;
  - Whether each child is up to date on a schedule of preventative and primary medical and oral health care as required by the State EPSDT well-child care guidelines; and
  - Whether each family is supported in obtaining health and oral health care services for the prevention of health-related concerns and follow-up as required?
- Document how the plan and procedures clearly articulate a systematic process for implementation of the required health services and how it is used by the program to meet the health and oral health needs of children.

**Child Files: Helping Families Access Health and Dental Care**

- Review child files to determine whether children's ongoing source of health care is addressed during enrollment activities, before they enter the program, or within 90 days of entry into the program (30 days for Migrant and Seasonal programs).
### FY 2011 Monitoring Protocol: Health Services

#### Q. ID: Compliance Indicators:

<table>
<thead>
<tr>
<th>2.3 The program engages parents in obtaining from a health care professional a determination of whether each child is up to date on a schedule of primary and preventative health care (including dental), and assists parents to bring their children up to date when necessary, and keep their children up to date as required. 1304.20 a 2 applies only to Migrant and Seasonal programs and should be cited in conjunction with 1304.20 a 1 ii, 1304.20 a 1 ii A or 1304.20 a 1 ii B for such programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview: Parent (Helping Families Access Health and Dental Care)</td>
</tr>
<tr>
<td>* Has the program helped you keep your child healthy? For example, has the program helped you to make and keep appointments with your child’s doctor and dentist? Has it helped you understand the state wellness schedule and given you information on when to get shots or exams?</td>
</tr>
<tr>
<td>* Has the program helped you obtain or arrange further testing, examination, and treatment for your child when necessary?</td>
</tr>
<tr>
<td>Document Review: Health Policies and Procedures</td>
</tr>
<tr>
<td>* Does the program have written health plans and procedures that provide:</td>
</tr>
<tr>
<td>- Specific instructions and strategies to assist staff in determining whether each child has an ongoing source of health care;</td>
</tr>
<tr>
<td>- Whether each child is up to date on a schedule of preventative and primary medical and oral health care as required by the State EPSDT well-child care guidelines; and</td>
</tr>
<tr>
<td>- Whether each family is supported in obtaining health and oral health care services for the prevention of health-related concerns and follow-up as required?</td>
</tr>
<tr>
<td>* Document how the plan and procedures clearly articulate a systematic process for implementation of the required health services and how it is used by the program to meet the health and oral health needs of children.</td>
</tr>
<tr>
<td>Child Files: Helping Families Access Health and Dental Care</td>
</tr>
<tr>
<td>* Review child files for up to date determinations that incorporate the requirements of the Early Periodic Screening, Diagnosis, and Treatment (State EPSDT) schedule for each child and check dates of determinations to ensure the 90-day requirement (30 days for Migrant and Seasonal grantees) is met.</td>
</tr>
<tr>
<td>* Review child files for documentation (e.g., case notes, family contact logs) of the program's attempts to help parents bring their child up to date. Does the program work with parents to bring their child up to date on a schedule of primary and preventive health care?</td>
</tr>
<tr>
<td>Interview: Health Coordinator (State EPSDT Schedule)</td>
</tr>
<tr>
<td>* How do you use the current and applicable EPSDT schedule in keeping children up to date on a schedule of preventive care?</td>
</tr>
<tr>
<td>Document Review: State EPSDT Schedule</td>
</tr>
<tr>
<td>* Review the current and applicable State EPSDT schedule to determine whether the program accesses and uses the most current and applicable state’s schedule when monitoring the health and oral health status of children.</td>
</tr>
<tr>
<td>2.4 The program implements ongoing procedures for identifying new or recurring medical, oral health, or developmental concerns so appropriate referrals can be made quickly. See also HL3.2</td>
</tr>
<tr>
<td>Document Review: Health Policies and Procedures</td>
</tr>
<tr>
<td>* Document the grantee's process and procedures for identifying any new or recurring medical, dental or developmental concerns and quickly making appropriate referrals.</td>
</tr>
</tbody>
</table>

**Related Regulations:** 1304.20 a 1 ii, 1304.20 a 1 ii A, 1304.20 a 1 ii B, 1304.20 a 2

**Related Policies:** HL1002, HL1005

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Health Services Compliance Framework #3 - Health Screenings and Follow ups

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Page 5
To ensure children receive timely intervention for the evaluation and treatment of health and developmental concerns, the grantee utilizes information from sensory, developmental and behavioral screenings, in addition to other information to identify concerns, to make referrals for further evaluation and treatment, and to implement individualized follow-up plans.

3.1 The program, in collaboration with each child’s parent, performs or obtains the required linguistically and age appropriate screenings to identify concerns regarding children within 45 days of entry into the program, obtains guidance on how to use the screening results, and uses multiple sources of information to make appropriate referrals.

<table>
<thead>
<tr>
<th>Child Files: Health Screenings and Follow ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Review child files for completion of all screenings within 45 days (30 days for Migrant and Seasonal programs) from the child's entry into the program. If concerns were documented at follow up, indicate whether appropriate referrals were made.</td>
</tr>
</tbody>
</table>

Interview: Health Coordinator (Screenings)

* Describe how you obtain guidance from the mental health or child development specialist on how to use screening findings. See also MH2.3
* How do you use multiple sources of information and consultation with health professionals, child development specialist and mental health consultants to interpret and use screening and developmental information?
* Describe the process your program uses to ensure that each child has the required culturally sensitive, sensory, developmental and behavioral screenings within 45 days of program entry (30 days for Migrant and Seasonal Programs), and that follow-up is planned for and initiated if a known or suspected health or developmental problem has been identified.

3.2 The program ensures that each child with a known, observable, or suspected health, oral health, or developmental problem receives follow up and further testing, examination, and treatment from a licensed or certified health care professional.

<table>
<thead>
<tr>
<th>Child Files: Health Screenings and Follow ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Review files of the children with known or suspected health or developmental problems (that you identified at the review’s start) to determine whether further testing, examination, or treatment was obtained and whether a follow-up plan is in place and implemented, if appropriate.</td>
</tr>
</tbody>
</table>

Interview: Health Coordinator (Screenings)

* Describe the process your program uses to ensure that each child has the required culturally sensitive, sensory, developmental and behavioral screenings within 45 days of program entry (30 days for Migrant and Seasonal Programs), and that follow-up is planned for and initiated if a known or suspected health or developmental problem has been identified.

Document Review: Health Policies and Procedures

* Document the grantee's process and procedures for identifying any new or recurring medical, dental or developmental concerns and quickly making appropriate referrals. See also HL2.4

3.3 The program establishes systems of ongoing communication with parents of children with identified health needs to facilitate follow up.

<table>
<thead>
<tr>
<th>Interview: Health Coordinator (Screenings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Describe the process your program uses to ensure that each child has the required culturally sensitive, sensory, developmental and behavioral screenings within 45 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related Regulations:</th>
<th>Related Policies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1304.20 b 1</td>
<td>HL1003</td>
</tr>
<tr>
<td>1304.20 b 2</td>
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<tr>
<td>1304.20 b 3</td>
<td></td>
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<tr>
<td>1304.20 a 2</td>
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<tr>
<td>1304.20 a 1 iii</td>
<td>HL1002</td>
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<td>1304.20 c 3 ii</td>
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<tr>
<td>1304.20 a 1 iv</td>
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<tr>
<td>1304.20 c 1</td>
<td>HL1004</td>
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<td></td>
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</table>
### FY 2011 Monitoring Protocol: Health Services

**Q. ID:** Compliance Indicators:

| of program entry (30 days for Migrant and Seasonal Programs), and that follow-up is planned for and initiated if a known or suspected health or developmental problem has been identified. |
| * How do you ensure that screenings, follow-up and the provision of health procedures are timely and engage parent involvement and consent? |

<table>
<thead>
<tr>
<th>Health Services Compliance Framework #4 - Partnering with Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HL4</strong> The grantee partners with parents in promoting their child’s health and wellness by ensuring they are informed of any suspected or identified health or developmental problems and obtaining permission and sharing results for all health procedures, referrals and treatment plans.</td>
</tr>
<tr>
<td><strong>4.1</strong> The program involves parents, consulting with them immediately when child health or developmental problems are suspected or identified, and informing them immediately in the case of an emergency involving their children.</td>
</tr>
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</table>

| 1304.20 e 1 | 1304.22 a 4 | 1306.35 c |
| HL1006 | HL1008 | HL1008 |

<table>
<thead>
<tr>
<th>Interview: Health Coordinator (Notifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Describe your procedure for contacting parents regarding an emergency involving their child. Can you give an example(s) of such a situation?</td>
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</table>

<table>
<thead>
<tr>
<th>Interview: Parent (Notifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* How are you notified in the event of an emergency involving your child?</td>
</tr>
<tr>
<td>* How are you notified of unplanned interruptions in service (e.g., program closing)? Do you have any examples of program actions during unexpected closures or emergencies (e.g., help locate an alternate provider or substitute)?</td>
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<thead>
<tr>
<th>Interview: Family Child Care Provider (Notifications)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* What is the system for notifying parents of emergencies or unplanned interruptions in service? Describe the contingency plans you have developed with parents for these emergencies (e.g., alternative providers or substitutes).</td>
</tr>
<tr>
<td>* How do you inform parents of an emergency or the need to pick up a child who has become ill?</td>
</tr>
</tbody>
</table>

| 1304.20 e 2 | 1304.20 e 5 |
| HL1006; PDM1018 | HL1006 |

<table>
<thead>
<tr>
<th>Interview: Parent (Parent Involvement)</th>
</tr>
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<tbody>
<tr>
<td>* How does the program provide you with information about health procedures, such as the importance of screenings and the results? Did they give you an opportunity to refuse health services and explain that screening and health procedures could not be conducted without your consent?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Files: Partnering with Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Review child files for documentation of parent permission prior to the administration of any health procedures. If parents have not given permission, look for documentation of refusal to authorize services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview: Health Coordinator (Partnering with Parents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Describe how the program provides parents with the opportunity to provide informed consent for all health related services and developmental procedures. Talk about how you inform parents about the use and rationale behind health and development screenings, procedures for advance authorization, health procedures administered by the program and procedures for refusal to authorize health services.</td>
</tr>
</tbody>
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**Health Services Compliance Framework #5 - Health and Safety Needs of Children**
### HL5
The program has knowledge of the health and safety needs of each child, and ensures the well being of each child by informing appropriate staff of accommodations necessary for maximum program participation and immediately informing parents of any emergency involving their child.

#### 5.1
The program obtains information from parents about their children's health or safety needs, identifies and plans for accommodations, and ensures that appropriate staff are informed and trained as needed, in accordance with the program's confidentiality policy.

**Related Regulations:** 1304.22 b 3  
**Related Policies:** HL1009

**Interview: Parent (Children with Special Health Needs)**
* Can you describe how program staff discuss your children's special health, safety or nutritional needs with you?

**Document Review: Health Policies and Procedures**
* Review the process for obtaining information from parents regarding the health or safety needs of their child and any accommodations that are required to ensure their child’s optimal participation in the program.

**Interview: Health Coordinator (Children with Special Health Needs)**
* Describe the process for obtaining information from parents about their children's health or safety needs and identifying and planning for needed accommodations. How do you ensure that this information is kept confidential?
* How do you ensure that staff members who work directly with children are informed (and trained as needed) on identified accommodations?

#### 5.2
The program ensures that a child with a short-term injury (that cannot be readily accommodated) or short-term contagious illness is temporarily excluded from participating in program activities or group experiences while there is a risk to the health or safety of other children or other adults present.

**Related Regulations:** 1304.22 b 1  
**Related Policies:** HL1009

**Document Review: Health Policies and Procedures**
* Review the policies and procedures the program implements for handling short-term injuries (that cannot be readily accommodated) or short-term contagious illnesses.

**Interview: Health Coordinator (Short-Term Injury or Illness)**
* How does the program determine whether a child with a short-term injury or illness can be accommodated or should be temporarily excluded from the program? How are parents informed of the policies or procedures related to short-term injury or illness and any decisions related to their child?

#### 5.3
The program ensures that children are not denied admission (or if already enrolled, they are not subjected to long-term exclusion) solely because of their health care needs or medication requirements, unless reasonable accommodations cannot be made to reduce the health or safety risk to that child or others without altering the nature of the program fundamentally.

**Related Regulations:** 1304.22 b 2  
**Related Policies:** HL1009

**Interview: Health Coordinator (Children with Special Health Needs)**
* Can you give an example(s) of children who were denied admission to (or terminated from) the program for health reasons that could not be accommodated? What was the basis for denying admission?
Health Services

Policy ID: HL1000

Subject: Child Health Tracking System

Performance Objective: The program has established procedures for tracking the provision of health care services.

Operational Procedures: The program’s health tracking system, child plus, is kept current and accurate.

1. The Health Nutrition Specialist/Managers use the Health Services Plan and Procedures to guide the implementation of health services for children and families. Health Managers enter data into ChildPlus from the Health History and the Child Health and Enrollment Form which are completed at the time of registration. To begin health screening, the Latest Occurrence of Health Events Report is printed to determine which children are in need of a screening for hearing, vision, blood pressure or dental needs.

2. The children are screened and the results are entered into ChildPlus. All screening results are shared with the parents. Referral notices are sent to the parent if follow-up is needed. If the parent does not respond to the follow-up letter, then the Family Advocate contacts the parent and an additional letter is sent from the Health Nutrition Manager.

3. The Latest Occurrence of Health Events Report is monitored by the Health Nutrition Managers. The ChildPlus Tracking Reports are printed by the Health Nutrition Manager, as an on needed basis, to monitor follow-up care of children.

4. Health policies and procedures are updated annually in July and August at a minimum every program year. Immediate changes are made to policies and procedures if state or federal regulations change. When self-assessment results are determined, the Health Nutrition Specialist/Managers meet with the Child Health & Education Director to make improvements and correct findings and/or issues. Staff and parents participate in the self-assessment process. Meetings are held quarterly with all Health Nutrition Managers and when updates are needed.

5. The program uses this health tracking system to communicate child health needs with parents and staff. The children are screened and the results are entered into ChildPlus. All screening results are shared with the parents. Results are shared with staff using email, in-house, weekly reports, and phone calls as needed using generated reports.

Related Regulations: 1304.20 a 1 ii C

Related Review Questions: HL2.1
Health Services

Policy ID: HL1001

Subject: Health Staff Training and Experience

Performance Objective: The program hires staff or consultants as content area experts to oversee health services who have training and experience in public health, nursing, health education, maternal and child health, or health administration. The program assures that health procedures are performed only by licensed or certified health professionals.

Operational Procedures:

1. When the program assigns content area experts to oversee health services, only those with the appropriate training and experience in public health, nursing, health education, maternal and child health, and/or health administration are so assigned.

2. Job descriptions for the content area experts who oversee health services are reviewed before interviews are conducted.
   a) Such job descriptions include the required licensure and/or certification for health professionals with experience and expertise in serving young children and their families.
   b) Program review of health professional job descriptions includes reviewing required licenses and certification.

3. The personnel files, contracts, and/or resumes of the health content area experts include documentation of:
   a) license or certification, including the name of the accrediting body,
   b) degree(s) achieved,
   c) training or experience in public health, nursing, health education, maternal and child health, or health administration qualifications, and
   d) experience serving young children and their families.

4. Hired staff and consultants provide regularly scheduled and ongoing content area expertise and oversight by supporting health services with training and experience in public health, nursing, health education, maternal and child health, or health administration.

5. When the program administers health procedures, they are performed only by licensed and/or certified health professionals.
   a) The program is made aware of health procedures performed only by licensed and certified professionals by following guidelines of the Ohio Department of Jobs and Family Services, Ohio Department of Health, and the Head Start Performance Standards.

6. The program ensures that the program management functions for health services are formally assigned to and adopted by staff within the program.

Related Regulations: 1304.52 a 2 ii; 1304.52 b 1; 1304.52 d 2

Related Review Questions: HL1A, HL1.1; HL1.2; MH1.2; FCP1.3; ECD1.2
Providing Health Services

Policy ID: HL1002

Subject: Determining Child Health Status

Performance Objective: The program determines whether each enrolled child has an ongoing source of continuous, accessible health care.

Operational Procedures:

1. In collaboration with the parents and as quickly as possible, but no later than 30, 45, and 90 calendar days (with the exception noted in 1304.20 a 2) from the child’s entry into the program, the program will:

   a) Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care. If a child does not have a source of ongoing health care, the program assists the parents in accessing a source of care by giving the parents a list of providers in the area. If a family does not have a medical home to obtain a physical within the 30 days from the child’s start date, refer the family to Child Family Health services in Marion for Marion, Morrow and Crawford Counties, or Dr. Moneme’s clinic at the Whetstone facility. The Well Baby Clinic in Marion completes physicals for Marion children only. In Richland County refer families to the Mansfield/Richland County Health Department Clinic. This facility can be considered a medical home because there is a physician in the clinic with regular office hours. If the physical is completed by one of the clinics, families are then referred to local physicians by the Family Advocates or Health/Nutrition Managers to establish a medical home for ongoing health care, if they do not already have a medical provider. Families are also given, by Family Advocates or Health/Nutrition Managers, a county resource guides to obtain medical/dental services in their own communities. A list of Medical/Dental providers who take the Medical / Healthy Start / CHIPS card can be obtained from the Health Check Coordinator at the Ohio Department of Jobs & Family Services in Columbus at (614) 466-6420. (See OHCAC Finding a Medical Home Explanation/Procedure)

   b) Obtain from a health care professional a determination via mail, fax, or other as to whether the child is up-to-date on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health (see Policy # HL1003, Screening for Developmental, Sensory, and Behavioral Concerns). Such a schedule incorporates the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the state Medicaid agency, and the latest immunization recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:

   i) For children who are not up-to-date on an age-appropriate schedule of well child care, the program assists parents in making the necessary arrangements to bring the child up-to-date.

   ii) For children who are up-to-date on an age-appropriate schedule of well child care, the program ensures that they continue to follow the recommended schedule of well child care.

   c) Obtain or arrange further diagnostic testing, examination, and treatment, age-appropriate and linguistically appropriate, by an appropriate licensed or certified professional for each child with an observable, known or suspected health, dental, or developmental problem.

   d) Develop and implement a follow-up plan for any condition identified in 1304.20 a 1 ii and iii so that any needed treatment has begun.

2. The Health Nutrition Manager works with parents to help bring their children up-to-date in primary and preventive health care, including follow-up to ensure that appointments are kept.
3. The Health Nutrition Manager maintains the list of provider offices.

4. Child files include:
   a) documentation of the health care professional’s determination of whether the child is up to date on a schedule of primary and preventive health care (including the name of the source of ongoing health care),
   b) the date the determination was made,
   c) breakout of blood lead and hemoglobin/hematocrit,
   d) description of any known or suspected health or developmental problems,
   e) date and description of further testing, examination, or treatment obtained,
   f) follow-up plan, and
   g) documentation (e.g., case notes, family contact logs) of the program’s attempts to help parents bring their child up to date.

5. The program assists parents having difficulty making appointments or keeping their children up-to-date in primary and preventive health care.

**Related Regulations:** 1304.20 a; 1304.20 a 1; 1304.20 a 1 i; 1304.20 a 1 ii; 1304.20 a 1 ii A; 1304.20 a 1 ii B; 1304.20 a 1 ii C; 1304.20 a 1 iii; 1304.20 a 1 iv; 1304.20 a 2

**Related Review Questions:** HL2A, HL2B, HL2C, HL2D, HL2H, HL2.1; HL2.2; HL2.3; HL3.2
Providing Health Services

Policy ID: HL1003

Subject: Screening for Developmental, Sensory, and Behavioral Concerns

Performance Objective: The program performs or obtains linguistically and age appropriate screening procedures for each enrolled child.

Operational Procedures:

1. In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, the program performs or obtains for each child linguistically and age appropriate screening procedures to identify concerns regarding these skills, in a manner sensitive to the child’s cultural background:

   a) Developmental – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   b) Sensory, hearing – Screened using a pure tone audiometer within 45 days of child’s first day in the center.
   
   c) Sensory, vision – Screened using the L.E.A. symbols and Random.E within 45 days of child’s first day in center.
   
   d) Behavioral – The DECA screening is completed by the classroom teacher thirty days after the child’s initial start date and no later than 45 days from enrollment.
   
   e) Gross motor – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   f) Fine motor – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   g) Language – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   h) Social – The DECA screening is completed by the classroom teacher thirty days after the child’s initial start date and no later than 45 days from
   
   i) Cognitive – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   j) Perceptual – The ESI is completed by the classroom teacher within the first weeks of the initial start date in the classroom and no later than 45 days from enrollment.
   
   k) Emotional – The DECA screening is completed by the classroom teacher thirty days after the child’s initial start date and no later than 45 days from

2. The program obtains direct guidance from a mental health or child development professional on how to use the findings to address identified needs. This guidance is provided via the Mental Health Consultant through classroom observations, staff meetings and follow up with parents and staff. The Intervention Specialist/Manager, Education Staff, Health Staff, Social Service Staff and Transportation Staff use this guidance to address identified needs.
3. The program utilizes multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior. Information on screening findings is used to make referrals as necessary.

4. Dated documentation of program efforts indicated above is kept in the child files, which include:
   a) Case notes;
   b) Family contact logs;
   c) Schedules/health care professional determination of whether child is up-to-date on a schedule of primary and preventive health care;
   d) EPSDT requirements for well child care;
   e) EPSDT schedules, including breakouts of blood lead and hemoglobin/hematocrit;
   f) Sources of child’s ongoing health care;
   g) Program efforts to help parents bring their child up-to-date and stay up-to-date;
   h) All screenings and follow-up to identified concerns;
   i) Parent authorization or refusal for child health services; Etc.

5. Testing and evaluation procedures are selected and administered so as not to be racially or culturally discriminatory.
   a) Testing and evaluation procedures are administered in the child’s native language or mode of communication, unless it is clearly not feasible to do so.
   b) Testing and evaluation procedures are administered by trained (State certified or licensed) personnel.

**Related Regulations:** 1304.20 b, 1304.20 b 1, 1304.20 b 2, 1304.20 b 3; 1308.6 e 2 i, 1308.6 e 2 ii

**Related Review Questions:** HL2C; MH2C-HL 3.1
Providing Health Services

Policy ID: HL1004

Subject: Extended Follow-up and Treatment

Performance Objective: The program works with parents to ensure implementation of medical and dental follow-up plans.

Operational Procedures:

1. The program implements a process to obtain further testing, examination, and/or treatment from a licensed or certified health care professional for children with known or suspected health or developmental problems.
   a) Efforts are made so that children receive care as quickly as possible after problems are identified.

2. The program establishes a system of ongoing communication with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.
   a) See Policy # PDM1018, Communication with Families.
   b) The Health Nutrition Manager communicates with parents, as needed, to enable them to learn how to obtain any prescribed medications, aids or equipment for medical and dental conditions.

3. Dental follow-up and treatment includes fluoride supplements and topical fluoride treatments as recommended by dental professionals in communities where a lack of adequate fluoride levels has been determined or for every child with moderate to severe tooth decay.

4. Dental follow-up and treatment includes other necessary preventive measures and further dental treatment as recommended by the dental professional.

5. The program assists with the provision of related services addressing health concerns in accordance with the Individualized Education Program (IEP).

6. The program use Head Start funds for professional medical and dental services when no other source of funding is available.
   a) The program maintains written documentation of efforts to access other available sources of funding.

7. The program ensures that appropriate follow-up actions are taken by sending written and verbal notices to parents, notifying members of child’s teaching and social service staff, and using the Child PlusTracking Report printed by the Health Nutrition Manager to monitor follow-up care of children.

8. Documentation of the determination of whether further testing, examination, or treatment is needed is kept in the child files.

9. Follow-up plans are implemented as appropriate.

Related Regulations: 1304.20 c, 1304.20 c 1, 1304.20 c 2, 1304.20 c 3, 1304.20 c 3 i, 1304.20 c 3 ii, 1304.20 c 4, 1304.20 c 5

Related Review Questions: HL2D, HL3.2; HL3.3
Providing Health Services

Policy ID: HL1005

Subject: Ongoing Care

Performance Objective: The program implements ongoing procedures by which staff can identify any new or recurring medical, dental, or developmental concerns for enrolled children.

Operational Procedures:

1. In addition to assuring children’s participation in a schedule of well child care (see Policy # HL1002, Determining Child Health Status) the program implements ongoing procedures by which Head Start staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals.

2. These procedures include periodic observations and recordings, as appropriate, of individual children’s:
   a) developmental progress,
   b) changes in physical appearance (e.g., signs of injury or illness), and
   c) emotional and behavioral patterns.

3. In addition, these procedures include observations from parents and staff.

4. Referrals are made as quickly as possible.

Related Regulations: 1304.20 d

Related Review Questions: HL2E HL2.4
Providing Health Services

Policy ID: HL1006

Subject: Involving Parents

Performance Objective: The program involves parents and ensures that each child is receiving appropriate health care services.

Operational Procedures:

1. In conducting the process as described in Sections 1304.20 a, b, and c (see Policies # HL1002, Determining Child Health Status; HL1003, Screening for Developmental, Sensory, and Behavioral Concerns; and HL1004, Extended Follow-up and Treatment), and in making all possible efforts to ensure that each child is enrolled in and receiving appropriate health care services, the program:

   a) Consults with parents immediately when child health or developmental problems are suspected or identified.

      i) These consultations occur within 30 days of original assessments. The Health Nutrition Manager and/or Intervention Manager /Specialist will notify parents by verbal contact and sending written notices, notifying members of child’s teaching and social service staff.

   b) Familiarizes parents with the use of and rationale for all health and developmental procedures administered through the program or by contract or agreement, and obtains advance parent or guardian authorization for such procedures.

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

   d) Talks with parents about how to familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive while enrolled in the program.

   e) Assists parents in accordance with 1304.40 f 2 i and 1304.40 f 2 ii to enroll and participate in a system of ongoing family health care and encourages parents to be active partners in their children’s health care process. (See Policy # FCS1008, Parent Involvement in Health, Nutrition, and Mental Health Education).

   f) Maintains written documentation in the child’s health and intervention file of parent or other legally responsible adult refusal to give authorization for health services.

2. See Policy # HL1008, Health Emergency Procedures, regarding notifying parents in the case of an emergency regarding their children.

Related Regulations: 1304.20 e, 1304.20 e 1, 1304.20 e 2, 1304.20 e 3, 1304.20 e 4, 1304.20 e 5

Related Review Questions: HL2F; HL2G; PDM5B  HL4.1; HL4.2
Providing Health Services

Policy ID: HL1007

Subject: Individualization of the Program

Performance Objective: The program responds to each child’s individual characteristics, strengths and needs.

Operational Procedures:

1. The program uses the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths and needs.

2. To support individualization for children with disabilities, the program assures that they participate in and support efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.

3. To support individualization for children with disabilities, the program assures that they participate in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 1308.19.

Related Regulations: 1304.20 f, 1304.20 f 1, 1304.20 f 2, 1304.20 f 2 i, 1304.20 f 2 ii, 1304.20 f 2 iii, 1304.20 f 2 iv

Related Review Questions: DS4A, EC2C; DS4.1; DS5.2; ECD3.2
Child Health and Safety

Policy ID: HL1008

Subject: Health Emergency Procedures

Performance Objective: The program, when operating center-based programs, establishes and implements these policies and procedures to respond to medical and dental health emergencies, with which all staff are familiar and trained.

Operational Procedures:

1. Posted are policies and plans of action for emergencies that require rapid response on the part of staff (e.g., a child choking) or immediate medical or dental attention.

2. Locations and telephone numbers of emergency response systems are posted physically on every center phone and on the prescribed ODJFS form located on the wall beside the phone, the licensing board and in each room the center that children may occupy. Emergency contact numbers include those for police, fire, ambulance, poison control, Child Protective Services, and the Center for Disease Control.

3. Up-to-date family contact information and authorization for emergency care for each child, including emergency transportation authorization, is readily available on the Child Health and Enrollment form and any Transportation Change Agreements located in the child’s file at the Head Start center, the Advocate file at the county office and on the bus.

4. Emergency evacuation routes and other safety procedures for emergencies (e.g., fire or weather-related) are posted.

5. Emergency evacuation routes and other safety procedures for emergencies are practiced regularly (see 1304.53 for additional information).

6. The program has established methods for handling cases of suspected or known child abuse and neglect that are in compliance with applicable Federal, State, or Tribal laws. [See Personnel Policy # PP1063, Identification and Reporting of Child Abuse and Neglect, and # PP1072, Reporting Child Abuse or Sexual Abuse]

7. The program familiarizes parents with the use of and rationale behind health and developmental procedures administered through the program or by contract, and obtains advance authorization for such procedures from the parents.

8. The program notifies parents in the event of an emergency involving their child/ren and/or unplanned interruption of service. Parents are notified in the event of an emergency involving their child. Methods of notification include contacting the parent by phone or informing emergency contacts listed on the Child Health &Enrollment Form if the parent is unable to be reached. In the event of a non-health emergency, such as a gas leak or bomb threat, the children and staff will be relocated to a predetermined “safe site”. Families will be notified that the children have been relocated and should report to that location to pick-up their child. In the event the nature of the emergency does not allow us to relocate the children, families are asked to comply with the instructions of emergency workers. Radio and television stations will be notified of the non-health emergency if suggested by emergency workers. Parents are informed of the “safe site” during the initial home visit with the teacher or advocate.

   a) The Head Start Employee is responsible for contacting said parents via the method preferred by parents as indicated in the ODJFS Child Health and Enrollment Form which has the signed parent emergency contact form.
b) When the Head Start Staff determines that a child needs to be picked up due to illness, the Head Start Staff notifies the parent/s in the manner prescribed by the signed parent emergency contact form.

c) In accordance with contingency plans developed with the parents for these emergencies, the Head Start Staff contacts alternative providers and/or substitutes as needed.

9. The program takes an active role in emergency preparedness.

10. The program’s emergency preparedness plan, which is located in the agency crisis binder beside the phone in every classroom and in every office and the classroom ODJFS licensing board includes:

   a) staff training and drills

   b) how the program coordinates with appropriate Federal, State, and local emergency management agencies in the event of a large-scale emergency

   c) procedures for communicating with families and staff in the event of an emergency

   d) how the program informs families what the organization expects to do in case of an emergency

   e) procedures to identify the needs of enrolled families and staff following an emergency

   f) specific procedures implemented before (e.g., notice of a tornado warning) and during an emergency, including evacuation procedures

   g) the program’s overall plan to address emergencies and disasters (e.g., hurricane, flood)

   h) quantities of emergency supplies to have on hand to take care of program staff and children

   i) how many days the program would be able to provide for staff and children, if necessary

   j) which files and records would be needed in an emergency

       and

   k) the plan for backing up and duplicating those files and records.

**Related Regulations:** 1304.22 a; 1304.22 a 1; 1304.22 a 2; 1304.22 a 3; 1304.22 a 4; 1304.22 a 5; 1304.53; 1306.35 c

**Related Review Question/s:** HL2F; SE1B   SE1B; HL4.1
Child Health and Safety

Policy ID: HL1009

Subject: Conditions of Short-Term Exclusion and Admittance

Performance Objective: The program does not deny program admission to nor exclude any child from program attendance solely on the basis of his or her health care needs or medication requirements.

Operational Procedures:

1. The program temporarily excludes a child with a short-term injury or an acute or short-term contagious illness, that cannot be readily accommodated, from program participation in center-based activities or group experiences, but only for that generally short-term period when keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child.

   a) The Head Start Staff is responsible for making this determination.

2. The program does not deny program admission to any child, nor exclude any enrolled child from program participation for a long-term period, solely on the basis of his or her health care needs or medication requirements unless keeping the child in care poses a significant risk to the health or safety of the child or anyone in contact with the child and the risk cannot be eliminated or reduced to an acceptable level through reasonable modifications in the program’s policies, practices or procedures or by providing appropriate auxiliary aids which would enable the child to participate without fundamentally altering the nature of the program.

3. The program does request that parents inform them of any health or safety needs of the child that the program may be required to address. The program shares information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program’s confidentiality policy.

   a) Information about children’s health or safety needs are kept confidential in the child files.

   b) The Health Nutrition Managers/Specialist and Center Administrators informs staff of accommodations that must be made for the children.

Related Regulations: 1304.22 b; 1304.22 b 1; 1304.22 b 2; 1304.22 b 3

| Related Review Question/s: HL3A; HL3B; HL3C | HL5.1; HL5.2; HL5.3 |
Child Health and Safety

Policy ID: HL1010

Subject: Medication Administration

Performance Objective: The program establishes and maintains written procedures regarding the administration, handling, and storage of medication for every child, staff, and volunteers.

Operational Procedures:

1. The program may modify these procedures as necessary to satisfy State or Tribal laws, but only where such laws are consistent with Federal laws.

2. The procedures include:

   a) Obtaining physicians’ instructions and written parent or guardian authorizations for all medications administered by staff. This information is obtained via the physician from a signed parental release using written correspondence such as a fax and the postal service. Parent/Guardian information is obtained at the time the child’s health care plan is completed and is kept in the child files.

   b) Designating trained staff member(s) or school nurse to administer, handle and store child medications.

   c) Labeling and storing, under lock and key, and refrigerating, if necessary, all medications, including those required for staff and volunteers. Emergency medication (e.g., EpiPens, glucose) is stored out of children’s reach yet quickly accessible.

   d) Maintaining an individual record of all medications dispensed, and reviewing the record regularly with the child’s parents.

   e) Identifying and recording changes in a child’s behavior that have implications for drug dosage or type, and assisting parents in communicating with their physician regarding the effect of the medication on the child.

   f) Ensuring that appropriate staff members can demonstrate proper techniques for administering, handling, and storing medication, including the use of any necessary equipment to administer medication.

Related Regulations: 1304.22 c; 1304.22 c 1; 1304.22 c 2; 1304.22 c 3; 1304.22 c 4; 1304.22 c 5; 1304.22 c 6

Related Review Question/s: HL3D; SE1B  SE1B
Child Health and Safety

Policy ID: HL1011

Subject: Injury Prevention

Performance Objective: The program attempts to prevent injuries.

Operational Procedures:

1. The program ensures that staff and volunteers can demonstrate safety practices.

2. The program fosters safety awareness among children and parents by incorporating it into child and parent activities.

Related Regulations: 1304.22 d; 1304.22 d 1; 1304.22 d 2

Related Review Question/s: EC2B ECD3.6
Child Health and Safety

Policy ID: HL1012

Subject: Hygiene

Performance Objective: The program maintains standards for personal hygiene.

Operational Procedures:

1. Staff, volunteers, and children wash their hands with soap and running water at least at the following times:
   a) After diapering or toilet use.
   b) Before food preparation, handling, consumption, or any other food-related activity (e.g., setting the table).
   c) Whenever hands are contaminated with blood or other bodily fluids.
   d) After handling pets or other animals.

2. Staff and volunteers also wash their hands with soap and running water:
   a) Before and after giving medications.
   b) Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids).
   c) After assisting a child with toilet use.

3. Nonporous (e.g., latex) gloves are worn by staff when they are in contact with spills of blood or other visibly bloody bodily fluids.
   a) Nonporous gloves are stored in every classroom in clear visible site and are easily accessible.

4. Spills of bodily fluids (e.g., urine, feces, blood, saliva, nasal discharge, eye discharge or any fluid discharge) are cleaned and disinfected immediately in keeping with professionally established guidelines (e.g., standards of the Occupational Safety Health Administration, U.S. Department of Labor). Any tools and equipment used to clean spills of bodily fluids are cleaned and disinfected immediately. Other blood-contaminated materials are disposed of in a plastic bag with a secure tie.

5. The program adopts sanitation and hygiene procedures for diapering that adequately protect the health and safety of children served by the program and staff.

6. The program ensures that staff properly conduct these procedures.

7. Potties that are utilized in a center-based program are emptied into the toilet and cleaned and disinfected after each use in a utility sink used for this purpose.

8. The program, when operating programs for infants and toddlers, spaces cribs and cots at least three feet apart to avoid spreading contagious illness and to allow for easy access to each child.

9. The program follows the Universal Precautions regarding potential exposure to blood, bloodborne pathogens, and other potentially infectious materials.
a) When an employee or volunteer has come into contact with human blood and any other potentially infectious materials, he/she must notify their supervisor and the agency contact person immediately.

b) The program will provide the affected employee or volunteer with access to laboratory tests and/or medical evaluation after the exposure has been reported to the supervisor and the agency contact person.

c) The program will provide the affected employee or volunteer with access to the hepatitis B vaccine.

d) Bloodborne pathogen training is provided by the agency during the annual agency orientation.

**Related Regulations:**
1304.22 e; 1304.22 e 1; 1304.22 e 1 i; 1304.22 e 1 ii; 1304.22 e 1 iii; 1304.22 e 1 iv; 1304.22 e 2; 1304.22 e 2 i; 1304.22 e 2 ii; 1304.22 e 2 iii; 1304.22 e 3; 1304.22 e 4; 1304.22 e 5; 1304.22 e 6; 1304.22 e 7

**Related Review Question/s:** SE2A; SE2B; SE2C; SE2D
Child Health and Safety

Policy ID: HL1013

Subject: First Aid Kits

Performance Objective: The program ensures readily available, well-supplied first aid kits.

Operational Procedures:

1. Readily available to staff, well-supplied first aid kits appropriate for the ages served and the program size are maintained at each facility and available on outings away from the site. Each kit is accessible to staff members at all times, but are kept out of the reach of children.

2. First aid kits are restocked after use, and an inventory is conducted at regular intervals.

3. First aid kits contain items within their expiration dates as applicable.

4. The Lead Teacher or Bus Driver or Office Manager notifies each staff person of the location/s of the first aid kits.

5. The program has a portable first aid kit for use on trips to offsite locations or on the playground.

6. Each program vehicle used to provide transportation services has a first aid kit meeting the applicable requirements.

Related Regulations: 1304.22 f; 1304.22 f 1; 1304.22 f 2; 1310.10 d 3

Related Review Question/s: SE2E; TR2A; SE2E
Health Services

Policy ID: HL1014

Subject: Ongoing Monitoring of Health Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of health services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements the following procedures for ongoing monitoring of health services at the grantee and delegate level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s health services are detected, the Health Nutrition Manager/Specialist, notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s health services are identified, the Head Start Staff is responsible for documenting them and reporting to the Health Nutrition Manager/Specialist.

   c) Documentation of identified health service problems or weaknesses is kept in the child’s file. The children are screened and the results are entered into ChildPlus. All screening results are shared with the parents. Referral notices are sent to the parent if follow-up is needed. If the parent does not respond to the follow-up letter, then the Family Advocate contacts the parent and an additional letter is sent from the Health Nutrition Manager. Health Managers enter data into Child Plus from the Health History and the Child Health and Enrollment Form which are completed at the time of registration. To begin health screening, the Latest Occurrence of Health Events Report is printed to determine which children are in need of a screening for hearing, vision, blood pressure or dental needs. The Latest Occurrence of Health Events Report is monitored by Health/Nutrition Managers. The Child Plus Treatment Tracking Reports are printed by the Health/Nutrition Managers to monitor follow-up care of children.

   d) All personnel are directed to report safety issues or concerns whenever they are apparent to appropriate agency personnel.

2. Health Services monitoring measures, tools, instruments, materials, etc. include:

   a) Child Plus

   b) Pure Tone Audiometer

   c) L.E.A. symbols and Random.E

3. The program analyzes and documents progress toward achieving health services goals and complying with performance requirements by using self-assessment results. The Health Nutrition Managers and Health Specialist meet with the Child Health & Education Director to make improvements and fix issues. Staff and parents participate in the self-assessment process. Health policies and procedures are updated annually in July and August at a minimum for every program year. Immediate changes are made to policies and procedures if state or federal regulations change. Meetings are held quarterly with all Health Nutrition Managers and when updates are needed.
Related Regulations: 1304.51 i 2

Related Review Question/s: HL5A  PDM6.1
Ohio Heartland Community Action Commission

Head Start

Service Plans and Policies

Nutrition Services
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<th>FY 2011 Monitoring Protocol: <strong>Nutrition Services</strong></th>
<th>Related Regulations:</th>
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<td>Q. ID: Review Questions:</td>
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**Nutrition Services Framework #1 - Staff Qualifications**

**NS1** The grantee ensures effective oversight, coordination, and management of the program’s nutrition services by hiring qualified staff and/or consultants and ensuring they have adopted the functions of the area.

1.1 The program hires staff or consultants as content area experts to oversee and support nutrition services who are registered dieticians or nutritionists.

| Interview: Nutrition Content Area Expert (Staff Qualifications and Expertise) |
| * Describe your training or experience related to diet and nutrition. |
| * Describe your process for regular staff oversight, monitoring the provision of nutrition services, what you do when problems are identified, and how you use the community and self assessment in program planning to continually improve health services. |

| Staff Files: Nutrition Content Area Expert (Staff Qualifications and Expertise) |
| * Review documentation of the training, experience, and qualifications in employee files and/or consultant contracts to determine whether the program is supported by a content expert who is a registered dietician or nutritionist. If there is more than one individual serving in this role, please document the qualifications of each. |

1.2 The program ensures that the program management functions for nutrition services are formally assigned to and adopted by staff within the program. Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.

| Interview: Nutrition Coordinator (Staff Qualifications and Expertise) |
| * Describe how your knowledge, skills, and experience assist you in performing your assigned functions in the area of nutrition services responsibly. |

| Staff Files: Nutrition Coordinator (Staff Qualifications and Expertise) |
| * Determine who is formally assigned to the functions of managing nutrition services. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area. |

**Nutrition Services Framework #2 - Assessing and Planning**

**NS2** The program designs and implements nutrition services that promote the healthy development of enrolled children through a process of working with families to assess, plan for and individualize nutrition services to meet their child’s nutritional needs, feeding requirements, and cultural and ethnic preferences.

2.1 Program staff and families work together to identify each child’s nutritional needs, utilizing relevant information from nutrition assessment data, family eating patterns and cultural preferences, special dietary requirements for children with disabilities, nutrition-related health problems,
<table>
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<th>Q. ID:</th>
<th>Review Questions:</th>
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| Child Files: Nutrition Assessment and Planning | * Does the child have special dietary needs?  
* Has the program made the required accommodations to meet these needs?  
* Review parent contact logs or daily child notes, if available. Is there documentation that staff communicate regularly with parents about their child's nutritional needs? |
| Interview: Nutrition Coordinator (Assessment and Planning) | * Describe your system for program staff and families working together to assess and plan for each child's nutritional needs, including any special dietary requirements for children with disabilities, children with nutrition-related health problems, and/or infants and toddlers.  
* How do you discuss with families their cultural, religious, ethnic, or personal food preferences for their children? How do you discuss nutrition-related health problems that require special dietary considerations, such as obesity, iron deficiency, failure-to-thrive, food allergies and intolerances, milk allergies, and lactose intolerance?  
* How do you share information and plan with teaching and food preparation staff for a child that has a disability, food allergy, medically based dietary need, cultural preference or other special dietary need requiring accommodation? |
| Interview: Food Preparation Staff and Nutrition Coordinator (Assessment and Planning) | * How do you know when and how you need to modify a menu for a child with disabilities, food allergies, cultural preference or other medically based or special dietary needs? How do you take nutritional assessment data into consideration? How do you accommodate special medical or dietary needs? |

2.2 The program’s nutrition program is designed and implemented to meet the nutritional needs and feeding requirements of each child, (including children with special medical or disabilities needs) and offer a variety of foods that consider cultural preferences and broaden children’s food experiences.

Child Files: Nutrition Assessment and Planning
* Does the child have special dietary needs?  
* Has the program made the required accommodations to meet these needs?  

Interview: Nutrition Coordinator (Assessment and Planning)  
* Describe your system for program staff and families working together to assess and plan for each child's nutritional needs, including any special dietary requirements for children with disabilities, children with nutrition-related health problems, and/or infants and toddlers.  
* How do you share information and plan with teaching and food preparation staff for a child that has a disability, food allergy, medically based dietary need, cultural preference or other special dietary need requiring accommodation?  
* Describe how staff individualize feeding or meal schedules for infants and toddlers to meet differences in eating patterns or food preferences. Applies To: Center-based or family child care programs serving infants and toddlers

Related Regulations: 1304.23 b 1  
Related Policies: 1304.23 c 6  
Related Policies: NS1003  
Related Policies: NS1004
## FY 2011 Monitoring Protocol: Nutrition Services

### Q. ID: Review Questions:

<table>
<thead>
<tr>
<th>Interview: Food Preparation Staff and Nutrition Coordinator (Assessment and Planning)</th>
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<tbody>
<tr>
<td>* How do you know when and how you need to modify a menu for a child with disabilities, food allergies, cultural preference or other medically based or special dietary needs? How do you take nutritional assessment data into consideration? How do you accommodate special medical or dietary needs?</td>
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<tr>
<th>Document Review: Menus</th>
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<tr>
<td>* Review menus and determine whether the program serves a variety of foods that are considered culturally and ethnically diverse and broaden the children's food experience.</td>
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</table>

**Applies To:** Center-based or family child care programs serving preschool-age children

### 2.3 Program staff ensures nutritional information of infants and toddlers, including feeding schedules, amounts and types of food, meal patterns, new foods, preferences and intolerances and any changes in these are communicated regularly to parents.

**Related Regulations:** 1304.23 a 3 NS1002

<table>
<thead>
<tr>
<th>Interview: Parent (Nutrition Services)</th>
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<tr>
<td>* How and how often does the program communicate with you about your child's daily diapering/toileting needs and intake of food? <strong>Applies To:</strong> Programs serving infants and toddlers</td>
</tr>
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</table>

<table>
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<tr>
<th>Interview: Teacher and Family Child Care Provider (Meals, Nutrition and Oral Hygiene)</th>
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| * How often do you communicate with parents about:  
  - Frequency and manner of feeding;  
  - Introduction of solid foods and other new foods;  
  - Daily elimination patterns of each child;  
  - Food intolerances and preferences of each child; and  
  - Quantity and consumption of foods at home and school? **Applies To:** Programs serving infants and toddlers |

**Related Regulations:** 1304.23 b 1 iii 1304.23 b 1 vii NS1003

### 2.4 Meal and snack periods are appropriately scheduled and adjusted to meet the individual needs of children, including serving a nutritious breakfast to children who have not received breakfast prior to arrival at the program, and feeding infants and toddlers “on demand”.

<table>
<thead>
<tr>
<th>Interview: Nutrition Coordinator (Assessment and Planning)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Describe how staff individualize feeding or meal schedules for infants and toddlers to meet differences in eating patterns or food preferences. <strong>Applies To:</strong> Center-based or family child care programs serving infants and toddlers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview: Parent (Nutrition Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* If your child arrives late to the Head Start classroom or Family Care provider and has not had breakfast does the program provide breakfast to your child? <strong>Applies To:</strong> Center-based or family child care programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview: Teacher and Family Child Care Provider (Meals, Nutrition and Oral Hygiene)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Do children receive breakfast every morning? Describe your procedures for meeting the needs of children when they arrive after breakfast has been served.</td>
</tr>
</tbody>
</table>
### Observation: Nutrition

* Observe meals and snack time. Were necessary modifications for special needs of individual children evident? Make notes to verify modifications and scheduled times observed. When observing an infant or toddler classroom, note how children were “fed on demand” or at appropriate intervals, and that foods are modified based on each child’s skills and readiness level.

### 2.5 Parents and community partners are involved in planning and evaluating Head Start and Early Head Start nutrition services.

<table>
<thead>
<tr>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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</thead>
<tbody>
<tr>
<td>1304.23 b 4</td>
<td>NS1003</td>
</tr>
</tbody>
</table>

### Interview: Nutrition Coordinator (Assessment and Planning)

* Describe how parents and appropriate community partners are involved in planning and evaluating nutrition services. Can you show documentation of planning and evaluation meetings, evaluations, surveys, etc. to verify their involvement?

### Nutrition Services Framework #3 - Managing Nutrition Services

#### NS3

**The program promotes children’s healthy growth and development by ensuring that all meals and snacks conform to age appropriate recommended dietary allowances and requirements established by the USDA and CACFP and by ensuring the safe storage, handling and preparation of food.**

<table>
<thead>
<tr>
<th>Related Regulations:</th>
<th>Related Policies:</th>
</tr>
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<tbody>
<tr>
<td>1304.23 b 1 v</td>
<td>NS1003</td>
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<tr>
<td>1304.23 b 1 vi</td>
<td></td>
</tr>
<tr>
<td>1304.23 b 1 ii</td>
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</table>

### 3.1 Preschool-age children receive the quantities and kinds of foods that meet the nutritional needs of children and that conform to serving sizes and minimum standards for meal patterns recommended by the CACFP, including special attention to ensuring that foods served are high in nutrients and low in fat, sugar and salt.

### Interview: Nutrition Coordinator (Appropriate Foods)

* How do you ensure that each child receives meals and snacks that follow recommended allowances to meet a child's daily nutritional needs through:
  - Meals and snacks of part day programs provide at least one-third of each child’s daily nutritional needs
  - Meals and snacks of full day programs (depending on length of day) provide at least two-thirds of each child daily nutritional needs. *Applies To: Center-based or family child care programs serving preschool-age children*

### Document Review: Menus

* Verify whether menu planning complies with USDA requirements. Your notes should describe how the program complies or does not comply with USDA requirements. Document how you know the nutritional content of the foods offered, and if foods are high in fat, sugar, or salt, describe how you know their nutritional content. *Applies To: Center-based or family child care programs serving preschool-age children*

### 3.2 Infants and toddlers receive food appropriate to their nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements.

### Interview: Nutrition Coordinator (Appropriate Foods)

* How do you plan and make sure that infants and toddlers receive food appropriate to their nutritional needs, developmental readiness, and feeding skills, as recommended in the USDA meal pattern or nutrient standard menu planning requirements? Listen for explanations for how staff ensure the following:
<table>
<thead>
<tr>
<th>Q. ID: Review Questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Foods posing health risks (e.g. peanut butter, honey, eggs) are not offered to children younger than 1 year old.</td>
</tr>
<tr>
<td>- Foods posing a high risk of choking for infants and toddlers (e.g., hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts) are not given to them. Applies To: Center-based or family child care programs serving infants and toddlers</td>
</tr>
</tbody>
</table>

**Document Review: Menus**
* Verify whether menu planning complies with USDA requirements. Your notes should describe how the program complies or does not comply with USDA requirements. Document how you know the nutritional content of the foods offered, and if foods are high in fat, sugar, or salt, describe how you know their nutritional content. Applies To: Center-based or family child care programs

* Review menus, diet intake records, or feeding records to ensure that foods posing health or choking risks are not included in menus offered to infants and toddlers. Applies To: Center-based or family child care programs serving infants and toddlers

**3.3** Home-based programs provide appropriate snacks and meals to each child during group socialization activities.

**Interview: Nutrition Coordinator (Appropriate Foods)**
* How do you ensure that appropriate snacks and meals (e.g., formula, baby food) are provided to infants and toddlers during socializations? Applies To: Home-based programs serving infants and toddlers

**Document Review: Menus**
* Review menus for socializations to determine whether the program serves appropriate food and snacks. Applies To: Home-based programs

**Interview: Home Visitor (Meals, Nutrition and Oral Hygiene)**
* For the meals and snacks provided during socialization, how do you accommodate children’s nutritional needs, including food allergies, medically based needs, or other special dietary needs?

**3.4** USDA Food and Consumer Services Child Nutrition Programs funds are utilized as the primary source of payment for meal services.

**Interview: Fiscal Officer (Meals, Nutrition and Oral Hygiene)**
* What funds are used to pay for meals and snacks (including formula) in your Head Start and/or Early Head Start program?

**3.5** The program complies with all applicable food preparation safety and sanitation laws, including contracting with only licensed food service vendors. Proper breast milk storage and handling facilities are available at facilities serving infant and toddlers.

**Interview: Nutrition Coordinator (Food Safety)**
* How do you assure that food service vendors observe Federal, State, local, or Tribal safety and sanitation regulations related to food handling? Can you show documentation of your program's compliance with food safety and sanitation laws? See also SE3A
* How do you assure there are appropriate facilities for handling and storing breast milk? Applies To: Center-based or family child care programs serving infants and toddlers

**Related Regulations:** 1304.23 b 2
**Related Policies:** NS1003

**Related Regulations:** 1304.23 b 1 i
**Related Policies:** NS1003

**Related Regulations:** 1304.23 e 1
**Related Policies:** NS1005

**Related Regulations:** 1304.23 e 2
**Related Policies:** NS1005
### FY 2011 Monitoring Protocol: **Nutrition Services**

<table>
<thead>
<tr>
<th>Q. ID: Review Questions:</th>
<th>Related Regulations:</th>
</tr>
</thead>
</table>
| **Observation: Safe Environments Center-based Checklist and Safe Environments Family Child Care Checklist (Food Safety)**  
* Does the program post evidence of compliance with food and safety sanitation laws? | Related Policies: |

**Nutrition Services Framework #4 - Integrating Nutrition into Early Childhood Development**

**NS4**  
**Through the provision of nutritional services, the program provides opportunities for child development, socialization and healthy behaviors by contributing to children’s oral health and by promoting positive attitudes toward child and family nutrition.**

#### 4.1 Effective oral hygiene is promoted among children in conjunction with meals.

**Interview: Nutrition Coordinator (Promoting Healthy Behaviors)**  
* Describe your procedures for tooth brushing (and in infant and toddler classrooms the procedure of gum-wiping). When and how often does this occur? What are other ways that oral hygiene is promoted in classrooms (and during home visits)?

**Interview: Teacher and Family Child Care Provider (Promoting Healthy Behaviors)**  
* Describe how the program promotes effective oral hygiene among children in conjunction with meals.

**Interview: Home Visitor (Meals, Nutrition and Oral Hygiene)**  
* How do you promote oral hygiene during home visits?

**Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations**  
* Describe observed tooth-brushing and/or gum-wiping activities and when they occur.

#### 4.2 Children’s development and socialization are supported through nutrition services by providing sufficient time for each child to eat, ensuring that food is not used as punishment or reward and by encouraging each child, without force, to eat or taste food.

**Interview: Teacher and Family Child Care Provider (Meals, Nutrition and Oral Hygiene)**  
* What steps do you take to ensure that children have adequate time to eat and that slower eaters are given enough time to finish their food?  
* How do you introduce and encourage children to try new foods? How do you respond to children that do not want to eat all the food offered? Is food used as a reward or punishment for children’s behavior?

**Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations**  
* During meal service do children have adequate time to eat? Are slower eaters given enough time to finish their food?

#### 4.3 Nutrition services contribute to children’s development and socialization by ensuring that all toddlers, preschool children, and assigned classroom staff, including volunteers, eat together family style, and share the same menu to the extent possible.

**Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations**
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<tr>
<td><strong>Q. ID:</strong> Review Questions:</td>
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<tr>
<td>* Describe how staff implement family-style meals. For example:</td>
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<tr>
<td>- Is conversation shared during the meal?</td>
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<td>- If the program serves prepackaged food, are providers still sitting with the children during meals and snacks?</td>
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<td>- Do providers or other designated staff use mealtime as an opportunity to model language, conversation, and social interaction and to introduce nutritious foods?</td>
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<tr>
<td><strong>4.4</strong> Nutrition services contribute to children’s development and socialization by ensuring that infants are held while being fed rather than being laid down to sleep with a bottle.</td>
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<tr>
<td>Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations</td>
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<tr>
<td>* How do staff ensure that infants are held while being fed rather than being laid down to sleep with a bottle? Document your observations. See also ECD5.6. Applies To: Programs serving infants and toddlers</td>
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<tr>
<td><strong>4.5</strong> Nutrition services contribute to child and family positive behaviors by engaging children in food-related experiences and providing parent education opportunities to enhance nutrition related skills.</td>
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<tr>
<td>Interview: Nutrition Coordinator (Promoting Healthy Behaviors)</td>
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<tr>
<td>* How does your program promote positive nutrition behaviors through child food experiences in the classroom (and on home visits)? What kind of education opportunities are offered to parents either individually or as a group to assist them in developing their food preparation and nutritional skills?</td>
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<tr>
<td>Interview: Home Visitor (Meals, Nutrition and Oral Hygiene)</td>
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</tr>
<tr>
<td>* How do you work with parents to plan and implement nutrition activities for home visits and group socializations?</td>
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<tr>
<td>Interview: Teacher and Family Child Care Provider (Meals, Nutrition and Oral Hygiene)</td>
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<tr>
<td>* Describe how you integrate food-related experiences into your classroom planning.</td>
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<tr>
<td>Interview: Parent (Nutrition Services)</td>
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<tr>
<td>* Can you describe how you have been involved in planning nutrition activities on home visits or group socializations? Applies To: Home-based programs</td>
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<tr>
<td>* Review classroom plans, home visit plans, or other written documentation of planned food related experiences to determine whether these experiences involving children are being planned and implemented.</td>
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**Nutrition Services and Human Resources Management**

**Policy ID:** NS1001

**Subject:** Qualifications of Content Area Experts: Nutrition Services Staff

Page 36
Performance Objective: The program hires staff or consultants as content area experts to oversee and support nutrition services who are registered dieticians or nutritionists.

Operational Procedures:

1. Nutrition services are supported by staff or consultants who are registered dietitians or nutritionists. This is ensured by the Health Specialist, the Child Health & Education Director, the Head Start Director and the Software Systems Administrator. To comply with USDA guidelines and as part of the USDA application, vendors providing food service to OHCAC Head Start centers must provide proof of the registered dietitian’s qualifications. For outside vendors, the Software Systems Administrator obtains the proof of the dietitian certification. For the OHCAC Head Start Grace Street Center and the Marian Clark Center kitchens, proof of the registered dietitian’s certification is obtained by the Child Health & Education Director. All certification is updated annually or upon the expiration of the certification.

   a) Grantee and delegate agencies ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

2. The Nutrition Content Area Expert provides regular staff oversight, monitor the provision of health services, help solve problems when they are identified, and use the community assessment and self assessment in program planning to continually improve health services.

3. The program ensures that the program management functions for nutrition services are formally assigned to and adopted by staff within program.

Related Regulations: 1304.52 a 2 ii; 1304.52 b 1; 1304.52 d 3

Related Review Question/s: NS1A, NS1.1
Child Nutrition

Policy ID: NS1002

Subject: Identification of Nutritional Needs

Performance Objective: The program works with families to identify the nutritional needs of children.

Operational Procedures:

1. Staff and families work together at time of registration and during the program year to identify each child’s nutritional needs, taking into account staff and family discussions concerning:

   a) Any relevant nutrition-related assessment data (height, weight, hemoglobin/hematocrit) obtained under 1304.20 a, including nutrition-related health problems such as obesity, iron deficiency, failure-to-thrive, food allergies, food intolerances, milk allergies, lactose intolerance, and anything else requiring special dietary considerations (e.g., diabetes).

   b) Information about family eating patterns, including cultural, religious, ethnic, and personal food preferences, special dietary requirements for each child with nutrition-related health problems, and the feeding requirements of infants and toddlers and each child with disabilities (see 1308.20).

   c) For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used; meal patterns; new foods introduced; food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. This information is shared with parents and updated regularly.

   d) Information about major community nutritional issues, as identified through the Community Assessment or by the Health Services Advisory Committee or the local health department.

      i) The disabilities coordinator works with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.

      ii) Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists or dietitians are consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.

      iii) The plan for services for children with disabilities includes activities to help children with disabilities participate in meal and snack times with classmates.

      iv) The plan for services for children with disabilities addresses prevention of disabilities with a nutrition basis.

2. The Health/Nutrition Manager/Specialist maintains documentation of meetings, gatherings, communications, interactions, agendas with sign-in sheets, etc. that demonstrates how communication with families regarding nutrition occurs.

Related Regulations: 1304.23 a; 1304.23 a I; 1304.23 a 2; 1304.23 a 3; 1304.23 a 4

Related Review Question/s: NS2D; NS2F NS2.1; NS2.3
**Nutrition Services**

**Policy ID: NS1003**

**Subject:** Understanding Children’s Nutritional Needs; Managing Nutrition Services; and Integrating Nutrition into Early Childhood Development

**Performance Objective:** The program designs and implements a nutrition program that meets the needs of each child.

**Operational Procedures:**

1. The program designs and implements a nutrition program that meets the nutritional needs and feeding requirements of each child, including those with special dietary needs and children with disabilities. Also, the nutrition program serves a variety of foods which consider cultural and ethnic preferences, nutritional needs, feeding requirements, developmental readiness, and which broaden the child’s food experience.
   
   a) Foods posing a high risk of choking for infants and toddlers (e.g., hot dogs, whole grapes, hard raw vegetables, popcorn, whole nuts) are not given to them.
   
   b) The Health/Nutrition Manager/Specialist informs teaching and cooking staff that a child has a disability, food allergy, medically based dietary need, or other special dietary need, and
   
   c) Kitchen staff modify menus accordingly, taking into account nutritional assessment data.

2. The program uses funds from USDA Food and Consumer Services Child Nutrition Programs as the primary source of payment for meal services. Head Start funds may be used to cover those allowable costs not covered by the USDA.

3. Each child in a part-day center-based setting receives meals and snacks that provide at least one-third of the child’s daily nutritional needs.

4. All children in morning center-based settings who have not received breakfast at the time they arrive are served a nourishing breakfast, regardless of their arrival time.

5. For 3- to 5-year-olds in center-based settings, the quantities and kinds of food served conform to recommended serving sizes and minimum standards for meal patterns recommended in the USDA meal pattern or nutrient standard menu planning requirements outlined in [7 CFR parts 210, 220, and 226](#).

6. For 3- to 5-year-olds in center-based settings or other Head Start group experiences, foods served are high in nutrients and low in fat, sugar, and salt.

7. Meal and snack periods in center-based settings are appropriately scheduled and adjusted, where necessary, to ensure that individual needs are met.

8. Staff promote effective dental hygiene among children in conjunction with meals.
   
   a) Once daily, after a meal, Head Start staff or volunteers help children age one year or older brush their teeth using fluoride toothpaste.

9. The program ensures that parents and appropriate community agencies are involved in planning, implementing, and evaluating the agencies’ nutrition services.
10. The program implements parent education activities with opportunities to assist individual families with food preparation and nutritional skills.

**Related Regulations:** 1304.23 b; 1304.23 b 1; 1304.23 b 1 i; 1304.23 b 1 ii; 1304.23 b 1 iii; 1304.23 b 1 iv; 1304.23 b 1 v; 1304.23 b 1 vi; 1304.23 b 1 vii; 1304.23 b 2; 1304.23 b 3; 1304.23 b 4; 1304.23 d; 1306.33

**Related Review Question/s:** NS2A; NS2B; NS2C; NS2E; NS3A; NS4A; NS2.2; NS2.4; NS2.5; NS3.1; NS3.2; NS3.3; NS3.4; NS4.1; NS4.5; FM2A
Nutrition Services

Policy ID: NS1004

Subject: Meal Service

Performance Objective: The program ensures that nutrition services in center-based settings contribute to the development and socialization of enrolled children.

Operational Procedures:

1. The program ensures that nutrition services in center-based settings contribute to the development and socialization of enrolled children by providing that:

   a) A variety of food is served which broadens each child’s food experiences.

   b) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food. (See Policy # PDM1036, Standards of Conduct.)

   c) Sufficient time is allowed for each child to eat. Slower eaters are given enough time to finish their food.

   d) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible.

      i) Conversation is shared during meal time.

      ii) When teachers are unable to have their meals at the same time as children, other designated staff and/or volunteers eat and converse with the children during mealtime.

      iii) Teachers use mealtime as an opportunity to model language, conversation, and social interaction and to introduce nutritious foods.

   e) Medically-based diets or other dietary requirements are accommodated.

   f) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Related Regulations: 1304.23 c; 1304.23 c 1; 1304.23 c 2; 1304.23 c 3; 1304.23 c 4; 1304.23 c 5; 1304.23 c 6; 1304.23 c 7; 1304.52 i 1 iv

Related Review Question/s: NS4B; NS4C; NS4D; EC2B; EC3H  NS2.2; NS4.2; NS4.3; NS4.4; NS4.5; ECD3.6
Safe Environments: Child Nutrition

Policy ID: NS1005

Subject: Food Safety and Sanitation: Compliance and Posting

Performance Objective: The program complies with all applicable Federal, State, local, and Tribal food safety and sanitation laws and posts evidence of compliance with applicable laws and appropriate licenses and certificates.

Operational Procedures:

1. The program posts evidence of compliance (licenses, certificates) with all applicable Federal, State, Tribal, and local food safety and sanitation laws, including those related to the storage, preparation and service of food and the health of food handlers. In addition, the program contracts only with food service vendors that are licensed in accordance with State, Tribal or local laws.

Related Regulations: 1304.23 e; 1304.23 e 1; 1304.23 e 2; 1306.35 d

Related Review Question/s: SE3A; SE3B  NS3.5; SE3A; SE3B
Head Start Program Policies and Procedures

Nutrition Services and Management Systems

Policy ID: NS1006

Subject: Ongoing Monitoring of Nutrition Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of nutrition services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of nutrition services at the grantee and delegate level to ensure effective implementation of Federal regulations:
   a) When problems or weaknesses in the program’s nutrition services are detected, the Health Nutrition Manager/Specialist notifies appropriate personnel and suggests corrective actions. Health Managers enter growth data on all children from their physical exam or from the Height and Weight form data supplied by the education staff. Growth charts are printed for all children from ChildPlus which indicates underweight and overweight children. Parents of children that are underweight or overweight are sent a letter with packets of nutrition information. Nutrition services are offered via our contracted registered dietitian when requested by a parent.
   b) When problems or weaknesses in the program’s nutrition services are identified, the Health Nutrition Manager/Specialist is responsible for documenting them and reporting to the Child Health and Education Director.
   c) Documentation of identified nutrition service problems or weaknesses is kept in the CACFP USDA Binder. Food Service reviews of all mealtimes are performed three times a year by Health Nutrition Managers. All OHCAC Head Cooks, Assistant Cooks, and Health Nutrition Managers have the ServSafe training and bloodborne pathogens training.
   d) All personnel are directed to report safety issues or concerns whenever they are apparent to their immediate supervisor.

2. Nutrition Services monitoring measures, tools, instruments, materials, etc. include:
   a) Growth Charts
   b) Menus (What’s In A Meal)
   c) Special Diets
   d) Food Service Monitoring Review Tool (USDA)

3. The program analyzes and documents progress toward achieving nutrition services goals and complying with performance requirements by having menus reviewed with Policy Council members for suggestions for meal choices for OHCAC Head Start operated kitchens. OHCAC menus are approved by a licensed dietician. Health policies and procedures are updated annually in July and August at a minimum for every program year. Immediate changes are made to policies and procedures if state or federal regulations change. When self-assessment results are determined, the Health Nutrition Managers and Health Specialist meet with the Child Health & Education Director to make improvements and fix issues. Staff and parents participate in the self-assessment process. Meetings are held quarterly with all Health Nutrition Managers and when updates are needed.
OHIO HEARTLAND COMMUNITY ACTION COMMISSION
HEAD START
SERVICE PLANS AND POLICIES

Safe Environments
| Safe Environments Compliance Indicator 1A | SE1A | Do facilities used for center-based combination options, home-based group socialization activities, or family child care comply with State and local licensing requirements? | 1306.30 c 1306.35 d | SE1000 |
| Document Review: Facility License | * Does the program have a license, if required by State, local, or Tribal regulations? If the program has not obtained a license please investigate and document why they have not met this standard. 
| Applies To: Family child care programs | 1306.35 d | 
| * Is the facility license current? Where licensing standards are less stringent than Head Start Program Performance Standards, or where no State or local licensing standards exist, determine whether the grantee or delegate complies with all standards under 1304.53 a. 
| Applies To: Center-based or home-based programs |
| Safe Environments Compliance Indicator 1B | SE1B | Does the program ensure that each facility or family child care home's space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children? | 1304.22 a 3 1304.53 a 10 1304.53 a 10 i 1304.53 a 10 iv 1304.53 a 10 v 1304.53 a 10 vi 1304.53 a 10 vii 1304.53 a 10 viii 1304.53 a 10 x 1304.53 a 10 xi 1304.53 a 10 xii 1304.53 a 10 xiv 1304.53 a 10 xvi 1306.35 b 2 1304.53 b 1 1304.22 c 1 | SE1001 |
| Interview: Parent (Support Services for Families) | * Does the program provide diapers, wipes and formula for your child? Applies To: Programs serving infants and toddlers |
| Document Review: Safe Environments Policies and Procedures | * Record the date of the last smoke detector check. |
| Interview: Facilities Coordinator (Environmental Safety) | * Describe the system in place to ensure the cleanliness, health, and safety of the facility, including daily monitoring of the cleanliness of indoor and outdoor premises. |
| Observation: Safe Environments Family Child Care Checklist | * Are children enrolled in the family child care program protected from potential hazards posed by appliances? Are premises free from pests? Are chemicals for controlling pests used only while children are not on the premises? 
| * Are radon detectors installed in family child care homes with a basement, where recommended by local health officials? |
**Head Start Program Policies and Procedures**

**FY 2011 Monitoring Protocol: Safe Environments**

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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<tbody>
<tr>
<td>* Are smoke and carbon monoxide detectors installed and located properly?</td>
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<tr>
<td>* Do providers ensure that alcohol and drugs are not consumed while children are present? Do providers ensure that alcohol and drugs are inaccessible to children at all times?</td>
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<tr>
<td>* Do providers ensure that no firearms or other weapons are kept in areas occupied by children? Do providers ensure that firearms or other weapons are inaccessible to children at all times?</td>
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<tr>
<td>* Do providers ensure the safety of children when a body of water, a road, or other potential hazard is present or when children are being transported?</td>
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<tr>
<td>* Is there a fence to prevent children's unsupervised access to all water hazards, such as pools or other bodies of water?</td>
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<tr>
<td>* Do providers have a system of supervision in place that ensures the safety of children not within view for any period (e.g., the provider needs to use the bathroom or an infant is napping in one room while toddlers play in another)?</td>
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<td>* Do providers secure health certificates for pets to document up to date immunizations and freedom from conditions that may pose a threat to children's health? Do providers ensure that pets are managed appropriately to ensure children’s safety at all times?</td>
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<td>* Are all child medications labeled and stored, under lock and key, and refrigerated, if necessary? Is emergency medication (e.g., EpiPen) stored out of children's reach yet accessible quickly?</td>
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**Observation: Safe Environments Center-based Checklist**

| * Are approved fire extinguishers readily available to staff? | 1304.53 a 10 iv |
| * Are classrooms well lit? Is emergency lighting available in case of a power failure? | 1304.53 a 10 xi |
| * Are electrical outlets accessible to children covered or maintained to prevent shock? | 1304.53 a 10 xiv |
| * Are areas used for diapering and toileting separate from areas used for cooking, eating, and children's activities? | 1304.53 a 10 xvi |
| * Are emergency evacuation routes posted and safety procedures for emergencies (e.g., fire or weather-related) practiced regularly? | 1304.22 a 3 |
| * Are exits clearly visible and evacuation routes clearly marked and posted so the path to safety outside is unmistakable? | 1304.53 a 10 vii |
| * Are garbage and trash stored and disposed of in a safe, sanitary manner? | 1304.53 a 10 xvi |
| * Are heating and cooling systems insulated to protect children and staff from injuries such as burns? Applies To: Programs in climates that require heating or cooling systems or both | 1304.53 a 10 i |
| * Are smoke detectors installed and tested regularly? | 1304.53 a 10 vi |
| * Are windows and glass doors constructed, adapted, or adjusted to prevent injury to children? Look for a seal on the safety glass. | 1304.53 a 10 xii |
| * Are all child medications labeled and stored, under lock and key, and refrigerated, if necessary? Is emergency medication (e.g., EpiPen) stored out of children's reach yet accessible quickly? | 1304.22 c 1 |
| * Does the program ensure that indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions? | 1304.53 a 10 viii |
### FY 2011 Monitoring Protocol: **Safe Environments**

**Q. ID:** Compliance Indicators:

<table>
<thead>
<tr>
<th>Safe Environments Compliance Indicator 1C</th>
<th>APPLIES ONLY TO: Programs serving infants and toddlers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are mattresses used for infants firm, and is soft bedding, such as comforters, pillows, fluffy blankets, or stuffed toys avoided?</td>
<td>1304.53 b 3 SE1002</td>
</tr>
<tr>
<td>Observation: Safe Environments Family Child Care Checklist and Safe Environments Center-based Checklist</td>
<td></td>
</tr>
<tr>
<td>* Are mattresses used for infants firm?</td>
<td></td>
</tr>
<tr>
<td>* Is the sleeping area free of soft bedding such as comforters, pillows, fluffy blankets, or stuffed toys? If soft bedding is found please alert the RTL to have the bedding removed (soft bedding can lead to SIDS). Determine why there was inappropriate bedding and create a systems level finding that allows the program to permanently correct this safety issue.</td>
<td></td>
</tr>
</tbody>
</table>

**Safe Environments Compliance Indicator 1D | APPLIES ONLY TO: Programs serving infants and toddlers**

**SE1D** Are all infant and toddler toys made of nontoxic materials and sanitized regularly? 1304.53 b 2 SE1002

**Interview: Teacher, Family Child Care Provider and Facilities Coordinator (Facilities and Equipment Safety)**

* How and when do you sanitize toys? What products do you use to sanitize toys? Can you show me the product? |

**Observation: Safe Environments Family Child Care Checklist and Safe Environments Center-based Checklist**

* When and how often are toys sanitized? Review toy sanitizing schedule, if available. |

**Safe Environments Compliance Indicator 1E | APPLIES ONLY TO: Center-based or family child care programs**

**SE1E** Does the program have adequate usable indoor and outdoor space? 1304.53 a 5 1306.35 a 3 SE1001

**Observation: Safe Environments Center-based Checklist**

* Are there at least 35 square feet of usable indoor space--excluding bathrooms, halls, kitchen, staff rooms, and storage space--and 75 square feet of usable outdoor space per child? 1304.53 a 5 |

* Calculate square footage per child using the number of children enrolled in that classroom. Indicate the number of children currently enrolled in the classroom and the measurement of the current classroom space. |

**Observation: Safe Environments Family Child Care Checklist**

* Does each family child care home have sufficient indoor and outdoor space usable and available to children? 1306.35 a 3 |

**Safe Environments Compliance Indicator 1F | APPLIES ONLY TO: Center-based or family child care programs**

<table>
<thead>
<tr>
<th><strong>Related Regulations:</strong> 1304.53 a 10 x 1304.53 a 10 viii</th>
<th><strong>Related Policies:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
<td></td>
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<tr>
<td>* Are playground equipment and surfaces maintained to minimize injury to children?</td>
<td></td>
</tr>
<tr>
<td>Document Review: Facility Cleaning Log</td>
<td></td>
</tr>
<tr>
<td>* Describe how the program logs its daily cleaning of the indoor and outdoor premises.</td>
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<tr>
<td>FY 2011 Monitoring Protocol: <strong>Safe Environments</strong></td>
<td>Related Regulations:</td>
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<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
<td><strong>SE1F</strong> Are outdoor play areas at center-based and family child care programs arranged to prevent children from getting into both unsafe and unsupervised areas? Does the program ensure that children en route to play areas are not exposed to vehicular traffic without supervision? Note: Fences are not required. However, where fences, walls, or other barriers are present, they, themselves, must not pose a safety hazard. If they do pose a safety hazard, refer to compliance indicator SAF1H.</td>
</tr>
<tr>
<td>Interview: Teacher and Family Child Care Provider (Safety) * How do you ensure that children are supervised at all times? * How do you prevent children from getting into unsafe areas? * Are children exposed to vehicular traffic when en route to play? If so, how do you keep children safe?</td>
<td>Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations * Observe outdoor play areas when children are present. Are children supervised in the play area at all times? How do staff work around any &quot;blind spot&quot; to ensure they can see all of the children?</td>
</tr>
<tr>
<td><strong>Safe Environments Compliance Indicator 1G</strong> <strong>APPLIES ONLY TO: Programs serving infants and toddlers</strong></td>
<td><strong>SE1G</strong> Does the program ensure that the indoor and outdoor space in Early Head Start (EHS) or Head Start (HS) centers in use by mobile infants and toddlers is separated from general walkways and from areas in use by preschoolers?</td>
</tr>
<tr>
<td>Observation: Safe Environments Center-based Checklist * Are indoor and outdoor spaces at center-based programs in use by mobile infants and toddlers separated from general walkways and from areas in use by preschoolers? If not, describe the space observed.</td>
<td></td>
</tr>
<tr>
<td><strong>Safe Environments Compliance Indicator 1H</strong></td>
<td><strong>SE1H</strong> Does the program provide for maintenance, repair, safety, and security of all Head Start facilities and equipment?</td>
</tr>
<tr>
<td>Interview: Facilities Coordinator (Facilities and Equipment Safety) * What is the budget allocation for ensuring that Head Start facilities and equipment are maintained, repaired, safe and secure? * An unsafe condition was observed at one or more centers. Describe the unsafe condition observed to the Facilities Coordinator and ask: What is the system for addressing facilities and equipment that are unsafe or need repair? Did your process fail, or can you describe what happened in this circumstance?</td>
<td></td>
</tr>
<tr>
<td>Interview: Facilities Coordinator, Teacher and Family Child Care Provider (Facilities and Equipment Safety) * Whom do you tell when facilities and equipment are unsafe or need repair?</td>
<td></td>
</tr>
<tr>
<td>Observation: Health and Safety Family Child Care Observations and Health and Safety Center-based Observations * Observe the facilities and equipment, and describe anything that is unsafe or needs repair, if applicable.</td>
<td></td>
</tr>
<tr>
<td><strong>Safe Environments Compliance Indicator 1I</strong> <strong>APPLIES ONLY TO: Center-based or family child care programs</strong></td>
<td><strong>SE1I</strong> Do the program's facilities provide adequately for children with disabilities to</td>
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</table>
### FY 2011 Monitoring Protocol: Safe Environments

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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</thead>
<tbody>
<tr>
<td><strong>ensure their safety, comfort, and participation?</strong></td>
<td>xvii</td>
<td>1304.53 b 1 iii</td>
</tr>
<tr>
<td><strong>Document Review: Grant Application Budget Instrument (GABI)</strong></td>
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<tr>
<td>* Does the budget allocate funds for purchase and upkeep of equipment, toys, materials, and furniture that are age appropriate, safe, and supportive of children with disabilities?</td>
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<tr>
<td><strong>Interview: Disabilities Coordinator (Adaptation for Children with Disabilities)</strong></td>
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<tr>
<td>* What steps are taken to ensure that all equipment, toys, materials, and furniture are age appropriate, safe, and supportive of children with disabilities?</td>
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<tr>
<td><strong>Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations</strong></td>
<td></td>
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<tr>
<td>* Observe indoor and outdoor spaces, and describe how provisions are made for children with disabilities to ensure their safety, comfort, and participation.</td>
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</tbody>
</table>

### Safe Environments Compliance Indicator 1J

**APPLIES ONLY TO: Center-based or family child care programs**

<table>
<thead>
<tr>
<th>SE1J</th>
<th>Does the program ensure that the environment is free of toxins, air pollutants, and water contaminants?</th>
<th>1304.53 a 8</th>
<th>SE1001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Interview: Facilities Coordinator (Environmental Safety)</strong></td>
<td>1306.35 b 2 i</td>
<td>SE1003</td>
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<tr>
<td></td>
<td>* When was the last time the program's environment was sprayed with herbicides or pesticides? When did children return to the area after spraying?</td>
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<td></td>
<td>* Has the center been tested for lead (e.g., paint, soil)? If so, were lead levels considered safe? If lead levels are high, what steps have been taken to eliminate children's exposure to lead while in the center?</td>
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<td></td>
<td><strong>Observation: Safe Environments Family Child Care Checklist</strong></td>
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<tr>
<td></td>
<td>* Does the Family Child Care program maintain a smoke-free environment?</td>
<td></td>
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<td></td>
<td><strong>Observation: Safe Environments Center-based Checklist</strong></td>
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<tr>
<td></td>
<td>* Does the program maintain a smoke-free environment on center grounds?</td>
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<td></td>
<td><strong>Document Review: Licensing or Inspection Report</strong></td>
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<td></td>
<td>* If available, review recent licensing reports or environmental inspection reports. What, if any, concerns were noted in the reports? Are issues in the process of being corrected?</td>
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</tbody>
</table>

### Safe Environments Compliance Indicator 2A

<table>
<thead>
<tr>
<th>SE2A</th>
<th>Do staff, volunteers, and children wash their hands with soap and running water?</th>
<th>1304.22 e 1 i</th>
<th>HL1012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Note: Refer to Safe Environments compliance indicator 3A with reference to local requirements for hand-washing after food preparation or handling.</strong></td>
<td>1304.22 e 1 ii</td>
<td></td>
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<tr>
<td></td>
<td><strong>Observation: Safe Environments Center-based Checklist and Safe Environments Family Child Care Checklist</strong></td>
<td>1304.22 e 1 iii</td>
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</tr>
<tr>
<td></td>
<td>* Do staff, volunteers, and children wash their hands with soap and running water:</td>
<td>1304.22 e 1 iv</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- After diapering or toilet use,</td>
<td>1304.22 e 2 i</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Before food preparation, handling, consumption, or any other food-related activity,</td>
<td>1304.22 e 2 ii</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Whenever hands are contaminated with blood or other bodily fluids, and</td>
<td>1304.22 e 2 iii</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- After handling pets or other animals?</td>
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<tr>
<td>FY 2011 Monitoring Protocol: <strong>Safe Environments</strong></td>
<td>Related Regulations:</td>
<td>Related Policies:</td>
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<td><strong>Q. ID:</strong> Compliance Indicators:</td>
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<tr>
<td>* Do staff and volunteers wash their hands with soap and running water:</td>
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<tr>
<td>- Before and after giving medications,</td>
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<tr>
<td>- Before and after treating or bandaging a wound (nonporous gloves should be worn if there is contact with blood or blood-containing body fluids), and</td>
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<tr>
<td>- After assisting a child with toilet use?</td>
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</tbody>
</table>

**Safe Environments Compliance Indicator 2B**

**SE2B** Are spilled bodily fluids cleaned up and disinfected immediately according to professionally established guidelines? Are tools and equipment used to clean spills disinfected promptly? Are blood-contaminated materials disposed of in a plastic bag with a secure tie?

| Document Review: Safe Environments Policies and Procedures | 1304.22 e 4 | HL1012 |
| Review the program's policies for spilled bodily fluids. Do policies comply with Occupational Safety and Health Administration guidelines? | 1304.22 e 3 |
| Interview: Family Child Care Provider and Teacher (Safety) | 1304.22 e 4 |
| What would you do if a spill of bodily fluids occurred? | 1304.22 e 3 |
| Do staff and volunteers wear nonporous gloves when in contact with blood or other visibly bloody bodily fluids? | 1304.22 e 3 |
| Observation: Health and Safety Family Child Care Observations and Health and Safety Center-based Observations | 1304.22 e 4 |
| If you observe the cleanup of bodily fluids, describe how it was handled. | |
| If you observe a situation requiring use of nonporous gloves (e.g., cleanup of blood), describe whether nonporous gloves are available to staff, where the gloves are kept, and when staff determine they would use them. | |

**Safe Environments Compliance Indicator 2C**

**SE2C** Does the program adopt sanitation and hygiene practices for diapering that protect children and staff's health and safety adequately?

| Interview: Teacher and Family Child Care Provider (Diapering) | 1304.22 e 5 | HL1012 |
| What is the practice for changing children's diapers? | |
| Observation: Health and Safety Family Child Care Observations and Health and Safety Center-based Observations | |
| Describe diapering practices in detail, where the practices occurred, how many occasions you observed them, and who was involved. | |

**Safe Environments Compliance Indicator 2D**

**SE2D** Are potties emptied into the toilet and cleaned and disinfected after each use in a utility sink for that purpose?

| Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations | 1304.22 e 6 | HL1012 |
| Describe practices related to potty use, including where and on how many occasions you observed them and who was involved. Also note the presence of a utility sink and whether the utility sink was used. | |

**Safe Environments Compliance Indicator 2E**

**SE2E** Does the program ensure that first aid kits are well supplied, age appropriate, and readily accessible to staff (but not children) at each facility and while offsite?

<p>| 1304.22 f 1 | HL1013 | 1304.22 f 2 | |</p>
<table>
<thead>
<tr>
<th>Q. ID:</th>
<th>Compliance Indicators:</th>
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<tr>
<td>FY 2011 Monitoring Protocol: <strong>Safe Environments</strong></td>
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<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
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<tr>
<td><strong>Interview: Health Coordinator (First Aid Kits)</strong></td>
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<tr>
<td>* When are first aid kits restocked? When is the inventory of first aid kits conducted?</td>
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<tr>
<td><strong>Observation: Safe Environments Family Child Care Checklist and Safe Environments Center-based Checklist</strong></td>
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<td>1304.22 f 1</td>
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<tr>
<td>* Look at the first aid kits and indicate whether:</td>
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<tr>
<td>- Kits are well supplied and appropriate for ages served and program size,</td>
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<tr>
<td>- Items in kits are within the expiration date, if applicable,</td>
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<tr>
<td>- All staff working with children know where the kits are located,</td>
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<tr>
<td>- Kits are kept out of children's reach, and</td>
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<tr>
<td>- Program has a portable first aid kit for use on trips to offsite locations or on the playground.</td>
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<tr>
<td><strong>Observation: Bus Inspection</strong></td>
<td></td>
<td>1310.10 d 3</td>
<td>TR1001</td>
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<tr>
<td>* Does the vehicle providing transportation services have a well-stocked first aid kit? See also TR2A</td>
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<tr>
<td><strong>Safe Environments Compliance Indicator 3A</strong></td>
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<tr>
<td><strong>SE3A</strong> Does the program ensure that all applicable Federal, State, local, and Tribal food safety and sanitation laws are met and evidence of compliance, including appropriate licenses and certificates, is posted?</td>
<td></td>
<td>1304.23 e 1</td>
<td>1304.53 a 10 xiii</td>
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<tr>
<td><strong>Interview: Nutrition Coordinator (Food Safety)</strong></td>
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<tr>
<td>* How do you assure that food service vendors observe Federal, State, local, or Tribal safety and sanitation regulations related to food handling? Can you show documentation of your program's compliance with food safety and sanitation laws? See also NS3.5</td>
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<tr>
<td><strong>Interview: Facilities Coordinator (Environmental Safety)</strong></td>
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<tr>
<td>* Is the water supply adequate and approved by the State or local health authority? Can you show me documentation of licensing inspection? Record the date of the most recent inspection.</td>
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<tr>
<td><strong>Document Review: Facility License</strong></td>
<td></td>
<td>1304.23 e 1</td>
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<tr>
<td>* Indicate whether the grantee and delegate have available all licenses and certificates that permit them to handle and serve food and whether such licenses and certifications are posted.</td>
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<tr>
<td><strong>Safe Environments Compliance Indicator 3B</strong></td>
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<tr>
<td><strong>APPLIES ONLY TO: Programs serving infants and toddlers</strong></td>
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<tr>
<td><strong>SE3B</strong> Does the program ensure that facilities are available for proper refrigerated storage and handling of breast milk and formula?</td>
<td></td>
<td>1304.23 e 2</td>
<td>NS1005</td>
</tr>
<tr>
<td><strong>Interview: Teacher and Family Child Care Provider (Safety)</strong></td>
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<tr>
<td>* What precautions are taken to ensure each child receives his or her own mother's breast milk or the correct formula? How do staff and parents communicate to ensure containers of breast milk or formula are dated, labeled clearly with the child's name, and used only for the intended child?</td>
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<tr>
<td><strong>Safe Environments Compliance Indicator 4A</strong></td>
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<tr>
<td><strong>APPLIES ONLY TO: Family child care programs</strong></td>
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<tr>
<td><strong>SE4A</strong> Does the program ensure appropriate group size?</td>
<td></td>
<td>1306.20 g 1</td>
<td>SE1004</td>
</tr>
<tr>
<td>Note: If State, local, or Tribal regulations specify staff-to-child ratios and group sizes more stringent than this requirement, the State, local, or Tribal regulations</td>
<td></td>
<td>1306.20 g 2</td>
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</tbody>
</table>
**Head Start Program Policies and Procedures**

<table>
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<tr>
<th>FY 2011 Monitoring Protocol: <strong>Safe Environments</strong></th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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</thead>
<tbody>
<tr>
<td>Q. ID: Compliance Indicators:</td>
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<tr>
<td>must apply.</td>
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<tr>
<td>Document Review: Class Roster</td>
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</tr>
<tr>
<td>* Review class rosters or other supporting documents for Family Child Care programs to determine the number of children enrolled in the class. How many children are enrolled? What is the predominate age of the children? When examining this documentation, use which ever law is most stringent. If the state laws allow more children in a group size the Head Start requirements must be followed.</td>
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</tr>
<tr>
<td>Observation: Safe Environments Family Child Care Checklist</td>
<td>1306.20 g 1</td>
<td></td>
</tr>
<tr>
<td>* How many children are present in the family child care home? How many providers are hired for the group size? How many children are under age 2 years?</td>
<td>1306.20 g 2</td>
<td></td>
</tr>
<tr>
<td>* How many infants and toddlers are present in the family child care home? How many children in the group are under age 18 months? How many providers are assigned to the group?</td>
<td></td>
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<tr>
<td>Applies To: Programs serving infants and toddlers</td>
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**Safe Environments Compliance Indicator 4B**  
*APPLIES ONLY TO: Center-based programs serving preschool-age children*

| SE4B Does the program ensure appropriate class size based on the age of the predominant number of children in the class? | 1306.32 a 2 | SE1004 |
| Note: If State, local, or Tribal regulations specify staff-to-child ratios and group sizes more stringent than this requirement, the State, local, or Tribal regulations must apply | 1306.32 a 3 | |
| Document Review: Class Roster | 1306.32 a 4 | |
| * Review class rosters or other supporting documents for preschool classrooms to determine the number of children enrolled in the class. How many children are enrolled? What is the predominate age of the children? | 1306.32 a 5 | |
| Observation: Safe Environments Center-based Checklist | 1306.32 a 6 | |
| * How many children are present in the classroom? How many providers are hired for the group size? | | |

**Safe Environments Compliance Indicator 4C**  
*APPLIES ONLY TO: Center-based programs serving infants and toddlers*

| SE4C Does the program ensure that no more than eight children are placed in an infant and toddler room and no more than four children are assigned to each teacher? | 1304.52 g 4 | ECD1005 |
| Note: If State, local, or Tribal regulations specify staff-to-child ratios and group sizes more stringent than this requirement, the State, local, or Tribal regulations must apply. | | |
| Document Review: Class Roster | | |
| * Review class rosters or other supporting documents for infant and toddler classrooms to determine the number of children enrolled in the class. How many children are enrolled? What is the predominate age of the children? | | |
| Observation: Safe Environments Center-based Checklist | | |
| * How many children are in infant and toddler rooms? How many children are assigned to each teacher? | | |

**Safe Environments Compliance Indicator 4D**  
*APPLIES ONLY TO: Center-based or family child care programs serving preschool-age children*
**Head Start Program Policies and Procedures**

<table>
<thead>
<tr>
<th>Q. ID</th>
<th>Compliance Indicators:</th>
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<th>Related Policies:</th>
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<tbody>
<tr>
<td><strong>SE4D</strong></td>
<td><strong>Does each class have at least two paid staff in the classroom and, when possible, a third person who is a volunteer?</strong>&lt;br&gt;Observation: Safe Environments Center-based Checklist and Safe Environments Family Child Care Checklist&lt;br&gt;* How many paid staff are in the home or classroom?&lt;br&gt;Observation: Safe Environments Family Child Care Checklist and Safe Environments Center-based Checklist&lt;br&gt;* Are there volunteers in the classroom? If so, indicate how many.</td>
<td>1306.20 c 1306.20 e</td>
<td>SE1005</td>
</tr>
</tbody>
</table>

* * *
Head Start Program Policies and Procedures

Safe Environments: Facilities, Materials, and Equipment

Policy ID: SE1000

Subject: Head Start Meets Licensing Requirements

Performance Objective: Facilities used for center-based combination options, home-based group socialization activities, or family child care, comply with State and local licensing requirements.

Operational Procedures:

1. The program facilities used for center-based combination options, home-based group socialization activities, or family child care program (owned or operated by Early Head Start and Head Start grantee or delegate agencies) meet the applicable licensing requirements (1306.30 c) and comply with current State and local licensing requirements.

   a) In cases where these licensing standards are less comprehensive or less stringent than the Head Start regulations, or where no State or local licensing standards are applicable, the program ensures that the facilities are in compliance with the Head Start Program Performance Standards related to health and safety as found in 1304.53 a, Physical environment and facilities.

   b) The family child care program is currently licensed as required by State, local, or Tribal regulations. The license does not have to be posted for family child care programs, although such posting is encouraged.

2. The grantee identifies, secures, and uses community resources in the provision of services to Head Start children and their families prior to using Head Start funds for these services.

   a) The program identifies community resources for the provision of services to Head Start children and families by means of the county specific Community Resource Guides.

   b) The program secures community resources for the provision of services to Head Start children and families by means of updating the Community Resource Guides annually and by creating working relationships with other agencies that provide additional services to Head Start children and families.

   c) The program uses community resources for the provision of services to Head Start children and families by making referrals to other agencies that are able to help children and families reach their goals.

   d) The following controls are in place to utilize community resources prior to using Head Start funds for these services:

      i) Family Advocates provide families with information concerning health Insurance that is available free of charge for their child and assist families in registering for these services.

      ii) Before Head Start funds are used for services all community resources must have been exhausted. Family Advocates refer families to agencies in the area that are available to assist them in their needs and follow-up with the families to see that the agency has responded.

      iii) In order to use Head Start funds for services, a purchase order must be filled out and the Head Start Director and Executive Director must approve the use of these funds.

3. See also Policy # SE1001, Head Start Physical Environment and Facilities; Policy # NS1005, Food Safety and Sanitation: Compliance and Posting; and Policy # PP1057, Use of Facilities regarding licensing.
Related Regulations: 1306.30 c, 1306.30 d; 1306.35 d

Related Review Question/s: SE1A, SE1A
Safe Environments: Facilities, Materials, and Equipment

Policy ID: SE1001

Subject: Head Start Physical Environment and Facilities

Performance Objective: The program ensures that each facility’s or family childcare home’s space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety, and developmental needs of children.

Operational Procedures:

1. The program provides appropriate center space for the conduct of all center-based program activities (see 1308.4 for specific access requirements for children with disabilities).

2. The center space provided by the program is organized into functional areas that can be recognized by the children and that allow for individual activities and social interactions.

3. Centers have at least 35 square feet of usable indoor space per child available for the care and use of children (i.e., exclusive of bathrooms, halls, kitchen, staff rooms, and storage places) and at least 75 square feet of usable outdoor play space per child.
   a) This space is adequate to allow children to be supervised and to participate safely in developmentally appropriate activities and routines that foster their cognitive, socio-emotional, and physical development, including both gross and fine motor.

6. The program provides for the maintenance, repair, safety, and security of all Head Start facilities, materials and equipment.
   a) A portion of the program budget is allocated for ensuring that Head Start facilities and equipment are maintained, repaired, safe and secure.
   b) When the Head Start Staff observe that any equipment or facilities are unsafe or need repair, the problem is reported immediately to the their immediate supervisor, who delegates or takes appropriate action to remedy the problem.

7. The program provides a center-based environment free of toxins, such as cigarette smoke, lead, pesticides, herbicides, and other air pollutants as well as soil and water contaminants. The program ensures that no child is present during the spraying of pesticides or herbicides. Children do not return to the affected area until it is safe to do so.
   a) When licensing reports and/or environmental inspection reports note health or safety concerns, the program corrects them as soon as possible.

8. Outdoor play areas at center-based programs are arranged so as to prevent any child from leaving the premises and getting into both unsafe and unsupervised areas. En route to play areas, children are not exposed to vehicular traffic without supervision.
   a) Where fences, walls, or other barriers are present, they, themselves, must not pose a safety hazard.
   b) The teaching staff assigned to that group of children supervise children at all times (including while on the playground) and prevent children from getting into unsafe areas.
   c) Staff work together to make sure no “blind spots” occur while children are on the playground.
9. The program conducts a safety inspection at least annually to ensure that each facility’s or family childcare home’s space, light, ventilation, heat, and other physical arrangements are consistent with the health, safety and developmental needs of children. At a minimum, the program ensures that:

   a) In climates where such systems are necessary, there is a safe and effective heating and cooling system that is insulated to protect children and staff from potential burns.

   b) No highly flammable furnishings, decorations, or materials that emit highly toxic fumes when burned are used.

   c) Flammable and other dangerous materials and potential poisons are stored in locked cabinets or storage facilities separate from stored medications and food and are accessible only to authorized persons. All medications, including those required for staff and volunteers, are labeled, stored under lock and key, refrigerated if necessary, and kept out of the reach of children.

   d) Rooms are well lit and provide emergency lighting in the case of power failure.

   e) Approved, working fire extinguishers are readily available to staff.

   f) An appropriate number of smoke detectors are installed and tested regularly, which is monthly. A log of the last smoke detector check is kept on the record of emergency evacuation drills by the education staff.

   g) Exits are clearly visible and evacuation routes are clearly marked and posted so that the path to safety outside is unmistakable. (See 1304.22 for additional emergency procedures).

   h) Indoor and outdoor premises are cleaned daily and kept free of undesirable and hazardous materials and conditions.

   i) The program logs its daily cleaning of the indoor and outdoor premises and keeps a record on the daily classroom cleaning and sanitation record chart.

   ii) Daily cleaning of the indoor and outdoor premises is monitored by the classroom staff and supervisors using the daily classroom cleaning and sanitation record chart.

   i) Paint coatings on both interior and exterior premises used for the care of children do not contain hazardous quantities of lead.

   j) The selection, layout, and maintenance of playground equipment and surfaces minimize the possibility of injury to children.

   k) Electrical outlets accessible to children prevent shock through the use of child-resistant covers, the installation of child-protection outlets, or the use of safety plugs.

   l) Windows and glass doors are constructed, adapted, or adjusted to prevent injury to children.

   m) Only sources of water approved by the local or State health authority are used.

   i) The program obtains and posts documentation of licensing inspection for water supply deemed adequate and approved by State or local health authority], which includes the date of the most recent inspection.

   n) Toilets and handwashing facilities are adequate, clean, in good repair, and easily reached by children. Toileting and diapering areas are separated from areas used for cooking, eating, or children’s activities.
Head Start Program Policies and Procedures

o) Toilet training equipment is provided for children being toilet trained.

p) All sewage and liquid waste is disposed of through a locally approved sewer system, and garbage and trash are stored and disposed of in a safe and sanitary manner.

q) Adequate provisions are made for children with disabilities to ensure their safety, comfort, and participation.

i) A portion of the program budget is allocated to purchase and maintain equipment, toys, materials, and furniture that are age appropriate, safe, and supportive of children with disabilities.

ii) When needs for children with disabilities are identified (see Policy # HL1007, Individualization of the Program; DS1004, Recruitment and Enrollment of Children with Disabilities, and ECD1007, EECD Approach and Children with Disabilities), the program takes steps to fulfill such needs in accordance with the regulations.

Related Regulations: 1304.22; 1304.23 a 1; 1304.53 a; 1304.53 a 1; 1304.53 a 2; 1304.53 a 3; 1304.53 a 4; 1304.53 a 5; 1304.53 a 6; 1304.53 a 7; 1304.53 a 8; 1304.53 a 9; 1304.53 a 10; 1304.53 a 10 i; 1304.53 a 10 ii; 1304.53 a 10 iii; 1304.53 a 10 iv; 1304.53 a 10 v; 1304.53 a 10 vi; 1304.53 a 10 vii; 1304.53 a 10 viii; 1304.53 a 10 ix; 1304.53 a 10 x; 1304.53 a 10 xi; 1304.53 a 10 xii; 1304.53 a 10 xiii; 1304.53 a 10 xiv; 1304.53 a 10 xv; 1304.53 a 10 xvi; 1304.53 a 10 xvii; 1306.35 a 3

Related Review Questions: SE1B; SE1E; SE1F; SE1G; SE1H; SE1J; SE1B; SE1E; SE1F; SE1G; SE1H; SE1J; SE1I; SE1J; SE3A
Safe Environments

Policy ID: SE1002

Subject: Head Start Equipment, Toys, Materials, and Furniture

Performance Objective: The program provides and arranges sufficient equipment, toys, materials, and furniture to meet the needs and facilitate the participation of children and adults.

Operational Procedures:

1. The equipment, toys, materials, and furniture owned or operated by the program is:

   a) Supportive of the specific educational objectives of the local program.

   b) Supportive of the cultural and ethnic backgrounds of the children.

   c) Age-appropriate, safe, and supportive of the abilities and developmental level of each child served, with adaptations, if necessary, for children with disabilities.

   d) Accessible, attractive, and inviting to children.

   e) Designed to provide a variety of learning experiences and to encourage each child to experiment and explore.

   f) Safe, durable, and kept in good condition.

   g) Stored in a safe and orderly fashion when not in use.

2. A record of when toys are sanitized is kept on the classroom cleaning and sanitation record chart by the classroom staff and supervisors.

3. The program provides diapers, disposable training pants and wipes for enrolled children.

Related Regulations: 1304.53 b; 1304.53 b 1; 1304.53 b 1 i; 1304.53 b 1 ii; 1304.53 b 1 iii; 1304.53 b 1 iv; 1304.53 b 1 v; 1304.53 b 1 vi; 1304.53 b 1 vii; 1304.53 b 2; 1304.53 b 3

Related Review Question/s: SE1C; SE1D; SE1I   SE1B; SE1C; SE1D; SE1I
Policy ID: SE1004

Subject: Class Size

Performance Objective: The program ensures appropriate class size based on the age of the predominant number of children in the class.

Operational Procedures:

1. The grantee determines class size based on the predominant age of the children who will participate in the class and whether or not a center-based double session variation is being implemented.

2. For classes serving predominately four or five-year-old children, the average class size of that group of classes must be between 17 and 20 children, with no more than 20 children enrolled in any one class.

3. When double session classes serve predominately four or five-year-old children, the average class size of that group of classes stays between 15 and 17 children. A double session class for four or five-year-old children may have no more than 17 children enrolled.

4. For classes serving predominately three-year-old children, the average class size of that group of classes stays between 15 and 17 children, with no more than 17 children enrolled in any one class.

5. When double session classes serve predominately three-year-old children, the average class size of that group of classes stays between 13 and 15 children. A double session class for three-year-old children may have no more than 15 children enrolled.

Related Regulations: 1306.20 g 1, 1306.20 g 2; 1306.32 a 2; 1306.32 a 3; 1306.32 a 4; 1306.32 a 5; 1306.32 a 6

Related Review Questions: SE4A; SE4B SE4A; SE4B
Head Start Program Policies and Procedures

Safe Environments: Family and Community Services: Staffing

Policy ID: SE1005

Subject: Program Staffing Patterns

Performance Objective: The program meets the requirements for classroom staffing and home visitors.

Operational Procedures:

1. The Grantee provides adequate supervision of staff.

2. When operating center-based program options, the grantee employs two paid staff persons (a teacher and a teacher aide or two teachers) for each class. Whenever possible, there should be a third person in the classroom who is a volunteer.

3. Classroom staff must be able to communicate with the families they serve either directly or through a translator. They should also be familiar with the ethnic background of families.

   a) Parent materials are translated to the parent’s preferred language.

   b) When staff are unable to communicate directly with parents, the program provides for a translator to assist.

Related Regulations: 1306.20; 1306.20 a; 1306.20 b; 1306.20 c; 1306.20 d; 1306.20 e; 1306.20 f; see also 1304.52 g

Related Review Question/s: SE4D; SE4D; FCP2.2; ECD9.1
Safe Environments

Policy ID: SE1006

Subject: Ongoing Monitoring of Environments

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of facilities at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements the following procedures for ongoing monitoring of facilities at the grantee and delegate level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s facilities are detected, the Head Start Staff notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s facilities are identified, the Head Start Staff is responsible for documenting them and reporting to their immediate supervisor.

   c) Documentation of identified facility problems or weaknesses is kept in the classroom and supervisors file.

   d) All personnel are directed to report safety issues or concerns whenever they are apparent to their immediate supervisor or appropriate agency personnel.

2. Facility monitoring measures, tools, instruments, materials, etc. include:

   a) annual maintenance checklist on agency maintained facilities

   b) playground inspections

   c) agency website

3. The program analyzes and documents progress toward achieving safe environments and complying with performance requirements by maintaining a watchful eye on facilities, materials, and equipment at all times. All personnel are directed to report safety issues or concerns whenever they are apparent using the OHCAC safety website which allows employees to report safety issues while remaining anonymous if they so choose. The OHCAC Head Start safety website address is: http://safety.ohcac.org. All classrooms are monitored by the assigned Education Manager using the Center Observation Checklist. Playgrounds are inspected quarterly according to ODJFS regulations and verification of the inspections are kept on file with the center administrator.

Related Regulations: 1304.51 i 2

| Related Review Question/s: SE5A, PDM6.1 |
Transportation Services
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<tr>
<th>Compliance Indicators:</th>
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<tr>
<td>Transportation Services Compliance Indicator 1A</td>
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</table>
| TR1A **Does the program ensure that vehicles used to provide transportation services are maintained in safe operating condition at all times?** | 1310.13 a  
1310.13 b  
1310.13 c | TR1009 |
| Document Review: State Vehicle Inspections  
* Review the annual State inspection certificate of each vehicle provided by the State licensing agency, if applicable. | | |
| Interview: Bus Driver (Vehicle Maintenance and Inspection)  
* Can you describe the preventive maintenance done for each vehicle?  
* How often do you conduct a pre-trip inspection of the vehicle? What happens if something does not pass the pre-trip inspection? Describe how the inspection ensures that the vehicle is in safe operating condition. | | |
| Observation: Bus Inspection  
* Describe the bus driver's pre-trip inspection. If the bus driver completes a pre-trip inspection form, review a copy of the form. | | |
| Transportation Services Compliance Indicator 1B | | |
| TR1B **Do programs providing transportation services, either directly or through a contract, have an applicant review process that advises applicants for driving positions of the specific background checks required?** | 1310.16 b | PDM1033  
TR1002 |
| Staff Files: Bus Driver and Transportation Coordinator (Staff Hiring Procedures)  
* Review information in the file on background checks.  
- Were background checks for the bus driver or the Transportation Coordinator completed?  
- Indicate the date the background check was conducted. | | |
| Interview: Transportation Coordinator (Transportation Procedures)  
* What is the program's process for background checks on their contracted bus drivers? | | |
| Interview: Head Start/Early Head Start Director (Background Checks)  
* How do you ensure the specific background checks are conducted for contracted drivers? | | |
| Interview: Bus Driver (Background Checks)  
* Was a background check conducted when you were hired? | | |
| Transportation Services Compliance Indicator 1C | | |
| TR1C **Does each bus driver have a valid commercial driver's license (CDL)?**  
Note: This requirement only applies to bus drivers in States that grant CDLs. | 1310.16 a 1 | TR1002 |
| Staff Files: Bus Driver (Staff Hiring Procedures)  
* Is the program located in a State that grants commercial driver's licenses (CDLs)?  
* Does each bus driver have a valid commercial driver's license (CDL)?  
- Document the State where the CDL was issued.  
- Document the CDL expiration date to verify validity. | | |
| Transportation Services Compliance Indicator 2A | | |
| TR2A **Does the program ensure that each vehicle is properly equipped?** | 1310.10 d 1  
1310.10 d 2 | TR1001 |
### Head Start Program Policies and Procedures

**FY 2011 Monitoring Protocol:** Transportation Services

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<tr>
<th>Q. ID: Compliance Indicators:</th>
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<td>1310.10 d 3</td>
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<td>1310.10 d 4</td>
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<td>1310.12 b 2</td>
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<td>1310.12 b 1</td>
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</table>

**Observation: Bus Inspection**
- Are vehicles equipped with reverse beepers? (1310.12 b 2)
- Are vehicles equipped with height- and weight-appropriate restraint systems? (1310.12 b 1)
- Does the vehicle providing transportation services have a seat belt cutter? (1310.10 d 4)
- Does the vehicle providing transportation services have a well-stocked first aid kit? See also SE2E (1310.10 d 3)
- Is the vehicle equipped with a two-way communication system to call for assistance? Is there a back-up plan if the two-way communication system is not working (e.g., in drop zones)? (1310.10 d 1)
- Is there a fire extinguisher on the bus and is it fully charged (check the gauge)? (1310.10 d 2)

**Transportation Services Compliance Indicator 2B**

**TR2B Are baggage and other items transported in the passenger compartment properly stored and secured, aisles cleared, and doors and emergency exits unobstructed at all times?** (1310.15 b)

**Observation: Bus Inspection**
- Are baggage or other items transported in the passenger compartment properly stored?

**Transportation Services Compliance Indicator 2C**

**TR2C Does the program adhere to the basic principles of trip routing?** (1310.20 b)

**Interview: Bus Driver (Transportation Safety)**
- Does the bus monitor, or another adult, escort children when they have to cross the street? (1310.20 b 6)
- What is the average time each child is on the bus, each way? Which child has the longest trip on the bus? How long is it? (1310.20 b 1)
- Describe procedures for using alternate routes in case of hazardous conditions. (1310.20 b 7)

**Transportation Services Compliance Indicator 2D**

**DOES NOT APPLY TO: Programs with a waiver approved by ACF for this requirement**

**TR2D Is at least one bus monitor onboard at all times?**

Note: An approval letter from ACF is required for an exception from this regulation.

**Interview: Transportation Coordinator (Transportation Procedures)**
- How are substitute monitors provided when the regular bus monitor is absent? (1310.20 b 6)
- Does the program have a waiver for the bus monitor requirement (1310.15 c)?

**Interview: Bus Driver (Transportation Safety)**
- How many bus monitors do you typically travel with onboard? How often do you travel without having a bus monitor onboard?

**Transportation Services Compliance Indicator 2E**

**TR2E Are children released only to a parent, legal guardian, or other individual as** (1310.10 g)

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### Transportation Services Compliance Indicator 2F

**TR2F** Does the program providing transportation services ensure that all accidents involving vehicles that transport children are reported in accordance with applicable State requirements?

- **Document Review:** Driver Incident Reports
  * Are accidents reported in accordance with applicable State requirements?

- **Interview:** Transportation Coordinator (Transportation Procedures)
  * How are families notified if a child is onboard a bus when an accident occurs?

- **Interview:** Bus Driver (Transportation Safety)
  * Have you ever been involved in an accident? If so, how was it reported?

### Transportation Services Compliance Indicator 3A

**TR3A** Does the program ensure that persons employed to drive vehicles receive the required behind-the-wheel and classroom training before transporting children and annually thereafter?

* Note: This compliance indicator applies to both hired and contracted bus drivers.

- **Staff Files:** Bus Driver (Staff Training and Development)
  * Did the bus driver receive the following classroom and behind-the-wheel training on how to:
    - Operate the vehicle safely and efficiently;
    - Run a fixed route safely, including loading and unloading children, stopping at railroad crossings, and performing other specialized driving maneuvers;
    - Administer basic first aid in case of injury;
    - Handle emergency situations, including vehicle evacuations;
    - Operate special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;
    - Conduct routine maintenance and safety checks on the vehicle; and
    - Maintain accurate records; and
<table>
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<th>FY 2011 Monitoring Protocol: <strong>Transportation Services</strong></th>
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<tr>
<td>Q. ID: Compliance Indicators:</td>
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<td>- Determine what records are necessary?</td>
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<td><strong>Interview: Bus Driver (Training)</strong></td>
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<tr>
<td>* What type of classroom and behind-the-wheel training have you received?</td>
<td>1310.17 b</td>
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<tr>
<td>* Do you receive refresher behind-the-wheel and classroom training courses annually?</td>
<td>1310.17 d</td>
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<tr>
<td><strong>Document Review: Training Plans and Policies</strong></td>
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<tr>
<td>* Describe the behind-the-wheel and classroom training procedures for bus drivers, noting how often bus drivers are required to participate in such training.</td>
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<tr>
<td><strong>Transportation Services Compliance Indicator 3B</strong></td>
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<tr>
<td>TR3B <strong>Do bus drivers receive annual evaluations, which must include an onboard observation of road performance?</strong></td>
<td>1310.17 f 1</td>
<td>TR1005</td>
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<tr>
<td>Note: This compliance indicator applies to both hired and contracted bus drivers.</td>
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<tr>
<td><strong>Staff Files: Bus Driver (Staff Training and Development)</strong></td>
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<td>* Has the bus driver had an annual performance appraisal?</td>
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<td>- Indicate the date of the bus driver's last performance review.</td>
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<td>- Did the annual review include an onboard observation?</td>
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<td>- Indicate the date of the onboard observation, which may be the same date as the performance appraisal.</td>
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<tr>
<td><strong>Interview: Bus Driver (Performance Appraisals)</strong></td>
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<tr>
<td>* Do you receive an annual evaluation that includes an onboard observation? When was your last evaluation and who conducted it? See also PDM12.1</td>
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<tr>
<td><strong>Transportation Services Compliance Indicator 3C</strong></td>
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<tr>
<td>TR3C <strong>Has each bus monitor, before duty, been trained on child boarding and exiting procedures, use of child restraint systems, required paperwork, emergency response and evacuation procedures, use of special equipment, child pickup and release procedures, and pre- and post-trip vehicle check?</strong></td>
<td>1310.17 f 2</td>
<td>TR1005</td>
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<tr>
<td>Note: This requirement does not apply to programs with a waiver approved by the Administration for Children and Families (ACF) for this requirement. An approval letter from ACF is required for exception from this regulation.</td>
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<tr>
<td><strong>Interview: Bus Monitor (Training)</strong></td>
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<tr>
<td>* What training did you receive on child boarding and exiting procedures, use of child restraint systems, required paperwork, emergency and evacuation procedures, use of special equipment, child pickup and release procedures, and pre- and post-trip vehicle checks?</td>
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<tr>
<td><strong>Document Review: Training Plans and Policies</strong></td>
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<tr>
<td>* Does the program have training procedures for bus monitors?</td>
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<tr>
<td><strong>Transportation Services Compliance Indicator 4A</strong></td>
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<tr>
<td>TR4A <strong>Does the agency help as many families as possible obtain transportation who need transportation for their children to attend the program?</strong></td>
<td>1310.10 a</td>
<td>TR1001</td>
</tr>
<tr>
<td><strong>Interview: FCP Coordinator (Support Services and Follow up)</strong></td>
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<tr>
<td>* How does the agency help as many families as possible obtain transportation who need transportation for their children to attend the program?</td>
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<tr>
<td><strong>Transportation Services Compliance Indicator 4B</strong></td>
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<tr>
<td>TR4B <strong>If the agency has decided not to provide transportation services for either all or a portion of the children, does the agency provide reasonable assistance to</strong></td>
<td>1310.10 b</td>
<td>TR1001</td>
</tr>
</tbody>
</table>
## FY 2011 Monitoring Protocol: **Transportation Services**

### Q. ID: Compliance Indicators:

<table>
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<tr>
<th>Document Review: Recruitment Materials</th>
</tr>
</thead>
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<tr>
<td>* Are the specific types of transportation assistance being offered made clear to all prospective families in the program's recruitment announcements?</td>
</tr>
<tr>
<td>* If the agency has decided not to provide transportation services for either all or a portion of the children, describe how the agency provides reasonable assistance to the families of such children to arrange transportation to and from its activities. In your description, indicate whether program recruitment announcements are in the languages of the children and families served by the program.</td>
</tr>
</tbody>
</table>

### Transportation Services Compliance Indicator 4C

<table>
<thead>
<tr>
<th>TR4C</th>
<th>When special education and related services cannot be provided on site, has the program arranged for or provided transportation for children with disabilities to and from the program, special clinics, or other service providers?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Note: Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices, if required.</td>
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<thead>
<tr>
<th>Interview: Transportation Coordinator (Transportation for Children with Disabilities)</th>
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<tbody>
<tr>
<td>* Are any special education or related services provided off site?</td>
</tr>
<tr>
<td>* Do you arrange for or provide transportation for children with disabilities to and from services?</td>
</tr>
<tr>
<td>* Does the transportation comply with the Americans with Disabilities Act of 1990?</td>
</tr>
<tr>
<td>* How do you ensure that the transportation is adapted to meet a child's special needs?</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Regulation</th>
<th>Code</th>
<th>Section</th>
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<tbody>
<tr>
<td>1308.4 h 6</td>
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<tr>
<td>1310.22 a</td>
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<td>1310.22 b</td>
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</tbody>
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Page 68
Transportation Services

Policy ID: TR1001

Subject: Provision of Transportation for Children

Performance Objective: For families who need transportation in order for their children to attend the program, the program assists them in obtaining transportation, either directly or through contract.

Operational Procedures:

1. The program assists as many families as possible who need transportation in order for their children to attend the program in obtaining that transportation.
   
   a) Transportation needs are identified when families enroll their children in Head Start.
   
   b) The types of transportation options are made clear to all prospective families in the program’s recruitment announcements, translated as necessary.

2. When the program does not directly provide transportation services, either for all or a portion of the children, it must provide reasonable assistance to the families of such children to arrange transportation to and from its activities.
   
   a) Reasonable assistance may include but is not limited to: arrangements through other organizations such as the Morrow County Transportation Collaborative and the Crawford County Board of DD, having a meeting point for the parent to meet the bus when the address is beyond our transportation area and distributing information about any available public transportation system.
   
   b) The specific types of transportation assistance offered are made clear to all prospective families in the program’s recruitment announcements.

3. The agency is responsible for compliance with the applicable requirements when providing transportation services.

4. When transportation is provided through another organization or an individual, the agency must ensure the compliance of the transportation provider with the applicable requirements.
   
   a) Transportation will be arranged by the Transportation Manager in cooperation with the Family Advocate Managers.

5. Vehicles used in providing transportation services are equipped with:
   
   a) a two-way communication system and back-up to call for assistance in case of an emergency;
   
   b) safety equipment for use in an emergency, including a charged fire extinguisher that is properly mounted near the driver’s seat and a sign indicating its location;
   
   c) a well-stocked first aid kit and a sign indicating the location of such equipment;
   
   d) a seat belt cutter for use in an emergency evacuation and a sign indicating its location;
   
   e) height- and weight-appropriate restraint systems; and
f) reverse beepers.

6. Any auxiliary seating, such as temporary or folding jump seats, used in vehicles of any type providing transportation services, are:

   a) built into the vehicle by the manufacturer as part of its standard design,

   b) are maintained in proper working order, and

   c) are inspected as part of the annual inspection required under Section 1310.13 a.

7. All accidents involving vehicles that transport children receiving transportation services are reported in accordance with applicable State requirements.

   a) The Center Administrator or Family Advocate is responsible for notifying parents of children onboard a bus if an accident occurs.

8. The agency ensures that children are only released to a parent or legal guardian, or other individual identified in writing by the parent or legal guardian. This applies when children are not transported and are picked up from the classroom, as well as when they are dropped off by a vehicle.

   a) The agency maintains at all times lists of the persons, including alternates in case of emergency, and up-to-date child rosters to ensure that no child is left behind, either at the classroom or on the vehicle at the end of the route.

      i) Whether transportation services are provided directly or through a contractor, the agency provides each bus driver with a current roster of children and authorized pick-up persons for that route.

      b) The bus driver is responsible for checking to make sure no child is left on the bus at the end of the route.

      c) If no parent is at a stop to meet a child exiting the bus, the bus driver will call the County office and return the child to the designated County office or center where staff will continue to try and contact the parent/guardian or other emergency contact.

      d) Bus drivers must be able to recognize the persons designated in writing as approved to pick up each child.

Related Regulations: 1310.10; 1310.10 a; 1310.10 b; 1310.10 c; 1310.10 d; 1310.10 d 1; 1310.10 d 2; 1310.10 d 3; 1310.10 d 4; 1310.10 e; 1310.10 f; 1310.10 g; 1310.12 b, 1310.12 b 1, 1310.12 b 2; 1310.13 a

Related Review Question/s: TR1A, TR2A, TR2E, TR2F, TR4A, TR4B SE2E; TR2A; TR2E; TR2F; TR4A; TR4B
Transportation Services

Policy ID: TR1002

Subject: Driver Qualifications

Performance Objective: The program ensures that persons driving vehicles used to provide transportation services are qualified to do so.

Operational Procedures:

1. Drivers must have a valid Commercial Driver’s License (CDL) with a Class B school bus passenger endorsement.
   a) Copies of bus driver CDLs (with the name of the issuing State and the expiration date) are kept in the staff files.

2. Drivers must meet any physical, mental, and other requirements established under applicable law or regulations as necessary to perform job-related functions with any necessary reasonable accommodations.

3. There is an applicant review process for use in hiring drivers.

4. Whether transportation services are provided directly or through a contract, applicants for driver positions are advised of the specific background checks required at the time application is made, and that there are criteria for the rejection of unacceptable applicants.
   a) Background checks for all bus drivers must be completed before hire.
      i) Background checks are performed by Administration office personnel using the agency owned electronic fingerprinting machine and both state and federal background checks are completed prior to hire.
      b) The program’s tracking system indicates confirmation of background checks for transportation staff and the Transportation Manager.
      c) In lieu of a tracking system, staff files for each service area indicate whether appropriate criminal record checks were conducted before hire date and include the date of the background check.
      d) The Head Start Director or designee ensures that the specific background checks are conducted for contracted drivers.

5. The applicant review procedure includes, at minimum:
   a) that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly;
   b) that only candidates with the qualifications specified are hired;
   c) Current and former Early Head Start and Head Start parents receive preference for employment vacancies for which they are qualified;
   d) Staff and program consultants are familiar with the ethnic background and heritage of families in the program and are able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency;
e) additional disclosure by the applicant of all moving traffic violations, regardless of penalty.

f) a check of the applicant’s driving record by the Bureau of Motor Vehicles

g) after a conditional offer of employment to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

6. As provided in 1310.2 a, the above does not apply to transportation services to children served under the home-based option for Head Start and Early Head Start.

Related Regulations: 1310.2 a; 1304.52 b; 1304.52 b 1; 1304.52 b 2; 1304.52 b 3; 1304.52 b 4; 1306.21; 1310.16; 1310.16 a; 1310.16 a 1; 1310.16 a 2; 1310.16 b; 1310.16 b 1; 1310.16 b 2; 1310.16 b 3; 1310.16 e.

| Related Review Question/s: TR1B; TR1C; TR1B; TR1C; PDM10.2; PDM11.2; PDM11.3 |
Transportation Services

Policy ID: TR1003

Subject: Operation of Vehicles

Performance Objective: The agency ensures that vehicles are safely operated.

Operational Procedures:

1. On a vehicle equipped for use of such devices, any child weighing 50 pounds or less is seated in a child restraint system appropriate to the height and weight of the child while the vehicle is in motion.

2. Baggage and other items transported in the passenger compartment are properly stored and secured and the aisles remain clear and the doors and emergency exits remain unobstructed at all times.

3. There is at least one bus monitor on board at all times, with additional bus monitors provided as necessary, such as when needed to accommodate the needs of children with disabilities.
   a) When a bus monitor is absent, the program assigns substitute monitors.

4. Except for bus monitors who are assisting children, all vehicle occupants must be seated and wearing height- and weight- appropriate safety restraints while the vehicle is in motion.

5. Lap belts only are not acceptable for child restraints. We use a 5 point cam harness for all children.

Related Regulations: 1310.2 a; 1310.15; 1310.15 a; 1310.15 b; 1310.15 c; 1310.15 d.

Related Review Question/s: TR2B; TR2D
Transportation Services

Policy ID: TR1004

Subject: Trip Routing

Performance Objective: The safety of children is the primary consideration in planning fixed routes.

Operational Procedures:

1. The agency ensures the safety of children being transported in planning fixed routes as follows:

   a) Bus Drivers teach the adult and child to watch her/his hand signals when crossing a street.

   b) When a Bus Driver must go off the designated route, they have to call in to the Transportation Manager or the Head Start Director and tell them that the regular route is closed and there is a detour and state which roads they will be taking.

   c) The bus monitor will escort a child to the door if the parent/guardian is handicapped or infirm.

   d) All children must be signed on and off the bus by an adult on the contact list or and photo ID is required. No child will be released to anyone who has not been authorized by the parent/guardian on the Child Enrollment & Health Information form or Transportation Change Agreement. Release people must be sixteen years of age or older, except when the parent/guardian completes the Transportation Release Permission Form. In this case, the release person must be least thirteen years of age.

2. The agency ensures that the following basic principles of trip routing are adhered to:

   a) The time a child is in transit to and from the Head Start program does not exceed one hour unless there is no shorter route available or any alternative shorter route is either unsafe or impractical.

   b) Vehicles are not be loaded beyond the maximum passenger capacity at any time.

   c) Vehicles are not required to back up or make “U” turns, except when necessary for reasons of safety or because of physical barriers.

   d) Stops are located to minimize traffic disruptions and to afford the driver a good field of view in front of and behind the vehicle.

   e) When possible, stops are located to eliminate the need for children to cross the street or highway to board or leave the vehicle.

   f) If children must cross the street before boarding or after leaving the vehicle because curbside drop off or pick up is impossible, they are escorted across the street by the bus monitor or another adult.

   g) Specific procedures are established for use of alternate routes in the case of hazardous conditions that could affect the safety of the children who are being transported, such as ice or water build up, natural gas line breaks, or emergency road closing. In selecting among alternatives, transportation providers are to choose routes that comply as much as possible with the requirements of 1310.20.

Related Regulations: 1310.20; 1310.20 a; 1310.20 b; 1310.20 b 1; 1310.20 b 2; 1310.20 b 3; 1310.20 b 4; 1310.20 b 5; 1310.20 b 6; 1310.20 b 7
Transportation Services

Policy ID: TR1005

Subject: Driver and Bus Monitor Training

Performance Objective: Drivers and bus monitors are trained in accordance with the regulations.

Operational Procedures:

1. Persons employed to drive vehicles used in providing transportation services will have received the training required no later than 90 days after the effective date established by Sec. 1310.2.

2. The agency ensures that drivers who are hired to drive vehicles used in providing transportation services after the close of the 90 day period receive the training required prior to transporting any child enrolled in the program.

3. The agency ensures that at least annually after receiving the training required (1310.17 b and c), all drivers who drive vehicles used to provide transportation services receive the training required (1310.17 d).

4. Each year, drivers receive a combination of classroom instruction and behind-the-wheel instruction sufficient to enable each driver to:

   a) operate the vehicle in a safe and efficient manner;

   b) safely run a fixed route, including loading and unloading children, stopping at railroad crossings and performing other specialized driving maneuvers;

   c) administer basic first aid in case of injury;

   d) handle emergency situations, including vehicle evacuation procedures;

   e) operate any special equipment, such as wheelchair lifts, assistance devices or special occupant restraints;

   f) conduct routine maintenance and safety checks of the vehicle; and

   g) determine which records are necessary and maintain accurate records as necessary.

5. Drivers also receive instruction on the topics of:

   a) the goals and underlying philosophy of Head Start and the ways in which they are implemented by the program;

   b) a structured approach to staff training and development, attaching academic credit whenever possible. This system should be designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 1306.23;

   c) ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards, including methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers;

   d) and the provisions of the Head Start Program Performance Standards for Children with Disabilities (45 CFR 1308) relating to transportation services for children with disabilities.
6. Drivers receive refresher training courses including the topics listed above and any additional necessary training to meet the requirements applicable in the State where the agency operates.

7. The agency ensures that drivers who transport children receiving the services qualify under the applicable driver training requirements in the State.

8. The agency ensures that:
   
   a) the annual evaluation of each driver of a vehicle used to provide transportation services includes an on-board observation of road performance;

   i) Records of bus driver’s last performance evaluation, including onboard observation of performance and dates, are kept in the staff files.

   b) before bus monitors assigned to vehicles used to provide transportation services begin their duties, they are trained on child boarding and exiting procedure, use of child restraint systems, any required paperwork, responses to emergencies, emergency evacuation procedures, use of special equipment, child pick-up and release procedures and pre- and post-trip vehicle check.

9. Records of received required training, including the dates and types of training, are kept in the staff files.

**Related Regulations:** 1310.17; 1310.17 a; 1310.17 b; 1310.17 b 1; 1310.17 b 2; 1310.17 b 3; 1310.17 b 4; 1310.17 b 5; 1310.17 b 6; 1310.17 b 7; 1310.17 c; 1310.17 d; 1310.17 e; 1310.17 f; 1310.17 f 1; 1310.17 f 2.

**Related Review Question/s:** TR3A; TR3B; TR3C; TR3A; TR3B; TR3C; PDM12.1
Transportation and Disabilities Services

Policy ID: TR1006

Subject: Off-site Transportation Services

Performance Objective: When special education and related services cannot be provided on-site, the program arranges for or provides transportation for children with disabilities to and from the program, special clinics, or other service providers.

Operational Procedures:

1. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices, if required.

2. Transportation complies with the Americans with Disabilities Act of 1990 (ADA).

3. The Intervention Manager and the Transportation Manager is responsible for ensuring that transportation is adapted to meet a child’s special needs.

4. If the LEA does not provide transportation and it is required in the child’s IEP, the grantee provides or arranges for transportation to enable the child to access related services.

Related Regulations: 1308.4 h 6; 1310.22 a, 1310.22 b

| Related Review Questions: TR4C TR4C |
Transportation Services

Policy ID: TR1007

Subject: Child Restraint Systems

Performance Objective: Each vehicle used to transport children receiving transportation services is equipped for use of height- and weight-appropriate child safety restraint systems.

Operational Procedures:

1. Each vehicle used to transport children receiving transportation services is equipped for use of height- and weight-appropriate child safety restraint systems. This is ensured by:

   a) Inspected by the State Highway Patrol.

   b) Booster seats are required for children 30 pounds or under

   c) The harness restraints cover all children.

Related Regulations: 1310.11

Related Review Questions: TR2A
Transportation Services

Policy ID: TR1008

Subject: Required Use of School Buses or Allowable Alternate Vehicles

Performance Objective: Vehicles transporting enrolled children are properly equipped.

Operational Procedures:

1. Enrolled children are transported in school buses or allowable alternate vehicles that are equipped for use of height- and weight-appropriate child restraint systems, and that have reverse beepers. This is ensured by:

   a) Inspected by the State Highway Patrol.

   b) Booster seats are required for children 30 pounds or under

   c) The harness restraints cover all children.

2. The above does not apply to transportation services to children served under the home-based option for Head Start or Early Head Start.

3. Grant funds for use in providing transportation services to enrolled children are used to purchase a vehicle that is either a school bus or an allowable alternate vehicle and is equipped:

   a) for use of height- and weight-appropriate child restraint systems; and

   b) with a reverse beeper.

Related Regulations: 1310.2 a; 1310.12 a; 1310.12 b; 1310.12 b 1; 1310.12 b 2; 1310.10 c.

Related Review Question/s: TR2A
Transportation Services

Policy ID: TR1009

Subject: Maintenance of Vehicles

Performance Objective: Vehicles used to provide transportation services are maintained in safe operating condition at all times.

Operational Procedures:

1. Vehicles used to provide transportation services are maintained in safe operating condition at all times.
   a) A thorough safety inspection of each vehicle is conducted on at least an annual basis through an inspection program operated by the State. The inspection certificate is prominently displayed in each vehicle.
   b) Systematic preventive maintenance on such vehicles is performed every 5,000 miles. This maintenance includes:
      i) The oil & filter are changed
      ii) The bus is greased and all brakes are checked.
      iii) A complete safety inspection is completed.
   c) Each driver makes a daily pre-trip inspection of the vehicle to ensure that the vehicle is in safe operating condition.
      i) When something does not pass the pre-trip inspection, the driver informs the Transportation Manager and does not operate the vehicle until the problem is resolved; the problem is logged on the pre-trip inspection form.

Related Regulations: 1310.13; 1310.13 a; 1310.13 b; 1310.13 c.

Related Review Question/s: TR1A TR1A
Transportation Services

Policy ID: TR1010

Subject: Inspection of New Vehicles at the Time of Delivery

Performance Objective: Vehicles are maintained in safe operating condition at all times.

Operational Procedures:

1. Bid announcements for school buses and allowable alternate vehicles for use in transporting children in the program include the correct specifications and a clear statement of the vehicle’s intended use.

2. The agency ensures that there is a prescribed procedure for examining such vehicles at the time of delivery to ensure that they are equipped in accordance with the bid specifications and that the manufacturer’s certification of compliance with the applicable FMVSS is included with the vehicle. The procedures for this are:

   a) All new busses are inspected by Kirks National Lease

   b) The Ohio State Highway Patrol inspects each new bus and puts a State of Ohio seal on the bus to verify its safety inspection.

   c) All buses receive a spot inspection by the State Highway Patrol annually.

Related Regulations: 1310.14

Related Review Question/s: N/A
Transportation Services

Policy ID: TR1011

Subject: Safety Education

Performance Objective: Safety training is provided for parents and children.

Operational Procedures:

1. The agency provides training for parents and children in pedestrian safety by the Lead Teacher at the initial Home Visit.

2. The training provided to children is developmentally appropriate and an integral part of program experiences.

3. The need for an adult to accompany a preschool child while crossing the street is emphasized in the training provided to parents and children.

4. The required transportation and pedestrian safety education of children and parents, except for the bus evacuation drills, is provided within the first 10 days of the program year.

5. Children receiving safety education training are taught:

   a) safe riding practices;
   
   b) safety procedures for boarding and leaving the vehicle;
   
   c) safety procedures in crossing the street to and from the vehicle at stops;
   
   d) recognition of the danger zones around the vehicle; and
   
   e) emergency evacuation procedures, including participating in an emergency evacuation drill conducted on the vehicle the child will be riding.

6. Safety education training for parents:

   a) emphasizes the importance of escorting their children to the vehicle stop and the importance of reinforcing the training provided to children regarding vehicle safety; and
   
   b) complements the training provided to their children so that safety practices can be reinforced both in Head Start and at home by the parent.

7. The agency ensures that at least two bus evacuation drills in addition to the one required under 1310.21 b 5 (see # 5 e above) are conducted during the program year.

8. The agency develops activities to remind children of the safety procedures. These activities are developmentally appropriate, individualized, and are an integral part of the Head Start or Early Head Start program activities.

Related Regulations: 1310.21; 1310.21 a; 1310.21 b; 1310.21 b 1; 1310.21 b 2; 1310.21 b 3; 1310.21 b 4; 1310.21 b 5; 1310.21 c; 1310.21 c 1; 1310.21 c 2; 1310.21 d; 1310.21 e.

Related Review Question/s: N/A
Transportation Services

Policy ID: TR1012

Subject: Transportation Services and Children with Disabilities

Performance Objective: The program provides transportation services for children with disabilities.

Operational Procedures:

1. The agency ensures that there are school buses or allowable alternate vehicles adapted or designed for transportation of children with disabilities available as necessary to transport such children enrolled in the program. Whenever possible, children with disabilities are transported in the same vehicles used to transport other children enrolled in the Head Start or Early Head Start program.

2. Each Head Start must ensure compliance with the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), the HHS regulations at 45 CFR Part 84, implementing Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and the Head Start Program Performance Standards on Services for Children with Disabilities (45 CFR part 1308) as they apply to transportation services.

3. The agency specifies any special transportation requirements for a child with a disability when preparing the child’s Individual Education Plan (IEP) or Individual Family Service Plan (IFSP), and ensures that in all cases special transportation requirements in a child’s IEP or IFSP are followed, including:

   a) special pick-up and drop-off requirements;
   b) special seating requirements;
   c) special equipment needs;
   d) any special assistance that may be required; and
   e) any special training for bus drivers and monitors.

Related Regulations: 1308; 1310.22; 1310.22 a; 1310.22 b; 1310.22 c; 1310.22 c 1; 1310.22 c 2; 1310.22 c 3; 1310.22 c 4; 1310.22 c 5

Related Review Question/s: TR4C
Transportation Services

Policy ID: TR1013

Subject: Coordinated Transportation

Performance Objective: Efforts are made to coordinate transportation resources.

Operational Procedures:

1. The agency makes reasonable efforts to coordinate transportation resources with other human services agencies in the community in order to control costs and to improve the quality and the availability of transportation services.

2. At a minimum, the agency:
   
a) identifies the true costs of providing transportation in order to knowledgeably compare the costs of providing transportation directly versus contracting for the service;

b) explores the option of participating in any coordinated public or private transportation systems existing in the community; and

c) where no coordinated public or private non-profit transportation system exists in the community, makes every effort to identify other human services agencies also providing transportation services and, where reasonable, participates in the establishment of a local transportation coordinating council.

Related Regulations: 1310.23; 1310.23 a; 1310.23 b; 1310.23 b 1; 1310.23 b 2; 1310.23 b 3.

Related Review Question/s: N/A
Transportation Services

Policy ID: TR1014

Subject: Ongoing Monitoring of Transportation Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of transportation services at the grantee level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of transportation services, including contracted services, at the grantee level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s transportation services are detected, the Transportation Manager notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s transportation services are identified, the Bus Driver is responsible for documenting them and reporting Transportation Manager.

   c) All personnel are directed to report safety issues or concerns whenever they are apparent.

2. Transportation Services monitoring measures, tools, instruments, materials, etc. include:

   a) ODJFS Weekly Vehicle Inspection is completed weekly and includes a weekly vehicle inspection with the date the inspection was completed, a visual inspection of the tires, headlights, taillights, signals, mirrors, viper blades, dash gauges, inspection of child and driver restraints, door and windows and debris from the vehicle’s interior. It also includes the emergency evacuation drills, the name of the driver, the date of the drill and the names of the other staff evolved. The form is kept on site at each center and turned in to the Center Administrator.

   b) Pre-trip, post-trip and mini-pre-trip logs are completed by the Bus Driver and given to the Transportation Manager to verify completion.

   c) Repair sheets are signed by the mechanic and logged as complete by the Transportation Manager.

   d) Bus Attendance Sheets are completed daily by the Bus Drivers for pick-up and drop-off and filed with the Transportation Manager weekly.

   e) Route Sheets are completed and updated, as needed, by each Bus Driver and are given to the Transportation Manager. Route Sheets are also kept on the bus to verify routes.

3. The program analyzes and documents progress toward achieving transportation services goals and complying with performance requirements by the self-assessment and by the Transportation Manager completing evaluations on each Bus Driver.

Related Regulations: 1304.51 i 2

Related Review Question/s: TR5A PDM6.1
Disabilities Services
### FY 2011 Monitoring Protocol: **Disabilities Services**

#### Q. ID: Compliance Indicators:

Disabilities Services Framework #1 - Staff Qualifications

<table>
<thead>
<tr>
<th>DS1</th>
<th>The grantee ensures effective oversight, coordination, and management of the program’s disabilities services by hiring qualified staff and/or consultants and ensuring they have adopted the functions of the area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>The program hires staff or consultants as content area experts to oversee disabilities services who have training and experience in securing and individualizing needed services for children and families.</td>
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<td></td>
<td>Interview: Disabilities Content Area Expert (Staff Qualifications and Expertise)</td>
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<tr>
<td></td>
<td>* Describe your training or experience related to securing and individualizing needed services for children with disabilities. Additionally, describe your knowledge of the State’s requirements and timelines for implementing IDEA Services.</td>
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<td></td>
<td>* Describe how you develop the disability service plan and provide the program with regularly scheduled, ongoing expertise and oversight in the area of disabilities services.</td>
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<td></td>
<td>Staff Files: Disabilities Content Area Expert (Staff Qualifications and Expertise)</td>
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<td></td>
<td>* Review the personnel file(s) of the Content Area Expert(s) and describe their training, experience, and qualifications in securing and individualizing needed services for children with disabilities.</td>
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<tr>
<td>1.2</td>
<td>The program designates a staff or consultant to coordinate services for children with disabilities, including collaboration with other program coordinators (Education, Health, Mental Health and Nutrition) and staff.</td>
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<td>1308.6 d 1308.18 a 1308.18 b 1308.20 a DS1001 DS1002 DS1003 DS1003a</td>
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<td>Interview: Disabilities Coordinator (Staff Coordination)</td>
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<tr>
<td></td>
<td>* How do you coordinate with the Education, Health, Nutrition, and Mental Health Coordinators and staff to ensure integration of services (including screening, assessment, health and mental health follow-up) for children with suspected and/or diagnosed disabilities?</td>
</tr>
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<td></td>
<td>Interview: ECD Coordinator (Staff Coordination)</td>
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<td></td>
<td>* How do you coordinate with the Disabilities Coordinator using information from developmental assessments for planning program and individualization of educational activities and experiences for children with disabilities?</td>
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<tr>
<td></td>
<td>Observation: Children with Disabilities</td>
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<tr>
<td></td>
<td>* Visit settings (classrooms, family child care homes, socializations, home visits) to observe the services provided to children with disabilities. Summarize the services, including information about the coordination of services among all service areas (Education, Health, Nutrition, and Mental Health). How does the Disabilities Coordinator support teachers who work with children with disabilities?</td>
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<tr>
<td></td>
<td>Interview: Health Coordinator (Staff Coordination)</td>
</tr>
<tr>
<td></td>
<td>* How do you coordinate services with the Disabilities Coordinator to ensure that health, dental and nutrition needs of children with disabilities are communicated and met, and that follow-up occurs?</td>
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<tr>
<td></td>
<td>Interview: Nutrition Coordinator (Staff Coordination)</td>
</tr>
<tr>
<td></td>
<td>* How do you coordinate services with the Disabilities Coordinator to ensure that nutrition needs of children with disabilities are communicated and that follow-up occurs?</td>
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</tbody>
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**FY 2011 Monitoring Protocol: **Disabilities Services

<table>
<thead>
<tr>
<th>Q. ID:</th>
<th>Compliance Indicators:</th>
</tr>
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<tbody>
<tr>
<td>Interview: Teacher and Family Child Care Provider (Staff Coordination)</td>
<td>* How are you made aware of special health, nutrition or mental health services needs of a child with disabilities in your care? Can you give an example?</td>
</tr>
<tr>
<td>Interview: Mental Health Coordinator (Staff Coordination)</td>
<td>* How do you coordinate services with the Disabilities Coordinator to ensure that mental health needs of children with disabilities are communicated, and that follow-up occurs?</td>
</tr>
</tbody>
</table>

1.3 The program ensures that the program management functions for disabilities services are formally assigned to and adopted by staff within the program. Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.

| DS1000 | 1304.52 a 2 ii 1304.52 b 1 |

Disabilities Services Framework #2 - Program Planning and Managing

**DS2** The program is designed and managed so children with disabilities and their families are supported and effectively included in the full range of program activities.

2.1 A Disabilities Services Plan has been developed and updated annually with input from parents, staff and community partners, is approved annually by the governing body and policy group(s), and is funded with adequate resources.

| DS1009 | 1308.4 a 1308.4 b 1308.4 m |
| DS1009a | 1304.51 a 2 |

Document Review: Disabilities Service Plan

* Describe the process for making updates to the Disabilities Service Plan to reflect changes in community needs.
  - Has a disabilities service plan been developed and updated annually?
  - Indicate the date it was last updated.
* Describe the process for determining that adequate resources are allocated to implement disabilities service plan activities.
* Describe evidence that the plan was developed through a coordinated effort that included the staff, community members, and approval from the governing body and policy groups.
* Review the Disabilities Budget. Have resources been allocated to meet the special needs of enrolled children with disabilities? Were funds available for any special modifications that were necessary to support the participation of children with disabilities in the program?

2.2 Disabilities Plan strategies are used by staff to provide the full range of Head Start and/or Early Head Start services, providing modifications and budget support as necessary to meet the special needs of children with disabilities and their families.

| DS1009 | 1308.4 c 1308.4 d 1308.4 o |

Document Review: Disabilities Service Plan
## FY 2011 Monitoring Protocol: Disabilities Services

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
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</thead>
<tbody>
<tr>
<td>* Describe and identify strategies that ensure accessibility and appropriate materials and equipment are available to provide modifications so that children with disabilities can enjoy the full range of Head Start services.</td>
</tr>
</tbody>
</table>

**Interview: Disabilities Coordinator (Staff Coordination)**

* How do you use the Disabilities Services Plan as a working document to guide how you identify, plan and implement Head Start services to enrolled children? How do you plan for providing necessary modifications?  
* How do LEA or Part C resources support these needs and modifications?  
* Describe how you ensure the full range of Head Start services are provided to enrolled children with disabilities.  
* Discuss and give examples of children with more significant disabilities who were enrolled and for whom your program may have needed to implement significant modifications and provide additional supports to enable their more effective inclusion in the full range of your program’s activities.

**Interview: Teacher, Home Visitor and Family Child Care Provider (Staff Coordination)**

* How are you supported in ensuring that children with disabilities in your setting receive the full range of services? Can you give examples of any modifications that were made to assist children to receive these services (e.g. purchase of special materials, equipment, transportation assistance, extra staff, etc.)?

### Disabilities Services Framework #3 – Coordination

**DS3** The grantee ensures that the program’s services to children with disabilities and their families are effectively coordinated with community partners, particularly the local education agencies (LEA) and Part C agencies responsible for implementing the Individuals with Disabilities Education Act (IDEA).

#### 3.1 A coordinated screening, assessment and referral process for all children identifies children suspected of having a disability as soon as the need becomes evident and that in partnership with the LEA and/or Part C Agencies results in timely referrals for further evaluation.

- 1308.6 a 1
- 1308.6 a 2
- 1308.6 a 3
- 1308.6 b 1
- 1304.20 f 2 ii
- 1308.6 e 1

#### Child Files: Coordination of Disabilities Services

* Review documentation of this child's referral to the Part C provider or agency.  
  - Describe the program's referral process and timeline.  
  - Document the date the child’s disability was identified.  
  - Document the date the child was referred to the Part C provider.  
  - Did you identify any concerns with the date the child was referred to the Part C provider? If so, document your concerns. *Applies To: Programs serving infants and toddlers*  
* Review referrals and follow-up logs for children with disabilities to LEAs for formal evaluation, if available.  
  - Document the date the child’s disability was identified.  
  - Document the date of referral for evaluation.  
  - Did you identify any concerns with referrals and follow-up logs? If so, document your concerns. *Applies To: Programs serving preschool –age children*

**Interview: Disabilities Coordinator (Interagency Agreement)**

* Describe your efforts at coordinating with local LEAs, Part C Agencies and other providers of disabilities services. What types of collaboration does your agreement with the LEA and/or Part C Agencies include?
<table>
<thead>
<tr>
<th>FY 2011 Monitoring Protocol: <strong>Disabilities Services</strong></th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
<td>1308.6 c</td>
<td>DS1004a</td>
</tr>
<tr>
<td><strong>Interview: Disabilities Coordinator (Child Assessments)</strong></td>
<td>1308.6 e 3</td>
<td>DS1005</td>
</tr>
<tr>
<td>* What is the process and timeline for referral for evaluation to the LEA or Part C agency when a child is suspected of having a disability? How do you ensure timeliness from the LEA or Part C Agency in responding to your referrals? How do you overcome barriers to coordination with these agencies? Additional prompts for reviewer to use as needed:</td>
<td>1308.8 a 4</td>
<td>DS1004a</td>
</tr>
<tr>
<td>- What is the procedure for moving from the multi-disciplinary team evaluation to obtaining an IEP/IFSP from the appropriate local agencies?</td>
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<tr>
<td>- What is the process for following up with the LEA to ensure that children are evaluated formally and in a timely manner?</td>
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<tr>
<td>- Describe the process and timeline for referral to Part C providers and services when an infant or toddler is suspected of having a disability?</td>
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<tr>
<td>* Describe your screening and assessment process for identifying children who may be in need of further evaluation.</td>
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<tr>
<td><strong>Interview: Teacher, Family Child Care Provider and Home Visitor (Child Assessments)</strong></td>
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<tr>
<td>* How are you informed of screening results? What types of information alerts you that children may need further observation and possible referral for additional evaluation?</td>
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</tr>
<tr>
<td><strong>3.2</strong> The program, in partnership with the LEA or Part C Agency, works to inform and engage parents in all plans for screenings and referrals for evaluation, including obtaining consents prior to evaluation procedures and ensuring confidentiality of information.</td>
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<tr>
<td><strong>Child Files: Coordination of Disabilities Services</strong></td>
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<tr>
<td>* Review parental consent forms.</td>
<td>1304.41 a 4</td>
<td>DS1008</td>
</tr>
<tr>
<td>- Were parental consent forms available for review?</td>
<td>1308.4 h</td>
<td>DS1009</td>
</tr>
<tr>
<td>- Document the date of evaluation by the LEA or Part C agency.</td>
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<tr>
<td>- Document the date parental consent was obtained.</td>
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<td></td>
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<tr>
<td>- Document the date parental consent was obtained.</td>
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<tr>
<td><strong>Interview: Disabilities Coordinator (Child Assessments)</strong></td>
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<tr>
<td>* How are parents engaged, educated, and supported when participating in the decisions regarding evaluations and planning for disabilities services?</td>
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<tr>
<td>* Describe the process for obtaining parent consents for screenings and evaluations. In your description, indicate the following:</td>
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<tr>
<td>- How and when do you obtain parental consent for evaluations?</td>
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<tr>
<td>- How are consents obtained from families who do not speak English?</td>
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<tr>
<td>- How do you ensure the confidentiality of this information?</td>
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<tr>
<td><strong>Interview: Parent (Parent Involvement)</strong></td>
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<tr>
<td>* How and when did you give consent for your child to participate in screening and evaluations? How did the program explain the results to you? Do you participate in the decisions regarding your child’s evaluations and individual program planning?</td>
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</tr>
<tr>
<td><strong>3.3</strong> The program coordinates with and has current Interagency Agreements in place with Local Education Agencies (LEAs) and other agencies (Part C) within the service area.</td>
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<tr>
<td><strong>Interview: Disabilities Coordinator (Interagency Agreement)</strong></td>
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<tr>
<td>* Describe your efforts at coordinating with local LEAs, Part C Agencies and other providers of disabilities services. What types of collaboration does your</td>
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</table>
Head Start Program Policies and Procedures

FY 2011 Monitoring Protocol: **Disabilities Services**

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<th>Q. ID: Compliance Indicators:</th>
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<tr>
<td>agreement with the LEA and/or Part C Agencies include?</td>
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<tr>
<td><strong>Document Review: Interagency Agreement</strong></td>
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<tr>
<td>* Based on your review of Interagency Agreements are there:</td>
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<tr>
<td>- Current agreements that exist with LEAs and other agencies in the service area serving preschool age children; and/or</td>
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<tr>
<td>- Current agreements that exist with agencies serving infants and toddlers (Part C or others)?</td>
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<tr>
<td>* If agreements exist, document how you know these Interagency Agreements are current.</td>
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<tr>
<td>* If current agreements do not exist, document whether the grantee documented its efforts to establish these agreements and informed its Regional Office if agreements could not be reached.</td>
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<tr>
<td>* Indicate whether the agreements specify an array of services that would enable children with disabilities and their families to fully participate in the program, and describe the array of services.</td>
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</table>

Disabilities Services Framework #4 - Delivering Individualized Services

**DS4** *The program ensures that every child receiving services in Head Start and Early Head Start who has been evaluated, diagnosed with a disability and found to be in need of special education or early intervention services has a current IEP or IFSP in place and is supported by a learning environment, approach and services that address their needs.*

| 4.1 Every child receiving services in Head Start and/or Early Head Start, who has been evaluated, determined to have a disability, and is in need of special education or early intervention, has an IEP or IFSP, implemented as soon as possible after the IEP meeting, outlining how special education, early intervention and related services are provided. | 1308.19 b | DS1006 |
| | 1308.19 e 4 |  |
| | 1308.19 e 6 |  |
| | 1308.19 j |  |
| | 1308.19 k |  |
| | 1304.20 f 2 i |  |

**Interview: Disabilities Coordinator (Staff Coordination)**

* Describe how you implement IEPs and IFSPs as soon as possible after the IEP/IFSP meeting by modifying the child’s program in accordance with the plan.  
* How do you verify that individual plans are working for children with disabilities? How do you support teachers in implementing plans or addressing any need to change plans?  
* How does the program encourage parents to be involved in the IEP and IFSP process?  

**Interview: Parent (Parent Involvement)**

* How did the program encourage you to be involved in developing your child’s IEP or IFSP?  

**Child Files: Individualization**

* Does the file contain an Individualized Education Program (IEP) or an Individualized Family Service Plan (IFSP)?  
* Review the child's Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP),  
  - Is the IEP or IFSP current?  
  - Document the date the IEP or IFSP was created.  
  - Document the date the IEP or IFSP was last updated.  
  - Was the IEP or IFSP created before special education and related services were provided?
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<tr>
<td><strong>Interview: Teacher, Family Child Care Provider and Home Visitor (Staff Coordination)</strong></td>
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<tr>
<td>* How do coordinators verify with you that individualized plans are working for children with disabilities? How are you supported in implementing plans or addressing any need to change plans?</td>
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<tr>
<td><strong>4.2</strong> The child development approach for children with disabilities is consistent with their Individual Education Plans (IEP/preschool) or Individualized Family Services Plans (IFSP/infants and toddlers).</td>
<td>1304.21 a 1 ii</td>
<td>ECD1007</td>
</tr>
<tr>
<td><strong>Interview: Teacher, Family Child Care Provider and Home Visitor (Staff Coordination)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Describe how you are informed of IEP/IFSP plans for children with disabilities in your learning settings (family child care provider or home visitor). Are you knowledgeable about children’s individual objectives, the timelines for addressing the objectives and what supports are provided to meet children’s individual needs? Give specific examples.</td>
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<tr>
<td>* How do you and your staff promote ongoing communication with families on your program’s accomplishments and/or difficulties in addressing a child’s individualized service plan (e.g., any special safety, health, and nutrition needs?</td>
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<tr>
<td><strong>Observation: Children with Disabilities</strong></td>
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<tr>
<td>* How are children with disabilities integrated into the classroom, family child care home or socialization learning setting? How are they and their parents encouraged to participate in activities? Document any modifications you observe in the approach, supervision or learning environment that promotes participation by children with disabilities.</td>
<td></td>
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<tr>
<td>* How does the teacher, family child care provider, or home visitor implement the IEP or IFSP in the learning setting? Describe how the plan is utilized in the setting and any visible supports seen for carrying out the plans.</td>
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<tr>
<td><strong>Interview: Disabilities Coordinator (Child Assessments)</strong></td>
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<tr>
<td>* Can you describe how children receive the services described in their Individualized Family Service Plan (IFSP) or Individual Education Plan (IEP), both from the Head Start program and from other agencies? How do you support teachers and other staff in providing these services?</td>
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<tr>
<td><strong>Interview: FCP Staff (Support Services for Families)</strong></td>
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<tr>
<td>* How do you help coordinate strategies from the IEPs and/or IFSPs with Family Partnership agreements? How are you trained/ supported in responding to family questions and concerns about disabilities issues? <strong>See also DS5.1</strong></td>
<td></td>
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<tr>
<td><strong>4.3</strong> Learning environments are inclusive of children with disabilities and support their appropriate participation.</td>
<td>1304.21 a 5 iii</td>
<td>ECD1023 ECD1025</td>
</tr>
<tr>
<td><strong>Observation: Children with Disabilities</strong></td>
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<td>* How are children with disabilities integrated into the classroom, family child care home or socialization learning setting? How are they and their parents encouraged to participate in activities? Document any modifications you observe in the approach, supervision or learning environment that promotes participation by children with disabilities.</td>
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<td>FY 2011 Monitoring Protocol: <strong>Disabilities Services</strong></td>
<td>related regulations:</td>
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<td></td>
<td>related policies:</td>
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<tr>
<td>Interview: Disabilities Coordinator (Adaptation for Children with Disabilities)</td>
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</tbody>
</table>
* Describe how you have supported teachers in making modifications to their learning environments in order to support the full participation of children with disabilities. Give specific examples. |
| Disabilities Services Framework #5 - Partnering with Families of Children with Disabilities | 
| DS5 | The program ensures that parents of children with disabilities are supported and involved as decision-makers and receive information and assistance in understanding and advocating for the services needed to address their child’s special needs. |
| 5.1 The program actively works to inform and support families in developing their knowledge about their child’s disability, their skills in decision-making for their child, and their confidence in accessing resources and advocating to meet the special needs of their child. | 1308.21 a 6, a 10, 1304.40 a 3, e 3, DS1007, FCS1003, FCS1007 |
| Interview: Parent (Parent Involvement) | 
* How does the program inform you of your child’s rights to receive disabilities services under IDEA? How does the program support you in your efforts of advocating for your child? 
* How have you been encouraged and supported to learn more about your child’s development and special needs? 
* How has the program help you find information and support on special issues faced by parents of children with disabilities? |
| Interview: Disabilities Coordinator (Transitions) | 
* How does your program ensure that parents are fully informed of their rights under IDEA and are supported in their role as decision-makers for their child? What program activities promote family self-advocacy, both within Head Start and in dealing with other agencies? |
| Interview: FCP Staff (Support Services for Families) | 
* What activities are conducted with families of children with disabilities to support their self-advocacy in the area of disabilities? How do you help inform them about disabilities services and their rights? 
* How do you help coordinate strategies from the IEPs and/or IFSPs with Family Partnership agreements? How are you trained/ supported in responding to family questions and concerns about disabilities issues? See also DS4.2 |
| Interview: Teacher, Family Child Care Provider and Home Visitor (Support Services for Families) | 
* What support or direction do you receive on how to work with parents when they raise concerns or questions about the special services their child with a disability is receiving? |
| Document Review: Materials for Families | 
* Describe the materials shared with families to support their development as decision makers and advocates for their children. Look for evidence of: 
  - Materials from support groups for parents of children with disabilities 
  - Facilitated referrals to respite care, community parent education and support services 
  - Sharing information on parent advocacy rights according to IDEA |
| 5.2 The program assists families of children with disabilities to transition from infant and toddler programs to preschool, as well as assisting families of children leaving Head Start for subsequent placements. | 1308.21 a 1, b, c, DS1007 |
**Head Start Program Policies and Procedures**

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<td>1308.4 g 1304.20 f 2 iii</td>
<td>DS1009 HL1007; DS1005</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Interview: Disabilities Coordinator (Transitions)</th>
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<tbody>
<tr>
<td>* Describe your transition process and how you assist parents of children with disabilities in transitioning from Head Start to public school or other appropriate placement, including:</td>
</tr>
<tr>
<td>- Ensuring that the records of Head Start children with disabilities, including IEPs, are transferred to the appropriate programs;</td>
</tr>
<tr>
<td>- Building parent confidence, skills, and knowledge in accessing resources to meet their child's needs;</td>
</tr>
<tr>
<td>- Informing parents of their rights under the Individuals with Disabilities Education Act (IDEA);</td>
</tr>
<tr>
<td>- Ensuring a timely transition process; and</td>
</tr>
<tr>
<td>- Assisting parents in notifying the school of the child's planned enrollment prior to the date of enrollment. <strong>Applies To: Programs serving preschool-age children</strong></td>
</tr>
<tr>
<td>* What are the program's transition practices for toddlers with disabilities leaving EHS and entering Head Start?</td>
</tr>
<tr>
<td>- Describe your process and timeline for transition planning for children on an IFSP.</td>
</tr>
<tr>
<td>- How does the program support parents of children with disabilities entering EHS from infant and toddler programs and those leaving EHS for Head Start or other appropriate placement? <strong>Applies To: Programs serving infants and toddlers</strong></td>
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</tbody>
</table>

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<thead>
<tr>
<th>Interview: Parent (Transitions)</th>
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<tbody>
<tr>
<td>* If your child is transitioning from Early Head Start or from Head Start into another program tell me about your own and your child’s experiences.</td>
</tr>
<tr>
<td>- Have you gotten to meet the new teacher or tour the new place your child will attend?</td>
</tr>
<tr>
<td>- Were your child’s records moved to the next place and did you get a copy?</td>
</tr>
<tr>
<td>- Has the program helped you learn how to be a strong participant in the new program and advocate for your child’s progress and success there? <strong>See also FCP4.3</strong></td>
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<thead>
<tr>
<th>Document Review: Transition Plans</th>
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<tbody>
<tr>
<td>* Review program plans and procedures detailing the process used by staff to assist parents and children with disabilities in transitioning children with disabilities into and out of Early Head Start and Head Start to subsequent placements, including public school. Do plans describe how continuity of disability services is planned and implemented?</td>
</tr>
<tr>
<td>* Review a sample of transition plans of Head Start Children with disabilities. Verify that transition planning occurred for children with disabilities leaving Head Start for public school, or other placement. How does the program notify the school of planned enrollment? <strong>Applies To: Programs serving preschool-age children</strong></td>
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<tr>
<th>Child Files: Transitions</th>
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<tbody>
<tr>
<td>* Review transition plans.</td>
</tr>
<tr>
<td>- Was transition planning undertaken at least 6 months before the child's third birthday?</td>
</tr>
<tr>
<td>- Document the date transition planning began.</td>
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</table>

* * *
Disabilities Services and Human Resources Management

Policy ID: DS1000

Subject: Qualifications of Content Area Experts: Disabilities Services Staff

Performance Objective: The program ensures that the program management functions for disabilities services are formally assigned to and adopted by staff within the program.

Operational Procedures:

1. Staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

2. When the program assigns content area experts to oversee disabilities services, only those with the appropriate training and experience in securing and individualizing needed services for children with disabilities are so assigned.

3. Job descriptions for the content area experts who oversee disabilities services are reviewed before interviews are conducted.
   a) Such job descriptions include the required licensure and/or certification for disabilities content area experts with experience in securing and individualizing needed services for children with disabilities.
   b) Program review of disabilities content area expert job descriptions includes reviewing required licenses and certification.

4. The personnel files, contracts, and/or resumes of the disabilities content area experts include documentation of:
   a) training, b) experience, and c) qualifications in securing and individualizing needed services for children with disabilities.

5. Disabilities services are supported by staff or consultants with training and experience in securing and individualizing needed services for children with disabilities. This is ensured by hiring qualified staff for the positions of Intervention Managers and the Intervention Specialist. OHCAC contracts with an Independent Licensed Social Worker to assist with Individual Intensive Intervention plans. OHCAC collaborates with the Fairway DD in Crawford County in one classroom and with Marion City and Marion County Schools in six classrooms in Marion County. The LEA’s provide itinerant services in classroom for children with identified needs. OHCAC signs an Interagency Agreement with all LEA’s (Local Education Agency) and Help Me Grow.

Related Regulations: 1304.52 d 7; 1304.52 a 2 ii; 1304.52 b 1

Related Review Question/s: DS1A-DS1.1; DS1.3
Disabilities Services

Policy ID: DS1001

Subject: Disabilities Coordinator and Education Manager Coordination

Performance Objective: The Disabilities Coordinator works with the Education Manager in ongoing assessment and planning of activities for children with disabilities, taking into consideration the child’s health needs.

Operational Procedures:

1. The Intervention Managers & the Intervention Specialist maintains documentation of coordination with the Education Manager related to ongoing assessment and program planning (e.g., notes, meeting minutes), which demonstrates the Education Manager’s involvement in the assessment process and in planning activities across program options.

2. The developmental assessment process for children with disabilities is conducted in accordance with the Disabilities plan.

   a) Information from the developmental assessment is incorporated into program planning to individualize educational activities for children with disabilities.

3. Changes and updates to program plans regarding the provision of disabilities services are communicated between coordinators and other necessary staff members by means of team meetings, individual meetings, routing procedures, phone calls, documentation, tracking forms, attendance policies, and III meetings.

4. The Education Manager and the Intervention Managers & the Intervention Specialist are responsible for verifying that individual plans are working for children with disabilities.

5. The Education Manager and the Intervention Managers & the Intervention Specialist support teachers with implementing plans or addressing the need to change plans.

6. See also Policy # ECD1026, Ongoing Assessment for Each Child.

Related Regulations: 1308.6 d

Related Review Questions: DS2A, DS1,2
Disabilities Services

Policy ID: DS1002

Subject: Disabilities Coordinator, Teachers, and Health Staff Coordination

Performance Objective: The Intervention Managers & the Intervention Specialist works with health staff and teachers in the assessment process to help them identify children with disabilities and to ensure follow-up so the health needs of children with special needs are being met.

Operational Procedures:

1. The Intervention Managers & the Intervention Specialist coordinates services with health staff to ensure that health needs of children with disabilities are communicated and met, and that follow-up occurs.

2. The Intervention Managers & the Intervention Specialist informs Teachers and Family Child Care Providers of new health services needs for children with disabilities.

3. The Intervention Managers & the Intervention Specialist documents the coordination with health services staff and teachers by means of notes, meeting minutes, and other records which are kept in the child files, routing form, health history, and Child Plus.

Related Regulations: 1308.18 a

Related Review Questions: DS2B DS1.2
Disabilities Services

Policy ID: DS1003

Subject: Disabilities Coordinator and Mental Health Manager Coordination

Performance Objective: Education Manager and the Intervention Managers & the Intervention Specialist work with the Family Advocates to help teachers identify children with mental health-related disabilities.

Operational Procedures:

1. The Education Manager and the Intervention Managers & the Intervention Specialist works with Mental Health staff/consultants to help teachers identify children with mental health-related disabilities. OHCAC contracts with an Independent Licensed Social Worker to assist with Individual Intensive Intervention plans.

2. The Education Manager, Family Advocates, Intervention Managers & the Intervention Specialist documents issues regarding children’s mental health needs and follow-up, by means of notes, meeting minutes, and other records which are kept child’s intervention file and Child Plus.

3. This coordination is intended to help teachers identify mental health problems, such as depression, withdrawal, anxiety, or abuse, for a child with disabilities.

Related Regulations: 1308.18 b

Related Review Questions: DS2C DS1.2
Disabilities Services

Policy ID: DS1003a

Subject: Disabilities Coordinator and Nutrition Staff Coordination

Performance Objective: The Intervention Managers & the Intervention Specialist works with staff to ensure that provisions to meet special needs are incorporated into the nutrition program.

Operational Procedures:

1. Appropriate professionals, such as physical therapists, speech therapists, occupational therapists, nutritionists or dietitians are consulted on ways to assist Head Start staff and parents of children with severe disabilities with problems of chewing, swallowing and feeding themselves.

2. The plan for services for children with disabilities includes activities to help children with disabilities participate in meal and snack times with classmates.

3. The plan for services for children with disabilities addresses prevention of disabilities with a nutrition basis.

Related Regulations: 1308.20; 1308.20 a; 1308.20 b; 1308.20 c; 1308.20 d

Related Review Questions: DS1.2
Head Start Program Policies and Procedures

Disabilities and Social Services: Outreach and Recruitment

Policy ID: DS1004

Subject: Recruitment and Enrollment of Children with Disabilities

Performance Objective: The program’s outreach and recruitment activities incorporate specific actions to actively locate and recruit children with disabilities, including children with severe disabilities.

Operational Procedures:

1. The program insures that staff engaged in recruitment and enrollment of children are knowledgeable about the provisions of 45 CFR Part 84, Nondiscrimination on the Basis of Handicap in Programs and Activities Receiving or Benefitting from Federal Assistance, and of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101).

2. The grantees does not deny placement on the basis of a disability or its severity to any child when:
   a) The parents wish to enroll the child;
   b) The child meets the Head Start age and income eligibility criteria;
   c) Head Start is an appropriate placement according to the child’s IEP, and
   d) The program has space to enroll more children, even though the program has made 10% of its enrollment opportunities available to children with disabilities. After the 10% has been achieved the program will continue to enroll children according to our Selection Priority Criteria.

3. The program accesses resources and plans 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 IEP is not denied enrollment because of:
   a) Staff attitudes and/or apprehensions;
   b) Inaccessibility of facilities;
   c) Need to access additional resources to serve a specific child;
   d) Unfamiliarity with a disabling condition or special equipment, such as a prosthesis; and
   e) Need for personalized special services such as feeding, suctioning, and assistance with toileting, including catheterization, diapering, and toiletd training.

4. The same policies governing Head Start program eligibility for other children, such as priority for those most in need of the services, apply to children with disabilities.

5. The program takes the following factors into account when planning enrollment procedures:
   a) The number of children with disabilities in the Head Start service area including types of disabilities and their severity;
   b) The services and resources provided by other agencies; and
c) State laws regarding immunization of preschool children. The Grantee observes applicable State laws which usually require that children entering State preschool programs complete immunizations prior to or within thirty days after entering to reduce the spread of communicable diseases.

6. The recruitment effort includes recruiting children who have severe disabilities, including children who have been previously identified as having disabilities.

   a) These efforts include outreach to other agencies, resulting in referrals and acceptance of children with severe disabilities.

   b) Recruitment materials state clearly that the program seeks and serves children with disabilities.

   c) Program enrollment includes at least 10% children with disabilities, unless a waiver is requested and awarded by ACF.

**Related Regulations:** 1308.5; 1308.5 a; 1308.5 b; 1308.5 c; 1308.5 e 1; 1308.5 e 2; 1308.5 e 3; 1308.5 e 4; 1308.5 d; 1308.5 d 1; 1308.5 d 2; 1308.5 d 3; 1308.5 d 4; 1308.5 d 5; 1308.5 e; 1308.5 e 1; 1308.5 e 2; 1308.5 e 3; 1308.5 f; 45 CFR Part 84; Act 640 d 1

**Related Review Question/s:** DS3A; ER1F; ER2A; ER3D
Disabilities Services

Policy ID: DS1004a

Subject: Assessment of Children

Performance Objective: All children enrolled in Head Start are screened as the first step in the assessment process

Operational Procedures:

1. The program, in partnership with the LEA or Part C Agency, works to inform and engage parents in all plans for screenings and referrals for evaluation, including obtaining consents prior to evaluation procedures and ensuring confidentiality of information.

2. The disabilities coordinator must be involved with other program staff throughout the full process of assessment of children, which has three steps:
   a. All children enrolled in Head Start are screened as the first step in the assessment process;
   b. Staff also carry out on-going developmental assessment for all enrolled children throughout the year to determine progress and to plan program activities;
   c. Only those children who need further specialized assessment to determine whether they have a disability and may require special education and related services proceed to the next step, evaluation. The disabilities coordinator has primary responsibility for this third step, evaluation, only.

3. Screening, the first step in the assessment process, consists of standardized health screening and developmental screening which includes speech, hearing and vision. It is a brief process, which can be repeated, and is never used to determine that a child has a disability (or emotional/behavioral disorder). It only indicates that a child may need further evaluation to determine whether the child has a disability. Rescreening is provided as needed.

4. The grantee provides for developmental, hearing and vision screenings of all Head Start children within 45 days of the child’s entry into the program. This does not preclude starting screening in the spring, before program services begin in the fall.

Related Regulations: 1308.6 a 1; 1308.6 a 2; 1308.6 a 3; 1308.6 b; 1308.6 b 1; 1308.6 c; 1308.8 a 4

Related Review Questions: DS3.1
Disabilities and Child Health and Developmental Services

Policy ID: DS1005

Subject: Individualization of the Program

Performance Objective: The program uses the information from the screening for developmental, sensory, and behavioral concerns, the ongoing observations, medical and dental evaluations and treatments, and insights from the child’s parents to help staff and parents determine how the program can best respond to each child’s individual characteristics, strengths and needs.

Operational Procedures:

To support individualization for children with disabilities, the program assures that:

1. a) The Intervention Managers & the Intervention Specialist promptly refers preschool-age children suspected of possibly having a disability to the LEA for further, formal evaluation as soon as the need becomes evident.

    b) The Intervention Managers & the Intervention Specialist or designee follows up with the LEA to ensure that children are promptly and formally evaluated.

    c) All such referrals, follow-ups, and timelines are documented and those records are kept in the intervention file and on Child Plus.

    d) Before initial evaluations are conducted, the program works with the LEA to assure that parents are informed and have provided written consent for the evaluations.

        i) Communications with and written consent from parents are done in the preferred language of the parents.

2. The program participates in and supports efforts for a smooth and effective transition for children who, at age three, will need to be considered for services for preschool age children with disabilities.

3. The program participates in the development and implementation of the Individualized Education Program (IEP) for preschool age children with disabilities, consistent with the requirements of 1308.19.

Related Regulations: 1304.20 f; 1304.20 f 1; 1304.20 f 2; 1304.20 f 2 i; 1304.20 f 2 ii; 1304.20 f 2 iii; 1304.20 f 2 iv; 1308.19; 1308.6 e 1; 1308.6 e 3

Related Review Question/s: DS4A, DS4B, DS4C   DS3.1; DS3.2; DS5.2; ECD3.2
Disabilities and Education and Early Childhood Development

Policy ID: DS1006

Subject: Developing Individualized Education Programs (IEP’s)

Performance Objective: Individualized Education Programs, or IEP’s, are developed in accordance with the Performance Standards.

Operational Procedures:

1. When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.

2. Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education 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. When the LEA develops the IEP, a representative from Head Start must attempt to participate in the IEP meeting and placement decision for any child meeting Head Start eligibility requirements.

4. If Head Start develops the IEP, the IEP must take into account the child’s unique needs, strengths, developmental potential and the family strengths and circumstances as well as the child’s disabilities.

5. The IEP must include:

   a) A statement of the child’s present level of functioning in the social-emotional, motor, communication, self-help, and cognitive areas of development, and the identification of needs in those areas requiring specific programming.

   b) A statement of annual goals, including short term objectives for meeting these goals.

   c) A statement of services to be provided by each Head Start component that are in addition to those services provided for all Head Start children, including transition services.

   d) A statement of the specific special education services to be provided to the child and those related services necessary for the child to participate in a Head Start program. This includes services provided by Head Start and services provided by other agencies and non-Head Start professionals.

   e) The identification of the personnel responsibilities for the planning and supervision of services and for the delivery of services.

   f) The projected dates for initiation of services and the anticipated duration of services.

   g) A statement of objective criteria and evaluation procedures for determining at least annually whether the short-term objectives are being achieved or need to be revised.

   h) Family goals and objectives related to the child’s disabilities when they are essential to the child’s progress.

6. When Head Start develops the IEP, the team includes:
a) The Head Start Intervention Managers & the Intervention Specialist 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, and

d) At least one of the professional members of the multidisciplinary team which evaluated the child.

7. If Head Start is initiating the request for a meeting, LEA representative(s) are invited in writing.

8. The grantee may also invite other individuals at the request of the parents and other individuals at the discretion of the Head Start program, including those component staff particularly involved due to the nature of the child’s disability.

9. A meeting is held at a time convenient for the parents and staff to develop the IEP within 30 calendar days of a determination that the child needs special education and related services. Services begin as soon as possible after the development of the IEP.

10. The program makes vigorous efforts to involve parents in the IEP process by:

   a) Notifying parents in writing and, if necessary, also verbally or by other appropriate means of the purpose, attendees, time and location of the IEP meeting far enough in advance so that there is opportunity for them to participate.

   b) Making 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) Providing interpreters, if needed, and offering the parents a copy of the IEP in the parents’ language of understanding after it has been signed.

   d) Holding the meeting without the parents only if neither parent can attend, after repeated attempts to establish a date or facilitate their participation. In that case, the program documents its efforts to secure the parents’ participation, through records of phone calls, letters in the parents’ native language or visits to parents’ homes or places of work, along with any responses or results; and arranges an opportunity to meet with the parents to review the results of the meeting and secure their consent, input and signature.

11. The Grantee 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 of related services. If a child enters Head Start with an IEP completed within two months prior to entry, services begin within the first two weeks of program attendance.

Related Regulations: 1308.19; 1308.19 a; 1308.19 b; 1308.19 c; 1308.19 d; 1308.19 e; 1308.19 e 1; 1308.19 e 2; 1308.19 e 3; 1308.19 e 4; 1308.19 e 5; 1308.19 e 6; 1308.19 e 7; 1308.19 e 8; 1308.19 f; 1308.19 f 1; 1308.19 f 2; 1308.19 f 3; 1308.19 f 4; 1308.19 g; 1308.19 h; 1308.19 i; 1308.19 j; 1308.19 j 1; 1308.19 j 2; 1308.19 j 3; 1308.19 j 4; 1308.19 k

Related Review Question/s: DS4D_DS4_1
Disabilities Services and Parent Involvement

Policy ID: DS1007

Subject: Parent Participation and Transition

Performance Objective: The program encourages parent participation and helps them prepare for transitions.

Operational Procedures:

1. In addition to the many references to working with parents throughout the standards, the staff must carry out the following tasks:

   a) Support parents of children with disabilities entering from infant/toddler programs.
   
   b) Provide information to parents on how to foster the development of their child with disabilities.
   
   c) Provide opportunities for parents to observe large group, small group and individual activities describe in their child’s IEP.
   
   d) Provide follow-up assistance and activities to reinforce program activities at home.
   
   e) Refer parents to groups of parents of children with similar disabilities who can provide helpful peer support.
   
   f) Inform parents of their rights under IDEA by meeting with the parent during referral process, by the LEA when obtaining permission to test or at the IEP meeting.
   
   g) Inform parents of resources which may be available to them from the Supplemental Security Income (SSI) Program, the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program and other sources and assist them with initial efforts to access such resources.
   
   h) Identify needs (caused by the disability) of siblings and other family members.
   
   i) Provide information in order to prevent disabilities among younger siblings.
   
   j) Build parent confidence, skill and knowledge in accessing resources and advocating to meet the special needs of their children.

2. The Grantee plans to assist parents in the transition of children from Head Start to public school or other placement, beginning early in the program year.

   a) The Head Start program helps families prepare for transitions regarding disabilities services, for children entering Head Start from infant and toddler programs, as well as for children leaving Head Start for subsequent placements, in accordance with the child’s transition plan.
   
   b) The specific transition steps for children who have entered Head Start from Early Head Start and from other Part C programs in the community, for toddlers entering Head Start, for children with disabilities entering from infant and toddler programs are detailed in the child’s transition plan.

3. In cooperation with the child’s parents, the program notifies the school of the child’s planned enrollment prior to the date of enrollment.

4. The Disabilities Coordinator works with parents to ensure that the records of Early Head Start or Head Start children, including IEPs and IFSPs, are transferred to the appropriate programs.
Related Regulations: 1308.21; 1308.21 a; 1308.21 a 1; 1308.21 a 2; 1308.21 a 3; 1308.21 a 4; 1308.21 a 5; 1308.21 a 6; 1308.21 a 7; 1308.21 a 8; 1308.21 a 9; 1308.21 a 10; 1308.21 b; 1308.21 c.

Related Review Question/s: DS5B, DS5.1, DS5.2
Head Start Program Policies and Procedures

Disabilities Services

Policy ID: DS1008

Subject: Interagency Agreements

Performance Objective: The program makes specific efforts to develop interagency agreements with all Local Education Agencies (LEAs) and other agencies (Part C) within the service area to enable children and their families’ effective participation.

Operational Procedures:

1. See Policy # FCS1012, Community Partnerships.

2. 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 Head Start program unless the services are being provided by the LEA or other agency.

3. The plan specifies the services to be provided directly by Head Start and those provided by other agencies.

4. The program arranges for, provides, or procures services which may include, but are not limited to special education and these related services:

   a) Audiology services, including identification of children with hearing loss and referral for medical or other professional attention; provision of needed rehabilitative services such as speech and language therapy and auditory training to make best use of remaining hearing; speech conservation; lip reading; determination of need for hearing aids and fitting of appropriate aids; and programs for prevention of hearing loss;

   b) Physical therapy to facilitate gross motor development in activities such as walking to prevent or slow orthopedic problems and improve posture and conditioning;

   c) Occupational therapy to improve, develop or restore fine motor functions in activities such as using a fork or knife;

   d) Speech or language services including therapy and use of assistive devices necessary for a child to develop or improve receptive or expressive means of communication;

   e) Psychological services such as evaluation of each child’s functioning and interpreting the results to staff and parents; and counseling and guidance services for staff and parents regarding disabilities;

   f) Transportation for children with disabilities to and from the program and to special clinics or other service providers when the services cannot be provided on-site. Transportation includes adapted buses equipped to accommodate wheelchairs or other such devices if required; and

   g) Assistive technology services or devices necessary to enable a child to improve functions such as vision, mobility or communication to meet the objectives in the IEP.

Related Regulations: 1304.41 a 4; 1308.4 h, 1308.4 h 1, 1308.4 h 2, 1308.4 h 3, 1308.4 h 4, 1308.4 h 5, 1308.4 h 6, 1308.4 h 7

Related Review Question/s: DS5C, DS3.3; FCP4.1
Head Start Program Policies and Procedures

Disabilities Services and Community Partners

Policy ID: DS1009

Subject: Disabilities Service Plan

Performance Objective: A disabilities service plan is developed and implemented by the program.

Operational Procedures:

1. The program develops a disabilities service plan providing strategies for meeting the special needs of children with disabilities and their parents. The purposes of this plan are to assure that:

   a) All components [areas] of Head Start are appropriately involved in the integration of children with disabilities and their parents.

   b) Resources are used efficiently.

   c) The Intervention Managers & the Intervention Specialist, Education Manager, teachers, health staff, and mental health staff work together to provide integrated services.

2. The plan is updated annually to reflect the changing needs for disabilities services in the community.

3. The plan includes provisions for children with disabilities to be included in the full range of activities and services normally provided to all Head Start children and provisions for any modifications necessary to meet the special needs of the children with disabilities.

4. The program adapts and uses the disabilities service plan as a working document which guides all aspects of the agency’s effort to serve children with disabilities. This plan takes into account the needs of the children for small group activities, for modifications of large group activities, and for any individual special help.

5. The program designates a coordinator of services for children with disabilities (disabilities coordinator) and arrange for preparation of the disabilities service plan and of the grantee application budget line items for services for children with disabilities.

6. The program ensures that all relevant coordinators, other staff and parents are consulted.

7. The disability service plan contains:

   a) procedures for timely screening;

   b) procedures for making referrals to the LEA for evaluation to determine whether there is a need for special education and related services for a child, as early as the child’s third birthday;

   c) assurances of accessibility of facilities;

   d) plans to provide appropriate special furniture, equipment and materials if needed;

   e) transportation services;

   f) coordination with LEA; and

   g) how the program works with parents to ensure their involvement.
8. The disabilities service plan includes commitment to specific efforts to develop interagency agreements with the LEAs and other agencies within the grantee’s service area. If no agreement can be reached, the grantee documents its efforts and informs the Regional Office. The agreements address:
   __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 IEPs to the LEA for the LEA Child Count report by December 1 annually; and
   __g) Any other items agreed to by both parties.

The grantee makes efforts to update the agreements annually.

98. The plan, when appropriate, addresses strategies for the transition of children into Head Start from infant/toddler programs (0-3 years), as well as the transition from Head Start into the next placement. The plan includes preparation of staff and parents for the entry of children with severe disabilities into the Head Start program.

10. The disabilities coordinator works with the director in planning and budgeting of grantee funds to assure that the special needs identified in the IEP are fully met.

11. The disabilities coordinator works with the director in planning and budgeting of grantee funds to assure that children most in need of an integrated placement and of special assistance are served.

**Related Regulations:** 1308.4 a; 1308.4 a 1; 1308.4 a 2; 1308.4 b; 1308.4 c; 1308.4 d; 1308.4 e; 1308.4 f; 1308.4 f 1; 1308.4 f 2; 1308.4 f 3; 1308.4 f 4; 1308.4 g; 1308.4 l; 1308.4 l 1; 1308.4 l 2; 1308.4 l 3; 1308.4 l 4; 1308.4 l 5; 1308.4 l 6; 1308.4 l 7

**Related Review Question/s:** DS5D, DS2.1; DS3.3; DS5.2
Disabilities Services

Policy ID: DS1009a

Subject: The Budget Addresses Implementation of the Disabilities Service Plan

Performance Objective: The budget request included with the application for funding addresses the implementation of the disabilities service plan.

Operational Procedures:

1. The disabilities coordinator works with the director in planning and budgeting of grantee funds to assure that the grantee maintains the level of fiscal support to children with disabilities consistent with the Congressional mandate to meet their special needs.

2. In accordance with 1308.4 o, budget requests include these allowable expenditures for disabilities services:

   a) Salaries (for Disabilities Coordinator);
   b) Evaluation of children;
   c) Services;
   d) Making services accessible;
   e) Transportation;
   f) Special equipment and materials;
   g) Training and technical assistance.

Related Regulations: 1308.4 m; 1308.4 o (all)

Related Review Questions: DS2.2
Head Start Program Policies and Procedures

Disabilities Services and Management Systems

Policy ID: DS1010

Subject: Ongoing Monitoring of Disabilities Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of disabilities services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of disabilities services at the grantee and delegate level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s disabilities services are detected, the Head Start Staff, Head Start Director, Child Health and Education Director, Intervention Specialist and Intervention Manager notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s disabilities services are identified, the Head Start Staff, Head Start Director, Child Health and Education Director, Intervention Specialist and Intervention Manager is responsible for documenting them and reporting to Head Start Director, Child Health and Education Director, and Intervention Specialist/Manager.

   c) Documentation of identified disabilities service problems or weaknesses is kept in the child’s intervention file.

   d) All personnel are directed to report safety issues or concerns whenever they are apparent immediately, to the Education Manager, Child Health and Education Director.

2. Disabilities Services monitoring measures, tools, instruments, materials, etc. include:

   a) ESI’s & DECA’s

   b) Tracking Forms

   c) Evaluation Team Report (ETR)

   d) Individulaized Education Program (IEP)

   e) IEP Documentation

   f) Progress Reports (when provided by the LEA)

   g) Lesson Plans

   h) Child Plus

3. The program analyzes and documents progress toward achieving disabilities services goals and complying with performance requirements by:

   a. Intervention Managers attend Monthly Team meetings with each center to discuss individual child and family concerns, bussing concerns and system challenges. Suggestions are given on
classroom management strategies, IEP goal ideas transition activities for the classroom or bus behavior concerns and lesson plan ideas.

b. Intervention Managers monitor each center’s Weekly Report for expiring physicals for children on Individual Education Programs (IEP). If the child’s physical is expiring, then the Intervention Manager will work with the Health Manager and the parent to determine any barriers the parent has to having a physical completed.

c. Intervention Managers track lesson plans to ensure IEP goals are listed and documented in coordination with Education Managers and Lead Teachers. IEP goals are documented monthly on an IEP documentation sheet. In Galion 1, which are the collaboration rooms with Fairway DD, Lead Teachers are not required to complete IEP documentation due to the documentation completed by the Special Education teachers. The Intervention Specialist receives the progress reports from the Fairway DD and progress reports are shared with the parents.

d. Intervention Managers attend IEP meetings and transition meetings for any child enrolled in Head Start or transferring into Head Start from Help Me Grow.

e. Intervention Managers meet with Lead Teachers and Bus Drivers to review IEP goals and any identified special needs for children. Any accommodations that a child requires will be discussed prior to the child attending on the first day. Intervention Managers maintain a tracking binder that includes IEP documentation and lesson plans.

f. ChildPlus reports are utilized to monitor whether an IEP is current and parent contact is documented in ChildPlus. ChildPlus is utilized to monitor children that teachers have concerns about based on ESI screening results, behavior in the classroom or DECA screening results.

g. Interagency agreements are reviewed annually with all school districts in all counties.

h. When self-assessment results are determined, the Health Nutrition Managers and HealthSpecialist meet with the Child Health & Education Director to make improvements and fix issues. Staff and parents participate in the self-assessment process.

**Related Regulations:** 1304.51 i 2

**Related Review Question/s:** DS6A, PDM6.1
Mental Health Services
### Mental Health Services Framework #1 - Staff Qualifications

**MH1** The grantee ensures effective oversight, coordination, and management of the program’s mental health services by hiring qualified staff and/or consultants and ensuring they have adopted the functions of the area.

<table>
<thead>
<tr>
<th>1.1</th>
<th>The program has hired staff or consultants as content area experts to oversee mental health services who are licensed or certified mental health professionals with experience and expertise in serving young children and their families.</th>
<th>1304.52 d 4</th>
<th>MH1001; PDM1023a</th>
</tr>
</thead>
</table>

**Interview:** Mental Health Content Area Expert (Staff Qualifications and Expertise)

* Are you a licensed or certified mental health professional? If not, does the program have a contract with a licensed or certified mental health professional who supports the provision of mental health services?

* Describe your training or experience related to serving young children and their families.

**Staff Files:** Mental Health Content Area Expert (Staff Qualifications and Expertise)

* List the mental health content area expert’s training, experience, and qualifications. Document the accrediting body for the license or certification.

<table>
<thead>
<tr>
<th>1.2</th>
<th>The program ensures that the program management functions for mental health services are formally assigned to and adopted by staff within the program. Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.</th>
<th>1304.52 a 2 ii</th>
<th>MH1001; HL1001; PDM1022</th>
</tr>
</thead>
</table>

**Interview:** Mental Health Coordinator (Staff Qualifications and Expertise)

* Describe how your knowledge, skills, and experience assist you in performing your assigned functions in the area of mental health services responsibly.

**Staff Files:** Mental Health Coordinator (Staff Qualifications and Expertise)

* Determine who is formally assigned to the functions of managing mental health services. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area.

### Mental Health Services Compliance Framework #2 - Program Planning and Management

**MH2** The program designs and implements practices that identify and are responsive to each child’s behavioral and mental health needs, and that educate program staff and families about mental and behavioral health issues.

<table>
<thead>
<tr>
<th>2.1</th>
<th>The certified or licensed mental health professional has a schedule of sufficient frequency that enables timely, effective identification of and intervention in family and staff concerns about a child’s mental health.</th>
<th>1304.24 a 2</th>
<th>MH1003</th>
</tr>
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</table>

**Interview:** Disabilities Coordinator (Staff Coordination)

* Describe how coordination with mental health services helped teachers identify mental health problems, such as depression, withdrawal, anxiety, or abuse, for a child with disabilities? Can you give specific examples? Applies To: Programs serving preschool-age children

**Interview:** Mental Health Coordinator (Implementing Mental Health Services)
<table>
<thead>
<tr>
<th>FY 2011 Monitoring Protocol: <strong>Mental Health Services</strong></th>
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</thead>
<tbody>
<tr>
<td>Q. ID: Compliance Indicators:</td>
</tr>
</tbody>
</table>
| * Describe how you provide or ensure a consultant provides regularly scheduled, ongoing expertise and oversight in the area of mental health services. For example: *
| - How and how often do you interact with program staff and families on-site?  
| - How do you assist the program in identifying and addressing behavioral or mental health concerns?  
| - How is the schedule implemented across all program options? How often do you visit each setting (e.g., home based, classroom, etc.)?  
| * How do you determine that the schedule of service is frequent enough for the mental health professional to be familiar with the program, staff, and needs of children and families and to provide the consultation and services needed in a timely manner? |

<table>
<thead>
<tr>
<th>Document Review: Contract or Memorandum of Agreement with Mental Health Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Review the contract or Memorandum of Agreement (MOA) with the mental health consultant to determine the schedule of mental health consultation and services expected. Ensure that the MOA has been signed and dated and provide this information in your notes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.2 On-site mental health consultation assists the program in providing education to parents and program staff on issues related to child mental health in order to promote children’s mental wellness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview: Mental Health Coordinator (Staff Coordination)</td>
</tr>
<tr>
<td>* What types of opportunities do you offer parents and staff to learn about mental health issues and about how to ask for help if they need it?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.3 The program designs and implements practices that are individualized to support children’s mental and behavioral health needs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview: Disabilities Coordinator (Staff Coordination)</td>
</tr>
<tr>
<td>* Describe how coordination with mental health services helped teachers identify mental health problems, such as depression, withdrawal, anxiety, or abuse, for a child with disabilities? Can you give specific examples? Applies To: Programs serving preschool-age children</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interview: Mental Health Coordinator (Implementing Mental Health Services)</th>
</tr>
</thead>
</table>
| * Describe how you provide or ensure a consultant provides regularly scheduled, ongoing expertise and oversight in the area of mental health services. For example: *
| - How and how often do you interact with program staff and families on-site?  
| - How do you assist the program in identifying and addressing behavioral or mental health concerns?  
| - How is the schedule implemented across all program options? How often do you visit each setting (e.g., home based, classroom, etc.)?  
| * How do you determine that the schedule of service is frequent enough for the mental health professional to be familiar with the program, staff, and needs of children and families and to provide the consultation and services needed in a timely manner?  
| * Describe the program’s process for identifying staff or family mental health and/or behavior concerns about a child. What do you do to support teachers or home visitors in this process?  
| * Will you describe how you share examples of working with staff and parents to
### FY 2011 Monitoring Protocol: **Mental Health Services**

**Q. ID:** Compliance Indicators:

| Implement program practices that respond to behavioral and mental health concerns about an individual child or group of children? |
| * What role do you play in the program's efforts to conduct screening to identify children who might require formal evaluation of behavioral and social-emotional concerns? |
| * Have you helped design practices responsive to behavioral and mental health concerns about a child or group of children? |

**Interview: Health Coordinator (Screenings)**

* Describe how you obtain guidance from the mental health or child development specialist on how to use screening findings. See also HL3.1

**Interview: Teacher, Family Child Care Provider and Home Visitor (Staff Coordination)**

* What is the process for communicating your need for support in ensuring that children’s health, mental health, and special needs are met? How are your needs for such support met? Do you feel that you receive timely support from your mental health staff? Please give an example.

**MH3** The program collaborates with parents to discuss and identify appropriate responses to each child's behavior including how to strengthen nurturing, supportive environments and relationships, and how to address identified mental or behavioral health concerns.

**3.1** The program communicates with parents to understand their concerns and observations about their child’s behavioral and mental health.

**Interview: Parent (Parent Involvement)**

* What opportunities do you have to share with staff your observations and concerns about your child's mental health? Please give an example.

**Interview: Teacher, Family Child Care Provider, Mental Health Coordinator and Home Visitor (Parent Involvement)**

* How do you actively seek to obtain parents’ information, observations, and concerns about their children's mental health?

**3.2** The program discusses with parents staff observations about their individual child, appropriate responses to their child’s behavior, and information about typical behavior and development in children.

**Interview: Parent (Parent Involvement)**

* How does the program offer guidance to you about your child's behavior? Does the program share positive strategies on how to respond to your child's behavior?

**Interview: ECD Coordinator and Mental Health Coordinator (Parent Involvement)**
**FY 2011 Monitoring Protocol: Mental Health Services**

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
</tr>
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</table>
| * How do you share staff observations with parents and help parents understand child development and their child's behavior?  
* How do you educate parents about appropriate behaviors and varying individual temperaments? How do you educate parents and staff on appropriate responses to child behaviors? Can you give an example? | 1304.24 a 1 ii  
1304.24 a 1 iii | 1304.24 a 1 iv  
MH1002 |
| 3.3 The program discusses with parents how to strengthen nurturing, supportive environments and relationships in the home and at the program. | | |
| Interview: ECD Coordinator and Mental Health Coordinator (Parent Involvement)  
* How do you help parents understand how to strengthen home environments to support and nurture child development? | | |
Mental Health Services and Human Resources Management

Policy ID: MH1001

Subject: Qualifications of Content Area Experts: Mental Health Services Staff

Performance Objective: OHCAC utilizes the expertise of Family Advocates, Family Advocate Managers, Intervention Managers and the Intervention Specialist with experience and expertise in serving young children and their families.

Operational Procedures:

1. Family Advocates, Family Advocate Managers, Intervention Managers and the Intervention Specialist provide content area expertise and oversight on an ongoing basis by participating in monthly team meetings where any mental health concerns regarding children and families are discussed.

2. The program ensures that the program management functions for mental health services are formally assigned to and adopted by staff within the program.

3. When the program assigns content area experts to oversee mental health services, only those with the appropriate licensure, experience, and expertise in serving young children and their families are so assigned. Family Advocates, Family Advocate Managers, Intervention Managers and the Intervention Specialist that are considered mental health professional when they have an RSWA (Registered Social Work Assistant) license and attend a monthly team meeting. If the Family Advocate is unable to attend or if the Family Advocate does not have an RSWA license, the Family Advocate Manager will attend in his/her place.

4. The personnel files, contracts, and/or resumes of the health content area experts include documentation of:
   a) license or certification, including the name of the accrediting body,
   b) training, and
   c) experience serving young children and their families.

5. Hired staff and consultants provide ongoing content area expertise and oversight and secure mental health services by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families. This is ensured by the Child Health & Education Director, the Intervention Specialist and the Intervention Managers. OHCAC contracts with a LISW and maintains a copy of their certification for review.

Related Regulations: 1304.52 d 4; 1304.52 a 2 ii; 1304.52 b 1

Related Review Question/s: MH1A  MH1.1
Mental Health Services

Policy ID: MH1002

Subject: Parent Education

Performance Objective: The program collaborates with parents on issues related to parent education on child mental health.

Operational Procedures:

1. Teachers, Intervention Managers & the Intervention Specialist and Family Advocates, solicit parental information, observations, and concerns about their child’s mental health by:
   - The program solicits parental information, observations, and concerns about their child’s mental health by having the parent complete an initial Devereux Early Childhood Assessment (DECA) on the initial home visit, unless the child is on an IEP or has already had a social/emotional evaluation completed.

2. With parents, the staff share observations of their child and discuss and anticipate with parents their child’s behavior and development, including separation and attachment issues.

3. The program staff discuss and identify with parents appropriate responses to their child’s behaviors.

4. Staff and parents discuss how to strengthen nurturing, supportive environments and relationships in the home and at the program to support and nurture child development.

5. Staff help parents to better understand mental health issues.

6. The program supports parents’ participation in any needed mental health interventions.

7. The program educates parents about appropriate behaviors and varying individual temperaments, and educates parents and staff on appropriate responses to their children’s behaviors.
   a) Educational materials are provided in the parents’ preferred language.

Related Regulations: 1304.24 a; 1304.24 a 1; 1304.24 a 1 i; 1304.24 a 1 ii; 1304.24 a 1 iii; 1304.24 a 1 iv; 1304.24 a 1 v; 1304.24 a 1 vi; 1304.40 f

Mental Health Services

Policy ID: MH1003

Subject: Mental Health Professional

Performance Objective: The program secures the services of certified or licensed mental health professional/s 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.

Operational Procedures:
1. The contract or MOA with the mental health consultant details the schedule and services expected.

2. Based on the information in the Community Assessment, including the types of services parents request and the population demographics, the program establishes an appropriate frequency of visits to assess mental health concerns.

3. Intervention Managers & the Intervention Specialist with mental health service providers to help teachers identify mental health problems, such as depression, withdrawal, anxiety, or abuse, for a child with disabilities.
   a) The Intervention Manager/Specialist and/or Social Services are responsible for documenting this coordination with mental health services.

4. When a teacher has a concern about a child, the Education Manager and teaching staff coordinate with mental health services staff to resolve the concern, which can include referral.

5. In accordance with Policy # HL1003, Screening for Developmental, Sensory, and Behavioral Concerns, health staff obtain guidance from the mental health or child development specialist on how to use screening findings.

6. The Intervention Manager/Specialist, Education Manager, Center Staff and/or mental health consultant are in charge of addressing all mental health concerns in a timely manner, which can include interventions.

7. The Intervention Manager/Specialist, Education Manager, Center Staff and/or mental health consultant implement a process for identifying staff or family mental health concerns about a child by III.

8. The Intervention Manager/Specialist, Education Manager and/or mental health consultant are involved in the selection of appropriate screening instruments and use of screening results.

9. The Family Advocates, Family Advocate Managers, Intervention Managers & the Intervention Specialist meet monthly with the Lead Teachers and Bus Drivers to discuss any mental health concerns during the monthly team meetings and at any time that a need for a child becomes apparent.

10. Time elapsing between identification of a mental health concern and program intervention is kept to a minimum.

11. The Intervention Manager/Specialist, Education Manager, Center Staff and/or mental health consultant are involved in efforts to conduct screening to identify children who might require formal evaluation of behavioral and social-emotional concerns.

12. When a concern about a child is identified, the Intervention Manager/Specialist, Education Manager, Center Staff and/or mental health consultant address that concern as promptly as possible, which can include the determination to intervene.
13. The Intervention Manager/Specialist, Social Service (Family Advocate) and/or mental health consultant are responsible for following-up on mental health referrals.

14. Teachers convey their needs for support in ensuring that children’s health, mental health, and special needs are met.

   a) Staff coordinate to meet support needs.

**Related Regulations:** [1304.20 b 2; 1304.24 a 2]

**Related Review Question/s:** MH2.C MH2.1
Mental Health Services

Policy ID: MH1004

Subject: On-Site Consultation

Performance Objective: On-site mental health consultation involves training and education on how to design and implement program practices responsive to the behavioral and mental health concerns of an individual child or group of children.

Operational Procedures:

1. The Intervention Managers & the Intervention Specialist help Teaching staff design practices responsive to behavioral and mental health concerns of a child or group of children.

2. Intervention Managers & the Intervention Specialist work with staff and parents to implement program practices that respond to behavioral and mental health concerns about an individual child or group of children.
   
   a) All staff are responsible for documenting behaviors.

3. When teachers have concerns about children's behavior and mental health, the mental health staff and consultants work together to help the teachers through the process, who help the families through the process.

4. The program’s mental health services include regular meetings with program staff and parents on how to assist in providing special help for children with atypical behavior or development. This regular schedule addresses how to:
   
   a) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children.
   
   b) Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues.
   
   c) Assist in providing special help for children with atypical behavior or development.
   
   d) Utilize other community mental health resources, as needed.
   
   e) Ensure that children with atypical behavior receive the recommended mental health services.
   
   f) Help teachers identify mental health problems such as depression, withdrawal, anxiety, or abuse for a child with disabilities.

Related Regulations: 1304.24 a 3; 1304.24 a 3 i; 1304.24 a 3 ii; 1304.24 a 3 iii; 1304.24 a 3 iv

Related Review Question/s: MH2B; MH2C; MH2.2; MH2.3; MH2.4
Mental Health Services and Management Systems

Policy ID: MH1005

Subject: Ongoing Monitoring of Mental Health Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of mental health services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of mental health services at the grantee and delegate level to ensure effective implementation of Federal regulations:
   
a) When problems or weaknesses in the program’s mental health services are detected, the Head Start Director, Child Health and Education Director, Intervention Specialist and Intervention Manager and notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s mental health services are identified, the Head Start Director, Child Health and Education Director, Intervention Specialist and Intervention Manager is responsible for documenting them and reporting to Head Start Director, Child Health and Education Director, Intervention Specialist.

   c) Documentation of identified mental health service problems or weaknesses is kept in the personnel file.

   d) All personnel are directed to report safety issues or concerns whenever they are apparent. immediately, to the Education Manager, Child Health and Education Director.

2. Mental Health Services monitoring measures, tools, instruments, materials, etc. include:
   
a) ESI’s & DECA’s  
b) Tracking Forms  
c) Evaluation Team Report (ETR)  
d) Individuaized Education Program (IEP)  
e) IEP Documentation  
f) Progress Reports (when provided by the LEA)  
g) Lesson Plans  
h) Child Plus

3. The program analyzes and documents progress toward achieving mental health services goals and complying with performance requirements by
   
a. Intervention Managers attend Monthly Team meetings with each center to discuss individual child and family concerns, mental health issues, bussing concerns and system challenges. Suggestions are given on classroom management strategies, IEP goal ideas transition activities for the classroom or bus behavior concerns and lesson plan ideas.
b. Intervention Managers monitor each center’s Weekly Report for expiring physicals for children on Individual Education Programs (IEP). If the child’s physical is expiring, then the Intervention Manager will work with the Health Manager and the parent to determine any barriers the parent has to having a physical completed.

c. Intervention Managers track lesson plans to ensure IEP goals are listed and documented in coordination with Education Managers and Lead Teachers. IEP goals are documented monthly on an IEP documentation sheet. In Galion 1, which are the collaboration rooms with Fairway DD, Lead Teachers are not required to complete IEP documentation due to the documentation completed by the Special Education teachers. The Intervention Specialist receives the progress reports from the Fairway DD and progress reports are shared with the parents.

d. Intervention Managers attend IEP meetings and transition meetings for any child enrolled in Head Start or transferring into Head Start from Help Me Grow.

e. Intervention Managers meet with Lead Teachers and Bus Drivers to review IEP goals and any identified special needs for children. Any accommodations that a child requires will be discussed prior to the child attending on the first day. Intervention Managers maintain a tracking binder that includes IEP documentation and lesson plans.

f. ChildPlus reports are utilized to monitor whether an IEP is current and parent contact is documented in ChildPlus. ChildPlus is utilized to monitor children that teachers have concerns about based on ESI screening results, behavior in the classroom or DECA screening results.

g. Interagency agreements are reviewed annually with all school districts in all counties.

h. When self-assessment results are determined, the Health Nutrition Managers and HealthSpecialist meet with the Child Health & Education Director to make improvements and fix issues. Staff and parents participate in the self-assessment process.

Related Regulations: 1304.51 i 2

Related Review Question/s: MH3A  PDM6.1
OHIO HEARTLAND COMMUNITY ACTION COMMISSION
HEAD START SERVICE PLANS AND POLICIES

Family and Community Services
### FY 2011 Monitoring Protocol: **Family and Community Partnerships**

**Q. ID: Compliance Indicators:**

**Family and Community Partnerships Framework #1--Staff Qualifications**

<table>
<thead>
<tr>
<th><strong>FCP1</strong></th>
<th><strong>The program ensures effective content area expertise, oversight and management of the program’s Family and Community Partnership and Parent Involvement Services, through the hiring of qualified staff and /or consultants and by formally assigning staff and ensuring they have adopted the functions of the area.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong></td>
<td><strong>The program hires staff or consultants as content area experts to oversee family and community partnerships who have training and experience related to social services, human services, or family services?</strong></td>
</tr>
<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Interview: FCP Content Area Expert (Staff Qualifications and Expertise)</strong></td>
</tr>
<tr>
<td></td>
<td>* Describe your training or experience related to social services, human services, or family services.</td>
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<tr>
<td></td>
<td>* What experience do you have in assessing needs, developing goals, making referrals to other agencies, and following up on services (e.g., health, mental health, social services and disabilities) for families?</td>
</tr>
<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Interview: Parent Involvement Content Area Expert and FCP Content Area Expert (Staff Qualifications and Expertise)</strong></td>
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<tr>
<td></td>
<td>* Describe how you provide the program with regularly scheduled, ongoing expertise and oversight.</td>
</tr>
<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Interview: FCP Content Area Expert and FCP Coordinator (Staff Qualifications and Expertise)</strong></td>
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<tr>
<td></td>
<td>* What roles and responsibilities do you have in making referrals to other agencies (e.g., health, mental health, and disabilities) for families?</td>
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<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Staff Files: FCP Content Area Expert (Staff Qualifications and Expertise)</strong></td>
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<tr>
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<td>* Determine who is hired to be responsible for content area expertise in Family and Community Partnerships. Review the file of that employee or consultant. Document the content area expert’s training, experience, and qualifications. The content area expert is the person hired or consulted with that the program determines to meet the criteria of the standard 1304.52 d 5.</td>
</tr>
<tr>
<td><strong>1.2</strong></td>
<td><strong>Parent involvement services are supported by staff or consultants with training, experience, and skills in helping parents advocate and make decisions for their young children and families?</strong></td>
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<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Interview: Parent Involvement Content Area Expert and FCP Content Area Expert (Staff Qualifications and Expertise)</strong></td>
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<td>* Describe how you provide the program with regularly scheduled, ongoing expertise and oversight.</td>
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<td><strong>Interview: Parent Involvement Content Area Expert (Staff Qualifications and Expertise)</strong></td>
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<td></td>
<td>* Describe your training or experience related to parent involvement, social services, human services, or family services.</td>
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<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Interview: Parent Involvement Content Area Expert and Parent Involvement Coordinator (Staff Qualifications and Expertise)</strong></td>
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<td>* Describe your experience in organizing or facilitating parent education, advocacy, or other groups that support families.</td>
</tr>
<tr>
<td><strong>Staff Qualifications and Expertise</strong></td>
<td><strong>Staff Files: Parent Involvement Content Area Expert (Staff Qualifications and Expertise)</strong></td>
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<tr>
<td></td>
<td>* Determine who is hired to be responsible for content area expertise in Parent</td>
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</table>
## FY 2011 Monitoring Protocol: Family and Community Partnerships

### Compliance Indicators:

**Involvement.** Review the file of that employee or consultant. Document the content area expert’s training, experience, and qualifications. The content area expert is the hired staff or consultant who the program determines to meet the criteria of the standard 1304.52 d 6.

### 1.3 The program ensures that the program management functions for family community partnerships and parent involvement are formally assigned to and adopted by staff within the program. Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.

| Staff Files: Parent Involvement Content Area Expert (Staff Qualifications and Expertise) |
| * Determine who is formally assigned to the functions of managing parent involvement. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area. |

| Interview: FCP Coordinator and Parent Involvement Coordinator (Staff Qualifications and Expertise) |
| * What knowledge, skills, and experience do you have to perform your assigned functions in the area of family and community partnerships responsibly? |

| Staff Files: FCP Coordinator (Staff Qualifications and Expertise) |
| * Determine who is formally assigned to the functions of managing family and community partnerships. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area. |

### Family and Community Partnerships Framework #2--Building Relationships and Strengthening Families

**FCP2** The program builds trusting relationships with parents and family members that provide the basis for a collaborative partnership process aimed at supporting positive child development and strengthening families. This process acknowledges family strengths and offers opportunities for families to identify their own goals, make plans to accomplish them, and access appropriate resources.

| 2.1 The program partners with parents to establish a relationship of mutual trust and respect, providing ongoing opportunities for interaction between staff and families throughout the year. |

| Interview: FCP Staff (Relationships with Families) |
| * Describe the variety of opportunities created by the program which promote communication and interactions between staff and families. Are activities planned at varying times during the day and week (e.g., at breakfast, evenings, weekends) to encourage as many parents as possible to participate. |

| * Describe ways in which activities are individualized to meet the needs of parents or parent groups (i.e., interpretation services, father-focused topics or groups, grandparent-focused topics or groups, individual services that attend to different adult learning styles, attention to adult developmental or learning disabilities, “home visits” with incarcerated parents, etc). |

<p>| Interview: FCP Staff (Family Partnership Building) |
| * How do you identify who should be included in the family partnership process |</p>
<table>
<thead>
<tr>
<th>FY 2011 Monitoring Protocol: <strong>Family and Community Partnerships</strong></th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
</tr>
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<tbody>
<tr>
<td><strong>Q. ID:</strong> Compliance Indicators: <em>(including guardians, foster parents and grandparents, as applicable)?</em></td>
<td><em>(including guardians, foster parents and grandparents, as applicable)?</em></td>
<td><em>(including guardians, foster parents and grandparents, as applicable)?</em></td>
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<tr>
<td>* Describe how your program begins building collaborative relationships of mutual trust and respect with parents and families of enrolled children as early in the year as possible.</td>
<td>1304.40 a 1 1304.40 a 2 642 b 7</td>
<td>FCS1003 FCS1015</td>
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<td><strong>Interview: Parent (Parent Involvement)</strong></td>
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<td>* What parent activities have you participated in during your time in the program? Are the times at which the activities are planned working for you and do you have an opportunity to suggest more convenient times? Does the program plan activities to encourage fathers to participate? * How do program staff interact with you during program planned events (e.g., meetings, picnics, religious and Tribal ceremonies, and other events) and are they respectful of your family’s culture and ethnic background? *</td>
<td>1306.20 f 1304.40 a 5</td>
<td>SE1005; FCS1003</td>
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<tr>
<td><strong>Document Review: Materials for Families</strong></td>
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<td>* Review newsletters, calendars, parent education planning materials, event flyers, etc., for documentation that activities are planned and that opportunities exist for interaction between staff and families throughout the year. Describe examples of the opportunities documented.</td>
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<tr>
<td><strong>2.2 Program staff are familiar with the backgrounds of families and children and communications are respectful of each family’s cultural, ethnic and linguistic diversity, facilitated by bi-lingual staff or interpreter(s) as necessary.</strong></td>
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<tr>
<td><strong>Interview: FCP Staff (Relationships with Families)</strong></td>
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<td>* How are meetings and interactions respectful of families' diversity and cultural and ethnic backgrounds, including those of families who might be unable to read or speak English? Can you share materials or plans that show how the program implements this requirement?</td>
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<tr>
<td><strong>Interview: Parent (Parent Involvement)</strong></td>
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<tr>
<td>* How do program staff interact with you during program planned events (e.g., meetings, picnics, religious and Tribal ceremonies, and other events) and are they respectful of your family’s culture and ethnic background?</td>
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<tr>
<td><strong>Document Review: Materials for Families</strong></td>
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<tr>
<td>* Review materials available for both English and non-English speaking families as appropriate. Into what additional languages have materials been translated? Do these languages reflect languages spoken by the program's families?</td>
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<tr>
<td><strong>Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)</strong></td>
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<td>* Describe how classroom staff and home visitors communicate with families and children who do not speak English. How do you ensure that communication occurs in the preferred language of the family? * How do you support staff and consultants in understanding diverse cultural and linguistic backgrounds of the children and families?</td>
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<tr>
<td><strong>2.3 A strength-based and family-driven, collaborative partnership-building process is in place that offers all families the opportunity to develop achievable goals, engages them in assessing their needs and strengths, and supports them in taking actions to reach their goals.</strong></td>
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<td><strong>Interview: FCP Staff (Family Partnership Building)</strong></td>
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<tr>
<td>* Describe the process for encouraging families to participate in an individualized process of identifying family strengths, needs and goals that can evolve into Family Partnership Agreements.</td>
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<td>Q. ID:</td>
<td>Compliance Indicators:</td>
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<td></td>
<td>- When and how does this process begin?</td>
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<td>- How do you determine the immediate needs of parents and family members?</td>
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<td>- How do you determine the interests that form the basis for jointly developing short and long term goals with parents (including guardians, foster parents and grandparents, as applicable)?</td>
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<td></td>
<td>- How do you determine which services and supports are appropriate in helping families meet their goals?</td>
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<td></td>
<td>- How do you approach situations in which families are not ready for, or elect not to participate in, the family partnership process?</td>
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<td></td>
<td>* How do you track and assess families' progress in meeting their goals? How do you know when families have met their goals?</td>
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</table>

**Child Files: Strengthening Families**

* Review family files for Family Partnership Agreements if written, family contact notes, or other documentation. If family goals, timetables and strategies for achieving family goals are documented, do they have a realistic progression, and is there evidence of progress toward meeting these goals?

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| 2.4 | The program provides, directly or through referrals, resources and services responsive to families' needs, goals and interests and conducts follow up to determine effectiveness of services received. |

| 1304.40 b 1 | FCS1004 |
| 1304.40 b 1 i | |
| 1304.40 b 1 ii | |
| 1304.40 b 1 iii | |
| 1304.40 b 2 | |

**Interview: Parent (Parent Involvement)**

* Has the program assisted your family in any crisis situation or with any other family need? If you feel comfortable can you describe your experience?

**Interview: FCP Coordinator (Support Services and Follow up)**

* Give examples of how your program has worked collaboratively with parents to respond to identified family needs, goals, and provided interventions, directly or through referrals, in areas such as: emergency or crisis assistance (such as food, housing, or transportation), counseling or information for mental health issues or substance abuse, spousal or child abuse or neglect, or opportunities for employment and training.

**Interview: FCP Staff (Support Services and Follow up)**

* How do you follow up with families to determine that the services provided through a partner community organization have been responsive to a family's needs?

**Interview: Parent Involvement Coordinator (Support Services and Follow up)**

* How does the program share resources, offer opportunities to participate in parent education, or provide appropriate interventions to families? Describe the types of support services provided (through the program or through referrals) to families in the following areas:
  - Counseling programs,
  - Substance abuse programs,
  - Child abuse and neglect education and referral,
  - Domestic violence services,
  - Prevention programs for at-risk families,
  - Mental health education, and
  - Homelessness support services.
**FCP3** The program provides opportunities for parents to grow in their knowledge and understanding of the educational, developmental and health needs of their child, expand their parenting and literacy skills and to be actively involved in the child development approach of the program.

3.1 Program staff plan, and in partnership with parents, schedule and facilitate staff-parent conferences and no less than 2 home visits to discuss each child’s development and progress.

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<tr>
<th>Q. ID: Compliance Indicators:</th>
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<tr>
<td><strong>FCP3</strong></td>
<td>1304.40 e 5</td>
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<td>1304.21 a 2 iii</td>
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<td>1304.40 i 3</td>
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**Interview: Parent (Parent Involvement)**

* Has your child’s teacher visited you at home this year? When did the teacher visit (how many times) and are the times made convenient? If you don’t want the teacher to visit you at home does the program make other arrangements for you? What benefits do you feel you get from home visits?

**Child Files: Parent Involvement**

* Review files to determine whether there is documentation that parent conferences and no less than 2 home visits were scheduled and conducted by teachers with parents of children in each class. If visits or conferences were not scheduled, is there evidence of program attempts to schedule these with parents or have parents explicitly refused?

**Interview: Teacher, Family Child Care Provider and ECD Coordinator (Parent Involvement)**

* How do you explain the advantages of parent-staff home visits and conferences to parents and encourage them to participate? What happens when parents do not want to participate in the conferences or home visits? *Applies To: Center-based or family child care programs*

**Interview: Family Child Care Provider, Teacher and ECD Coordinator (Parent Involvement)**

* How often are teachers required to conduct parent conferences and home visits? How many have you conducted this year? How do you schedule them and ensure they occur? *Applies To: Center-based or family child care programs*

3.2 The program provides, either directly or through referrals, opportunities for parents and children to participate in family literacy services.

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<th>Q. ID:</th>
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<td><strong>FCP</strong></td>
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<td>1304.40 e 4 ii</td>
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**Interview: FCP Coordinator (Parent Education)**

* Describe how the program provides, either directly or through referrals, opportunities for parents and children to participate in family literacy services and if so, what is your approach? *How are parents, as adult learners, helped to identify and address their own literacy goals?*

**Interview: Parent (Support Services for Families)**

* If you feel comfortable tell me about some of the family literacy services that have been provided to you or others in the program. Family literacy can relate to things like reading with your children, improving your own education learning more about how to support your children’s learning, learning to speak and write
### FY 2011 Monitoring Protocol: **Family and Community Partnerships**

#### Q. ID: Compliance Indicators:

<table>
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<tr>
<th>English or increasing your own reading skills. Does the program offer all of the literacy services to you or do they refer you to other places that are helpful and did these referrals meet your needs?</th>
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<tr>
<td><strong>3.3</strong> The program provides opportunities for parents to enhance their parenting skills, to become integrally involved in expanding their knowledge and understanding of the education and developmental needs and experiences of their children.</td>
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<thead>
<tr>
<th>Interview: Parent (Parent Involvement)</th>
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<tr>
<td>* When do you get the opportunity to observe your child’s development of new skills and talk to the program about how well your child is progressing?</td>
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<tr>
<td>* How often do you receive information about your child’s progress? What types of information is shared and how does the program share it with you (e.g., progress reports, meetings, etc.)?</td>
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<tr>
<th>Child Files: Parent Involvement</th>
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<td>* Review documentation on parent training activities planned and conducted by the program. Were educational information and resources made available and education programs planned and conducted for parents in the areas of:</td>
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<tr>
<td>- Parenting Skills and child development?</td>
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<tr>
<td>- Mental health, nutrition, and oral health? Make notes of the types of education and training opportunities that were made available to parents.</td>
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<thead>
<tr>
<th>Interview: FCP Coordinator (Parent Education)</th>
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<tr>
<td>* Describe how your program provides educational/training opportunities for parents to increase their knowledge and awareness in the areas of:</td>
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<tr>
<td>- Education and child development,</td>
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<tr>
<td>- Health, oral health, mental health and nutrition.</td>
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<tr>
<th>Interview: Parent (Support Services for Families)</th>
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<tr>
<td>* If you speak another language, how have you been encouraged by the program to share stories in your native language or share your culture in some other way with the children in your child’s classroom?</td>
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<tr>
<th>Interview: Teacher, Family Child Care Provider, ECD Content Area Expert and Home Visitor (Parent Involvement)</th>
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<tr>
<td>* How are parents provided with opportunities to increase their child observation skills and to share their assessments with staff?</td>
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<tr>
<th>Interview: Home Visitor (Parent Involvement)</th>
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<tr>
<td>* How do you assist, encourage and support parents as they support the growth and development of their children?</td>
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| **3.4** Parents are given opportunities to participate in health, oral health, nutrition and mental health education activities aimed at increasing their knowledge and understanding of their child’s needs in these areas. |

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<td>* Review documentation on parent training activities planned and conducted by the program. Were educational information and resources made available and education programs planned and conducted for parents in the areas of:</td>
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**Related Regulations:** 1304.40 e 3 1304.40 e 2 1304.40 d 2 1304.21 a 2 ii  
**Related Policies:** FCS1007 FCS1006 FCS1006; ECD1011
**FY 2011 Monitoring Protocol:** **Family and Community Partnerships**

Q. ID: Compliance Indicators:

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<tr>
<th>Involvement</th>
<th>* When are parents allowed to visit the program and observe their children?</th>
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<td></td>
<td>Applies To: Center-based or family child care programs</td>
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**Interview: FCP Coordinator (Parent Education)**

* Describe how your program provides educational/training opportunities for parents to increase their knowledge and awareness in the areas of:
  - Education and child development,
  - Health, oral health, mental health and nutrition.

3.5 Parents are involved in the development of the program’s child development approach and curriculum.

**Interview: Parent (Parent Involvement)**

* What types of activities have you suggested for the classroom or for at home if you are in a home-based program? How does the program get you to make suggestions, and do you feel that your suggestions are used?

**Interview: Teacher, Family Child Care Provider, ECD Content Area Expert and Home Visitor (Parent Involvement)**

* How are parents involved in the selection and or development of the program’s curriculum?
* Are parents included in educational decisions related to their children? Can you describe the decision-making process?

**Family and Community Partnerships Framework #4--Building and Maintaining Community Partnerships**

**FCP4** The program actively engages community agencies in partnering together to provide the highest level of services to Head Start and Early Head Start children and families and leads advocacy efforts for low income young children and families within the community.

4.1 The program has taken affirmative steps to establish ongoing collaborative partnerships with community providers.

**Interview: FCP Coordinator (Community Partnerships)**

* Has the program established ongoing collaborative relationships with health and mental health services providers, such as local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations? Can you describe these partnerships and specify the agencies with which partnerships have been formed.
* How do the community partnerships the program has established support families' needs (e.g., improve, share, and augment services for children and families)?

**Document Review: Interagency Agreement**

* Review any community partnership agreements that the program has developed that describe ongoing collaborative relationships with community agencies outlining services and support to Head Start and/or Early Head Start families.

4.2 The program has established and maintained a Health Services Advisory Committees (HSAC).

**Interview: FCP Coordinator (Parent Involvement)**

* Has the program established and maintained a Health Services Advisory Committee (HSAC) that includes parents, professionals, and other community volunteers? Who serves on the HSAC? How often does it meet? How does the HSAC help the program stay abreast of current community health needs,
### FY 2011 Monitoring Protocol: **Family and Community Partnerships**

#### Compliance Indicators:

- community health providers and resources, and make recommendations for necessary interventions for children and families? Describe a recent issue or recommendation that has been discussed by the HSAC.

#### Document Review: HSAC Roster and Meeting Minutes

* Review the HSAC roster and meeting minutes to determine the frequency of meetings, relevancy of topics, and member attendance. Does membership include community members, staff and parents? If no roster or meeting minutes exist, ask a staff member where this information is located.

#### 4.3 The program has procedures to support successful transitions for enrolled children and families both into and out of Early Head Start and Head Start programs. Programs must coordinate with other agencies encourage communication with Early Head Start, elementary school principals, and others involved in supporting children and families through transitions, including plans for transition meetings.

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#### Interview: Parent (Transitions)

* If you are transitioning from Early Head Start or from Head Start into another program tell me about your and your child’s experiences.
  - Have you gotten to meet the new teacher or tour the new place your child will attend?
  - Were your child’s records moved to the next place and did you get a copy?
  - Has the program helped you learn how to be a strong participant in the new program and advocate for your child’s progress and success there? *See also DS5.2*

#### Document Review: Transition Plans

* Does the program have procedures to support successful transitions for enrolled children and families both into and out of Head Start and Early Head Start that provide coordination with other Head Start agencies, community agencies and/or schools?

#### Interview: ECD Content Area Expert (Transitions)

* Describe how the program establishes communication and develops continuity with the LEA(s) regarding developmentally appropriate curricula, alignment with state early learning standards and the Head Start Outcomes Framework, and shared expectations for children’s learning as the children transition to school.
* How are children’s developmental progress and abilities and other relevant records shared with the school or other program placements (such a Head Start, Child Care and Preschools) as the child transitions? How do you encourage parents, Head Start and/or Early Head Start teachers of next placements to discuss the educational, developmental, and other needs of individual children?
* How do you help families understand how parent involvement relates to their child's academic success and teach them strategies for maintaining parent involvement as their child moves from Early Head Start to Head Start or...
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<th>Q. ID: Compliance Indicators:</th>
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<tr>
<td>elementary school? * How do you work with parents who speak a language other than English to achieve effective transitions?</td>
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<tr>
<td>Interview: ECD Coordinator (Transitions) * How does the program organize and participate in joint, transition-related training for staff from Head Start, school, community agencies where children are placed? Applies To: Programs serving preschool-age children</td>
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<tr>
<td>4.4 The program must initiate transition planning for each Early Head Start enrolled child at least 6 months prior to the child’s third birthday to ensure the most appropriate placement into the next preschool setting.</td>
<td>1304.41 c 2</td>
<td>FCS1014</td>
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<tr>
<td>Interview: ECD Coordinator (Transitions) * Describe the process and timeline for transition planning for Early Head Start children who will be transitioning out of the program. What is the time frame? What considerations affect this planning? Applies To: Programs serving infants and toddlers</td>
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<tr>
<td>Child Files: Transitions * Review transition plans. - Was transition planning undertaken at least 6 months before the child's third birthday? - Document the date transition planning began. See also DS5.2</td>
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* * *
Family and Community Services and Human Resources Management

Policy ID: FCS1001

Subject: Qualifications of Content Area Experts: Family and Community Partnership Staff

Performance Objective: The content area experts assigned to oversee family and community services have training and experience related to social services, human services, or family services.

Operational Procedures:

1. When the program assigns content area experts to oversee family and community services, only those with the appropriate training and experience in social services, human services, or family services are so assigned.

2. Job descriptions for the content area experts who oversee family and community services are reviewed before interviews are conducted.
   a) Program review of family and community services professional job descriptions includes reviewing required training and experience related to social services, human services, and family services.
   b) The Family and community services content area expert job description emphasizes fluency in the language/s spoken by the families the program serves.

3. The personnel files, contracts, and/or resumes of the family and community service content area experts include documentation of:
   a) degree(s) achieved,
   b) training, and
   c) experience in social services, human services, and family services.

4. Hired staff and consultants provide regularly scheduled and ongoing content area expertise and oversight by performing the “Essential Functions” listed in the following Job Descriptions: Family and Community Partnership Director, Family Advocate Manager, and Family Advocate.

Related Regulations: 1304.52 d 5

Related Review Question/s: FCS1A FCP1.1
Head Start Program Policies and Procedures  
Family and Community Services and Human Resources Management  

Policy ID: FCS1002  

Subject: Qualifications of Content Area Experts: Parent Involvement Staff  

Performance Objective: Parent involvement services are supported by staff or consultants with training, experience, and skills in assisting the parents of young children in advocating and decision-making for their families.  

Operational Procedures:  

1. To be assigned work in this content area, family and community services staff must have:  
   a) experience in organizing or facilitating parent education, advocacy, or support groups;  
   b) training, experience, and skills in helping parents advocate for and make decisions for their young children and families; and  
   c) experience in making health referrals, mental health referrals, and disabilities referrals for families.  

Related Regulations: 1304.52 d 6  

Related Review Question/s: FCS1B  FCP1.2
Family and Community Services: Family Partnerships

Policy ID: FCS1003

Subject: Building Relationships with Families

Performance Objective: The program engages in a process of collaborative partnership-building with parents to establish mutual trust and to identify family goals, strengths, and necessary services and other supports.

Operational Procedures:

1. This process is initiated as early after enrollment as possible and it takes into consideration each family’s readiness and willingness to participate in the process.

2. As part of this ongoing partnership, the program offers parents opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them. (see 1306.33 b).

   a) This strength-based, family-driven, collaborative partnership-building process is in place so all families have the opportunity to participate and, if parents choose, to develop and implement an individualized partnership agreement.

      i) This process involves the development of trusting relationships with families and encouragement for them to participate in individualized family partnerships.

      ii) This process begins as early in the program year as possible.

      iii) Family partnership agreements include timetables and strategies for achieving family goals.

      iv) When families are not ready or choose not to participate in the family partnership process, content area staff will not force families to develop an FPA, but will document that the family has chosen not to participate in this process. The staff will continue to communicate with the parent as needed.

      v) The Family Advocate keeps track of families’ progress in meeting their goals over time. This tracking, plus follow-up with families on their progress, helps FCS staff know when families have met their goals.

      vi) The family and community services/parent involvement staff implement a process to determine whether parents’ goals have changed over time by means of follow-up at the next home visit and the change is documented.

3. To reduce burden on parents and to avoid duplication of effort, or conflict with, any preexisting family plans developed between other programs and the Early Head Start or Head Start family, the family partnership agreement takes into account, and builds upon as appropriate, information obtained from the family and other community agencies concerning preexisting family plans. The program coordinates, to the extent possible, with families and other agencies to support the accomplishment of goals in the preexisting plans.

4. A variety of opportunities are created by the program for interaction with parents throughout the year.

5. Meetings and interactions with families are respectful of each family’s linguistic diversity and cultural and ethnic background.

   a) Materials are translated as needed to the parents’ preferred language.
b) Activities are planned at varying times during the day and week to encourage as many parents as possible to participate.

c) The program provides alternative work schedules to allow staff to interact with working families during weekend events (such as picnics, religious and Tribal ceremonies, other cultural events) as necessary.

d) The program considers and plans for the needs of family members with children with disabilities, including plans for meetings and activities.

Related Regulations: 1304.40 a; 1304.40 a 1; 1304.40 a 2; 1304.40 a 3; 1304.40 a 4; 1304.40 a 5; 1306.33 b

Related Review Question/s: FCS2A DS5.1; FCP2.1; FCP2.2; FCP2.3; ECD9.1
**Head Start Program Policies and Procedures**

**Family and Community Services: Family Partnerships**

**Policy ID:** FCS1004

**Subject:** Accessing Community Services and Resources

**Performance Objective:** The program works collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family’s interests and goals.

**Operational Procedures:**

1. Program newsletters, calendars, event flyers, and other materials provide families with available resources that meet their needs and interests. The services and resources include:

   a) Emergency or crisis assistance, in areas such as food, housing, clothing, and transportation.

   b) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, domestic violence, prevention programs for at-risk families, and mental health education.

   c) Opportunities for continuing education and employment training and other employment services through formal and informal networks in the community.

2. In addition, the service and resources include:

   a) Assistance or referral for parents who are or who want to become self-employed.

   b) Assistance or referral in enhancing financial literacy or budgeting, including home-buyer assistance.

3. The program follows up with each family to determine whether the kind, quality, and timeliness of the services received through referrals met the families’ expectations and circumstances.

   a) The program also seeks HSAC input on health providers and resources in the community. (See Policy # FCS1013, Health Services Advisory Committee (HSAC))

4. When Head Start families are affected by community-wide emergencies or crises, the program takes an active role in providing assistance by means of information, referrals, and coordinating with other agencies.

**Related Regulations:** 1304.40 b; 1304.40 b 1; 1304.40 b 1 i; 1304.40 b 1 ii; 1304.40 b 1 iii; 1304.40 b 2

**Related Review Question/s:** FCS3b, FCS2.4
Family and Community Services: Parent Involvement

Policy ID: FCS1006

Subject: Parent Involvement (General)

Performance Objective: In addition to involving parents in program policy-making and operations (see 1304.50), the program provides parent involvement and education activities that are responsive to the ongoing and expressed needs of the parents both as individuals and as members of a group.

Operational Procedures:

1. Other community agencies are encouraged to assist in the planning and implementation of such programs.

2. Head Start settings 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. The participation of parents in any program activity must be voluntary, and is not required as a condition of the child’s enrollment.

3. The program provides parents with opportunities to participate in the program as employees or volunteers, in accordance with the regulations (see 1304.52 b 3).

4. Developmental assessments are shared with parents throughout the program year, and upon request.

5. The program includes parents in educational decisions related to their children by encouraging parent input in the selection of curriculum, encouraging parent observation and participation in child activities at the program, encouraging parents to be involved in their child’s IEP process, discussing with them their child’s progress at Conferences and Home Visits, and involving them in the Lending Library, In-Home Activities, and School Readiness Kits Programs.
   a) Teaching staff encourage parents to create verbal or written stories with their children in their preferred language.
   b) Teaching staff solicit parent ideas for classroom activities and teaching approaches and work with parents to implement them.

6. The program develops and shares materials and activities to encourage parent participation and to make parents feel welcome at the program. Examples include:
   a) Open House is held before school starts to encourage parents to visit the classroom and the teachers.
   b) Family Connection Meetings are held monthly to help families connect, participate in activities together with their children and other families, and to share their interests and concerns about the Head Start Program.
   c) The Lending Library Program lends books to the children in the program that parents can read to them at home.
   d) The In-Home Activities Program provides parents with developmentally appropriate activities to promote learning and interaction with their child.
   e) The Parent Buck program is an incentive program that helps to encourage parents to participate in the Head Start program.
   f) Policy Council Meetings are held monthly and parents/guardians are encouraged to become members and to participate by having input into the policies that govern the Head Start Program.
   g) The School Readiness Kits Program provides parents with activities that encourage them to participate in being actively involved in teaching their child.

Related Regulations: 1304.21 a 2 i; 1304.21 a 2 ii; 1304.21 a 2 iii; 1304.40 d; 1304.40 d 1; 1304.40 d 2; 1304.40 d 3; 1304.50; 1304.52 b 3

Related Review Question/s: FCS4B, FCP3.1; FCP3.3; FCP3.5
Family and Community Services: Family Partnerships

Policy ID: FCS1007

Subject: Parent Involvement in Child Development and Education

Performance Objective: The program provides opportunities to include parents in the development of the program’s curriculum and approach to child development and education.

Operational Procedures:

1. The program provides opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff.

2. The program provides, either directly or through referrals to other local 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; and

   b) Assisting parents as adult learners to recognize and address their own literacy goals.

   c) Program resources, materials, and services are provided to families that address the four major activities defining family literacy in Head Start:

      i) Parent and child interactive literacy activities;

      ii) Training for parents as the primary teachers of their children;

      iii) Parent training that leads to economic self-sufficiency and financial literacy; and

      iv) Age-appropriate education for children that prepares them for success in school and life.

3. In addition to the two home visits, teachers in center-based programs conduct staff-parent conferences, as needed, but no less than two per program year, to enhance the knowledge and understanding of both staff and parents of the educational and developmental progress and activities of children in the program.

Related Regulations: 1304.21; 1304.21 a 2 iii; 1304.40 e; 1304.40 e 1; 1304.40 e 2; 1304.40 e 3; 1304.40 e 4; 1304.40 e 4 i; 1304.40 e 4 ii; 1304.40 e 5; 1304.40 i

Related Review Question/s: FCS3C DS5.1; FCP3.1; FCP3.2; FCP3.3; FCP3.5
Family and Community Services: Parent Involvement

Policy ID: FCS1008

Subject: Parent Involvement in Health, Nutrition, and Mental Health Education

Performance Objective: The program provides medical, dental, nutrition, and mental health education programs for program staff, parents, and families.

Operational Procedures:

1. The program ensures that, at a minimum, the medical and dental health education program:
   
a) Assists parents in understanding how to enroll and participate in a system of ongoing family health care.
   
i) Such assistance includes but is not limited to staff-parent discussions about family options for obtaining health insurance or low-cost medical care if the family is ineligible for Medicaid.

    ii) Such assistance includes but is not limited to providing to families the names and addresses of medical practices, clinics, or other health care organizations.

b) Encourages parents to become active partners in their children’s medical and dental health care process and to accompany their child to medical and dental examinations and appointments.

c) Provides parents with the opportunity to learn the principles 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.

d) In addition to information on general topics (e.g. maternal and child health and the prevention of Sudden Infant Death Syndrome (SIDS)), information specific to the health needs of individual children is also made available to the extent possible.

2. The program ensures that the nutrition education program includes, at a minimum:

   a) Nutrition education in the selection and preparation of foods to meet family needs and in the management of food budgets.

   b) Parent discussions with program staff about the nutritional status of their child.

3. The program ensures that 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 child 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 children.

Related Regulations: 1304.24; 1304.40 f; 1304.40 f 1; 1304.40 f 2; 1304.40 f 2 i; 1304.40 f 2 ii; 1304.40 f 2 iii; 1304.40 f 3; 1304.40 f 3 i; 1304.40 f 3 ii; 1304.40 f 4; 1304.40 f 4 i; 1304.40 f 4 ii; 1304.40 f 4 iii

Related Review Question/s: N/A FCP3.4
Family and Community Services

Policy ID: FCS1009

Subject: Parent Involvement in Community Advocacy

Performance Objective: The program supports and encourages parent involvement in community advocacy.

Operational Procedures:

1. The program supports and encourages parents to influence the character and goals of community services in order to make them more responsive to their interests and needs.

2. The program implements procedures to provide families with comprehensive information about community resources, such as:
   * Health care providers, such as clinics, physicians, dentists, and other health professionals;
   * Mental health providers;
   * Nutrition service providers;
   * Individuals and agencies that provide services to children with disabilities and their families;
   * Family preservation and support services;
   * Child protective services and any other agency to which child abuse must be reported under State or Tribal law;
   * Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;
   * Providers of child care services; and
   * Any other organizations or businesses that may provide support and resources to families.

3. Parents are provided regular opportunities to work together, and with other community members, on activities that they have helped develop and in which they have expressed an interest.

4. In addition, the program’s services and resources include assistance or referral for community leadership opportunities, or for developing their leadership capacities.

Related Regulations: 1304.40 g; 1304.40 g 1; 1304.40 g 1 i; 1304.40 g 1 ii; 1304.40 g 2; 1304.41 a 2

Related Review Question/s: N/A FCP4.1
Family and Community Services

Policy ID: FCS1010

Subject: Parent Involvement in Transition Activities

Performance Objective: The program assists parents in becoming their children’s advocate as they transition both into Head Start from the home or other child care setting, and from Head Start to elementary school, a Title I of the Elementary and Secondary Education Act preschool program, or a child care setting.

Operational Procedures:

1. Staff work to prepare parents to become their children’s advocate through transition periods by providing that, at a minimum, a staff-parent meeting is held toward the end of the child’s participation in the program to enable parents to understand the child’s progress while enrolled in Head Start.

2. To promote the continued involvement of Head Start parents in the education and development of their children upon transition to school, the program:
   a) Provides education and training to parents, in the parents’ preferred language, to prepare them to exercise their rights and responsibilities concerning the education of their children in the school setting.
   b) Assists parents to communicate with teachers and other school personnel so that parents can participate in decisions related to their children’s education.
   c) Follows up with parents and organizations as appropriate to determine whether resources or referrals are meeting the families’ needs.

3. See 1304.41 c for additional standards related to children’s transition to and from Early Head Start or Head Start.

4. See Policy # FCS1014, Transition.

Related Regulations: 1304.40 h; 1304.40 h 1; 1304.40 h 2; 1304.40 h 3; 1304.40 h 3 i; 1304.40 h 3 ii; 1304.40 h 4; 1304.41 c

Related Review Question/s: FCS5C  FCP4.3
Family and Community Services

Policy ID: FCS1011

Subject: Parent Involvement in Home Visits

Performance Objective: The program encourages parents to be actively involved in home visits.

Operational Procedures:

1. The program does not require that parents permit home visits as a condition of the child’s participation in Head Start center-based program options. Every effort is made to explain the advantages of home visits to the parents.

2. The child’s teacher in center-based programs makes no less than two home visits per program year to the home of each enrolled child, unless the parents expressly forbid such visits, in accordance with the requirements of 1306.32 b 8. Other staff working with the family makes or joins home visits, as appropriate.

3. The program schedules home visits at times that are mutually convenient for the parents or primary caregivers and staff.

4. In cases where parents whose children are enrolled in the center-based program option ask that the home visits be conducted outside the home, or in cases where a visit to the home presents significant safety hazards for staff, the home visit may take place at a Head Start site or at another safe location that affords privacy.

5. In addition, the program when operating home-based program options meets the requirements of 1306.33 a 1 regarding home visits.

6. The program when serving infants and toddlers arranges for health staff to visit each newborn within two weeks after the infant’s birth to ensure the well-being of both the mother and the child.

7. Records of home visits are kept in the children’s files located at the Head Start Center or the Head Start Office. They are also recorded in the ChildPlus Computer program.

Related Regulations: 1304.40 i, 1304.40 i 1, 1304.40 i 2, 1304.40 i 3, 1304.40 i 4, 1304.40 i 5, 1304.40 i 6

Related Review Question/s: FCS4A; HL4B, FCP3.1; HL6.2
Family and Community Partnerships

Policy ID: FCS1012

Subject: Community Partnerships

Performance Objective: The program takes an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and community partners and to improve the delivery of community services to children and families in accordance with confidentiality policies.

Operational Procedures:

1. Documentation is maintained to reflect the level of effort undertaken to establish community partnerships in accordance with regulations, including 1304.51. The documentation is evidenced by copies of signed and dated written agreements, informal agreements, correspondence, in-kind, meeting minutes, and memorandums of understanding with the LEA.

2. The program takes affirmative steps to establish ongoing collaborative relationships with community organizations, to promote the access of children and families to community services that are responsive to their needs, and to ensure that the program responds to community needs, including:

   a) Health care and mental health providers, such as local health departments, community health centers, managed care organizations, medical or dental schools, and professional associations;

   b) Nutrition service providers;

   c) Individuals and agencies that provide services to children with disabilities and their families (see 1308.4 for specific service requirements);

   d) Family preservation and support services;

   e) Child protective services and any other agency to which child abuse must be reported under State or Tribal law;

   f) Local elementary schools and other educational and cultural institutions, such as libraries and museums, for both children and families;

   g) Providers of child care services; and

   h) Any other organizations or businesses that may provide support and resources to families such as OSU Extension, Cents for Shoes, and Fire Departments.

3. The community partnerships are designed to support families’ needs by means of improving, sharing, and/or augmenting services for children and families.

4. The program’s Head Start Director in collaboration with staff and parents determines which community partnerships to pursue by:

   a) Obtaining and reviewing community input,

   b) Holding staff meetings to discuss,

   c) Soliciting parent input,
d) Networking,

e) Etc.

4. The program performs outreach to encourage volunteers from the community to participate in the program.

5. To enable the effective participation of children with disabilities and their families, the program makes specific efforts to develop interagency agreements with local education agencies (LEAs) and other Part C agencies within the program’s service area, in accordance with the requirements of 1308.4 h.

6. Current partners include:

   a) NCOESC
   b) Elgin Local Schools
   c) Marion City School District
   d) Pleasant Local Schools
   e) Ridgedale Local Schools
   f) River Valley Local Schools
   g) Tri-Rivers School District
   h) Buckeye Central Local School District
   i) Bucyrus City School District
   j) Crestline Village Exempted School District
   k) Colonel Crawford Local Schools
   l) Galion City School District
   m) Wynford Local Schools
   n) Clear Fork Valley Local Schools
   o) Crestview Local Schools
   p) Lexington Local Schools
   q) Lucas Local Schools
   r) Madison Local School District
   s) Mansfield City School District
   t) Ontario Local Schools
   u) Pioneer Joint Vocational School
   v) Plymouth-Shiloh Local Schools
   w) Shelby Local Schools
   x) Cardington Local Schools
   y) Highland Local Schools
   z) Mt. Gilead Local Schools
   aa) Northmor Local Schools

7. Copies of partnership agreements are kept in the Head Start Director’s Office.

8. Community partnership agreements are reviewed at least annually.

**Related Regulations:** 1304.41 a; 1304.41 a 1; 1304.41 a 2; 1304.41 a 2 i; 1304.41 a 2 ii; 1304.41 a 2 iii; 1304.41 a 2 iv; 1304.41 a 2 v; 1304.41 a 2 vi; 1304.41 a 2 vii; 1304.41 a 2 viii; 1304.41 a 2 ix; 1304.41 a 3; 1304.41 a 4; 1304.51; 1308.4; 1308.4 h; 1308.4 l

**Related Review Question/s:** FCS5A; DSSC  FCP4.1
Family and Community Services

Policy ID: FCS1013

Subject: Health Services Advisory Committee (HSAC)

Performance Objective: The program establishes and maintains a Health Services Advisory Committee.

Operational Procedures:

1. The Health Services Advisory Committee (HSAC) includes Head Start parents, professionals, and other volunteers from the community.
   
   a) HSAC meeting minutes include dates of meetings, attendees, and relevant topics.
   
   b) Purposes of the HSAC include helping the program stay abreast of current community health needs and recommending necessary interventions for children and families.
   
   c) The Family & Community Partnership Director is responsible for maintaining the roster of current HSAC members.

2. The program also establishes and maintains such other service Advisory Committees as deemed appropriate to address program service issues such as community partnerships and to help agencies respond to community needs.

Related Regulations: 1304.41 b

| Related Review Question/s: FCS5B  FCP4.2 |
Family and Community Partnerships

Policy ID: FCS1014

Subject: Transition

Performance Objective: The program establishes and maintains these procedures to support successful transitions for enrolled children and families that provide for coordination with other agencies as well as outreach to encourage communication between Early Head Start, school principals, and others involved in supporting children and families through transitions, including joint transition meetings.

Operational Procedures:

1. With parental consent, the program coordinates with the LEA, schools and other agencies to ensure that children’s relevant records, including IEPs and IFSPs, are transferred to the school or next placement; to promote continuity of services; and to make effective transitions.

   a) The program establishes ongoing communications with the local educational agency (LEA) for developing continuity of developmentally appropriate curricular objectives (which for the purpose of the Head Start program are aligned with the Head Start Child Outcomes Framework and, as appropriate, State early learning standards) and for shared expectations for children's learning and development as the children transition to school.

   b) The Child Health and Education Director or designee shares the developmentally appropriate expectations for children’s learning and development with the school or other programs as the child transitions.

   c) Content area staff help families understand how parent involvement relates to their child’s academic success and teaches them strategies for maintaining parent involvement as their child moves from EHS to HS or elementary school.

   d) Program staff work with parents who speak a language other than English to achieve effective transitions.

      i) The program helps parents of limited English proficient children understand the instructional and other services provided by the school in which the child will enroll after participation in Head Start; and

      ii) The program helps parents (including grandparents and kinship caregivers, as appropriate) to understand the importance of parental involvement in a child's academic success while teaching them strategies for maintaining parental involvement as their child moves from Head Start to elementary school.

2. The program conducts outreach to encourage parents and elementary school teachers to discuss the educational, developmental, and other needs of each child.

3. The program initiates meetings involving Head Start teachers and parents and kindergarten or school teachers.

4. The program organizes and participates in joint transition-related training for staff and school or other child development staff.

5. To ensure the most appropriate placement and services following participation in Early Head Start, transition planning is undertaken for each child and family at least six months prior to the child’s third birthday. The process takes into account: The child’s IFSP, health status and developmental level, progress made by the child and family while in Early Head Start, current and changing family circumstances, and the availability of Head Start and other child development or child care services in the community. As appropriate, a child may remain in Early Head Start.
Head Start, following his or her third birthday, for additional months until he or she can transition into Head Start or another program.

a) The Family Advocate, Lead Teacher and Intervention Manager document transition planning, including timing, and the transition activities, and keeps these records in the child files.

Related Regulations: 1304.40 h; 1304.41 c 1; 1304.41 c 1 i; 1304.41 c 1 ii; 1304.41 c 1 iii; 1304.41 c 1 iv; 1304.41 c 2; 1304.41 c 3, Act 642A a 3; Act 642A a 5; Act 642A a 6; Act 642A a 7; Act 642A a 7 A; Act 642A a 11

Related Review Question/s: FCS5C; DS5A  FCP4.3; FCP4.4
Family and Community Services

Policy ID: FCS1015

Subject: Strengthening Families: Family Assessment

Performance Objective: In partnership with parents and guardians, the program conducts a family assessment that identifies parents’ needs and interests.

Operational Procedures:

1. The program provides, with respect to each participating family, a family needs assessment that includes consultation with such parents (including foster parents, grandparents, and kinship caregivers, where applicable), in a manner and language that such parents can understand (to the extent practicable), about the benefits of parent involvement and other activities (see Head Start Act section 642 b 1-7) in which such parents may choose to be involved (taking into consideration their specific family needs, work schedules, and other responsibilities).

2. As part of the family assessment process, the family and community services/parent involvement staff communicate with parents about the benefits of parent involvement.

3. The family and community services/parent involvement staff implement a process to determine whether parents’ needs and interests have changed over time by means of a Family Assessment and direct communication.

4. The program provides parents with opportunities to determine their family needs and educational interests by meeting with the Family Advocate and going over the Family Assessment and the list of educational interests listed on the Family Partnership Agreement & Referral Record form.

Related Regulations: Act 642 b 7

Related Review Questions: FCS3A   FCP2.3
Subject: Child Development and Education Approach for All Children

Performance Objective: The program’s approach to child development and education helps children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life.

Operational Procedures:

1. As required by the Performance Standards, this approach is developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles.

2. See the Education and Early Childhood Development policies in this section.

Related Regulations: 1304.21 a

Related Review Question/s: See Education and Early Childhood Development Review Questions
Family and Community Services and Management Systems

Policy ID: FCS1017

Subject: Ongoing Monitoring of Family and Community Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of family and community services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of family and community services at the grantee and delegate level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s family and community services are detected, the Family and Community Partnership Director notifies appropriate personnel and suggests corrective actions.

   b) When problems or weaknesses in the program’s family and community services are identified, the Family Advocate Manager is responsible for documenting them and reporting to the Family and Community Partnership Director.

   c) Documentation of identified family and community services problems or weaknesses is kept in the Family Advocate Managers Meetings Binder.

   d) All personnel are directed to report safety issues or concerns whenever they are apparent. They should report these to their direct supervisor and e-mail a copy of their concern to the Head Start Director.

2. Family and Community Services monitoring measures, tools, instruments, materials, etc. include:

   a) File Audits are used to monitor FPA goals, Referrals, and Documentation.

   b) The ChildPlus program is used to monitor that FPA goals have been set.

   c) The Physical Tracking form is used to monitor the notices given to parents/guardians about their child needing a physical and the date that the physical is needed by and the date that it is received.

   d) The Dental Tracking Sheet is used to monitor the notices given to parents/guardians about their child needing a dental exam and the date that the dental is received.

   e) The Home Visit Record is used to monitor the dates the Family Advocates are making home visits with parents/guardians.

   f) The Home Visit Observation form, Home visit checklists, and Home Visit Record Forms are used to monitor how well the Family Advocate’s home visits are being done.

3. The program analyzes and documents progress toward achieving Family and Community Services goals and complying with performance requirements by means of documentation on FPA & Referral Record forms, FPA & Referral Record Follow-up forms and file audits.

Related Regulations: 1304.51 i 2

Related Review Question/s: FCS6A  PDM6.1
OHIO HEARTLAND COMMUNITY
ACTION COMMISSION
HEAD START
SERVICE PLANS AND POLICIES

Education and Early Childhood Development Services
### FY 2011 Monitoring Protocol: Education and Early Childhood Development Services

**Q. ID:** Compliance Indicators:

**Education and Early Childhood Development Services Compliance Framework #1 - Oversight and Management**

**ECD1**

*To ensure high quality education and early childhood development services that promote positive outcomes and comprehensive school readiness for all children, the grantee provides effective oversight, management, and support.*

1.1 The program hires staff or consultants as content area experts to oversee education and early childhood development services who have training and experience in theories and principles of child growth and development, early childhood education and family support.

**Related Regulations:** 1304.52 d 1

**Related Policies:** ECD1001; PDM1023a

**Interview:** ECD Content Area Expert (Staff Qualifications and Expertise)

* Describe your training or experience related to child growth and development, early childhood education, and family support.

**Staff Files:** ECD Content Area Expert (Staff Qualifications and Expertise)

* Review the degree, training, experience, and qualifications documented for the education and early childhood development staff or consultants who provide content area expertise and oversight on an ongoing or regularly scheduled basis, including documentation of training and experience related to child growth and development, early childhood education, and family support. Indicate which credentials the content area expert possesses.

If the content area expert does not possess the required degrees, training, experience, and qualifications, document the qualifications that are listed in the file.

1.2 The program ensures that the program management functions for education services are formally assigned to and adopted by staff within the program.

Note: There is a distinction between the content area expert and the service area manager. One person can fill both of the roles. However, the content area expert must meet all of the qualification requirements as outlined in the performance standards. The Manager or Coordinator does not need to meet these qualifications but must receive expert knowledge and oversight from a Content Area Expert.

**Related Regulations:** 1304.52 a 2 ii

**Related Policies:** HL1001; PDM1022

**PDM1031a**

**Interview:** ECD Coordinator (Staff Qualifications and Expertise)

* Describe how your knowledge, skills, and experience assist you in performing your assigned functions responsibly.

**Staff Files:** ECD Coordinator (Staff Qualifications and Expertise)

* Determine who is formally assigned to the functions of managing education services. Indicate whether this is the same person as the content area expert. If there is more than one person, document the training, experience and expertise of the person assigned to manage this area.

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**Education and Early Childhood Development Services Compliance Framework #2 - Staff Qualifications**

**ECD2**

*To ensure high quality education and early childhood development practices that promote positive outcomes and comprehensive school readiness for all children, the grantee ensures that teachers, family child care providers, and home visitors possess the required qualifications, training, and experience.*

2.1 The program hires teachers who have the required qualifications, training and experience.

**Related Regulations:** 648A a 3 A

**Related Policies:** ECD1002

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<td>Q. ID: Compliance Indicators:</td>
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<tr>
<td><strong>Staff Files: Infant and Toddler Teacher (Staff Qualifications and Expertise)</strong>&lt;br&gt;* Review the degree, training, experience, and qualifications documented for center based infant and toddler teachers, including documentation of training and experience related to child growth and development, early childhood education, and family support. Indicate whether the teachers have the required qualifications.&lt;br&gt;- Training on effective communication with infants and toddlers and their parents and other staff&lt;br&gt;- Training on safety issues (e.g., reducing the risk of Sudden Infant Death Syndrome)&lt;br&gt;- CDA for infant and toddler teachers or a State-awarded certificate for infant and toddler teachers that meets or exceeds the requirements for a CDA credential</td>
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<td><strong>Staff Files: Preschool Teacher (Staff Qualifications and Expertise)</strong>&lt;br&gt;* Review the degree, training, experience, and qualifications documented for center based preschool teachers, including documentation of training and experience related to child growth and development, early childhood education, and family support. Indicate whether the teachers have the required qualifications. If the teacher does not possess the required qualifications, document the qualifications that are listed in the file.</td>
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<tr>
<td><strong>2.2 The program ensures that family child care providers have the required qualifications, training and experience.</strong></td>
<td>1304.52 h</td>
<td>ECD1002; PDM1037</td>
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<td><strong>Interview: ECD Coordinator (Staff Qualifications and Expertise)</strong>&lt;br&gt;* Does each FCC provider have a Child Development Specialist assigned to them? How does the Child Development Specialist support the FCC provider in ongoing monitoring of quality services?</td>
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<td><strong>Staff Files: Family Child Care Provider (Staff Qualifications and Expertise)</strong>&lt;br&gt;* Review the degree, training, experience, and qualifications documented for the family child care provider. Indicate whether the provider has the required qualifications.</td>
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<td><strong>2.3 The program ensures that home visitors have the required knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics.</strong></td>
<td>1304.52 e</td>
<td>ECD1003</td>
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<tr>
<td><strong>Staff Files: Home Visitor (Staff Qualifications and Expertise)</strong>&lt;br&gt;* Review personnel files or resumes of home visitor staff or contract staff and list the degrees, training, experience and qualifications documented. Indicate whether each home visitor serving families have the required training and experience.</td>
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**Education and Early Childhood Development Services Compliance Framework #3 - Curriculum, Individualization and Assessment**

**ECD3** To build a foundation for comprehensive school readiness and to support the overall development of each child, the grantee consistently implements a curriculum that meets all required elements and is linked to ongoing assessment with developmental goals and measurable objectives. For programs serving preschool children, the curriculum and assessment aligns with the Head Start Child Outcome Framework, State early learning standards as appropriate and the requirements and expectations of the schools the children will be attending.

**3.1 The program implements a curriculum based on scientifically valid research and has standardized training procedures and curriculum materials to support implementation.**

**Document Review: Curriculum**
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<td>Q. ID: Compliance Indicators:</td>
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| * Write down the name(s) of the curriculum used, the names and/or type(s) of ongoing assessment tools used with the curriculum, and additional supplements used with the curriculum.  
  * Describe how the curriculum is consistent with the following criteria:  
    - Includes information describing the research used to validate the curriculum.  
    - Includes a description of the curriculum materials that support implementation.  
    - Promotes children’s language and cognitive development, early literacy and math skills, socio-emotional development, physical development and approaches to learning.  
    - Is linked to ongoing assessment of children’s progress, with developmental and learning goals and measurable objectives.  
    - Includes opportunities for children to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.  
    - Promotes the development of program goals for improving school readiness that align with the Head Start Child Outcomes Framework, State early learning standards, as appropriate and the requirements and expectations of the schools the children will be attending.  
  
  **Interview: ECD Coordinator (Curriculum)**  
  * Describe how the curriculum in your program has been scientifically researched.  
  * How often is the curriculum assessed to ensure that it continues to be relevant for the children in the program?  
  * How do you determine what training on curriculum and assessment the program should have? Who conducts the training?  
  
  **3.2** The program uses information from screenings, ongoing observations, evaluations and insight from parents to determine how to best respond to each child’s individual characteristics, strengths and needs.  
  
  **Child Files: Assessments**  
  * Review child assessment records and documentation of individualizing experiences, individualized routines for children in center based and family child care settings, and home visiting goal setting with families, and ongoing planning for home visits. Determine if the information is consistent with the following criteria:  
    - Evidence of the use of information from multiple sources to determine the best approach to meeting individualized needs.  
    - Assessment records provide information for teachers to plan individualized learning opportunities for each child.  
    - Evidence of individualized planning for each child that reflects ongoing assessment records. Documentation may take many forms including reports to parents, daily observations, documentation of experiences etc. See also ECD3.4  
  
  **Interview: Family Child Care Provider, Home Visitor and Teacher (Individualization)**  
  * Based on what you know about your children, how do you ensure they are engaged in the experiences that support their continued progress? See also ECD3.4  
  * How do you engage parents and families in determining the learning opportunities that will be provided to their children? Provide some examples.  
  
  **3.3** The program implements a curriculum that promotes children’s language and cognitive development, early literacy and math skills, socio-emotional development, physical development and approaches to learning. | 1304.20 f 1 | HL1007; DS1005 |
<p>|  | 1304.21 a 3 | ECD1010; ECD1012; ECD1013; |</p>
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<td>Document Review: Curriculum</td>
<td>1304.21 a 4</td>
<td>ECD1014; ECD1015; ECD1016</td>
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<td>* Describe how the curriculum is consistent with the following criteria:</td>
<td>1304.21 a 5</td>
<td>ECD1017; ECD1018; ECD1019; ECD1020;</td>
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<td>- Includes information describing the research used to validate the curriculum.</td>
<td>642 f 3 A</td>
<td>ECD1021; ECD1022; ECD1023; ECD1025</td>
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<td>- Includes a description of the curriculum materials that support implementation.</td>
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<td>- Promotes the development of program goals for improving school readiness that align with the Head Start Child Outcomes Framework, State early learning standards, as appropriate and the requirements and expectations of the schools the children will be attending.</td>
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<td>Interview: ECD Coordinator (Curriculum)</td>
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<td>ECD1004; ECD1026</td>
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<td>* How does your program ensure that children’s progress is assessed and how this information is used to promote development according to each child’s developmental level?</td>
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<td>ECD1004</td>
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<tr>
<td>- Promotes children’s language and cognitive development, early literacy and math skills, socio-emotional development, physical development and approaches to learning.</td>
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<tr>
<td>- Is linked to ongoing assessment of children’s progress, with developmental and learning goals and measurable objectives.</td>
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<tr>
<td>- Includes opportunities for children to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.</td>
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<tr>
<td>- Promotes the development of program goals for improving school readiness that align with the Head Start Child Outcomes Framework, State early learning standards, as appropriate and the requirements and expectations of the schools the children will be attending.</td>
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<tr>
<td>Interview: ECD Coordinator (Curriculum)</td>
<td></td>
<td>ECD1004</td>
</tr>
<tr>
<td>* How does your program ensure that children’s progress is assessed and how this information is used to promote development according to each child’s developmental level?</td>
<td></td>
<td>ECD1004</td>
</tr>
<tr>
<td>Child Files: Assessments</td>
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</table>
**Head Start Program Policies and Procedures**

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<thead>
<tr>
<th>Q. ID:</th>
<th>Compliance Indicators:</th>
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<tbody>
<tr>
<td>* Review child assessment records and documentation of individualizing experiences, individualized routines for children in center based and family child care settings, and home visiting goal setting with families, and ongoing planning for home visits. Determine if the information is consistent with the following criteria:</td>
<td></td>
</tr>
<tr>
<td>- Evidence of the use of information from multiple sources to determine the best approach to meeting individualized needs.</td>
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<tr>
<td>- Assessment records provide information for teachers to plan individualized learning opportunities for each child.</td>
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<tr>
<td>- Evidence of individualized planning for each child that reflects ongoing assessment records. Documentation may take many forms including reports to parents, daily observations, documentation of experiences etc. See also ECD3.2</td>
<td></td>
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<tr>
<td>Interview: Family Child Care Provider, Home Visitor and Teacher (Individualization)</td>
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</tr>
<tr>
<td>* Based on what you know about your children, how do you ensure they are engaged in the experiences that support their continued progress? See also ECD3.2</td>
<td></td>
</tr>
<tr>
<td>Interview: Family Child Care Provider, Home Visitor and Teacher (Individualization)</td>
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</tr>
<tr>
<td>* How do you know if your practices for individualizing support children’s continued progress?</td>
<td></td>
</tr>
<tr>
<td>* How do you use routines to support children’s development and learning?</td>
<td></td>
</tr>
<tr>
<td>3.5 The curriculum includes opportunities for children to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members.</td>
<td>1304.21 b 1 iii</td>
</tr>
<tr>
<td>Document Review: Curriculum</td>
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</tr>
<tr>
<td>* Describe how the curriculum is consistent with the following criteria:</td>
<td></td>
</tr>
<tr>
<td>- Includes information describing the research used to validate the curriculum.</td>
<td></td>
</tr>
<tr>
<td>- Includes a description of the curriculum materials that support implementation.</td>
<td></td>
</tr>
<tr>
<td>- Promotes children’s language and cognitive development, early literacy and math skills, socio-emotional development, physical development and approaches to learning.</td>
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<tr>
<td>Interview: ECD Coordinator (Curriculum)</td>
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<tr>
<td>* Provide some examples of the opportunities provided for children to explore a variety of sensory and motor experiences. How do staff and family members support these opportunities? Applies To: Programs serving infants and toddlers</td>
<td></td>
</tr>
<tr>
<td>Interview: Family Child Care Provider, Home Visitor and Teacher (Curriculum)</td>
<td></td>
</tr>
<tr>
<td>* Tell me about the sensory and motor experiences the children engage in during the day. Applies To: Programs serving infants and toddlers</td>
<td></td>
</tr>
<tr>
<td>3.6 The program integrates all aspects of health, nutrition, and mental health</td>
<td>1304.21 c 1 iii</td>
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</tbody>
</table>
**Head Start Program Policies and Procedures**

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<td>NS1004</td>
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<td>services into the curriculum.</td>
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<tr>
<td><strong>Document Review: Curriculum</strong></td>
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<tr>
<td><strong>Interview: ECD Coordinator (Curriculum)</strong></td>
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<tr>
<td>* How do you coordinate with other service area staff to ensure they have an opportunity to provide guidance for the integration of health, nutrition, and mental health into curriculum implementation? <strong>Applies To: Programs serving preschool-age children</strong></td>
<td></td>
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<tr>
<td><strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Curriculum)</strong></td>
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<td></td>
</tr>
<tr>
<td>* How do you integrate health, nutrition, and mental health into children’s activities? <strong>Applies To: Programs serving preschool-age children</strong></td>
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<tr>
<td>Education and Early Childhood Development Services Compliance Framework #4 - Child Outcomes</td>
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<tr>
<td><strong>ECD4</strong> The grantee incorporates child outcome data in the program Self-Assessment and develops improvement plans for school readiness as appropriate.</td>
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<tr>
<td><strong>4.1</strong> The program identifies goals for improving school readiness aligned with the Head Start Child Outcomes Framework, State Early Learning Standards as appropriate, and requirements and expectations of the schools the children will attend.</td>
<td>641A g 2 A</td>
<td>PDM1015</td>
</tr>
<tr>
<td><strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Child Outcomes)</strong></td>
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<tr>
<td>* Tell me about the school readiness goals you have for children. How do you report children’s progress toward meeting the program’s school readiness goals to other program staff and parents? <strong>Applies To: Programs serving preschool-age children</strong></td>
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<tr>
<td><strong>Interview: ECD Content Area Expert (Child Outcomes)</strong></td>
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<tr>
<td>* What are your school readiness goals for Head Start children and how are they aligned with the Head Start Child Outcomes Framework, State Early Learning Standards as appropriate, and requirements and expectations of the schools the children will attend. <strong>Applies To: Programs serving preschool-age children</strong></td>
<td></td>
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<tr>
<td>* How did you determine those goals? <strong>Applies To: Programs serving preschool-age children</strong></td>
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<tr>
<td>* How do you know if children are meeting the school readiness goals? <strong>Applies To: Programs serving preschool-age children</strong></td>
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<tr>
<td>* Tell me about the tool(s) your program uses to measure children’s performance</td>
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</table>
## FY 2011 Monitoring Protocol: Education and Early Childhood Development Services

### Q. ID: Compliance Indicators:

<table>
<thead>
<tr>
<th>Question</th>
<th>Applies To:</th>
<th>Page</th>
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<tbody>
<tr>
<td>as it relates to meeting school readiness goals. Applies To: Programs serving preschool-age children</td>
<td>Programs serving preschool-age children</td>
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</tr>
<tr>
<td>* Do you aggregate and analyze child assessment information in one or more ways to determine how well-children are performing? Applies To: Programs serving preschool-age children</td>
<td>Programs serving preschool-age children</td>
<td></td>
</tr>
<tr>
<td>* Do you generate reports on children’s progress in school readiness? How do you interpret the reports? Applies To: Programs serving preschool-age children</td>
<td>Programs serving preschool-age children</td>
<td></td>
</tr>
</tbody>
</table>

### Document Review: Child Outcomes

* Review documentation of school readiness goals the program has identified. Do the goals align with the Head Start Child Outcomes Framework, State Early Learning Standards as appropriate, and requirements and expectations of the schools the children will attend? Applies To: Programs serving preschool-age children

### 4.2 The program uses self assessment information on school readiness goals to develop improvement plans.

#### Interview: ECD Content Area Expert (Child Outcomes)

* Does your program develop improvement plans using school readiness information from self assessment? Applies To: Programs serving preschool-age children

* What is the program’s process for understanding reports about children’s progress on school readiness goals? Applies To: Programs serving preschool-age children

* How does your program incorporate reports on children’s school readiness performance into the self assessment? Applies To: Programs serving preschool-age children

### Document Review: Child Outcomes

* Review the program’s documentation on school readiness for groups of children. Describe any reports the program has that can be used to document school readiness for children. Applies To: Programs serving preschool-age children

### Pre-Site: Self Assessment and Program Planning

* Review the program’s documentation related self assessment. Does the program identify goals for school readiness and create improvement plans as a result of internal reporting on children’s progress and outcomes? Applies To: Programs serving preschool-age children

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### Head Start Program Policies and Procedures

#### Education and Early Childhood Development Services Compliance Framework #5 - Social-Emotional Development

**ECD5** To lay a foundation for social competence and early learning, the grantee promotes the social and emotional development of children.

#### 5.1 The program encourages trust and emotional security.

**Observation: Building Trust**

* Describe your observations of how the program builds trust and emotional security. Look for evidence of a warm and supportive classroom. Describe how the adults and children interact with each other. Focus specifically on the relationships that are supportive and caring. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.

- Adults listening and responding to the verbal and non-verbal cues of individual children...
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<td>1304.21 a 3 i B</td>
<td>ECD1010</td>
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</tbody>
</table>
| children.  
- Adults consistently and promptly responding to children.  
- Adults holding children making eye contact and communicating with them.  
- Adults speaking in calm voices. | 1304.21 a 1 v |  |
| Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers | | |
| **5.2** The program fosters independence. | | |
| Observation: Fostering Independence  
* Describe your observations of how the program fosters independence in daily routines, interactions and experiences. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.  
- The environment encourages active exploration according to each child’s developmental level.  
- Adults observing children, showing an interest in what they are doing and providing positive feedback and support to children.  
- Adults providing children with opportunities to do things for themselves, particularly in the areas of eating, toileting, dressing and other personal care routines.  
- Adults providing children with choices, providing supportive assistance if needed. | ECD1025 |
| Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers | | |
| Interview: Home Visitor, Family Child Care Provider and Teacher (Fostering Independence)  
* What are some of the strategies you use and encourage parents to use to foster independence? Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers  
* How do you support each child’s individual needs around diapering, and transitioning to independent use of toilet facilities? Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers | 1304.21 b 2 i | ECD1025 |
| **5.3** The program encourages the development of self-awareness, autonomy, and self expression. | | |
| Observation: Self-Awareness  
* Describe your observations of how the program promotes and supports the development of self awareness, autonomy and self expression. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.  
- Culturally relevant and appropriate materials that are accessible to children and supportive of self awareness (such as mirrors, materials from home, pictures of families, books that reflect their experiences etc)  
- The location of materials in the classroom and whether they encourage the development of self-awareness, autonomy, and self-expression  
- Adults recognizing and affirming each child’s individual interests, preferences and temperaments.  
- Adults responding to each child’s sense of pleasure and accomplishment.  
- Adults providing age and developmentally appropriate opportunities and guidance for children to make decisions about their daily routines, who they will | | |
### FY 2011 Monitoring Protocol: **Education and Early Childhood Development Services**

#### Q. ID: Compliance Indicators:

<table>
<thead>
<tr>
<th>Observation</th>
<th>Description</th>
<th>Applies To</th>
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<tbody>
<tr>
<td><strong>5.4</strong></td>
<td>The program enhances each child’s strengths by encouraging self-control through setting clear, consistent limits and having realistic expectations.</td>
<td>1304.21 a 3 i C ECD1013</td>
</tr>
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</table>

#### Observation: Encouraging Self-Control

- Describes your observations of how the program encourages self-control. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.
- Adults guiding behavior and setting clear limits with realistic expectations based on the children’s ages and ability
- Adults helping children understand and communicate their feelings
- Adults anticipating problems to conduct effective classroom management that prevents escalation of uncontrolled conflict

**Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers

#### Interview: Home Visitor, Family Child Care Provider and Teacher (Encouraging Self-Control)

- Please provide examples of how you set consistent limits for children and your developmental expectations for adhering to those limits. **Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers
- How do you consider individual children’s temperaments and development needs when setting consistent limits? **Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers
- How do you ensure that you are determining appropriate developmental expectations for children? **Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers
- How do you convey to children what your expectations of them are? **Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers

#### **5.5** The program encourages respect for others’ feelings and rights.

**Observation: Encouraging Respect**

- Describes your observations of how the program encourages children to respect the feelings and rights of others. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.
- Adults engaging children in problem-solving strategies with positive guidance and support
- Adults modeling ways to play together cooperatively
- Adults modeling the use of respectful language
- Adults providing positive feedback and information regarding the feelings and rights of others.
- Adults encouraging age appropriate understanding of the feelings and rights of others. **Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers

**Applies To:** Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers

**Related Regulations:** 1304.21 a 3 i D ECD1014

**Related Policies:** 1304.21 a 3 i C ECD1013

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<th>Q. ID:</th>
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<tr>
<td></td>
<td>of all ages and center-based programs serving infants and toddlers</td>
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<tr>
<td></td>
<td>Interview: Home Visitor, Family Child Care Provider and Teacher (Encouraging Respect)</td>
</tr>
<tr>
<td></td>
<td>* What do you do to encourage children to respect the rights and feelings of others? Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers</td>
</tr>
<tr>
<td>5.6</td>
<td>The program plans for routines and transitions so they occur in a timely, predictable, and unrushed manner according to each child's needs.</td>
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<tr>
<td></td>
<td>Observation: Daily Routines and Transitions</td>
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<td></td>
<td>* Describe your observations of how the program uses routines and transitions in an effective manner to encourage positive social interactions and emotional self-regulation. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.</td>
</tr>
<tr>
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<td>- Predictable, daily routines that are responsive to the changing needs and interests of children. For example, the children nap, eat and have their diapers changed according to their individual needs.</td>
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<td>- Adults providing children with enough time to complete a transition activity or self-help task.</td>
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<td></td>
<td>- Children engaging in routines and transitions that do not require them to be inactive for inappropriate lengths of time. Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers</td>
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<tr>
<td></td>
<td>Observation: Health and Safety Center-based Observations and Health and Safety Family Child Care Observations</td>
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<tr>
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<td>* How do staff ensure that infants are held while being fed rather than being laid down to sleep with a bottle? Document your observations. See also NS4.4 Applies To: Programs serving infants and toddlers</td>
</tr>
<tr>
<td></td>
<td>Observation: Health and Safety of Infants and Toddlers</td>
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<tr>
<td></td>
<td>* Are infants held during bottle feeding? If not, describe. Applies To: Programs serving infants and toddlers</td>
</tr>
<tr>
<td>5.7</td>
<td>The program supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.</td>
</tr>
<tr>
<td></td>
<td>Observation: Cognitive Development</td>
</tr>
<tr>
<td></td>
<td>* Describe your observations of how the program supports the communication skills of infants and toddlers to promote social and emotional development. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.</td>
</tr>
<tr>
<td></td>
<td>- Adults engaging children in conversations.</td>
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<td></td>
<td>- Adults talking to children during classroom routines, using descriptive language.</td>
</tr>
<tr>
<td></td>
<td>- Adults encouraging children to interact during routines such as meal times.</td>
</tr>
<tr>
<td></td>
<td>- Adults helping children understand each other.</td>
</tr>
<tr>
<td></td>
<td>- Adults building on children’s verbal and non verbal communication by expanding on their vocalizations or gestures. Applies To: Programs serving infants and toddlers</td>
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**Related Regulations:** 1304.21 a 3 ii

**Related Policies:** ECD1016

**Related Regulations:** 1304.21 b 2 ii

**Related Policies:** ECD1025
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<th>Q. ID:</th>
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<tr>
<td>5.8</td>
<td>The program develops secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time.</td>
</tr>
</tbody>
</table>

**Interview: ECD Coordinator (Transitions)**
- Have staff changes occurred? How many changes have occurred during this program year? Applies To: Programs serving infants and toddlers
- How long has each infant and toddler teacher been with the same group of children? Applies To: Programs serving infants and toddlers
- How do you provide for continuity of care? Applies To: Programs serving infants and toddlers
- What is the procedure for assigning substitutes? Who are they? How do you make sure they are still providing continuity of care? Applies To: Programs serving infants and toddlers

**Interview: Teacher (Transitions)**
- Describe the process for moving children to new groups, including temporary moves, transition points based on age, and other transitions. Applies To: Programs serving infants and toddlers
- Are children oriented gradually to new groups or teachers with a familiar adult present? Applies To: Programs serving infants and toddlers
- How do you maintain secure and consistent relationships with infants and toddlers and their families? Applies To: Programs serving infants and toddlers

**Interview: Family Child Care Provider and Home Visitor (Transitions)**
- How do you maintain secure and consistent relationships with infants and toddlers and their families? Applies To: Programs serving infants and toddlers

**Interview: Home Visitor (Transitions)**
- Describe how your program provides for home visits to occur if you are ill or on vacation. Applies To: Programs serving infants and toddlers

**Interview: Family Child Care Provider (Transitions)**
- Describe the provisions that are made for the children’s care if you are ill or on vacation. Applies To: Programs serving infants and toddlers

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**Education and Early Childhood Development Services Compliance Framework #6 - Cognitive and Language Development**

**ECD6**

To build a foundation for comprehensive school readiness, the grantee promotes the development of each child’s cognitive and language skills.

**6.1** The program utilizes various strategies including experimentation, inquiry, observation, play and exploration.

**Observation: Cognitive Development**
- Describe your observations of how the program supports children’s cognitive development through a variety of strategies. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.
  - Children engaging in science, math, and literacy experiences
  - Adults providing opportunities and guidance for children to play and explore
  - Children engaging independently and with assistance as needed in play and exploration
  - Adults supporting children with guidance and materials to support their discovery of new things.

 Applies To: Family child care and home-based programs serving children of all ages.
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<tr>
<td>6.2</td>
<td>The program provides opportunities for self expression through art, music, and movement.</td>
</tr>
<tr>
<td></td>
<td><strong>Observation: Art, Music, and Movement</strong></td>
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<tr>
<td></td>
<td>* Describe your observations of how the program provides opportunities for children to express themselves through art, music, and movement experiences. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.</td>
</tr>
<tr>
<td></td>
<td>- Children using independently and with assistance as needed, a variety of age appropriate art materials and tools</td>
</tr>
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<td>- Children engaging in creative, open ended art experiences</td>
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<td>- Children engaging in a variety of opportunities to experience music</td>
</tr>
<tr>
<td></td>
<td>- Adults encouraging children to listen to different types of music</td>
</tr>
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<td>- Adults singing with one or more children</td>
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<tr>
<td></td>
<td>- Adults facilitating a variety of responses to music, such as clapping, dancing, marching and singing along</td>
</tr>
<tr>
<td></td>
<td><strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Art, Music, and Movement)</strong></td>
</tr>
<tr>
<td></td>
<td>* How do you engage children in creative expression through art, music, and movement activities?</td>
</tr>
</tbody>
</table>

<p>| 6.3    | The program promotes interaction and language use among children and between children and adults. |
|        | <strong>Observation: Language Development</strong> |
|        | * Describe your observations of how the program provides opportunities for children to hear and use language for a variety of purposes. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level. |
|        | - Adults listening actively to children |
|        | - Adults engaging children in conversations both individually and in small groups |
|        | - Adults facilitating conversations among children. |
|        | - Adults asking children relevant questions and allowing them time to respond |
|        | - Adults actively supporting the development of self expression through language, by balancing listening and responding. |
|        | - Adults providing children with feedback in terms of prompts, the introduction of new vocabulary and extension of ideas and thoughts. |
|        | <strong>Applies To: Family child care and home-based programs serving children of all ages and center-based programs serving infants and toddlers</strong> |
|        | <strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Language Development)</strong> |
|        | * What strategies do you use to promote language development for a variety of... |</p>
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<tr>
<th>Q. ID:</th>
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<tr>
<td><strong>6.4</strong> The program promotes the literacy and early math development through materials and experiences according to each child’s developmental level.</td>
<td>1304.21 a 4 iv</td>
</tr>
<tr>
<td><strong>Observation: Early Math Development</strong></td>
<td></td>
</tr>
<tr>
<td>* Describe your observations of how the program provides opportunities for children to progress in developing age appropriate understanding of early literacy and early math concepts. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level. Literacy</td>
<td></td>
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<tr>
<td>- Adults providing children with high quality children’s literature and encourage their participation in exploring the books on their own, with other children and with adults.</td>
<td></td>
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<tr>
<td>- Adults assisting children in understanding the multiple purposes of books and print</td>
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<tr>
<td>- Adults regularly reading to children individually and in small groups and engaging them in understanding the stories through a variety of interactive exchanges</td>
<td></td>
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<tr>
<td>- Children using age and developmentally appropriate writing materials such as markers, crayons, paint, and pencils</td>
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<tr>
<td>- Children engaging in experiences that allows them to explore print, and interact with letters and numbers</td>
<td></td>
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<tr>
<td>- Materials that promote increasing understanding of print concepts and letter recognition</td>
<td></td>
</tr>
<tr>
<td>- Use of environmental print, displays of children’s names, and literacy related materials</td>
<td></td>
</tr>
<tr>
<td>- Adults promoting literacy development through daily routines</td>
<td></td>
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<tr>
<td>- Adults increasing children’s understanding of math concepts, numbers, counting and problem solving throughout daily routines.</td>
<td></td>
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<tr>
<td>- Children using materials and engaging in experiences that encourage sorting, matching, identification of patterns, measuring, grouping, sequencing, one-to-one correspondence, and the use of math concepts for a variety of purposes</td>
<td></td>
</tr>
<tr>
<td><strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Early Math Development)</strong></td>
<td></td>
</tr>
<tr>
<td>* What strategies and materials do you use to support literacy and math development?</td>
<td></td>
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<tr>
<td><strong>6.5</strong> The program provides opportunities for children to engage in child-initiated and adult-directed activities</td>
<td>1304.21 a 1 iv</td>
</tr>
<tr>
<td><strong>Observation: Child and Teacher Directed Activities</strong></td>
<td></td>
</tr>
<tr>
<td>* Describe your observations of how the program provides opportunities for children to use and hear language. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.</td>
<td></td>
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<tr>
<td>- Regular routines for children to engage in child initiated activities such as free choice time, and leading adults and peers in play.</td>
<td></td>
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<tr>
<td>- Adults supporting children’s exploration and experiences with interest and guidance</td>
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<tr>
<td>- Adults appropriately directing activities according to the developmental</td>
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Head Start Program Policies and Procedures

FY 2011 Monitoring Protocol: **Education and Early Childhood Development Services**

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<tr>
<th>Q. ID:</th>
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<td></td>
<td>readiness of each child attending to their interest and attention span</td>
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Education and Early Childhood Development Services Compliance Framework #7 - Physical Development

**ECD7** To build foundations for comprehensive school readiness the grantee promotes the physical development of each child.

| 7.1 The program provides sufficient indoor and outdoor space, equipment, materials, and adult guidance for active play and movement to promote the development of gross motor skills. |
|---|---|
| 1304.21 a 5 i | 1304.21 b 3 i | ECD1021 | ECD1025 |

**Observation: Gross Motor Skills**

* Describe your observations of how the program provides opportunities for children to develop gross motor skills. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.
  - Adults interacting with children to guide and assist them in the safe use of equipment and space.
  - Children participating in experiences and using materials and equipment that supports the development of their gross motor skills, such as grasping, pulling, pushing, crawling, walking and climbing.
  - Children are engaged in activities and experiences that promote their gross motor skills.
  - Adults provide opportunities both indoors and outdoors with appropriate equipment for children to engage in active play.

**Interview: Family Child Care Provider and Teacher (Gross Motor Skills)**

* How do you promote developmentally appropriate gross motor skills indoors and outdoors?

| 7.2 The program provides appropriate time, space, equipment, materials, and adult guidance for developing fine motor skills according to each child’s developmental level. |
|---|---|
| 1304.21 a 5 ii | 1304.21 b 1 iii | ECD1022 | ECD1025 |

**Observation: Fine Motor Skills**

* Describe your observations of how the program provides opportunities for children to develop fine motor skills. Use the following examples to guide your observation and indicate whether the experiences the children engage in are appropriate for their age and developmental level.
  - Adults guiding children’s use of materials that promote the development of fine motor skills.
  - Children participating in experiences that develop control and coordination of small specialized motions of eyes, mouth, hands, and feet.
  - Children are engaged in activities and experiences that promote their fine motor skills such as art, sand and water play, block building, shape sorting, feeding, solving puzzles, exploring textures, stringing beads and using writing materials.

**Interview: Family Child Care Provider and Teacher (Fine Motor Skills)**

* How do you promote developmentally appropriate fine motor skills?

| 7.3 Programs encourage parents to appreciate the importance of physical development, provide opportunities for children’s outdoor and indoor active play, and guide children in safe use of equipment and materials. |
|---|---|
| 1304.21 a 6 | 1304.21 b 3 i | ECD1024 | ECD1025 |

**Interview: Home Visitor (Physical Development)**

* Provide examples of how you work with families to:
  - To help them understand the importance of physical development;
## FY 2011 Monitoring Protocol: Education and Early Childhood Development Services

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<tr>
<td>- Provide opportunities for active play with their children; and</td>
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<tr>
<td>- Guide children in safe use of equipment and materials.</td>
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</table>

### Education and Early Childhood Development Services Compliance Framework #8 - Teacher/Child Interactions

**ECD8** To promote positive child development linked to later school achievement, teachers engage in effective teacher-child interactions across multiple dimensions of quality.


(Observed By: CLASS™ Reviewer)

#### 8.1 Emotional Support™

Observation: CLASS™ Observation

- Positive Climate (PC) · Relationships · Positive Affect · Positive Communication · Respect
- Negative Climate (NC) · Negative Affect · Punitive Control · Sarcasm/Disrespect · Severe Negativity
- Teacher Sensitivity (TS) · Awareness · Responsiveness · Addresses Problems · Student Comfort
- Regard for Student Perspectives (RSP) · Flexibility and Student Focus · Support for Autonomy and Leadership · Student Expression · Restriction of Movement

#### 8.2 Classroom Organization™

Observation: CLASS™ Observation

- Behavior Management (BM) · Clear Behavior Expectations · Proactive · Redirection of Misbehavior · Student Behavior
- Productivity (PD) · Maximizing Learning Time · Routines · Transitions · Preparation
- Instructional Learning Formats (ILF) · Effective Facilitation · Variety of Modalities and Materials · Student Interest · Clarity of Learning Objectives

#### 8.3 Instructional Support™

Observation: CLASS™ Observation

- Concept Development (CD) · Analysis and Reasoning · Creating · Integration · Connections to the Real World
- Quality of Feedback (QF) · Scaffolding · Feedback Loops · Prompting Thought Processes · Providing Information · Encouragement and Affirmation
- Language Modeling (LM) · Frequent Conversation · Open-Ended Questions · Repetition and Extension · Self- and Parallel Talk · Advanced Language

### Education and Early Childhood Development Services Compliance Framework #9 - Cultural and Linguistic Responsiveness

**ECD9** To build a foundation for comprehensive school readiness and to support the overall development of children who are dual-language learners the grantee provides the full spectrum of comprehensive Head Start services through a culturally and linguistically responsive approach.

9.1 Staff and program consultants are familiar with the ethnic background and heritage of families in the program and communicate with parents in their primary or preferred language or through an interpreter to the extent possible.

**Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)**

- Tell me about the cultural and linguistic backgrounds of the individual children and families enrolled in your program.
- Describe how classroom staff and home visitors communicate with families and children who do not speak English. How do you ensure that communication...
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<th>Q. ID:</th>
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<th>Related Policies:</th>
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<td></td>
<td>occurs in the preferred language of the family? See also FCP2.2 * How do you support staff and consultants in understanding diverse cultural and linguistic backgrounds of the children and families? See also FCP2.2</td>
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<td></td>
<td><strong>Interview: Family Child Care Provider, Home Visitor and Teacher (Cultural and Linguistic Responsiveness)</strong> * Tell me about the cultural and linguistic backgrounds of the individual children you work with. How do you know this information? * Describe how you increase your knowledge and understanding of the different languages and cultures of the children you work with? * Do you serve any children and families who do not speak English? How do you communicate with them? Do you know what their preferred language is? How do you know this information?</td>
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<td></td>
<td><strong>9.2 The program’s approach to child development and education promotes an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition.</strong></td>
<td>1304.21 a 1 iii</td>
<td>ECD1006a; ECD1008</td>
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<td></td>
<td><strong>Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)</strong> * Describe the strategies your program uses to ensure that all children and families of different ethnic backgrounds, cultures and languages are accepted and supported in your program.**</td>
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<td></td>
<td><strong>Observation: Cultural and Linguistic Responsiveness</strong> * Describe how the program supports and respects gender, culture, language ethnicity and family composition. Use the following examples to guide your observation. - Adults modeling respect for the children and each other - Learning environments that are void of activities and materials that stereotype or limit children according to their gender, age, disability, race ethnicity, or family composition. - Learning environments that reflect the cultures and languages of the particular children and families in an integrated and natural manner.**</td>
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<td></td>
<td><strong>Document Review: Curriculum</strong> * Review the program’s curriculum. Describe how the curriculum provides information on how to support, respect and respond to the gender, culture, language, ethnicity and family composition of children (e.g., first and second language development).**</td>
<td></td>
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<td><strong>9.3 When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children speaks their language.</strong></td>
<td>1304.52 g 2</td>
<td>ECD1005; ECD1006a; ECD1025</td>
</tr>
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<td></td>
<td><strong>Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)</strong> * How do you ensure that at least one classroom staff member or home visitor speaks the language of the majority of children they serve? * Describe how classroom staff and home visitors support the development of a child’s home language.**</td>
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<td></td>
<td><strong>Observation: Cultural and Linguistic Responsiveness</strong> * Describe the communication between the adults and children who are dual-language learners. Note specifically whether at least one adult is able to communicate with the child in his or her home language. If you have observed that in at least one setting no adult was able to communicate with a child in his or her home language, note this.”</td>
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### FY 2011 Monitoring Protocol: Education and Early Childhood Development Services

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<tr>
<td>her home language, conduct a follow-up interview with the ECD Coordinator to understand how adults communicate with children and their families in this setting.</td>
<td>641A a 1 B i</td>
<td>ECD1006a</td>
</tr>
<tr>
<td>9.4 The program demonstrates that children who are dual-language learners develop and demonstrate meaningful progress toward school readiness based on the Head Start Child Outcomes Framework through the use of culturally and linguistically appropriate instructional services.</td>
<td>641A a 1 B ii</td>
<td>641A a 1 B iii</td>
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<td>641A a 1 B iv</td>
<td>641A a 1 B v</td>
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<td>641A a 1 B vi</td>
<td>641A a 1 B vii</td>
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<td>641A a 1 B viii</td>
<td>641A a 1 B ix</td>
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#### Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)

- * Describe how the program provides linguistically and culturally appropriate practices (i.e., learning opportunities, experiences, etc.). How do these practices support the comprehensive development of children who are dual-language learners? * Applies To: Programs serving preschool-age children
- * How do you ensure that screening and assessment instruments are culturally and linguistically appropriate and administered correctly? Have you made any modifications to the instruments? Explain. * Applies To: Programs serving preschool-age children
- * How do you ensure that teaching and home visiting staff understand the multiple ways children can demonstrate their knowledge and capabilities, regardless of the language they speak? * Applies To: Programs serving preschool-age children

#### Interview: Family Child Care Provider, Home Visitor and Teacher (Cultural and Linguistic Responsiveness)

- * How do you determine the type of learning opportunities and experiences to provide for children who are dual-language learners? * Applies To: Programs serving preschool-age children
- * Provide some examples of how you encourage the participation of children who are dual-language learners in daily routines and learning experiences. * Applies To: Programs serving preschool-age children
- * Provide some examples of what you look for as you observe children who are dual-language learners. How do they show you what they know and can do? * Applies To: Programs serving preschool-age children
- * Provide some examples of how you interact with children who are dual-language learners to encourage their development across all learning domains. * Applies To: Programs serving preschool-age children

#### Observation: Cultural and Linguistic Responsiveness

- * Describe how adults actively interact with children who are dual-language learners through a variety of strategies that include both verbal prompts and instruction and non-verbal demonstrations and encouragement. * Applies To: Programs serving preschool-age children

#### Child Files: Cultural and Linguistic Responsiveness

- * Review child assessment information to determine whether progress across all developmental domains for children who are dual-language learners has been documented. Note the language or languages of the assessment information. * Review plans for individualizing to determine if appropriate learning opportunities and experiences for children who are dual-language learners are
<table>
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<td>being planned.</td>
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**9.5** The program demonstrates that children who are dual-language learners develop and demonstrate progress toward the acquisition of the English language.

**Interview: ECD Content Area Expert (Cultural and Linguistic Responsiveness)**
* Describe your program’s approach for encouraging the progression toward the acquisition of English while supporting the first language of children who are dual-language learners.

**Interview: Family Child Care Provider, Home Visitor and Teacher (Cultural and Linguistic Responsiveness)**
* Provide some examples of strategies you use to encourage the progression toward the acquisition of English.

**Observation: Cultural and Linguistic Responsiveness**
* Describe how staff interact with children intentionally promoting language development.

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**Related Regulations:** 641A a 1 B x
**Related Policies:** ECD1006a

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***
Subject: Qualifications of Content Area Experts: Education and Child Development Staff

Performance Objective: The content area experts assigned to oversee education and early childhood development services have training and experience in theories and principles of child growth and development, early childhood education, and family support, and they also meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act.

Operational Procedures:

1. Job descriptions for the content area experts who oversee education and early childhood development services are reviewed before interviews are conducted.

   a) Such job descriptions include the required training and experience in theories and principles of child growth and development, early childhood education, and family support, referencing one or more of these qualifications:

      i) CDA credential appropriate to the age of children being served;

      ii) State-awarded certificate for preschool teachers that meets or exceeds the requirements for a CDA credential;

      iii) Associate’s degree in early childhood education;

      iv) Associate’s degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children;

      v) Bachelor’s degree and admission into the Teach For America program; successful completion of a rigorous early childhood content exam, such as the Praxis II; participation in a Teach For America summer training institute that includes teaching preschool children; and ongoing professional development and support from Teach For America’s professional staff; and

      vi) Bachelor’s or advanced degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children.

2. Hired staff and consultants provide regularly scheduled and ongoing content area expertise and oversight by observation, mentoring and training.

3. In addition, staff or consultants must meet the qualifications for classroom teachers, as specified in section 648A of the Head Start Act and any subsequent amendments regarding the qualifications of teachers.

Related Regulations: 1304.52 d 1; 648A

Related Review Question/s: EC1A  ECD1.1
Subject: Teacher Qualifications and Experience

Performance Objective: Teachers have the required qualifications and experience.

Operational Procedures:

1. The job description (or contract) for Family Child Care providers include the required qualifications listed below:
   
   a) Previous early childcare experience,
   
   b) Enrollment in a child development associate (CDA) credential or associate’s or bachelor’s program in child development or early childhood education within 6 months of beginning service provision (Note: For previously contracted providers, within 6 months of January 8, 2008, all family child care providers must have enrolled in a credentialing program. Family Child Care providers must acquire the CDA credential or associate’s or bachelor’s degree within 2 years of February 7, 2008, or, thereafter, within 2 years of beginning service provision), and
   
   c) Emphasis on fluency in the languages spoken by the families served by the program.

2. The job descriptions for infant and toddler teachers reference the required qualifications (listed below):
   
   a) Training in effective communication with infants and toddlers and their parents and other staff,
   
   b) Training in safety issues (e.g., reducing the risk of Sudden Infant Death Syndrome),
   
   c) CDA for infant and toddler caregivers or equivalent credential within one year of hire, and plus training or equivalent coursework in early childhood development,
   
   d) Emphasis on fluency in the languages spoken by families served by the program.

3. The job descriptions for teachers reference one or more of the qualifications listed below:
   
   a) CDA credential appropriate to the age of children being served,
   
   b) State-awarded certificate for preschool teachers that meets or exceeds the requirements for a CDA credential,
   
   c) Associate’s degree in early childhood education,
   
   d) Associate’s degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children,
   
   e) Bachelor’s degree and admission into the Teach For America program; successful completion of a rigorous early childhood content exam, such as the Praxis II; participation in a Teach For America summer training institute that includes teaching preschool children; and ongoing professional development and support from Teach For America’s professional staff,
   
   f) Bachelor’s or advanced degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children.
4. Personnel files, contracts, and/or resumes of center-based preschool teachers list the degree, training, experience, and required qualifications.

5. At least one teacher in each classroom has at least one of the required credentials.

**Related Regulations:** 1304.52 d, 1304.52 d 1; 1304.52 f, 1304.52 h 1; 648A a 3 A i, 648A a 3 A ii, 648A a 3 A iii, 648A a 3 A iv, 648A a 3 A v; 645A h 1

**Related Review Question/s:** EC1B, ECD1.1; ECD2.1; ECD2.2
Policy ID: ECD1003

Subject: Home Visitor Qualifications

Performance Objective: The program hires staff or consultants who meet the qualifications of 1304.52.d to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

Operational Procedures:

1. Home visitors must have the required knowledge and experience in child development and early childhood education; in the principles of child health, safety, and nutrition; in adult learning principles; and in family dynamics.

2. The home visitor job description emphasizes fluency in the languages spoken by the families that the program serves.

3. The home visitor job description indicates that the position requires knowledge and experience in:
   a) Child development and early childhood education;
   b) Principles of child health, safety, and nutrition;
   c) Adult learning principles;
   d) Family dynamics;
   e) Communicating and motivating adults;
   f) Community resources; and
   g) Linking families with appropriate resources.

Related Regulations: 1304.52.d; 1304.52.e

Related Review Question/s: EC2C_ECD2.3
Performance Objective: The program, in collaboration with the parents, implements a written curriculum in accordance with the Performance Standards (see 1304.3 a 5).

Operational Procedures
1. The curriculum used, called Creative Curriculum, is a research based commercial curriculum.

2. The written curriculum:
   a) Includes goals for children’s development and learning;
   b) Includes experiences through which they will achieve those goals;
   c) Addresses what staff and parents do to help children achieve those goals;
   d) Includes materials needed to support implementation;
   e) Is consistent with the Head Start Program Performance Standards;
   f) Is based on sound child development principles;
   g) promotes young children's school readiness in the areas of language and cognitive development, early reading and mathematics skills, socio-emotional development, physical development, and approaches to learning;
   h) is based on scientifically valid research and has standardized training procedures and curriculum materials to support implementation; is research-based and
   i) is comprehensive and linked to ongoing assessment, with developmental and learning goals and measurable objectives.

3. As implemented, the curriculum supports each child’s individual pattern of development and learning.
   a) Teaching staff gather information to help plan activities of interest to each child and support learning by using an ongoing assessment tool that includes recording anecdotal notes, discussions, and monthly data profile reports.
   b) Interactions and activities with individuals and small groups of children are based on each child’s developmental level, temperament, learning style, moods, and needs. For example:
      i) Activities are individualized based on each child’s ability;
      ii) Activities are planned based on assessment of interest to child; and
      iii) Each child is encouraged to explore and use materials at his or her developmental level and pace.

4. As implemented, the curriculum provides for the development of cognitive skills by encouraging each child to organize his or her experiences, to understand concepts, and to develop age appropriate literacy, numeracy,
reasoning, problem solving and decision-making skills which form a foundation for school readiness and later school success.

5. As implemented, the curriculum integrates all educational aspects of the health, nutrition, and mental health services into program activities.

   a) The ECD Manager, home visitor, and teaching staff work together in accordance with Policy # MH1003, Mental Health Professional and Policy # MH1004, On-Site Consultation and Policy # NS1004, Meal Service.

   b) The program encourages teachers to maintain realistic expectations for children’s ages and abilities. For example:

      i) Sharing is not forced although it may be discussed,

      ii) Children should not be expected to wait for long periods of time,

      iii) Timeout is not to be used with children under the age of two, and

      iv) Timeout should rarely be used.

   c) Meals that contribute to the development and socialization of all children and developmentally appropriate food-related activities are integrated into the curriculum. (See Policy # NS1004, Meal Service).

   d) Safety awareness is integrated into activities for children. For example:

      i) monthly activities are conducted and include bus evacuation drills, fire and weather safety drills, classroom safety lessons and handouts are given to parents.

6. As implemented, the curriculum ensures that the program environment helps children develop emotional security and facility in social relationships.

7. As implemented, the curriculum enhances each child’s understanding of self as an individual and as a member of a group.

8. As implemented, the curriculum provides each child with opportunities for success to help develop feelings of competence, self-esteem, and positive attitudes toward learning.

   a) Teachers encourage children’s learning initiatives throughout the day by listening to children, complimenting their accomplishments and efforts, encouraging children to talk about what they are doing, etc.

9. As implemented, the curriculum provides individual and small group experiences both indoors and outdoors.

   a) This includes opportunities for children to self-select groups.

   b) The program offers a balance of activities, including active and quiet times, large- and small-group activities, indoor and outdoor play times, and child-initiated and teacher-planned activities.

   c) Children are encouraged to contribute their own ideas or participate at their own developmental levels during small-group times (e.g., teachers ask children to classify the nature materials, but children may group them in their own ways) and during large-group times (e.g., adults sometimes ask children to add novel words and actions to traditional songs and activities).

10. Staff use a variety of strategies to promote and support children’s learning and developmental progress based on the observations and ongoing assessment of each child (see 1304.20 b, 1304.20 d, and 1304.20 e).
a) See Policy # ECD1026, Ongoing Assessment for Each Child and Policy # DS1001, Disability Coordinator and Education Manager Coordination.

**Related Regulations:** (see 1304.20 b, 1304.20 d, 1304.20 e); 1304.3 a 5; 1304.3 a 5 i; 1304.3 a 5 ii; 1304.3 a 5 iii; 1304.3 a 5 iv; 1304.21 c; 1304.21 c 1; 1304.21 c 1 i; 1304.21 c 1 ii; 1304.21 c 1 iii; 1304.21 c 1 iv; 1304.21 c 1 v; 1304.21 c 1 vi; 1304.21 c 1 vii; 1304.21 c 2; 1304.22 d 2; 1304.23 c 1; 1304.23 c 7; Act 642 f 3 A; Act 642 f 3 B; Act 642 f 3 C

**Related Review Question/s:** EC2A; EC2B; ECD3.4; ECD3.6
Head Start Program Policies and Procedures

Education and Early Childhood Development and Human Resources

Policy ID: ECD1005

Subject: Classroom Staffing and Home Visitors

Performance Objective: The program meets or exceeds the requirements of 1306.20 regarding classroom staffing.

Operational Procedures:

1. When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children speaks their language.

2. When implementing the center-based program option, the class size requirements specified in 1306.32 are maintained through the provision of substitutes when regular classroom staff are absent.

3. Staff:child ratios are strictly enforced.
   a) The program ensures that each teacher working exclusively with infants and toddlers has responsibility for no more than four infants and toddlers.
   b) No more than eight infants and toddlers are placed in an infant/toddler room.
   c) No more than four children are placed in a family child care home.
   d) When State, Tribal or local regulations specify staff:child ratios and group sizes more stringent than this requirement, the State, Tribal or local regulations must apply.

4. Staff supervise the outdoor and indoor play areas in such a way that children’s safety can be easily monitored and ensured.
   a) Failure of staff to monitor children’s safety may result in disciplinary action, up to and including termination.

Related Regulations: 1304.52 g, 1304.52 g 1, 1304.52 g 2, 1304.52 g 3, 1304.52 g 4, 1304.52 g 5; 1306.20; 1306.32; 1306.20 g 2

Related Review Question/s: SE4C; SE4C; ECD9.3
Policy ID: ECD1006

Subject: Child Development and Education Approach for All Children

Performance Objective: The program’s approach to child development and education is developmentally and linguistically appropriate.

Operational Procedures:

1. In order to help children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life, the program’s approach to child development and education is developmentally and linguistically appropriate, recognizing that children have individual rates of development as well as individual interests, temperaments, languages, cultural backgrounds, and learning styles.

2. The program’s approach to child development and education helps children gain the skills and confidence necessary to be prepared to succeed in their present environment and with later responsibilities in school and life.

3. The policies in this section detail this approach. See Policy # ECD1007, EECD Approach and Children with Disabilities through Policy # ECD1025, Child Development and Education Approach for Infants and Toddlers.

Related Regulations: 1304.21 a 1, 1304.21 a 1 i

Related Review Question/s: N/A
Policy ID: ECD1006a

Subject: Cultural and Linguistic Responsiveness

Performance Objective: To build a foundation for comprehensive school readiness and to support the overall development of children who are dual-language learners the grantee provides the full spectrum of comprehensive Head Start services through a culturally and linguistically responsive approach.

Operational Procedures:

1. Staff and program consultants are familiar with the ethnic background and heritage of families in the program and communicate with parents in their primary or preferred language or through an interpreter to the extent possible.
   
   a) See Policy #PDM1018, Communication with Families.

2. Staff and program consultants are familiar with the ethnic background and heritage of families in the program and serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.
   
   a) See Policy #PDM1031a, Staff Qualifications – General.

3. Meetings and interactions with families are respectful of each family's diversity and cultural and ethnic background.
   
   a) See Policy #FCS1003, Building Relationships with Families.

4. Classroom staff and home visitors communicate with the families they serve either directly or through a translator. They are familiar with the ethnic background of these families.
   
   a) See Policy #SE1005, Program Staffing Patterns.

5. The program’s approach to child development and education promotes an environment of acceptance that supports and respects gender, culture, language, ethnicity, and family composition.
   
   a) See Policy #ECD1008, EECD Approach and Respectful Environment and Policy # ECD1006, Child Development and Education Approach for All Children.

6. When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children speaks their language.
   
   a) See Policy #ECD1005, Classroom Staffing and Home Visitors and see Policy #ECD1025, Child Development and Education Approach for Infants and Toddlers.

7. The program demonstrates that children who are dual-language learners develop and demonstrate meaningful progress toward school readiness based on the Head Start Child Outcomes Framework through the use of culturally and linguistically appropriate instructional services. The program ensures that children participating in the program develop and demonstrate:
   
   a) language knowledge and skills, including oral language and listening comprehension;
b) literacy knowledge and skills, including phonological awareness, print awareness and skills, and alphabetic knowledge;

c) mathematics knowledge and skills;

d) science knowledge and skills;

e) cognitive abilities related to academic achievement and child development;

f) approaches to learning related to child development and early learning;

g) social and emotional development related to early learning, school success, and social problem-solving;

h) abilities in creative arts;

i) physical development; and

j) in the case of limited English proficient children, progress toward acquisition of the English language while making meaningful progress in attaining the knowledge, skills, abilities, and development listed above, including progress made through the use of culturally and linguistically appropriate instructional services.

**Related Regulations:** 1304.21 a 1 iii; 1304.40 a 5; 1304.51 c 2; 1304.52 b 4; 1304.52 g 2; 1306.20 f; Act 641A a 1 B i; Act 641A a 1 B ii; Act 641A a 1 B iii; Act 641A a 1 B iv; Act 641A a 1 B v; Act 641A a 1 B vi; Act 641A a 1 B vii; Act 641A a 1 B viii; Act 641A a 1 B ix; Act 641A a 1 B x.

**Related Review Question/s:** ECD9.1; ECD9.2; ECD9.3; ECD9.4; ECD9.5
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1007

Subject: EECD Approach and Children with Disabilities

Performance Objective: The program’s approach to child development and education includes children with disabilities.

Operational Procedures:

1. The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), includes children with disabilities, consistent with their Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) (see 1308.19).
   a) Teaching staff and disabilities staff work with the parents and other agencies to make sure that children receive services defined in the IFSP or IEP.
   b) Teaching staff use strategies to promote language development in both English and home languages for dual language learners.
   c) Teaching staff integrate children with disabilities into the group and have them participate in activities as appropriate.

Related Regulations: 1308.19; 1304.21 a 1 ii

Related Review Questions: DS4E  DS4.2
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1008

Subject: EECD Approach and Respectful Environment

Performance Objective: The program’s approach to child development and education provides an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition.

Operational Procedures:

1. The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), provides an environment of acceptance that supports and respects gender, culture, language, ethnicity and family composition.

Related Regulations: 1304.21 a 1 iii

Related Review Questions: N/A ECD9.2
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1009

Subject: EFCD Approach and Balanced Activities

Performance Objective: The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), provides a balanced daily program of child-initiated and adult-directed activities, including individual and small group activities.

Operational Procedures:

1. Children engage in both active (e.g., outdoor, climbing, dancing) and quiet activities (e.g., reading, painting, puzzles, play dough) throughout the day.

2. The daily routine offers opportunities for children to engage in child-initiated activities (e.g., free choice time, asking teacher to read a book, teacher engaging in child-initiated conversation, teacher following child’s lead, teacher responding to infants’ verbal cues).

3. The daily routine offers opportunities for infants and toddlers to engage in playful interactive activities that are teacher directed (e.g., teacher reads to child or group of children, teacher leads children in a group activity).

4. Teachers organize time (e.g., part of daily schedule) and space (e.g., open areas, cozy areas) daily for children to play individually, in pairs, and in small groups.

5. Teachers use small groups and circle time to increase the amount of conversation and to involve all learners.

6. Time and space is organized daily for infants and toddlers to play individually, in pairs, and in small groups. For example:

   a) A story read to an individual child, including stories that are culturally familiar;

   b) Small groups are helped with a science activity; and

   c) Soft cozy area is set aside for children.

Related Regulations: 1304.21 a 1 iv

Related Review Questions: EC4E ECD6.5
Education and Early Childhood Development

Policy ID: ECD1010

Subject: EECF Approach and Fostering Independence

Performance Objective: The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by encouraging development which enhances each child’s strengths by fostering independence.

Operational Procedures:

1. When it is developmentally appropriate and supported by parents, teaching staff encourage independent use of toilet facilities by implementing a toilet training policy written with the parent.

2. Containers and storage shelves are accessible to children and have pictures or shapes used as labels on containers and shelves, word labels added for older children and may be labeled with dual languages.

3. Children’s efforts and accomplishments are acknowledged by teachers providing positive reinforcement.

4. Teaching staff provide enough time for children to complete tasks independently, such as putting on their coats, feeding themselves, washing their hands, brushing teeth, etc.

5. The program ensures that the environment and materials are easily accessible, for example, the easels used for children to paint pictures are set for the child’s height; storage containers are easily identifiable for children to put things away.

6. Teachers encourage independence in daily routines (e.g., keeping the job chart visible, having children set tables, letting children serve themselves).

7. To support problem-solving, teachers respond calmly to children, help children verbalize feelings and actions, ask children to identify solutions.

Related Regulations: 1304.21 a 1 v; 1304.21 a 3 i B

Related Review Questions: EC3B; ECD3.3; ECD5.1; ECD5.2
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1011

Subject: EECD Approach and Parent Inclusion

Performance Objective: The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), encourages parents to participate.

Operational Procedures:

1. Parents are invited to become integrally involved in developing the program’s curriculum and approach to child development and education.

2. Parents are provided opportunities to increase their child observation skills and to share assessments with staff that will help plan the learning experiences how and when during home visits, conferences, newsletters, phonecalls, in home activities, and participating in the literacy lending library program.

3. Parents are encouraged to participate in staff-parent conferences and home visits to discuss their child’s development and education (see 1304.40 e 4 and 1304.40 i 2).

Related Regulations: 1304.21 a 2 i; 1304.21 a 2 ii; 1304.21 a 2 iii; 1304.40 e 4; 1304.40 i 2

Related Review Questions: FCS4A; FCS4B; FCP3.1; FCP3.3; FCP3.5
Education and Early Childhood Development

Policy ID: ECD1012

Subject: EECD Approach and Building Trust

Performance Objective: The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by encouraging development which enhances each child’s strengths by building trust.

Operational Procedures:

1. This is done so that each child can explore the environment according to his or her developmental level.

2. Children are oriented to new groups or teachers gradually, with a familiar adult present.

3. Interactions between teachers and children are facilitated based on children’s interests, developmental level, and needs.
   a) Teachers provide words to children to encourage social interaction;
   b) Teachers encourage children to share;
   c) Teachers acknowledge how children are feeling.

4) Interactions with children are pleasant and comforting, showing interest in their activities.
   a) Teachers use a firm but gentle voice;
   b) Teachers position themselves in close proximity and at eye level with children when interacting with them;
   c) Teachers are as promptly responsive as possible when children need them.

5. To help children separate from their parents or guardians, teachers give children time and opportunity to do so and acknowledge children’s feelings about separation.

6. Teachers promote warm, supportive interactions with children, such as positive verbal and physical communication, to enhance the child-teacher relationship.

7. Any safety problems or issues that might cause injury are immediately addressed.

8. At no time are any children to be unsupervised.

9. The program maintains an environment conducive to children’s ability to actively explore.

Related Regulations: 1304.21 a 3; 1304.21 a 3 i; 1304.21 a 3 i A

Related Review Questions: EC3A, ECD3.3; ECD5.1
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1013

Subject: EECD Approach and Realistic Expectations

Performance Objective: The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by encouraging development which enhances each child’s strengths by encouraging self-control by setting clear, consistent limits, and having realistic expectations.

Operational Procedures:

1. See Policy # ECD1004, Child Development and Education Approach for Preschoolers.

2. Teachers help children express emotions both verbally and nonverbally by implementing monthly mental health activities, using a daily second step lesson, conscious discipline techniques, modeling and using feeling cards in the classroom.

3. Teachers prevent conflict and promote age-appropriate interaction by using effective positive guidance and discipline methods, such as:
   a) making duplicate toys accessible,
   b) not crowding children,
   c) preventing children from hurting themselves,
   d) stopping children from being destructive,
   e) responding consistently to children’s behavior, and
   f) other methods.

4. Classroom rules and expectations for behavior are communicated by referring children to posted classroom rules. Rules and expectations are made clear and are consistently enforced.

5. Teachers monitor the classroom effectively to prevent problems from developing.

6. Staff help children develop appropriate social behavior with peers, such as by helping children with conflict resolution, encouraging them to make friends, or helping them to understand other’s feelings.

Related Regulations: 1304.21 a 3 i C

Related Review Questions: EC3C  ECD3.3; ECD5.4
**Head Start Program Policies and Procedures**

**Education and Early Childhood Development**

**Policy ID:** ECD1014

**Subject:** EECD Approach and Respecting Others

**Performance Objective:** The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by encouraging development which enhances each child’s strengths by encouraging respect for the feelings and rights of others.

**Operational Procedures:**

1. See Policy # ECD1004, Child Development and Education Approach for Preschoolers.

2. Children with disabilities are integrated into the group and enabled to participate in activities, as appropriate.

3. Teachers engage children in problem-solving strategies and support positive guidance by, for example, acknowledging feelings, having children verbalize feelings, listening to all sides, anticipating and redirecting challenging behavior when needed.

4. Teachers support and promote appropriate social interactions (e.g., children are prevented from hurting one another, child are redirected from negative situation to other activities, child with favorite toy protected from others).

5. Teachers have frequent positive verbal and physical communication with children to foster warm, supportive relationships with one another.

6. Teachers show respect for children by listening to children, waiting for children to finish their thoughts, treating children fairly, etc.

**Related Regulations:** 1304.21 a 3 i D

**Related Review Questions:** EC3D ECD3.3; ECD5.5
**Head Start Program Policies and Procedures**

**Education and Early Childhood Development**

**Policy ID:** ECD1015

**Subject:** EECD Approach and Respecting Home Language, Culture, and Family Composition

**Performance Objective:** The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by encouraging development which enhances each child’s strengths by supporting and respecting the home language, culture, and family composition of each child in ways that support the child’s health and well-being.

**Operational Procedures:**

1. See Policy # ECD1004, Child Development and Education Approach for Preschoolers.

2. When possible, teachers speak the language/s of the children.

3. Materials, equipment, and activities reflect the diversity of children and families in the program. Examples include:
   a) Photographs reflecting their families and cultures;
   b) Props and books of different cultures;
   c) Dolls of different races;
   d) Posters and books that portray men as fathers and caregivers; and
   e) Finger-plays, songs, and games from the children’s home cultures.

4. At least one home visitor who interacts regularly with the children speaks the same language as the children.

**Related Regulations:** 1304.21 a 3 i E

**Related Review Questions:** EC3E, ECD3.3
**Head Start Program Policies and Procedures**

**Education and Early Childhood Development**

**Policy ID:** ECD1016

**Subject:** EECDD Approach, Routines, and Transitions

**Performance Objective:** The program’s approach to child development and education (see Policy # ECD1006, Child Development and Education Approach for All Children), supports social and emotional development by planning for routines and transitions so that they occur in a timely, predictable and unrushed manner according to each child’s needs.

**Operational Procedures:**

1. See Policy # ECD1004, Child Development and Education Approach for Preschoolers.

2. See Policy # NS1004, Meal Service, regarding bottle feeding.

3. Children are involved in activities on arrival and are kept involved until departure.

4. Daily routines are consistent and predictable. For example:
   a) infants and toddlers know that their diapers will be changed;
   b) arrivals and departures are consistent, pleasant, and organized;
   c) daily routine is posted for adults and children;
   d) hand-washing and tooth-brushing are procedures depicted in pictures and words and are posted at children’s eye level.

5. Teachers are responsible for being fully prepared for activities and lessons.

6. Daily routines, such as arrival and departure, meals, naps, and diapering, support the children’s needs. For example:
   a) teachers are patient with messiness,
   b) slow eaters are given plenty of time,
   c) infants’ faces are wiped gently,
   d) crib or cot is placed in the same place,
   e) special blankets or cuddly toys are made available for toddlers.

7. Teachers plan the daily routine. The planning includes:
   a) having materials ready when children arrive,
   b) having children’s belongings ready to go home,
   c) maintaining consistent diaper changing process,
d) chatting regularly with parents, and
e) minimizing transitions.

8. In the full-day program, provisions are made for early risers and non-nappers. For example:
   a) early risers are permitted to read book or play quietly,
   b) there is separate space and activities for non-nappers.

9. Teachers keep the daily routine flexible and individualized. For example:
   a) infant on individual schedule,
   b) a tired toddler can have early nap,
   c) child are soothed by patting back,
   d) diapers are changed when needed,
   e) children are fed when hungry.

Related Regulations: 1304.21 a 3 ii

Related Review Questions: EC3H ECD3.3; ECD5.6
Education and Early Childhood Development

Policy ID: ECD1017


Performance Objective: The program provides for the development of each child’s cognitive and language skills by supporting each child’s learning, using various strategies including experimentation, inquiry, observation, play and exploration (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

1. Teaching staff determine the strategies to develop each child’s cognitive and language skills by using Teaching Strategies Gold on going assessment and the ESI screening tool.

2. Teaching staff offer children opportunities to participate in age-appropriate science activities by providing appropriate classroom materials.

3. Activities and materials for children to explore and play include:
   a) Placing infants on blankets outdoors,
   b) Toddlers planting seeds and watering plants,
   c) Toddlers taking care of pets,
   d) Having magnifying glasses accessible to children, etc.

4. A variety of daily activities and experiences are implemented to extend infants and toddlers’ thinking and support their interests.

5. The program offers opportunities for dramatic play; for exploration of blocks, sand, and water; and for art, music, and movement by establishing distinct play areas with materials and activities for these purposes.

6. Teaching staff rotate materials regularly.

Related Regulations: 1304.21 a 4 i

Related Review Questions: EC4A, ECD3.3; ECD6.1
Education and Early Childhood Development

Policy ID: ECD1018

Subject: EECD Approach: Development of Each Child’s Cognitive and Language Skills and Creative Self-Expression

Performance Objective: The program provides for the development of each child’s cognitive and language skills by ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

1. Teaching staff engage children in art, music, and movement activities by inviting them to participate, suggesting toys or games, etc.

2. Teaching staff rotate materials regularly as determined by children’s interest.

3. The opportunities provided for self-expression include:
   
a) music, musical instruments
   
b) movement activities
   
c) art materials and activities
   
d) Encouragement for children to participate in all classroom activities.

4. These materials are available and accessible to children.

Related Regulations: 1304.21 a 4 ii

Related Review Questions: EC4B ECD3.3; ECD6.2
Education and Early Childhood Development

Policy ID: ECD1019

Subject: EECD Approach: Development of Each Child’s Cognitive and Language Skills by Promoting Language Use

Performance Objective: The program provides for the development of each child’s cognitive and language skills by promoting interaction and language use among children and between children and adults (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

1. Teachers promote strategies for language development in both English and home languages for dual language learners.

2. Circle or small group times include opportunities for children to describe and recall activities (i.e., discussing themes such as community helpers, family events, and children’s interests).

3. Teachers listen actively to students and ask relevant and related questions.

4. Frequent conversations between children and teachers promote opportunities for language use.

5. Teachers balance listening and talking appropriately for children’s age and abilities during communication activities (e.g., by leaving time for children to respond, verbalizing for child with limited communication skills).

6. Teachers encourage language and social interaction in small groups, sometimes using props to stimulate language and conversation.

7. Teachers extend learning through daily conversations by:
   a) Asking children open-ended questions that require them to communicate more complex ideas;
   b) Introducing and discussing vocabulary words;
   c) Using self-talk and parallel talk as a means of expanding children’s language; and
   d) Using a variety of nouns, verbs, adverbs, adjectives, prepositions, and other forms of language new to the children but that map onto concepts they already understand.

Related Regulations: 1304.21 a 4 iii

Related Review Questions: EC4C ECD3.3; ECD6.3
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1020

Subject: EECD Approach: Development of Each Child’s Cognitive and Language Skills by Supporting Emerging Literacy, Numeracy, Math

Performance Objective: The program provides for the development of each child’s cognitive and language skills by supporting emerging literacy and numeracy and early math development through materials and activities according to the developmental level of each child (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

1. Numbers and operations are taught throughout the day by providing developmentally appropriate activities and materials.
   a) Children are taught relationships between numbers,
   b) Children are taught how to count accurately,
   c) Children are taught how to count a group of objects using one-to-one correspondence,
   d) Numbers are integrated into daily routines and play (e.g., counting steps, counting fingers and toes during diapering, counting toys as they are putting them away)
   e) Teachers use a variety of experiences and different settings to teach math concepts and build mathematical vocabulary.
   f) Materials provided for early math include:
      i) Exploring number concepts (e.g., counting objects, number puzzles);
      ii) Recognizing, copying, creating, and extending patterns (e.g., pattern blocks, colored wooden beads);
      iii) Exploring geometric shapes and spatial relationships (e.g., shape puzzles, blocks); and
      iv) Exploring measurement (e.g., measuring cups, balancing scales, rulers, play money).

2. Geometry, spatial sense, patterns, and measurement are taught throughout the day. Teachers help children:
   a) Recognize, describe, compare, and name shapes and their parts and attributes;
   b) Understand directionality, order, position of objects, and words such as up, down, in front, and behind;
   c) Match, sort, put in a series, and regroup objects according to one or two attributes; and
   d) Measure objects.

3. Teachers introduce activities promoting development of phonological awareness skills.

4. Developmentally appropriate reading materials are made available throughout the day by providing literacy materials and activities in all areas of the classroom.
5. Developmentally appropriate writing materials are made available throughout day by providing writing materials and activities in all areas of the classroom.

6. Teachers introduce books and read stories.
   a) Children are encouraged to interact with the books.
   b) The setting is conducive to reading.
   c) Teachers provide opportunities for repetition (e.g., seating, teacher focusing on the reading activity, toddlers are held in teachers’ arms, pages are turned repeatedly if child asks or shows interest, children interrupt, point, and name pictures).

7. Developmentally appropriate reading activities are used to promote learning and develop print awareness and concepts by modeling appropriately throughout the day and providing a print rich environment.

8. Teachers focus on standard book conventions and directionality (e.g., pages are turned one at a time from front to back; pages are read from left to right, from top to bottom, and from front to back).

9. Teachers help children recognize that words are units of print, that letters are grouped to form words, and that words are separated by spaces.

**Related Regulations**: 1304.21 a iv

**Related Review Questions**: EC4D, ECD3.3; ECD6.4
Head Start Program Policies and Procedures

Education and Early Childhood Development

Policy ID: ECD1021

Subject: EECD Approach and Promotion of Gross Motor Skills

Performance Objective: When implementing the center-based program option, the program promotes each child’s physical development by providing sufficient time, indoor and outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

1. Weather conditions permitting, children can go outside year round.

2. Available materials and equipment encourage grasping, pulling, pushing, crawling, walking and climbing. They include:
   a) climbing equipment
   b) stompers
   c) obstacle course and parachutes

3. Teachers participate actively with children. For example:
   a) Teachers play with infants and toddlers on the carpet indoors or on a blanket outdoors,
      b) Teachers sit with a child on a swing,
      c) Teachers run and play ball with toddlers.

4. Indoor space and equipment supports active physical play. For example:
   a) young infants can move freely on the carpet,
   b) children can crawl and walk around,
   c) the play area is not crowded or cluttered.

5. Outdoor equipment and materials available for various types of play that encourage active play and movement, such as:
   a) riding toy,
   b) climber,
   c) playhouse,
   d) balls,
   e) chalk.
6. The outdoor space has a variety of surfaces permitting different types of play. For example:
   
a) sand,

b) asphalt or composite firm enough for riding toys,

c) grass.

7. Teachers help children develop skills needed to use equipment, like:

   a) pumping on swing,

   b) using adaptive pedals on a tricycle (child with disabilities),

   c) supporting children climbing and balancing.

8. Gross motor equipment is appropriate for different developmental levels. For example, the program supplies:

   a) fixed equipment size for preschoolers,

   b) tricycles with and without pedals,

   c) balls of different sizes,

   d) both ramp and ladder access to climbing structure.

9. See also Policy # SE1001, Head Start Physical Environment and Facilities.

Related Regulations: 1304.21 a 5 i

Related Review Questions: EC5A, ECD3.3; ECD7.1
**Performance Objective:** When implementing the center-based program option, the program promotes each child’s physical development by providing appropriate time, space, equipment, materials and adult guidance for the development of fine motor skills according to each child’s developmental level (see Policy # [ECD1006, Child Development and Education Approach for All Children](#)).

**Operational Procedures:**

1. Materials are made accessible and easy to put away. For example:
   a) pegs and pegboards are stored together,
   b) building toy sets are stored separately,
   c) shelves are low,
   d) baskets are used, and
   e) tabs are used.

2. Materials with different levels of difficulty that are available during the day include:
   a) 4-, 7-, and 11-piece puzzles for children with varying fine motor skills,
   b) large-piece and knobbed puzzles,
   c) nesting cups,
   d) textured material,
   e) large stringing beads,
   f) varying-size pegs and pegboards,
   g) blocks, and
   h) dramatic play props of different sizes, such as toy people and animals.

3. Daily activities that encourage control and coordination of small, specialized motions of eyes, mouth, hands, and feet include:
   a) art activities,
   b) sand and water play,
   c) blocks building,
   d) feeding,
   e) washing hands, and
   f) shape sorting.

4. See also Policy # [NS1004, Meal Service](#).

**Related Regulations:** [1304.21.a ili](#)

**Related Review Questions:** EC3B; ECD3.3; ECD7.2
Education and Early Childhood Development

Policy ID: ECD1023

Subject: EECD Approach and Provision for Children with Special Needs

**Performance Objective:** When implementing the center-based program option, the program promotes each child’s physical development by providing an appropriate environment and adult guidance for the participation of children with special needs (see Policy # ECD1006, Child Development and Education Approach for All Children).

**Operational Procedures:**

1. The program provides an appropriate environment and adult guidance for the participation of children with special needs.

**Related Regulations:** 1304.21 a 5 iii

**Related Review Questions:** N/A DS4.3; ECD3.3
Education and Early Childhood Development

Policy ID: ECD1024

Subject: EECD Approach and Home Based Settings (N/A)

Performance Objective: In home-based settings, the program encourages parents to appreciate the importance of physical development, provides opportunities for children’s outdoor and indoor active play, and guides children in the safe use of equipment and materials. (see Policy # ECD1006, Child Development and Education Approach for All Children).

Operational Procedures:

Related Regulations: 1304.21 a 6

| Related Review Questions: ESC5C  ECD7.3 |
Subject: Child Development and Education Approach for Infants and Toddlers

Performance Objective: The program implements a child development and education approach for infants and toddlers consistent with the Performance Standards.

Operational Procedures:
1. The program of services for infants and toddlers encourages:
   a) The development of secure relationships in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child’s family culture and, whenever possible, speak the child’s language;
   b) Trust and emotional security so that each child can explore the environment according to his or her developmental level;
   c) Opportunities for each child to explore a variety of sensory and motor experiences with support and stimulation from teachers and family members;
   d) Minimizing staff changes to the extent possible to maintain secure and consistent relationships with infants and toddlers; and
   e) Assigning substitutes as needed.

2. The program supports the social and emotional development of infants and toddlers by promoting an environment that:
   a) Encourages the development of self-awareness, autonomy, and self-expression;
      i) Teachers respond to individual children quickly and easily;
      ii) Greeting and departure times include an exchange of information with parents on children’s daily events;
      iii) The environment allows children to “see” themselves (e.g., materials brought from home, mirrors accessible, pictures of families displayed).
   and
   b) Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.

3. The program promotes the physical development of infants and toddlers by:
   a) Supporting the development of the physical skills of infants and toddlers including gross motor skills, such as grasping, pulling, pushing, crawling, walking, and climbing; and
   b) Creating opportunities for fine motor development that encourage the control and coordination of small, specialized motions, using the eyes, mouth, hands, and feet.

Related Regulations: 1304.21 a 5 iii; 1304.21 b; 1304.21 b 1; 1304.21 b 1 i; 1304.21 b 1 ii; 1304.21 b 1 iii; 1304.21 b 2; 1304.21 b 2 i; 1304.21 b 2 ii; 1304.21 b 3; 1304.21 b 3 i; 1304.21 b 3 ii. See 1304.3 a 5, 1304.52 g 2.

Education and Early Childhood Development

Policy ID: ECD1026

Subject: Ongoing Assessment for Each Child

Performance Objective: The program conducts ongoing assessment of each child’s functioning in all developmental areas.

Operational Procedures:
Re ongoing and
1. The program uses Teaching Strategies Gold Assessment Tool which is a research based commercially developed tool which is ongoing and reported three times a year.

2. Using a variety of strategies to support children’s learning and development based on observations and ongoing assessment of each child, ECD staff conduct child assessments as an integral part of the program to support children’s learning.
   a) The variety of methods used include observations, checklists, rating scales, etc.

3. The disabilities coordinator coordinates with the education coordinator in the on-going assessment of each Head Start child’s functioning in all developmental areas by including this developmental information in later diagnostic and program planning activities for children with disabilities.

4. The child assessment process collects information about children’s functioning in these areas:
   a) Gross and fine motor skills;
   b) Perceptual discrimination;
   c) Cognition;
   d) Attention skills;
   e) Self-help;
   f) Social and receptive skills; and
   g) Expressive language.

5. For children whose home language is not English, the Spanish version of assessment tools is used.
   a) The ECD Manager or designee works with parents to ensure the efficacy of the screening tools.

6. Child assessments are conducted continuously, on an ongoing basis.

7. Information from the child assessments is shared with parents. Copies given and staff discuss results with parents.
   a) The program includes parents in all aspects of their children’s education.

8. Information from the child assessments is used to design program activities to improve child functioning.
9. Ongoing observations are conducted and recorded to better understand each child.
   a) For example, assessments and observations might reveal students needing extra support, assistance, or attention, of which the teachers should be aware.
   b) Using the data from observations and assessments, the teachers decide which strategies are best for individual children.
   c) Teachers provide a variety of learning opportunities based on their knowledge of children and children’s different areas of interest.
   d) Teachers design strategies to enhance common needs and to support learning, development, social skills, literacy, and language.
   e) This data is kept confidential in the child files.
10. The ECD Manager monitors teacher implementation of the child assessment progress on an ongoing basis.
11. See also Policy # DS1001, Disability Coordinator and Education Manager Coordination.

**Related Regulations:** 1308.6 d; 1304.21 c 2

| **Related Review Questions:** DS2A  ECD3.4 |
Policy ID: ECD1027

Subject: Ongoing Monitoring of Education and Early Childhood Development Services

Performance Objective: The grantee has established and implemented procedures for ongoing monitoring of education and early childhood development services at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of education and early childhood development services at the grantee and delegate level to ensure effective implementation of Federal regulations:

   a) When problems or weaknesses in the program’s education and early childhood development services are detected, the education staff notifies appropriate personnel and suggests corrective actions.
   b) When problems or weaknesses in the program’s education and early childhood development services are identified, the supervisor/manager is responsible for documenting them and reporting to Child Health and Education Director.
   c) Documentation of identified education and early childhood development service problems or weaknesses is kept in the Health/Intervention Service Plan.
   d) All personnel are directed to report safety issues or concerns whenever they are apparent to the appropriate supervisor.

2. Education and Early Childhood Development monitoring measures, tools, instruments, materials, etc. include:
   a) ESI
   b) DECA
   c) TEACHING STRATEGIES GOLD

3. The program analyzes and documents progress toward achieving EECD services goals and complying with performance requirements by monitoring outcomes aligned with the Head Start Child Development and Early Learning Framework.

Related Regulations: 1304.51 i 2

Related Review Question/s: EC6A PDM6.1
OHIO HEARTLAND COMMUNITY ACTION COMMISSION
HEAD START SERVICE PLANS AND POLICIES

Program Design and Management
**Head Start Program Policies and Procedures**

**FY 2011 Monitoring Protocol: Program Design and Management**

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<tr>
<th>Q. ID: Compliance Indicators:</th>
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<th>Related Policies:</th>
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<tbody>
<tr>
<td>Program Design and Management Compliance Framework #1 - Program Governance: Structure</td>
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</table>

**PDM1** The grantee ensures program integrity and oversight of quality services to children and families and supports appropriate decisions related to program design and implementation by establishing and maintaining formal and effective program governance.

Notes: (1) Exceptions shall be made to the requirements of clauses (i) to (iv) for members of a governing body when those members oversee a public entity and are selected to their positions with the public entity by public selection or political appointment. (2) If a Head Start agency is unable to include members for any of the first three categories above, the governing body must obtain the services of a consultant or other individual with the required background and expertise to work with the governing body instead.

1.1 The grantee has a governing body composed of:

- At least 1 member with background and expertise in accounting or fiscal management.
- At least 1 member with background and expertise in early childhood education and development.
- At least 1 member who is a licensed attorney
- Additional members who reflect the community and include parents of formerly or currently enrolled Head Start/EHS children and
- Other members selected for their expertise in education, business administration or community affairs.

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**Pre-Site: Governing Body Membership Roster**

* What is the total number of governing body members serving on the board?
* If the board has additional members, how are the additional members of the board reflective of the community?
* Is at least one member of the board a parent of a child currently or formerly enrolled in the Head Start program?
* Review the Governing Body Membership Roster and identify which members have the required background and expertise. Identify the name, title and experience/qualifications of required Governing Body members. If no member meets one of the criteria, indicate whether the required expertise is met through a consultant agreement.

**Interview: Governing Body Members (Composition)**

* Ask the governing body member whether the required expertise (that was missing among the governing body’s members) is met through a consultant agreement, then determine whether the consultant meets the requirements.
* Determine whether a member is a parent of a child currently or formerly enrolled in the program.

1.2 The program has established a Policy council or Policy Committee (delegate agency) as early in the year as possible, in accordance with Head Start requirements, which is comprised of a majority of parents and which is responsible for the Head Start program’s direction, program design, operation and goal planning.

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**Pre-Site: Policy Council Membership Roster**

* Review the Policy Council or Policy Committee membership roster to determine whether at least 51 percent of the membership is comprised of parents of children currently enrolled in the program and whether all other members are drawn from the community served by the Head Start agency, including any delegate agency. Membership may include parents of formerly enrolled children.

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**Head Start Program Policies and Procedures**

<table>
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<th>FY 2011 Monitoring Protocol: <strong>Program Design and Management</strong></th>
<th>Related Regulations:</th>
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<tbody>
<tr>
<td>Q. ID: Compliance Indicators:</td>
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<tr>
<td><strong>Interview: Policy Council or Policy Committee Member (Composition)</strong></td>
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<tr>
<td>* Does the program have an active Policy Council (or Policy Committee)? At what point in the year was it established? How often do they meet?</td>
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<tr>
<td><strong>Interview: Policy Council or Policy Committee Member (Policy Council and Policy Committee Member Responsibilities)</strong></td>
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<tr>
<td>* Can you describe some of the activities and decisions the Policy Council makes regarding planning for the Head Start program, such as selecting program options, making policies for operating the program, or planning goals? How do you help the Head Start program decide what it is going to do to help children and families?</td>
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<tr>
<td><strong>1.3 Parent Committees are established at the center level as early in the program year as possible and are comprised exclusively of the parents of children currently enrolled in the program. If option is other than center-based, an equivalent parent group or groups must represent parents at the local level.</strong></td>
<td><strong>1304.50 a 1 iii</strong></td>
<td><strong>PDM1007</strong></td>
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<tr>
<td><strong>Pre-Site: Policy Council Membership Roster</strong></td>
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<tr>
<td>* Does a review of the documents validate that Parent Committees, comprised exclusively of parents, are established at the local level as early in the program year as possible?</td>
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<tr>
<td>* Have all centers or other program options established parent committees? How many are there? Who are the members? When are they formed? What do they do?</td>
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</table>

**Program Design and Management Compliance Framework #2 - Program Governance: Policies and Training**

**PDM2** The grantee ensures that the Governing Body and Policy Council (or Policy Committee) maintain policies regarding conflict of interest, compensation and reimbursement and receive appropriate training and technical assistance to support program oversight and decision making.

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<thead>
<tr>
<th><strong>2.1 Members of the Governing Body and Policy Council</strong></th>
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<th><strong>PDM1001</strong></th>
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<tr>
<td>* Members of the Governing Body and Policy Council receive appropriate training and technical assistance to assure members understand information they receive and can provide effective oversight and make appropriate decisions.</td>
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<td><strong>Interview: Governing Body Members and Policy Council or Policy Committee Member (Training)</strong></td>
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<tr>
<td>* Describe the training that you received and whether you feel it was appropriate to allow you to be effective in your role? When did you receive training and where is it documented?</td>
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<tr>
<th><strong>2.2 Policy Council and Policy Committee members</strong></th>
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<th><strong>PDM1009 (PDM1013)</strong></th>
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<tr>
<td>* Policy Council and Policy Committee members are supported by the program in fulfilling their governance responsibilities by receiving reasonable reimbursement of their expenses for participation.</td>
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<tr>
<td><strong>Interview: Policy Council or Policy Committee Member (Conflict of Interest)</strong></td>
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<tr>
<td>* Do parents receive reimbursement for reasonable expenses to participate fully as a Policy Council member?</td>
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<tr>
<th><strong>2.3 Members of the Governing Board and Policy Council</strong></th>
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<th><strong>1304.50 b 6</strong></th>
<th><strong>642 c 1 C i</strong></th>
<th><strong>642 c 1 C ii</strong></th>
<th><strong>642 c 1 C iii</strong></th>
<th><strong>642 c 1 C iv</strong></th>
<th><strong>PDM1009</strong></th>
<th><strong>PDM1009</strong></th>
<th><strong>PDM1009; PDM1007a</strong></th>
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<tr>
<td>* Members of the Governing Board and Policy Council are free from financial or other conflict of interest with the Head Start/Early Head Start agency and do not receive compensation for serving on these bodies. Note: In determining if governing body members and members of their immediate families are free of financial or other conflict of interest, consider that they:</td>
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<td>(1) Are not employees of the program, or related to employees, and not vendors to the grantees or delegate;</td>
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<td>(2) Have no financial conflict of interest with the grantee (including a delegate agency);</td>
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<td>(3) Receive no compensation for serving on the governing body or for providing</td>
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<td>services to the grantee; and (4) Operate as an entity independent of staff employed by the grantee (e.g., are not influenced by the staff of the grantee.)</td>
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<td><strong>Interview: Policy Council or Policy Committee Member (Conflict of Interest)</strong></td>
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<td>* Are you or any member of your immediate family an employee of the grantee or delegate or related to an employee of the grantee or delegate?</td>
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<tr>
<td>* Do you receive compensation for serving on the Policy Council or Policy Committee or for providing services to the Head Start agency?</td>
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<td><strong>Document Review: IRS Forms/Documentation</strong></td>
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<tr>
<td>* Review W-2 Statements and IRS Form 1099’s to determine if the grantee paid wages or made payments as an independent contractor to a member of the governing body.</td>
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<td><strong>Document Review: Governing Body By-Laws or Procedures</strong></td>
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<td>* Does review of Governing Body By-Laws or Governing Body procedures verify that members can have no financial conflict of interest with the Head Start or Early Head Start program, including members not being able to receive compensation for membership or services to the program and not being employed by the program?</td>
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<td><strong>Document Review: Policy Council By-Laws or Procedures</strong></td>
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<tr>
<td>* Does review of Policy Council By-Laws or Policy Council procedures verify that members can have no conflict of interest with the Head Start or Early Head Start program including members not being able to receive compensation for serving on Policy Council or providing services to the program and not being regularly employed by the program.</td>
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<tr>
<td><strong>Interview: Governing Body Members (Conflict of Interest)</strong></td>
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<td>* Are you, or any member of your immediate family, employed by the grantee or delegate agency?</td>
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<td>* Do you receive compensation for serving on the Governing Body or for providing services to the Head Start agency?</td>
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**Program Design and Management Compliance Framework #3 - Program Governance: Duties and Responsibilities**

**PDM3** The Governing Body and Policy Council (and/or Policy Committee) are actively engaged in informed decision making, ensuring program integrity and fully participating in the development, planning and monitoring of the Head Start and/or Early Head Start program.

3.1 The Governing Body performs required activities and makes decisions pertaining to program administration and operations.

Pre-Site: Governing Body Meeting Minutes

* Review the governing body meeting minutes or other documents as needed to determine if there is evidence that the governing body conducted each of the following required activities:
  - Selected delegate agencies, as appropriate
  - Established procedures and criteria for recruiting, selecting and enrolling children
  - Developed procedures for selecting Policy Council members, and
  - Reviewed applications for funding and amendments to applications for funding.
### FY 2011 Monitoring Protocol: **Program Design and Management**

<table>
<thead>
<tr>
<th>Q. ID: Compliance Indicators:</th>
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<tr>
<td>Describe how and when each of the activities listed above occurred.</td>
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<tr>
<td><strong>Document Review: Standards of Conduct</strong></td>
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<tr>
<td>* Have written standards of conduct been established and approved for disclosing, addressing, and resolving complaints, including investigations? How often are these standards updated?</td>
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<tr>
<td><strong>Interview: Governing Body Members (Governing Body Responsibilities)</strong></td>
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<tr>
<td>* How are you involved in making decisions pertaining to program administration and operations? Can you describe some of the activities and decisions the Governing Body makes to ensure effective program operations?</td>
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<tr>
<td>* How and when does the governing body review applications for funding and amendments to applications for funding?</td>
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<tr>
<td>* What procedures has the governing body developed for selecting Policy Council members?</td>
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<tr>
<td>* How does the governing body select delegate agencies?</td>
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<tr>
<td>* How does the governing body establish procedures and criteria for recruiting, selecting, and enrolling children?</td>
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#### 3.2 The Governing Body approves financial management, accounting and reporting policies.

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<td>(PDM1004)</td>
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**Pre-Site: Governing Body Meeting Minutes**

* Review the governing body meeting minutes or other documents as needed and indicate whether each of the following documents, policies or procedures was reviewed and approved.

- Annual Self Assessment
- Financial audit
- Program's progress in carrying out the grant application provisions, including implementation of corrective actions
- Personnel policies regarding hiring, evaluation, termination, and compensation
- Policies and procedures regarding hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Financial Officer, or other person in an equivalent position
- Results from monitoring, including appropriate follow-up activities
- Grantee’s major financial expenditures
- Grantee’s annual operating budget
- Selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who report all critical accounting policies and practices to the governing body
- Monitoring of the agency's actions to correct audit findings and monitoring of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices

**Interview: Governing Body Members (Governing Body Responsibilities)**

* In your role of overseeing and safeguarding federal funds, what is the governing body’s process for approving the operating budget, financial expenditures, selecting independent auditors and monitoring the programs actions for correcting
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<td><strong>Q. ID: Compliance Indicators:</strong></td>
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<tr>
<td><strong>3.3</strong> The governing body reviews and approves all major policies of the grantee.</td>
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<td>PDM1007; PDM1012</td>
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<tr>
<td><strong>Interview: Governing Body Members (Governing Body Responsibilities)</strong></td>
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<tr>
<td>* Can you describe the process of reviewing and approving the program's progress in carrying out the grant application provisions?</td>
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<tr>
<td>* How do you review and approve personnel policies regarding hiring, evaluation, compensation, and termination of employees? Additionally, how are such policies reviewed and approved for the Executive Director, Head Start Director, Director of Human Resources, and Chief Financial Officer or any other person in an equivalent position with the agency?</td>
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<tr>
<td>* How are the results from federal monitoring shared with you, including appropriate follow-up activities?</td>
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<tr>
<td>* Describe the process for reviewing and approving the annual Self Assessment.</td>
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<tr>
<td><strong>3.4</strong> Policy Council (or Policy Committee) approves and submits to the governing body decisions about identified program activities.</td>
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<tr>
<td><strong>Pre-Site: Policy Council Meeting Minutes</strong></td>
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<tr>
<td>* Review Policy Council Meeting Minutes. Did the Policy Council/Committee approve and submit to the governing body decisions about each of the following activities:</td>
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<tr>
<td>- Program recruitment, selection, and enrollment priorities</td>
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<td>- By-laws for Policy Council operation</td>
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<td>- Applications for funding and amendments to applications for funding for programs before application submission</td>
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<td>- Budget planning for program expenditures, including policies for reimbursement and participation in Policy Council activities</td>
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<td>- Program personnel policies and decisions regarding employment of all program staff, including standards of conduct for program staff, contractors, and volunteers and criteria for employment and dismissal of program staff</td>
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<td>- Developing procedures for electing Policy Council member</td>
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<tr>
<td>- Recommendations for selecting program agencies and service areas for such agencies</td>
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<tr>
<td><strong>Interview: Policy Council or Policy Committee Member (Policy Council and Policy Committee Member Responsibilities)</strong></td>
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<td>* How has the Policy Council/Committee approved and submitted to the governing body decisions about each of the following activities:</td>
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</table>
## FY 2011 Monitoring Protocol: Program Design and Management

**Q. ID:** Compliance Indicators:

- Program recruitment, selection, and enrollment priorities
- By-laws for Policy Council operation
- Applications for funding and amendments to applications for funding for programs before application submission
- Budget planning for program expenditures, including policies for reimbursement and participation in policy council activities
- Program personnel policies and decisions regarding employment of all 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 electing policy council members
- Recommendations on the selection of program agencies and service areas for such agencies

---

### Program Design and Management Compliance Framework #4 - Program Governance: Reporting to Governance Groups

**PDM4** The Governing Body and Policy Council (and/or Policy Committee) regularly receive and use reports about program planning, policies, operations and finances to assist them in program oversight and decision making.

4.1 Governing Body and Policy Council (or Policy Committee) members regularly receive and use the following information or reports about program planning, policies and agency operations:

- Monthly financial statements, including credit card expenditures
- Monthly program information summaries
- Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency
- Monthly reports of meals and snacks provided through USDA programs
- Financial audit
- Annual Self Assessment, including findings related to such assessment
- Community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates
- Communication and guidance from the Secretary
- Annual Program Information Reports

### Interview: Policy Council or Policy Committee Member (Reporting)

* What financial and program operations reports do you receive? How and when do you receive them?  *See also FM2B*

* What information do these reports include? Are they clear and understandable? If you have questions on the report, who answers your questions?  *See also FM2B*

* How do the reports help you monitor the program's performance and progress?  *See also FM2B*

### Interview: Governing Body Members (Reporting)

* What financial and program operations reports do you receive? How and when do you receive them?  *See also FM2B*

* What information do these reports include? Are they clear and understandable? If you have questions on the report, who answers your questions?  *See also FM2B*

* How do the reports help you monitor the program's performance and progress?  *See also FM2B*

* How do you determine that credit card expenditures reflect costs that are necessary and reasonable for program operations?  *See also FM2B*

### Document Review: Governing Body and Policy Council Reports

* Before conducting your interviews, review a sample of reports provided to the
### FY 2011 Monitoring Protocol: **Program Design and Management**

**Q. ID: Compliance Indicators:**

- Governing Body and Policy Council. Are reports received on a regular schedule? Do reports contain sufficient information to assist these bodies in fulfilling their monitoring and decision making responsibilities? Make note of any concerns regarding regularity, report content, etc.
  - Monthly financial statements, including credit card expenditures
  - Monthly program information ongoing monitoring summaries
  - Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency
  - Monthly reports of meals and snacks provided through Department of Agriculture programs
  - Financial audit
  - Annual Self Assessment, including findings related to such assessment
  - Community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates
  - Communication and guidance from the Secretary
  - Annual Program Information Reports (PIR)

**Summary Analysis: Program Governance**

* Has the governing body fulfilled its major responsibilities, including legal and fiscal administration and oversight; ensuring active, independent and informed governance; and ensuring compliance with applicable laws and regulations? Summarize the governing body's ability to fulfill its major responsibilities and ensure program integrity. In preparing this summary, consider your analysis of the governing body’s effectiveness with respect to each of the following:
  - Training and technical assistance
  - Reporting
  - Activities to support program administration and implementation
  - Approval of all major policies
  - Approval of financial management, accounting, and reporting policies

Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

---

### Program Design and Management Compliance Framework #5 - Program Planning

**PDM5** The Grantee has developed a process for systematic program planning which leads to the development and implementation of quality services that meet the needs of children and families in the community it serves.

**5.1** The grantee (and delegate) in consultation with staff, governing bodies, policy groups, and other community organizations routinely engages in a process of systematic planning which utilizes the results of the Community Assessment and Self Assessment and other information, and leads to the development of long and short term goals for improvement and written plans for service implementation.

**Interview: ERSEA Coordinator (Community Assessment and Program Planning)**

* Describe how information from the annual self assessment is incorporated into your ERSEA planning and implementation.
* Describe how information from the community assessment (and its updates) is incorporated into your ERSEA planning and implementation.

**Pre-Site: Service Plans and Program Plans**

* Has the program developed plans for implementing services in each of the program areas (ECD, Health and Nutrition, FCS, Disabilities, and PDM including ERSEA) which have been reviewed and approved by Policy Council at least

<p>| 1304.51 a 1 | PDM1015 |
| 1304.51 a 1 ii | PDM1015; CO01 |
| 1304.51 a 1 iii | PDM1015; PDM1015c; CO01 |
| 1304.51 a 2 | PDM1015 |</p>
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<td>annually? If so, note which areas have approved implementation plans.</td>
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<tr>
<td><strong>Summary Analysis: Program Planning</strong></td>
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<tr>
<td>* Summarize whether the program has a systematic, ongoing program planning process that uses data from the community assessment, Self-Assessment and child outcomes data. Clearly describe the planning system and any strengths or weaknesses that were discovered in the system during the review. Collaborate with other team members to fully understand how the program develops plans, including the types of options that would best serve children in your service area, and follows-up on their plans and goals. Review the following information:</td>
<td>641A g 1</td>
<td>PDM1014</td>
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<tr>
<td>- Planning summaries provided by reviewers for each service area;</td>
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<td>CO01; PDM1014</td>
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<td>- Responses to interviews conducted by service area reviewers that focus on how program staff incorporate information from the Community Assessment into program planning and implementation</td>
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<tr>
<td>- Responses to interviews conducted by service area reviewers that focus on how program staff incorporate information from the Self-Assessment into program planning and implementation</td>
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<td>- Your own analysis of the extent to which the program uses its Community Assessment and Self-Assessment for program planning, including updating the plans based on changing community needs and program options.</td>
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<td>- Your responses to the previous program planning compliance indicators in this protocol section</td>
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<td>- The Onsite Analysis Matrix which provides an overview of the program’s planning system</td>
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<tr>
<td>- Responses to interviews with Head Start Director and Policy Council or Committee</td>
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<tr>
<td>- Information related to the use of Child Outcomes Data Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.</td>
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<tr>
<td><strong>5.2</strong> At least annually, the program conducts a Self Assessment of program effectiveness which assesses progress in meeting local program goals and objectives, evaluates program compliance with Federal requirements and results in improvement plans that are approved by the Governing Body and submitted to OHS.</td>
<td>641A g 1</td>
<td>PDM1014</td>
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<tr>
<td><strong>Interview: Head Start/Early Head Start Director (Community Assessment and Program Planning)</strong></td>
<td>1304.51 i 1</td>
<td>CO01; PDM1014</td>
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<td>* Describe how the program develops its goals to respond to community needs, and then revises those goals as appropriate to respond to changes in the community.</td>
<td>641A g 2 B</td>
<td>PDM1014</td>
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<tr>
<td><strong>Interview: Head Start/Early Head Start Director and Policy Council or Policy Committee Member (Self Assessment and Program Planning)</strong></td>
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<td>* Describe your process and timeframe for conducting the annual Self Assessment. Who is involved in planning and conducting the self assessment and what is the role of the Board and Policy Council?</td>
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<td><strong>Interview: Head Start/Early Head Start Director (Self Assessment and Program Planning)</strong></td>
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<tr>
<td>* As a result of the Self Assessment, what actions are taken when instances of noncompliance with Federal requirements are discovered? How are plans for improvement developed?</td>
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**FY 2011 Monitoring Protocol: Program Design and Management**

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|        | * Describe how the program reviews and revises its goals to address the outcomes of the annual Self Assessment. Can you share an example of changes to program goals based on the Self Assessment?  
* Can you show me a goal or several goals that are a result of the use of child outcomes information in the self assessment and are targeted toward improving school readiness? |

**Pre-Site: Self Assessment and Program Planning**

* List the dates of the last two Self Assessment reports.  
* Was the Self Assessment conducted with the consultation and participation of the Policy Council, Policy Committee (as applicable), and other community members (as appropriate)?  
* Has the program used its Self Assessment to determine regulatory compliance, program effectiveness and progress in meeting its goals?  
* Summarize the areas out of compliance and strengths the grantee identified in its most recent annual Self Assessment. In your summary:  
  - Summarize the Self Assessment’s findings, including both areas out of compliance and strengths; and  
  - Describe whether the program has made corrections to address areas out of compliance that it identified in its Self Assessment.  
* Has the agency developed and submitted an improvement plan to the Office of Head Start, approved by the agency's governing body, designed to strengthen weaknesses identified through its Self Assessment? |

**5.3** The program uses a Community Assessment process to collect and assess information regarding community strengths, needs and gaps in services, and to formulate goals and objectives on how to best serve young children and families in the program’s service area.

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<td>1305.3 e</td>
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**Interview: Head Start/Early Head Start Director (Community Assessment and Program Planning)**

* Explain how the information contained in the Community Assessment is used in program planning and implementation, including selection of program options. |

**Pre-Site: Community Assessment**

* After review of the Community Assessment, summarize the general make-up of the Head Start community the program serves. Note important demographic information that later will help you determine whether the grantee has used the Community Assessment to formulate long- and short-term goals, such as location of centers, types of services offered to parents, and with which community partners they collaborate.  
* List the date of the most recent Community Assessment.  
* List the date of the most recent update to the Community Assessment. |

**5.4** Based on the Community Assessment and other information, the program operates one or more of the approved program options in accordance with

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### FY 2011 Monitoring Protocol: **Program Design and Management**

**Q. ID:** Compliance Indicators:

applicable regulations.

Note: The 2007 Head Start Act refers to the Community Assessment as a community-wide strategic planning and needs assessment.

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**Interview: ERSEA Coordinator (Community Assessment and Program Planning)**

* Describe how the program determined the types of program options to offer and what information guided these decisions.

**Pre-Site: Service Plans and Program Plans**

* If the program operates a combination option, does it provide an acceptable combination of minimum number of class sessions and home visits over a period of 8 months to 12 months?
* If the program operates a home-based option, does it provide 1 home visit per week per family (a minimum of 32 home visits per year), lasting a minimum of 1½ hours each, as well as provide 2 group socialization activities per month for each child (a minimum of 16 group socialization activities per year)? ** Applies To: Home-based programs**
* If the program operates a home-based option for Early Head Start, does it provide the required minimum weekly home visits (average of 90 minutes each in most cases) and monthly group socializations for the number of weeks of operation as approved in the grant? ** Applies To: Home-based programs serving infants and toddlers**
* If the program operates a center-based program, does it ensure that it provides the required number of hours or days of operation? ** Applies To: Center-based programs**
* If the program operates an alternate program variation, can it demonstrate ACF approval?
* If the program operates a family child care option, does it operate a sufficient number of hours to meet the child care needs of the families? ** Applies To: Family child care programs**
* Review the long and short term goals and objectives the program intends to achieve and the strategies that the program plans to use to accomplish them. Can you link these goals to either Community Assessment or Self Assessment information? Summarize or list a sample of goals that result from Self Assessment information, (including ongoing monitoring) and Community Assessment data as applicable.

**Summary Analysis: Program Planning**

* Summarize whether the program has a systematic, ongoing program planning process that uses data from the community assessment, Self-Assessment and child outcomes data. Clearly describe the planning system and any strengths or weaknesses that were discovered in the system during the review. Collaborate with other team members to fully understand how the program develops plans, including the types of options that would best serve children in your service area, and follow-up on their plans and goals. Review the following information:
  - Planning summaries provided by reviewers for each service area;
  - Responses to interviews conducted by service area reviewers that focus on how program staff incorporate information from the Community Assessment into
Head Start Program Policies and Procedures

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Interview: Head Start/Early Head Start Director (Community Assessment and Program Planning)

* Explain how the information contained in the Community Assessment is used in program planning and implementation, including selection of program options.

Document Review: Regional Office Correspondence

* Service reviewer observations of program options were inconsistent with the program options described in the approved refunding application. Did the grantee obtain prior written approval from the Regional Office for the observed program options?

Document Review: Grant Application Budget Instrument (GABI)

* Are the program options described in the approved refunding application consistent with options observed by the service area reviewers?

Program Design and Management Compliance Framework #6 - Ongoing Monitoring

PDM6 The program establishes and implements a process of ongoing monitoring of its operations and services that includes:

(1) using measures, tools, or procedures to implement the system of ongoing monitoring;

(2) assigning staff or consultants to the ongoing monitoring of each service;

(3) collecting, analyzing and reporting on the program’s progress towards its own goals for quality; and

(4) following-up on and correcting any weaknesses identified through the self assessment or findings identified through monitoring.

6.1 The program establishes and regularly implements a process of ongoing monitoring of its operations and services in order to ensure compliance, adherence to its own program procedures, and progress towards its own goals for quality.

Interview: Head Start/Early Head Start Director (Ongoing Monitoring and Oversight)

* Describe your program’s system for monitoring the delivery of the program's services and the program's compliance with all Federal regulations. Walk me through how you use the monitoring system to ensure compliance and quality performance of the staff and the services.

* Discuss the kinds of tools, tracking documents, reports, and other materials that are systematically used in implementing the ongoing monitoring of program

1304.51 i 2 ER1005; HL1014; NS1006; SE1006; TR1014; DS1010; MH1005; FCS1017; ECD1027; PDM1014; PDM1016;
### FY 2011 Monitoring Protocol: **Program Design and Management**

#### Q. ID: Compliance Indicators:

**services. How are you informed of areas of concern, strengths and ensured that follow-up has occurred in all areas of the program? Can you provide some examples? Reviewer’s written response must indicate:**

- How the program detect problems or weaknesses
- How the program ensures that staff monitor the delivery of services effectively within their areas.

* How often and what process do you use to receive ongoing status reports that capture the program's progress in meeting its goals and objectives? How do you use the information from these reports to improve program quality and make necessary corrections?*

**Pre-Site: Self Assessment and Program Planning**

* Examine the program’s monitoring plan or procedures and describe the methodology for ongoing monitoring of program services (e.g., strategies for monitoring, tools used to monitor, timeframes and responsibilities of staff). Make notes of what areas are monitored. How is follow-up reflected?*

**Summary Analysis: Ongoing Monitoring**

* Summarize how the program has established and implemented procedures for ongoing monitoring. Review the following information, as well as additional information you find relevant to addressing this compliance indicator:

- Ongoing monitoring summary analyses provided by reviewers for each service area. You also can examine reviewer responses to each service area’s interview review questions for ongoing monitoring. This information contributed to each service area summary analysis; however, reviewing the detailed responses might be useful to you.
- Information gleaned through your interview with the Head Start or Early Head Start Director.
- Your review of the Onsite Analysis Matrix to analyze whether strengths or concerns identified within a single service area or across service areas reflect a strength or weakness in the program’s ongoing monitoring process. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.*

**Document Review: PDM Policies and Procedures**

* Review the program's policies and procedures for the various service areas. Describe whether EHS is integrated into these policies and procedures.*

**6.2 The grantee establishes procedures and conducts an evaluation of their delegate agency (agencies) to ensure compliance and quality of program operations, informs the delegate(s) of the results and takes action to correct any deficiencies.**

* Review and describe the procedures that the grantee has established to evaluate the compliance and quality of their delegate agency’s operations. Do procedures address:

- Evaluation methods?
- Procedures for defunding the delegate agency?
- Procedures for delegate agency appeal process?
- How delegate(s) are informed of any deficiencies identified that need to be corrected?*
### FY 2011 Monitoring Protocol: Program Design and Management

#### Q. ID: Compliance Indicators:

- Actions that the grantee may take to remedy corrective actions?

**Interview: Head Start/Early Head Start Director (Ongoing Monitoring-Delegates)**

* Does the grantee inform delegate governing bodies promptly of deficiencies identified in monitoring review? If deficiencies are identified, describe the process for how the grantee works with the delegate(s) to set priorities and establish schedules for addressing those areas of deficiency in delegate operations. **Applies To: Grantees with delegates**

* Describe the procedures that the grantee has established for evaluating the delegate agency (agencies). How often does the grantee monitor delegate operations and how does this occur? Who is responsible for determining if deficiencies occur and monitor that corrections are made? If deficiencies are not corrected, what procedures are in place to ensure correction? **Applies To: Grantees with delegates**

#### Program Design and Management Compliance Framework #7 - Record Keeping

**PDM7** The program establishes and maintains record keeping systems that are accurate, effective and safeguard client privacy and that assure appropriate individualization of program activities, document the delivery of quality services and ensure compliance with federal (and other jurisdiction) regulations.

7.1 The program establishes and maintains a record-keeping system that provides accurate and timely information regarding children, families, and staff and ensures appropriate confidentiality of this information.

**Interview: Head Start/Early Head Start Director (Record-Keeping)**

* What system does your program use to ensure that your program’s records are timely, up to date, and accurate? In your response please also describe:
  - What you do if you discover that records are not accurate, incomplete or missing; and
  - Your system for auditing records such as child, family or staff files, including how and when this occurs.

* Are provisions in place for reconstructing data files in case of catastrophe?

**Summary Analysis: Record-Keeping**

* Summarize whether the program has an effective system that maintains up to date and accurate information on children, families and staff. Review the following information, which will automatically populate under this compliance indicator:
  - Record-keeping System summaries provided by reviewers for each service area; and
  - Information gleaned through your interview with the Head Start Director. Also review:
    - The Onsite Analysis Matrix which provides an overview of the program’s staff-to-parent communication system; and
    - Additional information you find relevant to addressing this compliance indicator. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

#### Program Design and Management Compliance Framework #8 - Reporting

**PDM8** The program establishes and implements reporting systems that are accurate, efficient and meet required time schedules in order to inform effective planning and to assure the quality and timeliness of program...
services and compliance with federal (and other jurisdiction) regulations.

8.1 Periodic reports of financial status and program operations are provided to program governing bodies, policy groups, and staff to advise them in planning and decision making, to monitor program quality and to maintain program accountability.

Interview: Head Start/Early Head Start Director (Reporting)
* What financial and programmatic reports do you receive? How often do you receive the reports and how do you use them? See also FM2B
* What information do the reports you receive include? Discuss your review of copies of reports received by the Head Start director. Are they clear and comprehensive? Are they received on a consistent basis? Do they contain information that assists the director, in monitoring program quality and compliance? See also FM2B
* What other reports do you receive? How do the reports you receive help you keep track of the program's performance and progress towards program goals? See also FM2B

Summary Analysis: Reporting
* Summarize whether the program has an effective system for reporting on its program operations and financial status. Review:
  - The Onsite Analysis Matrix which provides an overview of the program’s reporting system; and
  - Any additional information you find relevant to addressing this compliance indicator. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

Document Review: Director Reports
* Review staff management team/coordinator reports that are submitted to the Head Start/Early Head Start Director on a regular basis. Do these reports contain information that assists the Director in monitoring and obtaining information of key areas of services to children and families? Are they submitted with enough regularity to assure that the director is obtaining adequate information on the timeliness, compliance and quality of services and any problems that exist?

8.2 The program publishes and makes available to the public an annual report.

Interview: Head Start/Early Head Start Director (Reporting)
* When do you publish an annual report available to the public? How is the report developed and made available to the public (your community)?

Document Review: Annual Report to the Public
* Does the grantee develop and make available an annual report to the public?

Program Design and Management Compliance Framework #9 - Communication

PDM9 The program develops a system for ongoing communication that ensures an optimum exchange of information to and from staff, parents, community members, governance groups, and delegates through a system of ongoing communication which offers maximum transparency, supports efficiency of program operations, and promotes involvement in decision making.

9.1 The program has mechanisms for regular communication among all program staff to facilitate high-quality outcomes for children and families.
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<td></td>
<td>* How do staff share information across service areas to ensure that the program effectively meets children’s needs?</td>
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<td></td>
<td>Interview: Head Start/Early Head Start Director (Communication)</td>
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<td>* How do you communicate policy or operational changes made by the Board, Policy Council, and staff to all staff and parents? Give specific examples.</td>
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<td>Interview: FCP Coordinator (Communication)</td>
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<td>* Describe the system of communication between classroom staff and family services staff. What strategies are in place to ensure that classroom needs of children are shared with family services staff and families?</td>
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<td>Interview: FCP Coordinator (Communication)</td>
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<td>* What is the process used to communicate information given to you by parents and family members to appropriate family services or other staff persons who need to be aware of this information? How do you document this communication?</td>
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<td>Interview: Teacher (Communication)</td>
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<td>* How do you learn about policy changes or changes in the operations of the program?</td>
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<td>Interview: ECD Coordinator (Staff Coordination)</td>
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<td>* How do teachers communicate with other service area staff to ensure children’s needs are met in the classroom? How do you know that your teachers and other staff have effectively communicated with each and that children’s needs have been met?</td>
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<td>Summary Analysis: Communication</td>
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<td>* Summarize whether the program has established effective communications:</td>
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<td></td>
<td>- Between program staff in different service areas</td>
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<td>- Between program staff and parents/families. Review the following information:</td>
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<td></td>
<td>- Staff and parent/family communication summaries provided by reviewers for each service area; and</td>
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<td>- Responses to interview questions regarding communication systems from various service areas. Also review the:</td>
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<td>- The Onsite Analysis Matrix which provides an overview of the program’s staff-to-staff communication system; and</td>
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<td>- Additional information you find relevant to addressing this compliance indicator. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.</td>
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**9.2** Effective two-way communication between staff, parents and families is carried out regularly throughout the Head Start program year, including communication with parents who speak a language other than English.

|       | Interview: Head Start/Early Head Start Director (Communication) | | |
|       | * How do you communicate policy or operational changes made by the Board, Policy Council, and staff to all staff and parents? Give specific examples. | | |
|       | Interview: FCP Coordinator (Communication) | | |
|       | * Describe the system of communication between classroom staff and family services staff. What strategies are in place to ensure that classroom needs of children are shared with family services staff and families? | | |
|       | Interview: FCP Coordinator (Communication) | | |
|       | * Describe the various ways that the program communicates in an ongoing way | | |

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1304.51 c 2  
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### FY 2011 Monitoring Protocol: Program Design and Management

#### Q. ID: Compliance Indicators:

with parents and families, both verbally and in print. Can you show me examples or documentation of some of the ways you communicate with parents (e.g., newsletters, phone contact logs, parent flyers, reports to parent meetings, etc.)? Describe how communication would occur if the parent or family members spoke a language other than English.

#### Summary Analysis: Communication

* Summarize whether the program has established effective communications:
  * Between program staff in different service areas
  * Between program staff and parents/families. Review the following information:
  * Staff and parent/family communication summaries provided by reviewers for each service area; and
  * Responses to interview questions regarding communication systems from various service areas. Also review the:
  * The Onsite Analysis Matrix which provides an overview of the program’s staff-to-staff communication system; and
  * Additional information you find relevant to addressing this compliance indicator. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

#### Interview: Parent (Parent Involvement)

* Do the Head Start/Early Head Start program staff communicate with you throughout the year? In what ways?
* How are you made aware of information about what is happening in your child’s classroom? About what is happening at Policy Council? About program activities for your family or your child? If you want information about what is happening in the program who would you contact?
* Are you aware of how the program tries to communicate with families that speak a language other than English?

9.3 The communication system supports effective decision making among staff, policy council and the Board of Directors.

#### Interview: Head Start/Early Head Start Director (Communication)

* Describe the program’s system of communication between Governing Body and Policy Council Groups? What is your role in ensuring this communication is timely, accurate and supports optimum decision making?

#### Interview: Governing Body Members and Policy Council or Policy Committee Member (Communication)

* Describe how you obtain timely and accurate information to assist in your decision making, including:
  * Communications from the Office of Head Start
  * Program planning information
  * Program and financial reports
  * Program plans, polices, procedures and grant applications

9.4 Communication between grantee and delegate agencies ensures timely transfer of pertinent information including correspondence, regulations and policies from funding agencies.

#### Interview: Head Start/Early Head Start Director (Communication)

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<tr>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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<tbody>
<tr>
<td>1304.51 d 1</td>
<td>PDM1002; PDM1003</td>
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<td>1304.51 d 2</td>
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<td>1304.51 d 3</td>
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<td>1304.51 d 4</td>
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### FY 2011 Monitoring Protocol: Program Design and Management

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<tr>
<th>Q. ID: Compliance Indicators:</th>
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<tbody>
<tr>
<td>* What procedures are in place to ensure that delegate agency staff, governing bodies and policy groups are provided with regulations, policies, and other pertinent communications in a timely manner? Can you show me these procedures and samples of communications?</td>
</tr>
</tbody>
</table>

### Program Design and Management Compliance Framework #10 - Human Resources: Staffing and Structure

**PDM10** The program maintains a well developed organizational structure of qualified staff to plan, implement, and manage program services and ensure attainment of the program’s mission and goals.

**10.1** The program establishes an organizational structure that provides for adequate supervision and supports the required program management functions to ensure the accomplishment of program goals and objectives.

**Interview: Head Start/Early Head Start Director (Organizational Structure)**

* How does the program's staffing and structure affect the program’s ability to meet its objectives? Are there vacancies that affect the program’s ability to meet its objectives?

**Pre-Site: Organizational Chart**

* Does the organizational chart include the required management functions? Document which staff people are formally assigned to and have adopted the required functions.
  - Program management (Head Start Director or Early Head Start Director)
  - Child development and education
  - Child medical and dental
  - Child mental health
  - Child nutrition
  - Services for children with disabilities
  - Management of family and community partnerships, including parent engagement activities

* Does the organizational structure provide for a separation of executive responsibilities from fiscal management? Do fiscal staff have potentially conflicting roles in managing operations outside the fiscal area? Does the organizational chart for the fiscal area reveal potential weaknesses in segregation of duties?

**10.2** The program hires staff or consultants who meet the required qualifications, knowledge, skills and experience needed to responsibly perform their assigned job duties.

**Summary Analysis: Staff Qualifications and Expertise**

* Summarize how well the program hired staff or consultants who meet the required qualifications to provide ongoing content area expertise and systematic oversight. Describe the ability of the program to meet its goals with the staff composition in place. Detail vacancies and their effect on the program to provide services and indicate any concerns that were identified in the classrooms due to unqualified teachers. Review the human resource summaries provided by other reviewers and Indicate whether there are any patterns in staffing that are of note. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

**Pre-Site: Regional Office Fiscal Form**

* Were any Regional Office concerns expressed in connection with approval of
<table>
<thead>
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<th>FY 2011 Monitoring Protocol: <strong>Program Design and Management</strong></th>
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<td>Q. ID: Compliance Indicators:</td>
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<td>key personnel?</td>
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<td>* If yes, describe the concern and any onsite follow-up expected by the Regional Office in connection with approval of key personnel.</td>
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<tr>
<td><strong>Observation: Fiscal Observations</strong></td>
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<tr>
<td>* Conduct follow up (document review, interview, etc ) to respond to the concerns in connection with in connection with approval of key personnel raised by the Regional Office. Record your answer in detail, and provide details on any documents that were provided in response to your question.</td>
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<tr>
<td><strong>Document Review: Grant Application Budget Instrument (GABI)</strong></td>
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<tr>
<td>* Review the grant application for the current award period, the organizational chart and relevant RO correspondence. For key personnel, did the Regional Office approve the hiring? Are any key personnel different than those reflected on the grant application? If so, was Regional Office approval obtained for individuals hired in these key positions? See also FM1B</td>
<td></td>
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<tr>
<td><strong>10.3</strong> The Head Start Director or Early Head Start Director is qualified for the position through demonstrated skills and abilities relevant to human services program management.</td>
<td>1304.52 c</td>
<td>PDM1035</td>
</tr>
<tr>
<td><strong>Staff Files: Head Start/Early Head Start Director (Staff Qualifications and Expertise)</strong></td>
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<tr>
<td>* Review the Head Start Director or Early Head Start Director's staff file. Summarize the Director’s training, experience, and qualifications.</td>
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<tr>
<td><strong>Interview: Head Start/Early Head Start Director (Staff Qualifications and Expertise)</strong></td>
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<tr>
<td>* Describe the qualifications, skills and experience you bring to the position of Head Start/Early Head Start Director that enable you to effectively manage the program. If a concern was identified during the review of the Head Start or Early Head Start Director's file, ask the Director to address the concern and to describe the qualifications, training, or experience that qualify the Director to direct the program?</td>
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</table>

**Program Design and Management Compliance Framework #11 - Human Resources: Developing and Implementing Personnel Policies**

**PDM11** The program develops, maintains and implements effective personnel policies, including Standards of Conduct, that establish guidelines and procedures for hiring, selecting and terminating staff, and defining policies under which employees are expected to function.

**11.1** The program develops and implements written personnel policies for staff (including Standards of Conduct and procedures), that are approved by the Governing Board and Policy Council and are available to all staff.

<p>| 1301.31 a | PP1050; PP1052; PP1060; PP1061; PP1065 |
| 1301.31 a 2 | PDM1033; PP1023; PP1067 |</p>
<table>
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<tr>
<th>FY 2011 Monitoring Protocol: <strong>Program Design and Management</strong></th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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<td>Q. ID: Compliance Indicators:</td>
<td>1301.31 a 3</td>
<td>PDM1036</td>
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<td>1301.31 a 5</td>
<td>PDM1032</td>
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<td>1304.50 d 1 ix</td>
<td>PDM1008; PP1065</td>
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<td>1304.52 i 1 ii</td>
<td>PDM1036; PP1002</td>
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<td></td>
<td>1304.52 i 1 iii</td>
<td>PDM1036</td>
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<td></td>
<td>1304.52 i 1 iv</td>
<td>PDM1036</td>
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<tr>
<td></td>
<td>1304.52 i 3</td>
<td>PDM1036</td>
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<tr>
<td><strong>Observation: Health and Safety Family Child Care Observations and Health and Safety Center-based Observations</strong></td>
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<tr>
<td>* Observe classroom or family child care settings to determine whether there are any violations of the following Standards of Conduct:</td>
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<tr>
<td>- If any child is left alone or unsupervised while under the care of Head Start or Early Head Start staff</td>
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<td>- If food is used as a punishment or reward</td>
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<td>- If there were an observable use of corporal punishment, emotional or physical abuse or humiliation to children by Head Start or Early Head Start staff</td>
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<tr>
<td><strong>Interview: Head Start/Early Head Start Director (Code of Conduct)</strong></td>
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<tr>
<td>* How are Standards of Conduct violations reported? How do your personnel policies address how to handle violations in the Standards of Conduct?</td>
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<tr>
<td><strong>Document Review: Standards of Conduct</strong></td>
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<tr>
<td>* Do the program’s Standards of Conduct ensure that all staff abide by established standards? Do the standards of conduct include all elements specified in 1304.52 i 1 i; 1304.52 i 1 ii; 1304.52 i 1 iii; and 1304.52 i 1 iv?</td>
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<tr>
<td>* Does the code of conduct address consequences for violations of these standards?</td>
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<tr>
<td><strong>Summary Analysis: Personnel Policies</strong></td>
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<tr>
<td>* Based on your findings, summarize the system the program has developed to establish and approve guidelines, policies and procedures under which employees are expected to function, including standards of conduct and procedures for hiring, selecting and terminating staff. Do policies describe actions the program may take if employed staff do not follow approved guidelines? Does the system include the methods used by the program to ensure all staff have access to policies? Describe the ability of the program to establish and implement personnel policies that adhere to all federal, state and local regulations. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of</td>
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<td>the system and its effectiveness.</td>
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<td><strong>11.2</strong></td>
<td>The program assures that each staff member completes an initial health examination (including screening for tuberculosis) and periodic reexaminations (as recommended by his or her health care provider or as mandated by State, local, or Tribal laws)?</td>
</tr>
<tr>
<td>Related Regulations:</td>
<td>1310.16 b 3</td>
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<tr>
<td></td>
<td>1304.52 k 1</td>
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<tr>
<td>Related Policies:</td>
<td>TR1002; PDM1033; PDM1034; PP1038</td>
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</tbody>
</table>

**Staff Files: Nutritional Coordinator, Health Coordinator, Mental Health Coordinator, Disabilities Coordinator, FCP Coordinator, FCP Staff, Parent Involvement Coordinator, Facilities Coordinator, ECD Coordinator, Preschool Teacher, Infant and Toddler Teacher, Family Child Care Provider, Home Visitor, Transportation Coordinator, ERSEA Coordinator and Head Start/Early Head Start Director (Staff Hiring Procedures)**

- * Review staff files for documentation of initial health examination (including screening for tuberculosis) and reexamination (if required by health care provider or as mandated by State, local or Tribal laws).
  - Document the date of the initial health exam and screening.
  - Is a reexamination required?
  - How often is a reexamination required?
  - Has the reexamination been completed?
  - Document the date of the most recent reexamination, if required.
  - Has the tuberculosis screening been completed?
  - Document the date the last or most current tuberculosis screening was completed.

**Staff Files: Bus Driver (Staff Hiring Procedures)**

- * Is there documentation of medical examination prior to beginning work, establishing that the bus driver possesses the physical ability to perform job-related functions with any necessary accommodations?
  - Document the date of the most recent medical examination.
  - Did the physician establish that the individual could perform the requirements of the job, with any necessary accommodations?

**11.3** Prior to employing an individual, the program obtains:

- Federal, State, or Tribal criminal record check covering all jurisdictions where the grantee provides Head Start services to children;
- Federal, State, or Tribal criminal record check as required by the law of the jurisdiction where the grantee provides Head Start services;
- Criminal record check as otherwise required by Federal law

Note: The Head Start Act, enacted December 12, 2007, requires that background check must be completed on all employees before they are hired. Accordingly, the following guidelines apply for reviewing the completion of background check:

- For employees hired before December 12, 2007: The program is required to conduct the background check before an employee is made permanent, in accordance with 1301.31 b 1 iii.
- For employees hired on or after December 12, 2007: The program is required to conduct a background check before all staff are hired, including transportation staff, in accordance with 648 g 3.

**Staff Files: Nutritional Coordinator, Health Coordinator, Mental Health Coordinator, Disabilities Coordinator, FCP Coordinator, FCP Staff, Parent Involvement Coordinator, Facilities Coordinator, ECD Coordinator, Preschool Teacher, Infant and Toddler Teacher, Family Child Care Provider, Home Visitor, Transportation Coordinator, ERSEA Coordinator and Head Start/Early Head Start Director (Staff Hiring Procedures)**
Head Start Program Policies and Procedures

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Q. ID: Compliance Indicators:

<table>
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<tr>
<th>Teacher, Infant and Toddler Teacher, Family Child Care Provider, Home Visitor, Transportation Coordinator, Bus Driver, ERSEA Coordinator and Head Start/Early Head Start Director (Staff Hiring Procedures)</th>
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<tbody>
<tr>
<td>* Was a criminal background check conducted prior to employment?</td>
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<tr>
<td>- If yes, indicate the date the criminal background check was conducted.</td>
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<tr>
<td>- Does the date the criminal background check was conducted comply with federal and state regulations?</td>
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<tr>
<td>- If no criminal background check was conducted, does this staff member provide direct services to children?</td>
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<tr>
<td>- If they do not provide direct services to children, indicate whether the staff member has an office in a center serving children or in an administrative building where there are no children present.</td>
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Interview: Head Start/Early Head Start Director (Background Checks)

| * What is the process for obtaining the appropriate criminal record checks before hiring an employee? |
| * If any staff members were identified as not having a criminal record checks (CRC), discuss this issue with the Director. Tell the Director which staff members did not have CRC(s) on file. Ask the Director: Can you explain why these staff do not have CRCs? What is the state requirement regarding CRCs? How do you know when staff are not required to have CRCs? |

Document Review: Staff List of Criminal Record Checks

| * Obtain a list from the grantee that indicates the date a criminal record check was performed for each hired staff member. From the list, draw a sample of staff records for teacher aides, kitchen staff, facilities staff and bus monitors. Compare the dates on the grantee's list to information found in each staff file. Were the criminal record check dates on the grantee's list accurate? |

Program Design and Management Compliance Framework #12 - Human Resources: Training and Professional Development

PDM12 **The program has a system for staff orientation, supervision, evaluation and training that supports optimum staff performance and ensures professional development of all staff in a process of continuous learning.**

12.1 The program conducts annual performance reviews of all staff and results are used to plan for training and staff development. Note: 1310.17 f l applies only to transportation staff.

Staff Files: Nutrition Coordinator, Facilities Coordinator, Health Coordinator, Mental Health Coordinator, Head Start/Early Head Start Director, Fiscal Officer, ECD Coordinator, Preschool Teacher, Infant and Toddler Teacher, Family Child Care Provider, Home Visitor, Transportation Coordinator, Disabilities Coordinator, FCP Coordinator, FCP Staff and ERSEA Coordinator (Staff Training and Development)

| * Indicate the date of the most recent performance review. |

Document Review: Performance Appraisal Policy

| * Do program policies require annual performance reviews of each Head Start and Early Head Start staff member which are used to identify staff training and professional development needs and assist each staff member in improving their skills and competencies? |

Related Policies:

1304.52 j

1310.17 f l

PDM1032

PDM1032; TR1005

1304.52 j
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**Q. ID: Compliance Indicators:**

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<tr>
<th>Interview: Teacher, Family Child Care Provider, ECD Coordinator, Fiscal Officer, Facilities Coordinator, Health Coordinator, Nutrition Coordinator, Transportation Coordinator, FCP Staff, FCP Coordinator, Disabilities Coordinator, Mental Health Coordinator, Head Start/Early Head Start Director, ERSEA Coordinator and Home Visitor (Performance Appraisals)</th>
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<tbody>
<tr>
<td>* When did you receive your last annual performance appraisal? Who conducted the appraisal?</td>
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<tr>
<td>* How are the results of your annual performance appraisal used? Do they help you identify your training and professional development needs? How does your manager help you improve skills and professional competencies?</td>
</tr>
<tr>
<td>Interview: Head Start/Early Head Start Director (Performance Appraisals)</td>
</tr>
<tr>
<td>* Describe the annual performance appraisal process and timeframe. Who conducts appraisals? Who is responsible for ensuring that all staff are evaluated annually? How are appraisals used to determine staff training opportunities and improving staff skills and competencies?</td>
</tr>
<tr>
<td>Interview: Bus Driver (Performance Appraisals)</td>
</tr>
<tr>
<td>* Do you receive an annual evaluation that includes an onboard observation? When was your last evaluation and who conducted it? See also TR3B. Applies To: Programs that provide transportation services</td>
</tr>
<tr>
<td>Interview: ECD Coordinator, Fiscal Officer, Facilities Coordinator, Health Coordinator, Nutrition Coordinator, Transportation Coordinator, FCP Staff, FCP Coordinator, Disabilities Coordinator, Mental Health Coordinator, Parent Involvement Coordinator, ERSEA Coordinator, Head Start/Early Head Start Director, Home Visitor, Teacher and Family Child Care Provider (Training)</td>
</tr>
<tr>
<td>* Describe the opportunities for ongoing training that the program provides you to help you acquire and maintain the skills and knowledge necessary to fulfill your job responsibilities and to implement Head Start Program Performance Standards in the service area. What recent opportunity do you think most impacted your competency in your job?</td>
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</table>

### 12.2 The program ensures that all full-time Head Start employees who provide direct services to children have a professional development plan that is evaluated regularly to assess its impact on teacher and staff effectiveness?

**Staff Files: Preschool Teacher, Family Child Care Provider, ECD Coordinator, Infant and Toddler Teacher, Home Visitor, Nutrition Coordinator, Health Coordinator, Facilities Coordinator, Mental Health Coordinator, Head Start/Early Head Start Director, Transportation Coordinator, Disabilities Coordinator, FCP Coordinator, FCP Staff, ERSEA Coordinator and Parent Involvement Coordinator (Staff Training and Development) |

* Indicate the date of the most recent staff professional development plan. |

<table>
<thead>
<tr>
<th>Interview: Teacher, Family Child Care Provider, Home Visitor, Mental Health Coordinator, Disabilities Coordinator, FCP Staff, FCP Coordinator, Parent Involvement Coordinator, Facilities Coordinator, Transportation Coordinator, Nutrition Coordinator, Health Coordinator, ECD Coordinator, Head Start/Early Head Start Director and ERSEA Coordinator (Professional Development Plans)</th>
</tr>
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<tbody>
<tr>
<td>* How did you participate in the development of your professional development plan? How often do you help evaluate the impact of the plan on your effectiveness in doing your job? How do you update your plan?</td>
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<tr>
<td>Interview: Head Start/Early Head Start Director and ECD Coordinator</td>
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</table>

| Related Regulations: 648A f |
| Related Policies: PDM1030 |
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<td>(Professional Development Plans)</td>
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<td></td>
<td>* Can you describe the process for designing and implementing professional development plans for all fulltime staff who provide direct services to children? How and how often are the plans evaluated to assess their impact on teacher effectiveness? Provide examples of the impact that the professional development plan has had on some of the teachers or staff members.</td>
</tr>
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</table>

**Interview: ECD Coordinator (Training)**

* How does the program ensure that each Head Start teacher attends at least 15 hours of classroom-focused professional development each year? How do you determine the focus of these opportunities?

12.3 The program provides opportunities for orientation, ongoing training and development for all staff that increase competency needed to fulfill their job responsibilities and give staff the knowledge and skills to implement the content of the Head Start Performance Standards and the Head Start Act.

**Interview: ECD Coordinator (Training)**

* How does the program offer family child care providers opportunities for training in the following areas:
  - Infant, toddler, and preschool development;
  - Curriculum implementation;
  - Skills for working with children with disabilities;
  - Effective communication with children and their families;
  - Safety, sanitation, hygiene, health practices, and certification in infant and child CPR;
  - USDA and Child and Adult Care Food Program regulations; and
  - Other skills necessary to increase their knowledge of children and family services? *Applies To: Family child care programs*

**Staff Files: Health Coordinator, Nutrition Coordinator, Transportation Coordinator, Facilities Coordinator, Disabilities Coordinator, FCP Coordinator, Mental Health Coordinator, Preschool Teacher, Infant and Toddler Teacher, Family Child Care Provider, Home Visitor, Head Start/Early Head Start Director, ERSEA Coordinator, Fiscal Officer, FCP Staff and ECD Coordinator (Staff Training and Development)**

* Review staff files or training records for evidence of training opportunities attended by staff and volunteers. Briefly summarize the types of training offered.

**Interview: Teacher, Family Child Care Provider and Home Visitor (Staff Training and Development)**

* Briefly describe the types of training provided for teachers which includes 15 hours of classroom-focused professional development each year. *How are you trained to implement the program's chosen curriculum?*

**Staff Files: Preschool Teacher, Infant and Toddler Teacher and Family Child Care Provider (Staff Training and Development)**

* Does the training provided for teachers include 15 hours of classroom-focused professional development each year?

**Document Review: Training Plans and Policies**

* Does the program have training plans or other structured approach to providing
### FY 2011 Monitoring Protocol: **Program Design and Management**

#### Q. ID: Compliance Indicators:

<table>
<thead>
<tr>
<th>Staff orientation for all new staff and training and development to assist staff in increasing their competencies in fulfilling their job responsibilities and implementing the content of the Head Start Program Performance Standards? Review the plans or documents and summarize training opportunities. Indicate where academic credits are attached to opportunities.</th>
</tr>
</thead>
</table>

#### Summary Analysis: Training and Professional Development

* Based on your review of the evidence collected from service area reviewers, does the program have a structured approach (such as written Staff Orientation and Training Plans and Procedures, Performance Appraisal Professional Development Goals, Staff Development Plans, Staff Training Records, etc.) to providing staff orientation for all new staff and training and development to assist staff in increasing their competencies in fulfilling their job responsibilities and implementing the content of the Head Start Program Performance Standards?

Describe the ability of the program to ensure that staff meet or exceed qualifications, increase their skills and competency and meet their individual professional development goals. Review the Human Resource summaries provided by other reviewers and Indicate whether there are any patterns in increased or diminished staff training opportunities that are of note. Clearly describe strengths, concerns, and the general level of performance in this area. Ensure that OHS and the grantee can glean from your summary a description of the system and its effectiveness.

#### Interview: ECD Coordinator, Disabilities Coordinator, FCP Coordinator and Health Coordinator (Training)

* What training opportunities have been available over the past year? How do you determine what kind of training individual teachers, teacher assistants, family partnerships staff, health staff and home visitors need?

#### Interview: Head Start/Early Head Start Director (Training)

* Describe the program's structured approach and plans for providing orientation to new staff and ongoing training and professional development opportunities for all staff to ensure growth in competency and skills necessary to implement the Head Start Performance Standards. How do you assure your own professional development?

#### 12.4 The program establishes staff training that includes processes and procedures that comply with applicable State and local laws for identifying and reporting child abuse and neglect?

#### Document Review: Training Plans and Policies

* Review the programs training plans, procedures and documentation of attendance.
  - Does the program's annual staff training and development plan include review of and training on the program’s procedures on identifying and reporting child abuse and neglect? Make note of date(s) of training.
  - Does the program address applicable State, local, or Tribal laws for identifying and reporting child abuse and neglect in its training plans and policies? Review agendas for validation that applicable laws were discussed.
  - Does review of the attendance roster show that all staff were offered this training? Review sign-in sheets (attendance roster) to determine if names and positions of staff attending training are documented.

#### Interview: Bus Driver, Bus Monitor, Teacher, Family Child Care Provider, ECD

<p>| 1304.52 | 13 | PDM1037 |</p>
<table>
<thead>
<tr>
<th>FY 2011 Monitoring Protocol: <strong>Program Design and Management</strong></th>
<th>Related Regulations:</th>
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<tbody>
<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
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<tr>
<td>Coordinator, Facilities Coordinator, Health Coordinator, Nutrition Coordinator, Transportation Coordinator, FCP Staff, FCP Coordinator, Disabilities Coordinator, Mental Health Coordinator, Parent Involvement Coordinator, Head Start/Early Head Start Director, ERSEA Coordinator and Home Visitor (Training)</td>
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<tr>
<td>* When did you receive training on identifying and reporting child abuse and neglect? What steps would you take if you suspected child abuse or neglect? Can you show me your training file that documents your attendance at this training?</td>
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**Program Design and Management Compliance Framework #13 - Program Strengths**

**PDM13 13.1** Describe one or more program strengths.

The PDM Reviewer is responsible for capturing information about potential strengths from the grantee, regional office, and the review team by creating a finding under PDM 13.1 (i.e., answer the compliance indicator PDM13.1 as “YES”). All reports should have a potential area of strength identified. Please note that verification of a strength does not require two modes of inquiry or evidence.

**Interview: Head Start/Early Head Start Director (Program Strengths)**

* Describe your program’s strengths, such as a new or innovative practice that has a positive impact; a practice that overcomes challenges and provides greater or improved quality of service; or a practice that surpasses established performance indicators.

**Summary Analysis: Program Strengths**

* Describe one or more program strengths. Review the following information, as well as additional information you find relevant to addressing this compliance indicator:
  - All summary analyses completed throughout the review
  - Any strengths identified by the Head Start or Early Head Start Director
  - During the Wednesday team meeting, collaborate with all reviewers to identify grantee strengths
  - Note that the Onsite Analysis Matrix may be useful as an overview of potential strengths identified during the review Describe any practices that were found that were new or innovative and had a positive impact; that helped the grantee overcome challenges and provided greater or improved service quality; or surpasses established performance indicators.

* * *
Program Design and Management

Policy ID: PDM1000

Subject: Governing Body Composition

Performance Objective: The program’s governing body is composed of members meeting the requirements of the applicable Federal regulations.

Operational Procedures:

1. The composition of the governing body includes:
   a) At least one member with a background and expertise in fiscal management or accounting;
   b) At least one member with a background and expertise in early childhood education and development, especially for ages 0 to 5;
   c) At least one licensed attorney member, with verifiable qualifications, familiar with issues that come before the governing body;
   d) Additional members who reflect the community and include parents of formerly or currently enrolled Head Start (HS) children; and
   e) Other members selected for their expertise in education, business administration, or community affairs.

2. Exceptions to the requirements of Act 642 c 1 B i-iv (shown in the operational procedure above) apply when governing body members oversee a public entity and are selected to their positions with the public entity by public selection or political appointment.

3. If the Head Start agency is unable to include members the members specified in Act 642 c 1 B i, ii, or iii, the governing body obtains the services of a consultant or other individual with the required background and expertise to work with the governing body instead.

4. The governing body membership roster lists the current members.

   a) Bruce Angell                k) Katherine Ezawa
   b) Charles Simpson             l) Ken Stiverson
   c) Dawn Fraizer                m) Mark Doug Greene
   d) Mary Jo Swartz              n) Mo Ressallat
   e) Fawn Mollenkopf             o) Sam Buehrer
   f) Floyd Wogan                 p) Staci Thomas
   g) Gary Nuss                   q) Sue Yazel
   h) Jan Hulse                   r) Theresa Lubke
   i) Sue Headley                 s) Vanda Hall
   j) Jeff Pennington

Related Regulation: Michael Jacobss: Act 642 c 1 B i, 642 c 1 B ii, 642 c 1 B iii, 642 c 1 B iv, 642 c 1 B iv I, 642 c 1 B iv II.

Related Rev: Sarah Ardiew Questions: PDM1A, FM1B, PDM1.1
Program Design and Management

Policy ID: PDM1001

Subject: Governing Body Training

Performance Objective: Governing body members receive appropriate training and technical assistance (or orientation) to ensure they understand the information they receive and can oversee and participate in the program effectively.

Operational Procedures:

1. Training plans, agendas, guidance documentation, and other materials show the dates and topics of training received by governing body members.

Related Regulations: 1304.52 14; Act 642 d 3

Related Review Questions: PDM1B; PDM2D; PDM2.1
Program Design and Management

Policy ID: PDM1002

Subject: Governing Body Members Receive Reports

Performance Objective: Governing body members receive information and reports useful to their meetings.

Operational Procedures:

1. The program furnishes the governing body members with the following information or reports:
   a) Monthly financial statements, including credit card expenditures;
   b) Monthly program information summaries;
   c) Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
   d) Monthly reports of meals and snacks provided through Department of Agriculture programs;
   e) Financial audit;
   f) Annual Self-Assessment, including findings related to such assessment;
   g) Community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including applicable updates;
   h) Communication and guidance from the Secretary of HHS;
   i) Program information reports;
   j) Procedures and timetables for program planning; and
   k) Program plans, policies, procedures, and EHS and Head Start grant applications.

Note: Single or multiple reports may be used to capture the information listed above.

2. Reports submitted to the governing body contain sufficient information to be useful during governing body meetings, including program strengths and areas for improvement.

3. Reports are submitted to the governing body in a timely manner, allowing members sufficient time to review them and make informed decisions.

4. Follow-up procedures associated with reports are implemented as requested.

5. See Policy # PDM1014, Self-Assessment regarding how it is conducted.

Related Regulations: Act 642 d 2 A; 642 d 2 B; 642 d 2 C; 642 d 2 D; 642 d 2 E; 642 d 2 F; 642 d 2 G; 642 d 2 H; 642 d 2 I; 1304.51 d; 1304.51 d 1; 1304.51 d 2; 1304.51 d 3; 1304.51 d 4

Related Review Questions: PDM1C; PDM2E; FM2B; PDM4.1; PDM9.3
Program Design and Management

Policy ID: PDM1003

Subject: Governing Body Activities

Performance Objective: The governing body performs certain activities to support program administration and implementation.

Operational Procedures:

1. The governing body performs the following activities to support program administration and implementation:

   a) Selecting delegate agencies and the service areas for such agencies;

      i) results of the Community Assessment are reviewed and considered annually to determine whether changes are needed

   b) Establishing procedures and criteria for recruiting, selecting, and enrolling children;

      i) these procedures and criteria ensure that eligible children are being identified within the service area

   c) Developing procedures for selecting Policy Council members;

   d) Establishing, adopting, and periodically updating written standards of conduct that determine how complaints are disclosed, addressed, and resolved, including investigations; and

   e) Reviewing all applications for funding and amendments to applications for funding.

2. Governing body meeting minutes show when the governing body selected delegate agencies; established procedures and criteria for recruiting, selecting and enrolling children; developed procedures for selecting Policy Council members, and established written standards for resolving complaints.

   a) These standards are updated as needed.

Related Regulations: 642 c 1 E iv I-III, VI, X aa-bb

| Related Review Questions: PDM1D; PDM1G; PDM3.1 |
Policy ID: PDM1004

Subject: Governing Body and Approval of All Major Policies

Performance Objective: The governing body reviews and approves all major policies of the grantee.

Operational Procedures:

1. The governing body reviews and approves all major policies of the grantee, including:
   
   a) Annual Self-Assessment and financial audit;
   
   b) Program’s progress in carrying out the grant application provisions, including implementation of corrective actions;
   
   c) Personnel policies regarding hiring, evaluation, termination, and compensation;
   
   d) Policies and procedures regarding hiring, evaluation, compensation, and termination of the Executive Director, Head Start Director, Director of Human Resources, Chief Financial Officer, or other person in an equivalent position; and
   
   e) Results from monitoring, including appropriate follow-up activities.

Related Regulations: 642 c 1 E iv V aa-cc; 642 c 1 E iv VII dd, 642 c 1 E iv VIII; 642 c 1 E iv IX

Related Review Questions: PDM1E, PDM1G  See PDM3.2; PDM3.3
Program Design and Management

Policy ID: PDM1005

Subject: Governing Body and Approval of Financial Management, Accounting, and Reporting Policies

Performance Objective: The governing body approves financial management, accounting, and reporting policies.

Operational Procedures:

1. The governing body approves financial management, accounting, and reporting policies, including:
   a) Grantee’s major financial expenditures;
   b) Grantee’s annual operating budget;
   c) Selection (except when a financial auditor is assigned by the State under State law or is assigned under local law) of independent financial auditors who report all critical accounting policies and practices to the governing body; and
   d) Monitoring of the agency’s actions to correct audit findings and monitoring of other action necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices.

2. The process for approving these policies includes:
   a) Presentation of the items to be approved are sent to the OHCAC Board to be reviewed.
   b) Any items regarding the Head Start Program are reviewed by the Head Start Committee.
   c) The chairman of the Head Start Committee makes a presentation to the OHCAC Board regarding the items to be approved and the Committee’s recommendations.
   d) The OHCAC Board then votes on the approval or denial of the items that have been submitted.
   e) If the item has been approved, the OHCAC Board President signs a form stating this fact.
   f) The approval of the item is also recorded in the OHCAC Board minutes.

Related Regulations: 642 c 1 E iv VII aa-dd

Related Review Questions: PDM1F; PDM1G PDM3.2
Program Design and Management

Policy ID: PDM1006

Subject: Governing Body and Fulfillment of Responsibilities

Performance Objective: The governing body fulfills its major responsibilities, including legal and fiscal administration and oversight; assuring active, independent, and informed governance; and ensuring compliance with applicable laws and regulations.

Operational Procedures:

1. In addition to the implemented policies and procedures of this section (PDM), the governing body:

   a) has legal and fiscal responsibility for administering and overseeing the Head Start agency, including the safeguarding of Federal funds;

   b) adopts practices that assure active, independent, and informed governance of the Head Start agency, including practices consistent with subsection d 1, and fully participates in the development, planning, and evaluation of the Head Start programs involved;

   c) is responsible for ensuring compliance with Federal laws (including regulations) and applicable State, tribal, and local laws (including regulations); and

2. The governing body is also responsible for other activities, including:

   a) reviewing all applications for funding and amendments to applications for funding for programs under Head Start Act 642 c 1 E; and

   b) reviewing and approving all major policies of the agency, including the agency's progress in carrying out the programmatic and fiscal provisions in such agency's grant application, including implementation of corrective actions; and

   c) establishing procedures and guidelines for accessing and collecting information described in Head Start Act 642 d 2 A-I (see Policy # PDM1002, Governing Body Members Receive Reports); and

   d) to the extent practicable and appropriate, at the discretion of the governing body, establishing advisory committees to oversee key responsibilities related to program governance and improvement of the Head Start program involved.

Related Regulations: 642 c 1 A; 642 c 1 E i, 642 c 1 E ii, 642 c 1 E iii, 642 c 1 E iv III, 642 c 1 E iv IV, 642 c 1 E iv V bb; 642 c 1 E iv XI; 642 d 2; 1304.50 g 1

Related Review Questions: PDM1G; FM1C FM2B; see PDM3.1; PDM4.1
Policy ID: PDM1007

Subject: Policy Council, Policy Committee, and Parent Committee Structure

Performance Objective: The program establishes and maintains a formal structure of shared governance through which parents can participate in policy making or in other decisions about the program.

Operational Procedures:

1. This structure consists of the following groups, as required:

   a) Policy Council. This Council is established at the grantee level.

   b) Policy Committee. This Committee is established at the delegate agency level when the program is administered in whole or in part by such agencies (see 1301.2 for a definition of a delegate agency).

   c) Parent Committee. For center-based programs, this Committee must be established at the center level. For other program options, an equivalent Committee must be established at the local program level. When programs operate more than one option from the same site, the Parent Committee membership is combined unless parents choose to have a separate Committee for each option.

2. Parent Committees are comprised exclusively of the parents of children currently enrolled at the center level for center-based programs or at the equivalent level for other program options (see 1306.3 h for a definition of a Head Start parent).

3. All Policy Councils, Policy Committees, and Parent Committees are established as early in the program year as possible. Grantee Policy Councils and delegate Policy Committees are not dissolved until successor Councils or Committees are elected and seated.

4. When the grantee has delegated the entire Head Start program to one delegate agency, it is not necessary to have a Policy Committee in addition to a grantee agency Policy Council.

5. The governing body and the Policy Council or Policy Committee do not have identical memberships and functions.

6. As shown in the Policy Council or Policy Committee membership rosters, at least 51% of membership is comprised of parents of children currently enrolled in the program.

   a) All other members are drawn from the community served by the Head Start agency (including any delegate agency) and may include parents of formerly enrolled children.

7. As shown in the Policy Council meeting minutes, parents are elected to the PC annually.

8. Parent Committees are established at all centers (or at other program options, including local level programs).

   Related Regulations: 1304.50 a; 1304.50 a 1; 1304.50 a 1 i; 1304.50 a 1 ii; 1304.50 a 1 iii; 1304.50 a 2; 1304.50 a 3, 1304.50 a 4; 1304.50 a 5, Act 642 c 2 B i; Act 642 c 2 B ii; Act 642 c 2 B ii 1; Act 642 c 2 B ii II; Act 642 c 2 C; Act 642 c 2 C i; Act 642 c 2 C ii; Act 642 c 3; Act 642 c 3 A

   See also 1301.2 and 1306.3 h.

   Related Review Question/s: PDM2A; PDM2C; PDM2E; PDM1.2; PDM1.3
Subject: Policy Group Composition and Formation

Performance Objective: Each grantee and delegate agency governing body operating an Early Head Start or Head Start program must (except where such authority is ceded to the Policy Council or Policy Committee) propose, within the framework of the regulations, the total size of their respective policy groups (based on the number of centers, classrooms or other program option units, and the number of children served by their Early Head Start or Head Start program), the procedures for the election of parent members, and the procedure for the selection of community representatives (which appropriately reflects representation of parents and community partners).

Operational Procedures:

1. These proposals must be approved by the Policy Council or Committee.

2. Policy Councils and Policy Committees are comprised of two types of representatives: parents of currently enrolled children and community representatives. At least 51% of the members of these policy groups are the parents of currently enrolled children (see 1306.3 h for a definition of a Head Start parent).

3. Community representatives are drawn from the local community: businesses; public or private community, civic, and professional organizations; and others who are familiar with resources and services for low-income children and families, including, for example the parents of formerly enrolled children.

4. All parent members of Policy Councils or Policy Committees must stand for election or re-election annually. All community representatives also must be selected annually.

5. Policy Councils and Policy Committees must limit the number of one-year terms any individual may serve on either body to a combined total of three terms.

6. No grantee or delegate agency staff (or members of their immediate families) may serve on Policy Councils or Policy Committees except parents who occasionally substitute for regular staff. In the case of Tribal grantees, this exclusion applies only to Tribal staff who work in areas directly related to or which directly impact upon any Early Head Start or Head Start administrative, fiscal or programmatic issues.

7. Parents of children currently enrolled in all program options must be proportionately represented on established policy groups.

A.8. The program proposes the total size of the respective policy groups as follows:

Composition of Head Start Policy Council

1. The membership of the Head Start Policy Council shall not exceed twenty-four (24) members. Membership of the Head Start Policy Council shall be at least 51% parents or legal guardians of children currently enrolled in Head Start.

2. The remainder of the Head Start Policy Council membership may be community representatives. Community representatives must be approved by the Head Start Policy Council.

3. Community representatives shall be defined as representatives of agencies (public or
private) and community (civil or professional) organizations which have a concern for children and can contribute to the program. Past parents of Head Start children, as well as relatives may also serve as community representatives.

4. If there are more than 24 interested parents/guardians or community members, they will be voted into an alternate membership status. They may participate in discussions and help on committees. Alternates may change to membership status during the year as vacancies occur by a quorum vote of the membership. An alternate will receive the same number of Parent Bucks as a member. Alternates will not be permitted to sit in on interviews, sign personnel or other forms or vote unless needed to meet quorum. Alternate status counts towards the three year lifetime Policy Council membership.

9. Procedures for the selection of parent members are as follows:

**Election of the Head Start Policy Council**

1. Nomination of members will be held at the September Family Connections meetings and through individual contact with parents and community representatives. All candidates will be placed on a ballot and voted on by all Head Start parents. The members and officers will be elected and seated at the October meeting. Their term shall last through September of the following year.

2. No more than eight (8) community representatives shall be approved for membership by the parent members of the Head Start Policy Council.

3. Parents will be elected by other parents to represent the Family Connections at the center.

4. No Ohio Heartland CAC Head Start staff member shall serve on the Council or Committees in a voting capacity. Staff members may attend meetings of Council or Committees in a consultative, non-voting capacity upon the request of Council or Committee or Director.

5. No Parent/Guardian or Community Person with a “conflict of interest” shall be able to hold a position on the Head Start Policy Council or OHCAC Board of Directors.
   a. A conflict of interest would also exist with regard to membership on the OHCAC Board of Directors or the Head Start Policy Council, if a parent/Guardian of a Head Start enrolled child, had an open Worker’s Compensation or Unemployment claim with the grantee organization, OHCAC.

6. The length of service for a member will be one term, with a maximum of three terms (consecutive or non-consecutive) being allotted to any single member. See part 1304.50b in revised Performance Standards.

10. The procedure for the selection of community representatives is as follows: See Election of the Head Start Policy Council above.

11. This policy is effective only upon approval by Policy Council.

12. See also Policy # PDM1008g, Policy Groups: Selection and How Members Are Chosen.

**Related Regulations:** 1304.50 b; 1304.50 b 1; 1304.50 b 2; 1304.50 b 3; 1304.50 b 4; 1304.50 b 5; 1304.50 b 6; 1304.50 b 7; 1306.3 h
Policy ID: PDM1008

Subject: Policy Council, Policy Committee, and Parent Committee Responsibilities

Performance Objective: The Policy Council or Policy Committee is responsible for the Head Start program’s direction, including program design and operation, and long- and short-term planning goals, taking into account the annual Community Assessment and Self-Assessment.

Operational Procedures:

1. The program helps PC members use the Community Assessment and Self-Assessment in making decisions about the program.

2. PC members help the Head Start program decide what it is going to do to help families.
   a) This includes making decisions to improve services to children and families.
   b) Opportunities are provided for PC members to talk with staff about services and hours of operation.

3. The functions listed in 1304.50 Appendix A are performed in accordance with the regulations and the applicable policies in this manual.

Related Regulations: Act 642 c 2 A; 1304.50 Appendix A

Related Review Question/s: PDM2B, PDM1.2
Policy ID: PDM1008a

Subject: Policy Council or Policy Committee and Policies and Procedures

Performance Objective: Policy Council and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove policies and procedures.

Operational Procedures:

1. The policies and procedures include, at a minimum, those listed in 1304.50 d 1. To summarize:

   a) All funding applications and amendments [see Policy # PDM1008b, Policy Groups and Funding Applications and Amendments]

   b) How the governing body and policy groups implement shared decision making [see Policy # PDM1008c, Policy Groups and Shared Decision Making]

   c) Procedures for program planning [see Policy # PDM1008d, Policy Groups and Procedures for Program Planning and Policy # PDM1015, Program Planning]

   d) Program philosophy and goals and objectives [see Policy # PDM1008e, Policy Groups and Program Philosophy and Long- and Short-Range Goals and Objectives]

   e) Selection of delegate agencies and their service areas [see Policy # PDM1008f, Policy Groups and Selection of Delegate Agencies and Their Service Areas]

   f) Policy Council/Policy Committee composition and selection [see Policy # PDM1008g, Policy Groups: Selection and How Members Are Chosen]

   g) Criteria for defining recruitment, selection, and enrollment priorities [see Policy # PDM1008h, Policy Groups and Criteria for Defining Recruitment, Selection, and Enrollment Priorities]

   h) Annual self-assessment [see Policy # PDM1014, Self-Assessment]

   i) Personnel policies and updates [see Policy # PDM1008i, Policy Groups and Personnel Policies and Human Resources Policies and Personnel Policies]

   j) Decisions to hire or terminate the Director [see Policy # PDM1008j, Policy Groups and Decisions to Hire or Terminate Staff and Policy # PP1067, Termination of Employment] and

   k) Decisions to hire or terminate staff [see Policy # PDM1008j, Policy Groups and Decisions to Hire or Terminate Staff and Policy # PP1067, Termination of Employment].

Related Regulations: 1304.50 d; 1304.50 d 1

Related Review Question/s:
Policy ID: PDM1008b

Subject: Policy Groups and Funding Applications and Amendments

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove all funding applications and amendments to funding applications for Early Head Start and Head Start, including administrative services, prior to the submission of such applications to the grantees (in the case of Policy Committees) or to HHS (in the case of Policy Councils).

Operational Procedures:

1. All funding applications and amendments are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them before applications are submitted to the grantees or HHS. Procedures for working in partnership include:

   a) Community Assessment Surveys are sent out to Parents and Community Members.
   
   b) The Head Start Director meets with the Budget and Grant Committee to analyze the results of the Community Assessment.
   
   c) The Head Start Director plans with the Budget and Grant Committee concerning any program changes that are needed.
   
   d) The Head Start Director presents a rough draft of the funding applications and amendments to the Budget and Grant Committee and together they make any needed changes.
   
   e) The final draft of the funding applications and amendments are again submitted to the Budget and Grant Committee for review.
   
   f) The Budget and Grant Committee then gives a recommendation as to whether to approve or disapprove the funding applications and amendments to the full Policy Council.
   
   g) The Policy Council then votes on whether to approve or disapprove the funding applications and amendments.
   
   h) After this process is completed, the Policy Council sends the funding applications and amendments to the OHCAC Board Head Start Committee for their review.
   
   i) The OHCAC Board Head Start Committee chairperson gives the Committee’s recommendations to the OHCAC Board.
   
   j) The OHCAC Board then votes on whether to approve or disapprove the funding applications and amendments.

Related Regulations: 1304.50 d i j

Related Review Question/s:
Policy ID: PDM1008c

Subject: Policy Groups and Shared Decision Making

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove procedures describing how the governing body and the appropriate policy group will implement shared decision-making.

Operational Procedures:

1. Procedures describing how the governing body and the appropriate policy group will implement shared decision-making are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them [before applications are submitted].

2. Shared decision making is implemented by means of following the Policy shown below:

WRITTEN POLICIES OF THE OHCAC GOVERNING BOARD REGARDING THE RESPONSIBILITIES AND APPROPRIATE OPERATION OF THE OHCAC HEAD START PROGRAM

PURPOSE:
The Governing Board of the Ohio Heartland Community Action Commission has defined governance and management responsibilities in relation to the operation of the Head Start program in Marion, Crawford, Richland and Morrow Counties.

POLICY:
Grantees must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program. (Performance Standard 1304.50(g) (1) & (2).

The OHCAC Board has general responsibility - this is defined as the legal and fiscal responsibility that guides and oversees the carrying out of the functions described through the individual or group given operating responsibility. The OHCAC Board is this group.

These responsibilities are in the areas of planning, general procedures and human resource management and include but are not limited to:

PROCEDURE:

1. Ensuring compliance with Federal laws and regulations, including the Head Start Performance Standards as well as applicable State, and local laws and regulations, including laws defining the nature and operations of the governing body.

2. Understanding the Head Start philosophy and the role of parents and the Policy Council or Policy Committee in the Head Start shared governance structure, including the need to secure approval of policies and procedures by the grantee Policy Council.

3. Being fiscally and legally accountable for overseeing the Head Start program, including taking general responsibility for guiding and directing planning, general procedures, and human resources
management, as outlined in the chart, “Governance and Management Responsibilities” in Appendix A.

4. Ensuring that their agency develops an internal control structure to:
   a. Safeguard Federal funds
   b. Comply with laws and regulations that have an impact on financial statements
   c. Detect or prevent noncompliance
   d. Receive audit reports and direct and monitor staff implementation of corrective actions

5. Support the program by:
   a. Identifying and developing resources to augment Federal funds
   b. Visiting or volunteering in classrooms and other program activities
   c. Becoming involved in the self-assessment process
   d. Initiating joint training opportunities with the Policy Council or Policy Committee
   e. Establishing mentoring programs which match governing body members with members of the Policy groups or other interested individuals
   f. Review feedback from parents and community members about the quality of services

**PLANNING POLICY**

1. The OHCAC Board has general responsibility for program planning in accordance with the requirements of 45 CFR 1305.3. The Board must approve or disapprove the procedures for program planning. Under the direction of the Executive Director, the Head Start Director has operating responsibility for the planning process.

2. The OHCAC Board has general responsibility for the program’s philosophy and long and short range goals and objectives - 45 CFR 1304.51(a) and 45 CFR 1305.3. The Board must approve or disapprove the goals and objectives. Under the direction of the Executive Director, the Head Start Director has operating responsibility for developing the goals and objectives.

3. The OHCAC Board has the general responsibility for the selection of delegate agencies and their defined service areas should they choose to delegate any portion of the program. No portion of the OHCAC Head Start grant in the four county service area is currently delegated.

4. The OHCAC Board has the general responsibility for the criteria defining recruitment selection and enrollment priorities, in accordance with the requirements found in CFR Part 1305. The Board must approve or disapprove the criteria. Under the direction of the Executive Director, the Head Start Director has operating responsibility for developing the criteria.

5. The OHCAC Board has the general responsibility for reviewing and approving all funding applications for Head Start and Early Head Start, including administrative services, prior to the submission of such application to HHS. Under the direction of the Executive Director, the Head Start Director and staff have the operating responsibility for developing the funding applications.

6. The OHCAC Board has the general responsibility of determining Policy Council, Committee and Parent Committee reimbursement. Under the direction of the Executive Director, the Head Start Director and staff have the operating responsibility for developing the system of reimbursements.

7. The OHCAC Board has the general responsibility for the annual self-assessment of the grantee and progress in carrying out the programmatic and fiscal intent of its grant application - including planning and other actions that may result from the review of the annual audit and findings from the federal monitoring review. Under the direction of the Executive Director, the Head Start Director and
HEAD START PROGRAM POLICIES AND PROCEDURES

staff have the operating responsibility for developing, planning, monitoring and improving the program on an on-going basis and for reporting the progress to the Board.

GENERAL PROCEDURES

1. The OHCAC Board has the general responsibility for determining the composition of the Policy Council and Policy Committee and the procedures by which the policy group members are chosen. Current parent representatives must comprise at least 51% of the Policy Council membership.

2. The grantee must have written policies that define the roles and responsibilities of the governing body members and that inform them of the management procedures and functions necessary to implement a high quality program. The Board has the responsibility of reading and understanding these written policies.

3. The OHCAC Board has general responsibility for describing procedures of how the governing body (the OHCAC Board) and the policy group will implement shared decision making. The Board has the responsibility for ensuring that a Board member will attend the Policy Council meetings and share reports.

4. The OHCAC Board and the policy group will jointly establish and implement written procedures, including impasse procedures, for resolving internal disputes between the governing body and policy group and these shall be approved annually by both groups.

5. The OHCAC Board shall establish and maintain procedures for hearing and working with the grantee to resolve community complaints about the program.

6. The OHCAC Board must ensure that appropriate internal controls are established and implemented to safeguard Federal funds in accordance with 45 CFR 1301.13.

7. The OHCAC Board must ensure that the annual independent audit is conducted in accordance with 45 CFR 1301.12.

HUMAN RESOURCE MANAGEMENT

1. The OHCAC Board is responsible to insure that program personnel policies and subsequent changes to those policies are in accordance with 45 CFR 1301.31, including standards of conduct for program staff, consultants and volunteers.

2. The OHCAC Board has the responsibility to inform the Regional Office of the names of candidates for the positions of Executive Director, Fiscal Officer and Head Start Director before they can hire these positions, and the responsibility through the Executive Director to terminate the Head Start and/or Early Head Start director of the grantee agency.

3. The OHCAC Board has general responsibility to oversee the hiring and termination of any person who works primarily for the Head Start or Early Head Start program of the grantee agency. The Executive Director has the operating responsibility for hiring and termination of Head Start employees. Policy Council has approval responsibilities in hiring and termination.

Related Regulations: 1304.50 d 1 ii

Related Review Question/s:
Policy ID: PDM1008d

Subject: Policy Groups and Procedures for Program Planning

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove procedures for program planning (in accordance with 1304.50 d and 1305.3).

Operational Procedures:

1. Procedures for program planning are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them [before applications are submitted].

2. See Policy # PDM1015, Program Planning.

Related Regulations: 1304.50 d 1 iii, 1305.3

Related Review Question/s:
Head Start Program Policies and Procedures

Program Design and Management: Program Governance

Policy ID: PDM1008e

Subject: Policy Groups and Program Philosophy and Long- and Short-Range Goals and Objectives

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the program’s philosophy and long- and short-range program goals and objectives [before applications are submitted].

Operational Procedures:

1. The program’s philosophy and long- and short-range program goals and objectives are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them.

2. The program’s philosophy is:

   **MISSION STATEMENT**

   Ohio Heartland CAC Head Start is dedicated to providing income eligible children and families with quality, comprehensive, developmentally appropriate programs that strengthen families and promote self-sufficiency. The program operates according to applicable regulations, utilizing trained staff, volunteers, parents and a combination of organizational and community resources in an equitable and creative manner.

   **EDUCATIONAL PHILOSOPHY**

   Ohio Heartland CAC Head Start believes that each child, at his or her own developmental level, should be encouraged for their efforts. We recognize the importance of balanced growth so we provide opportunities for mental, physical and social/emotional growth through a variety of creative experiences. We use Creative Curriculum, a research-validated and integrated curricula based on the philosophy that young children learn best by doing. Learning isn’t just repeating what someone else says: it requires active thinking and experimenting to find out how things work and to learn firsthand about the world we live in. Play provides the foundation for the school learning. It is the preparation children need before they comprehend abstract concepts such as letters and numbers. Play enables us to achieve the key goals of our early childhood curriculum. Play is the work of children. - Diane Trister Dodge

3. The program’s long-range and short range goals and objectives for 2012-2013 include:
### CHILD HEALTH SERVICES

**PG: Guarantee that all eligible children have access to a full range of comprehensive services.**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Instruct Teachers and Family Advocates to discuss the need for dental follow-up and address this with parents/guardians at each home visit by Family Advocates &amp; Teachers until completed.</td>
<td>1. Head Start Staff &lt;br&gt; Head Start Parents Community Providers</td>
<td>1. 8/2012</td>
<td>1. On-Going</td>
</tr>
<tr>
<td>2. Work with the local Health Care Providers in each county in getting Hematocrit/Hemoglobin completed on children.</td>
<td>2. Head Start Staff &lt;br&gt; Head Start Parents Community Providers</td>
<td>2. 9/2012</td>
<td>2. On-going</td>
</tr>
<tr>
<td>3. Collaborate with Third Street Dental Clinic, Center Street Clinic and Case Western Reserve University Pediatric Dental Outreach Program to complete dental exams and follow-up on all enrolled children in our service area.</td>
<td>3. Head Start Staff &lt;br&gt; Head Start Parents Community Providers</td>
<td>3. 4/2012</td>
<td>3. On-Going</td>
</tr>
<tr>
<td>5. Schedule and implement Health Fairs for all four counties during April and May for new eligible children for 2012-2013 program year. Children will receive a dental exam and a vision, hearing and developmental screening. Thirty children in Marion County will receive a medical exam provided by the Center Street Clinic during the Health Fair in Marion.</td>
<td>5. Head Start Staff &lt;br&gt; Head Start Parents Community Providers</td>
<td>5. 3/2012</td>
<td>5. April &amp; May 2012</td>
</tr>
</tbody>
</table>

**PG: Update annually the Community Resource Guide for each county.**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Update the Community Resource Guides for each county.</td>
<td>Family Advocate Managers</td>
<td>7/2012</td>
<td>On-going</td>
</tr>
</tbody>
</table>

### CHILD DEVELOPMENT SERVICE

**PG: Emergency Preparedness Kits for Classrooms.**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Enhance Emergency kits for each classroom with necessary supplies in case of a natural disaster.</td>
<td>Head Start Staff</td>
<td>4/2012</td>
<td>On-Going</td>
</tr>
</tbody>
</table>

**PG: Training & Certification of Head Start Staff to comply with State of Ohio and Federal mandates.**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lead Teachers and Education Managers are enrolled in college.</td>
<td>1. Child Health &amp; Education Director</td>
<td>1. 1/2011 – 6/2013</td>
<td>1. On-Going</td>
</tr>
</tbody>
</table>
### PG: Provide additional training for Education staff on the Head Start Child Development and Early Learning Framework

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Child Health &amp; Education Director and Education Managers will provide further training on the Head Start Child Development and Early Learning Framework and review activities that will support the implementation of the framework.</td>
<td>Head Start Staff</td>
<td>1. 8/2012</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### PG: Improve School Readiness Plan

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Follow our T/TA plan to work with Tim Adams to update and implement School Readiness Procedure.</td>
<td>Head Start Staff</td>
<td>1. 8/2011</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2. Monitor child outcomes and use data to drive decisions</td>
<td>Head Start Staff</td>
<td>1. 3/2011</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### PG: Train Education staff on the CLASS

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Work with Teachstone and T/TA to complete training for staff on the CLASS and work towards improving classroom scores.</td>
<td>Head Start Staff</td>
<td>1. 3/2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td>2. Provide classrooms with additional developmentally appropriate materials to enhance the areas of math and science.</td>
<td>Child Health &amp; Education Director and Education Managers</td>
<td>2. 8/2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td>3. Monitor materials to ensure different cultures and abilities are represented throughout the classroom.</td>
<td>Education Managers</td>
<td>3. 8/2012</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4. Schedule Conscious Discipline follow up training for education staff.</td>
<td>Education Managers</td>
<td>4. 8/2012</td>
<td></td>
</tr>
</tbody>
</table>

### PG: Improve the Self-Assessment process

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intervention staff will correct the Child Data Tracking Form to list correct information to enable self-assessment teams to audit intervention files more thoroughly.</td>
<td>1. Child Health &amp; Education Director and Intervention Managers</td>
<td>1. 3/2012</td>
<td>3/2012</td>
</tr>
</tbody>
</table>

### PG: Improve the Safety of the Facilities

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repair or replace classroom items or property found during self-assessment to be</td>
<td>1. Child Health &amp; Education Director</td>
<td>1. 2/2012</td>
<td>4/2012</td>
</tr>
</tbody>
</table>
### Head Start Program Policies and Procedures

<table>
<thead>
<tr>
<th>in need of repair.</th>
<th>and Intervention Managers</th>
<th>2. 3/2012</th>
<th>4/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Update maintenance schedule checklist for Head Start facilities.</td>
<td>2. Child Health &amp; Education Director and Intervention Managers</td>
<td>2. 3/2012</td>
<td>4/2012</td>
</tr>
</tbody>
</table>

### PG: Advance to the 3 Star rating in the Step Up to Quality Program

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Schedule center staff training with certified Step Up to Quality trainers.</td>
<td>1. Child Health &amp; Education Director and Intervention Managers</td>
<td>April 2012</td>
<td>On-going</td>
</tr>
<tr>
<td>2. Evaluate centers to determine barriers for achieving the 3 Star rating</td>
<td>2. Child Health &amp; Education Director and Intervention Managers</td>
<td>August 2012</td>
<td>On-going</td>
</tr>
</tbody>
</table>

### FAMILY & COMMUNITY PARTNERSHIP

### PG: Train all staff on ChildPlus software. Advocates do all documentation on the computer.

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is ongoing training of new staff on ChildPlus software by Software System Administrator and area managers.</td>
<td>Software Systems Administrator Head Start Staff</td>
<td>1. 08/11-present</td>
<td>1. On-going</td>
</tr>
<tr>
<td>2. Family &amp; Community Partnership Director and Managers have used various reports to monitor the progress of attendance, Family Partnership Agreements, referrals and follow-up. Training on how to run and use reports as needed by the Software System Administrator.</td>
<td>2. Software Systems Administrator Head Start Staff</td>
<td>2. 8/12-present</td>
<td></td>
</tr>
</tbody>
</table>

### PG: Flexible hours to meet the needs of working families.

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Offered several Family Connection Events that have a variety of times of the day.</td>
<td>Head Start Staff</td>
<td>1. Present</td>
<td>1. On-going</td>
</tr>
</tbody>
</table>

### PG: To improve follow-up on Family Partnership Agreements and Referrals

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocates will follow-up on Family Partnership Agreements within 30 days.</td>
<td>Head Start Staff</td>
<td>1. 2/12</td>
<td></td>
</tr>
</tbody>
</table>

### PG: Maintain full enrollment and wait list.

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Maintain full enrollment and waitlist for the 2012 - 2013 Program year.</td>
<td>Head Start Staff</td>
<td>1. 3/12 – on-going</td>
<td></td>
</tr>
<tr>
<td>2. Require each Advocate to enroll 5 children per week.</td>
<td></td>
<td>2. 3/12 - 5/12</td>
<td></td>
</tr>
</tbody>
</table>
**PROGRAM DESIGN**

**PG: Train all staff on the Crisis Manual.**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Revisit the Crisis Manual with all staff.</td>
<td>Head Start Staff</td>
<td>1. 8/12</td>
<td></td>
</tr>
</tbody>
</table>

**PG: Improve the follow-up on the goals listed on each employee’s professional development plan**

<table>
<thead>
<tr>
<th>Plan/Progress</th>
<th>Responsible Staff</th>
<th>Timeline</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supervisors will complete a Staff Evaluation Goal Planning Report with each employee they supervise to record progress made toward their 3 goals.</td>
<td>Head Start Supervisor</td>
<td>April 2012</td>
<td>On-going</td>
</tr>
</tbody>
</table>

REVISED: MARCH 7, 2012

**Related Regulations:** [1304.50 d iv; 1304.51 a; 1305.3]

**Related Review Question/s:** PDM3B
Policy ID: PDM1008f

Subject: Policy Groups and Selection of Delegate Agencies and Their Service Areas

Performance Objective: Policy Council works in partnership with key management staff and the governing body to develop, review, and approve or disapprove the selection of delegate agencies and their service areas (this regulation is binding on Policy Councils exclusively).

Operational Procedures:

1. N/A This agency has no delegate agencies.

Related Regulations: 1304.50 d 1 v; 1301.33; 1305.3 a

Related Review Question/s:
Policy ID: PDM1008g

Subject: Policy Groups: Selection and How Members Are Chosen

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen [before applications are submitted].

Operational Procedures:

1. The composition of the Policy Council or the Policy Committee and the procedures by which policy group members are chosen are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them.

2. The composition of the Policy Council [or Policy Committee] is as follows:

   Composition of Head Start Policy Council

   a) The membership of the Head Start Policy Council shall not exceed twenty-four (24) members. Membership of the Head Start Policy Council shall be at least 51% parents or legal guardians of children currently enrolled in Head Start.

   b) The remainder of the Head Start Policy Council membership may be community representatives. Community representatives must be approved by the Head Start Policy Council.

   c) Community representatives shall be defined as representatives of agencies (public or private) and community (civil or professional) organizations which have a concern for children and can contribute to the program. Past parents of Head Start children, as well as relatives may also serve as community representatives.

   d) If there are more than 24 interested parents/guardians or community members, they will be voted into an alternate membership status. They may participate in discussions and help on committees. Alternates may change to membership status during the year as vacancies occur by a quorum vote of the membership. An alternate will receive the same number of Parent Bucks as a member. Alternates will not be permitted to sit in on interviews, sign personnel or other forms or vote unless needed to meet quorum. Alternate status counts towards the three year lifetime Policy Council membership.

3. The procedures by which policy group members are chosen include:

   Election of the Head Start Policy Council

   a) Nomination of members will be held at the September Family Connections meetings and through individual contact with parents and community representatives. All candidates will be placed on a ballot and voted on by all Head Start parents. The members and officers will be elected and seated at the October meeting. Their term shall last through September of the following year.

   b) No more than eight (8) community representatives shall be approved for membership by the
c) Parents will be elected by other parents to represent the Family Connections at the center.

d) No Ohio Heartland CAC Head Start staff member shall serve on the Council or Committees in a voting capacity. Staff members may attend meetings of Council or Committees in a consultative, non-voting capacity upon the request of Council or Committee or Director.

e) No Parent/Guardian or Community Person with a “conflict of interest” shall be able to hold a position on the Head Start Policy Council or OHCAC Board of Directors.

   1) A conflict of interest would also exist with regard to membership on the OHCAC Board of Directors or the Head Start Policy Council, if a parent/Guardian of a Head Start enrolled child, had an open Worker’s Compensation or Unemployment claim with the grantee organization, OHCAC.

f) The length of service for a member will be one term, with a maximum of three terms (consecutive or non-consecutive) being allotted to any single member. See part 1304.50b in revised Performance Standards.

4. See also Policy # PDM1007a, Policy Group Composition and Formation.

Related Regulations: 1304.50 d 1 vi

Related Review Question/s:
Policy ID: PDM1008h

Subject: Policy Groups and Criteria for Defining Recruitment, Selection, and Enrollment Priorities

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the criteria for defining recruitment, selection, and enrollment priorities in accordance with 1305 [before applications are submitted].

Operational Procedures:

1. The criteria for defining recruitment, selection, and enrollment priorities are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them.

2. See also Policy # ER1000, Eligibility.

Related Regulations: 1304.50 d 1 vii; Part 1305

Related Review Question/s: PDM2F, ER3A
Subject: Policy Groups and Personnel Policies

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove program personnel policies and subsequent changes to those policies, in accordance with 1301.31, including standards of conduct for program staff, consultants, and volunteers [before applications are submitted] (see Policy # PDM1036, Standards of Conduct).

Operational Procedures:

1. Personnel policies and subsequent changes to those policies are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them.

2. See also the Personnel Policies and Human Resources Policies.

Related Regulations: 1301.31, 1304.50 d 1 ix

Related Review Question/s: PDM2F
Policy ID: PDM1008j

Subject: Policy Groups and Decisions to Hire or Terminate Staff

Performance Objective: Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove decisions to hire or terminate the Head Start director of the grantee or delegate agency and decisions to hire or terminate any person who works primarily for the Head Start program of the grantee or delegate agency.

Operational Procedures:

1. Decisions to hire or terminate program staff are developed with Policy Council or Policy Committee working in partnership with key management staff and the governing body to develop, review, and approve or disapprove them.

2. See also Personnel Policy # PP1067, Termination of Employment.

Related Regulations: 1304.50 d 1 x, 1304.50 d 1 xi

Related Review Question/s: PDM2F
Program Design and Management: Program Governance

Policy ID: PDM1008k

Subject: Policy Group Functions

Performance Objective: Policy groups are charged with carrying out these functions.

Operational Procedures:

1. PC serves as a link to the Parent Committees, grantee and delegate agency governing bodies, public and private organizations, and the communities they serve.

2. PC assists Parent Committees in communicating with parents enrolled in all program options to ensure that they understand their rights, responsibilities, and opportunities in Early Head Start and Head Start and to encourage their participation in the program.

3. PC assists Parent Committees in planning, coordinating, and organizing program activities for parents with the assistance of staff, and ensuring that funds set aside from program budgets are used to support parent activities.

4. PC assists in recruiting volunteer services from parents, community residents, and community organizations, and assists in the mobilization of community resources to meet identified needs.

5. PC helps establish and maintain procedures for working with the grantee or delegate agency to resolve community complaints about the program.

Related Regulations: 1304.50 d 2; 1304.50 d 2 i; 1304.50 d 2 ii; 1304.50 d 2 iii; 1304.50 d 2 iv; 1304.50 d 2 v

Related Review Question/s:
Policy ID: PDM10081

Subject: Parent Committee

Performance Objective: The Parent Committee carries out certain minimum responsibilities.

Operational Procedures:

1. At a minimum, the Parent Committee carries out the responsibilities identified in 1304.50 e. They are to:
   a) Advise staff in developing and implementing local program policies, activities, and services.
   b) Plan, conduct, and participate in informal as well as formal programs and activities for parents and staff.
   c) Within the guidelines established by the governing body, Policy Council, or Policy Committee, participate in the recruitment and screening of Head Start employees.

2. The program assists the Parent Committee as needed.

Related Regulations: 1304.50 e.; 1304.50 e 1; 1304.50 e 2; 1304.50 e 3

Related Review Question/s:
Program Design and Management

Policy ID: PDM1009

Subject: PC Members and Conflict of Interest

Performance Objective: Policy Council or Policy Committee members are free of financial or other conflict of interest.

Operational Procedures:

1. No grantee or delegate agency staff (or members of their immediate families) serve on Policy Councils or Policy Committees except parents who occasionally substitute for regular Head Start staff. In the case of Tribal grantees, this exclusion applies only to Tribal staff who work in areas directly related to or which directly impact upon any Early Head Start or Head Start administrative, fiscal or programmatic issues.

2. Policy Council, Policy Committee and Parent Committee members may receive reimbursements for reasonable expenses incurred, or for serving as an occasional classroom substitute, without such reimbursement causing conflict of interest.

3. Policy Council or Policy Committee members or any members of their immediate families, cannot be employees of the grantee or delegate agency, or be related to an employee of the grantee or delegate while serving on the PC.

4. Policy Committees follow procedures to prohibit conflict of interest.

Related Regulations: 1304.50 b 6; 1304.50 f; Act 642 c 2 C i-ii; Act 642 c 3 B

| Related Review Questions: | PDM2C; PDM2G PDM2.2; PDM2.3 |
Policy ID: PDM1010

Subject: Orientation, Training and Technical Assistance for PC Members

Performance Objective: Policy Council or Policy Committee members receive orientation and ongoing training and technical assistance to ensure that they can oversee and participate in program administration effectively.

Operational Procedures:

1. Agendas, guidance documentation, training plans and materials show training topics and when training was provided to PC members.

2. PC members receive orientation at the beginning of their term and throughout the year at the Policy Council meetings and at OSHAI trainings.

Related Regulations: 1304.5214

Related Review Questions: PDM2D
Program Design and Management

Policy ID: PDM1011

Subject: PC Members and Reports

Performance Objective: Policy Council or Policy Committee members receive reports in a timely manner.

Operational Procedures:

1. The Policy Council or Policy Committee members receive the following information or reports:
   
   a) Monthly financial statements, including credit card expenditures;
   
   b) Monthly program information summaries;
   
   c) Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency;
   
   d) Monthly reports of meals and snacks provided through Department of Agriculture programs;
   
   e) Financial audit;
   
   f) Annual Self-Assessment, including findings related to such assessment;
   
   g) Community-wide strategic planning and needs assessment (i.e., Community Assessment) of the Head Start agency, including any applicable updates;
   
   h) Communication and guidance from the Secretary of HHS;
   
   i) Program information reports;
   
   j) Procedures and timetables for program planning; and
   
   k) Program plans, policies, procedures, and Head Start grant applications.
   
   Note: Single or multiple reports may be used to capture the information listed above.

2. Reports contain sufficient information to be useful during PC meetings, including program strengths and areas for improvement.

3. Once PC members receive the reports, there is sufficient time to review them and make informed decisions and recommendations.

4. When PC members have questions about reports, program staff answers them.

Related Regulations: Act 642 d 2 A, 642 d 2 B, 642 d 2 C, 642 d 2 D, 642 d 2 E, 642 d 2 F, 642 d 2 G, 642 d 2 H, 642 d 2 I; 1304.51 d; 1304.51 d 1; 1304.51 d 2; 1304.51 d 3; 1304.51 d 4

Related Review Questions: PDM2E, FM2B; PDM4.1; PDM9.3
Head Start Program Policies and Procedures

Program Design and Management

Policy ID: PDM1012

Subject: Policy Council or Policy Committee Decisions

Performance Objective: The Policy Council or Policy Committee approves and submits to the governing body decisions about certain activities.

Operational Procedures:

1. The Policy Council or Policy Committee approves and submits to the governing body decisions about each of the following activities:

   a) 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;

   b) Program recruitment, selection, and enrollment priorities;

   c) By-laws for Policy Council operations;

   d) Applications for funding and amendments to applications for funding for programs before application submission;

   e) Budget planning for program expenditures, including policies for reimbursement and participation in Policy Council activities;

   f) Program personnel policies and decisions regarding employment of all program staff, including standards of conduct for program staff, contractors, and volunteers and criteria for employment and dismissal of program staff;

   g) Developing procedures for electing Policy Council members; and

   h) Recommendations for selecting program agencies and service areas for such agencies.

2. Policy Council meeting minutes show when the PC approved and submitted these decisions to the governing body.

Related Regulations: Act 642 c 2 D i; Act 642 c 2 D ii, 642 c 2 D iii, 642 c 2 D iv, 642 c 2 D v, 642 c 2 D vi, 642 c 2 D vii, 642 c 2 D viii

Related Review Questions: PDM2F, PDM3.4
Subject: Reimbursement for Reasonable Expenses (PC)

Performance Objective: The program provides reimbursement for reasonable expenses to enable low-income Policy Council, Policy Committee, and Parent Committee members to participate fully in their group responsibilities.

Operational Procedures:

1. In accordance with Head Start regulations, the program provides reimbursement for child care expenses incurred because of parents’ need to attend Policy Council Meetings, Policy Council Committee meetings, Program Self Assessment Work Sessions, Interviews for Head Start Employment Openings, the [local] Parent Conference, Education Advisor Work sessions, and various other out-of-town trainings and meetings.

2. Child Care is provided on site for most meetings that Policy Council and Parent Committee members are invited to be a part of. Parents are also given parent bucks for attending these and other meetings that do not provide child care. Parent bucks may be exchanged for Meijer Gift cards.

4. See Policy # PDM1009, PC Members and Conflict of Interest.

Related Regulations: see 1304.50 f

Related Review Question/s: PDM2G See PDM2.2
Program Design and Management

Policy ID: PDM1014

Subject: Self-Assessment

Performance Objective: The program conducts an annual Self-Assessment of program effectiveness and progress in meeting local program goals and objectives and in implementing and complying with Federal requirements.

Operational Procedures:

1. Governing body meeting minutes establish that the Self-Assessment results are shared with the governing body.

2. When the self-assessment shows there are areas out of compliance, the agency develops and submits an improvement plan to the Office of Head Start, approved by the agency’s governing body, designed to strengthen any identified weaknesses.

   a) The program makes corrections to address areas out of compliance identified in the self-assessment.

3. The Self-Assessment shows evidence of involvement by governing body members.

4. The Self-Assessment addresses financial management systems.

5. The program uses its Self-Assessment to determine program effectiveness in meeting its goals.

6. The Self-Assessment is conducted at least once each program year.

7. The Self-Assessment is conducted with the consultation and participation of governing body members, the Head Start Director, staff, Policy Councils, Policy Committees (as applicable), and other community members (as appropriate).

8. The program reviews and revises its goals to address the outcomes of the annual Self-Assessment (see Policy # PDM1015, Program Planning).

9. Policy Councils and Policy Committees work in partnership with key management staff and the governing body to develop, review, and approve or disapprove the annual self-assessment of the grantee or delegate agency’s progress in carrying out the programmatic and fiscal intent of its grant application, including planning or other actions that may result from the review of the annual audit and findings from the Federal monitoring review [before applications are submitted].

Related Regulations: Act 641A g 1, 641A g 2 B; 1304.50 d 1 viii; See also 1304.51 i, 1304.51 i 1, 1304.51 i 2, 1304.51 i 3

Related Review Questions: PDM3A ECD4.2; PDM5.2; PDM6.1; PDM6.2
Policy ID: PDM1015

Subject: Program Planning

Performance Objective: The program develops and implements a systematic, ongoing process of program planning that includes consultation with the program’s governing body, policy groups, and program staff, and with other community organizations that serve Early Head Start and Head Start or other low-income families with young children.

Operational Procedures:

1. Program planning includes an assessment of community strengths, needs and resources through completion of the Community Assessment (see Policy # PDM1015a), in accordance with the requirements of part 1305.3.

2. Program planning includes the formulation of both multi-year (“long-range”) program goals and short-term program and financial objectives that address the findings of the Community Assessment, are consistent with the philosophy of Head Start, and reflect the findings of the program’s annual self-assessment.

3. Program planning includes the development of written plan(s) for implementing services in each of the program areas (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management). See the requirements of parts 1305, 1306, and 1308.

4. All written plans for implementing services, and the progress in meeting them, are reviewed by the grantee or delegate agency staff and reviewed and approved by the Policy Council or Policy Committee at least annually, and are revised and updated as needed.

5. Using data from the community assessment and self-assessment, the program develops its goals to respond to community needs.

   a) The program reviews and revises its goals to address the outcomes of the annual Self-Assessment.

   b) The program reviews and revises its goals to respond to changes in the community as reflected in the community assessment.

6. The agency-determined program goals for improving children’s school readiness include:

   a. Five Lead Teachers and Education Managers are enrolled in college.
   b. Participating with University of Cincinnati in CDA college classes for Associate Teachers.
   c. Child Health & Education Director and Education Managers will explain the new Early Learning framework and review activities that will support the implementation of the new framework.
   d. Work with Teachstone in training education staff on how to utilize the CLASS and work towards improving classroom scores.
   e. Follow our T/TA plan to work with Tim Adams to update and implement School Readiness Procedure.

7. School readiness goals are aligned with the Head Start Child Outcomes Framework, state early learning standards, as appropriate, and requirements and expectations of schools the children will be attending. The School Readiness Goals are discussed and aligned at the county wide task force meetings.
8. The long-range goals of the program are documented on the Performance Goal Plan.

9. The short-term program and financial objectives that help the program to accomplish long-range program goals are documented on the Performance Goal Plan.

Related Regulations: 1304.51 a; 1304.51 a 1; 1304.51 a 1 i; 1304.51 a 1 ii; 1304.51 a 1 iii; 1304.51 a 2; 1305.3, Act 641A g 2 A

Related Review Question/s: PDM3B; PDM3C; DS2.1; ECD4.1; PDM5.1; PDM5.3
Policy ID: PDM1015a

Subject: Community Assessment and Determining Community Strengths and Needs

Performance Objective: The grantee conducts a Community Assessment every three years to determine community strengths and needs.

Operational Procedures:

1. The grantee identifies the proposed service area in the Head Start grant application and defines it by county or sub-county area, such as a municipality, town or census tract or a federally recognized Indian reservation. A grantee’s service area must be approved, in writing, by the responsible HHS official in order to assure that the service area is of reasonable size and does not overlap with that of other Head Start grantees.

2. The program (Early Head Start and Head Start grantee) conducts a Community Assessment of the service area once every three years. The Community Assessment includes the collection and analysis of the following information about the service area:

   a) The demographic make-up of Head Start eligible children and families, including their estimated number, geographic location, and racial and ethnic and linguistic composition;

   b) Other child development and child care programs that are serving Head Start eligible children, including publicly funded State and local preschool programs, and the approximate number of Head Start eligible children served by each;

   c) The estimated number of children with disabilities four years old or younger, including types of disabilities and relevant services and resources provided to these children by community agencies;

   d) Data regarding the education, health, nutrition and social service needs of Head Start eligible children and their families;

   e) The education, health, nutrition and social service needs of Head Start eligible children and their families as defined by families of Head Start eligible children and by institutions in the community that serve young children;

   f) Resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility, such as:

      i) Child development and childcare programs serving eligible children,

      ii) Local preschools, and

      iii) how many eligible children are served by other programs.

3. The program uses information from the Community Assessment to:

   a) Help determine the grantee philosophy, and long-range and short-range program objectives;

   b) Determine the type of component services that are most needed and the program option or options that will be implemented, in accordance with applicable regulations;
c) Determine the recruitment area that will be served by the grantee, if limitations in the amount of resources make it impossible to serve the entire service area;

d) If there are delegate agencies, determine the recruitment area that will be served by the grantee and the recruitment area that will be served by each delegate agency;

e) Determine appropriate locations for centers; and

f) Set criteria that define the types of children and families who will be given priority for recruitment and selection.

4. In each of the two years following completion of the Community Assessment the grantee conducts a review to determine whether there have been significant changes in the information described in 1305.3 b of this section. If so, the Community Assessment must be updated and the decisions described in 1305.3 c are reconsidered.

5. The recruitment area includes the entire service area, unless the resources available to the Head Start grantee are inadequate to serve the entire service area.

6. In determining the recruitment area when it does not include the entire service area, the grantee does:

a) Select an area or areas that are among those having the greatest need for Head Start services as determined by the Community Assessment; and

b) Include as many Head Start eligible children as possible within the recruitment area, so that:

i) The greatest number of Head Start eligible children can be recruited and have an opportunity to be considered for selection and enrollment in the Head Start program, and

ii) The program can enroll the children and families with the greatest need for its services.

7. The program engages other entities to be involved with the community assessment process, such as family support, child abuse prevention and protective services, foster care, services for families where English is not the language customarily spoken, services for children with disabilities, and services for homeless children.

8. See also Policy # ER1004, Program Options.

**Related Regulations:** 1305.3, 1305.3 a, 1305.3 b, 1305.3 c, 1305.3 c 1; 1305.3 c 2; 1305.3 c 3; 1305.3 c 4; 1305.3 c 5; 1305.3 c 6; 1305.3 d, 1305.3 d 1, 1305.3 d 2, 1305.3 d 3, 1305.3 d 4, 1305.3 d 5, 1305.3 d 6; 1305.3 e

**Related Review Question/s:** PDM3B PDM5.3
Program Design and Management: Planning

Policy ID: PDM1015b

Subject: Use of Community Assessment Data for Program Planning

Performance Objective: The program uses information from the Community Assessment for program planning.

Operational Procedures:

1. Using the data in the community assessment, the program determines its recruitment area and sets criteria for the types of children and families who would be given priority for recruitment and selection.

2. Using the data in the community assessment, the program determines the program option or options and settings it would provide:
   a) Center-based, home-based, combination, or family child care;
   b) Locations for centers in the area to be served by home-based programs;
   c) Hours of operation; and
   d) Full-day or part-day services.

3. Using the data in the community assessment, the program determines the recruitment area that would be served by each delegate.

4. Using the data in the community assessment, the program determines which services it would provide directly, through collaboration, and by referral (e.g., health services, mental health services, transportation services).

5. Using the data in the community assessment, the program determines the staffing it will use to support the program option/s and settings it provides (e.g., staff skills and experience, the agency needs, staff composition necessary to reflect the languages, cultures, and heritage of community members of the community).

6. The program analyzes the Community Assessment data and makes appropriate program changes to maximize its ability to meet community needs and understand community strengths every year.

Related Regulations: 1304.51 a 1 i; 1305.3 d 2, 1305.3 d 3, 1305.3 d 4, 1305.3 d 5, 1305.3 d 6

Related Review Question/s: PDM3B, PDM5.3
**Head Start Program Policies and Procedures**

**Program Design and Management: Planning**

**Policy ID:** PDM1015c

**Subject:** Written Plans

**Performance Objective:** The program’s written plans include strategies for implementing its goals and objectives.

**Operational Procedures:**

1. The program’s written plans include:
   
a) Program’s overall long-range goals;
   
b) Specific short-term program and fiscal objectives and activities to be carried out;
   
c) How goals are linked to the Community Assessment;
   
d) How and when specific activities are to be implemented and goals attained;
   
e) Who assumes responsibility for implementing each element of the plan; and
   
f) How individual activities are evaluated.

2. Written plans are communicated to and shared with staff.

3. Program plans are implemented as written.

**Related Regulations:** [1304.51 a 1 iii]

| Related Review Question/s: PDM3C  PDM5.1 |
Policy ID: PDM1016

Subject: Ongoing Monitoring of HS

Performance Objective: The program has established and implemented procedures for ongoing monitoring of its Head Start operations at the grantee and delegate level.

Operational Procedures:

1. The Head Start Director receives from staff and consultants in each service area ongoing status reports that capture the program’s progress in meeting its goals and compliance.
   
   a) The Director uses the information from these reports to improve program quality and make necessary corrections.

2. The measures, tools, materials, or procedures used to determine how effectively the program implements overall operations and continues to meet program goals and regulations include:
   
   a) The ChildPlus Computer Program and Reports
   
   b) The Teaching Strategies Gold Assessment Computer Program
   
   c) Review of the Long and Short Term Program Goals
   
   d) Annual Self-Assessment Process
   
   e) File Audit Reviews
   
   f) CLASS Observation
   
   g) Staff Evaluations and Planning forms
   
   h) Various other Observations and Procedures

3. The governing body directs correction of instances of noncompliance identified by Federal, State, local, or Tribal authorities.

4. The Head Start Director is accountable for corrective actions.

5. The grantee promptly informs delegate governing bodies of deficiencies in delegate operations identified in the monitoring review and helps them set priorities, develop plans, including timetables, for addressing problems.

6. The program continues to involve parents and community residents in this process.

7. Understanding that the Secretary of the Department of Health and Human Services designates qualified applicants as Head Start agencies, the program strives to effectively provide and plan comprehensive health, educational, nutritional, social, and other services needed to aid participating children in attaining their full potential, and to prepare children to succeed in school. Similarly, the program demonstrates capacity in providing effective comprehensive, and well-coordinated early childhood education and
development services and programs to children and their families – throughout the program and ongoing monitoring.

**Related Regulations:** 1304.51 i 2, 1304.51 i 3; Act 641 d 1; Act 641 d 2; Act 641 d 2 A; Act 641 d 2 B; Act 641 d 3; Act 641 g

**Related Review Questions:** PDM4A; PDM4B; PDM6.1; PDM6.2
Policy ID: PDM1017

Subject: Communication Among Staff

Performance Objective: The program has mechanisms for regular communication among all program staff to facilitate high quality outcomes for children and families.

Operational Procedures:

1. The mechanisms for regular communication among all program staff include:
   a) Regularly scheduled staff meetings in which program staff offer input and participate in discussions;
   b) Use of technology to facilitate communications, such as use of e-mail, scans, faxes, cell phones & texting;
   c) Sharing information about policy or operational changes;
   d) Sharing information regarding the care or education of enrolled children and their families; and
   e) Overcoming geographical or other constraints that might prevent full participation or regular communication with other staff, as feasible.

Related Regulations: 1304.51 e

Related Review Question/s: PDM5A, PDM9.1
Policy ID: PDM1018

Subject: Communication with Families

Performance Objective: The program ensures that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.

Operational Procedures:

1. The program ensures that effective two-way comprehensive communications between staff and parents are carried out on a regular basis throughout the program year.

2. Communication with parents is carried out in the parents’ primary or preferred language or through an interpreter, to the extent feasible.

3. The program familiarizes parents with the use of and rationale behind health and developmental procedures administered through the program or by contract and obtains advance authorization for such procedures.

4. Staff are available to communicate with parents.

Related Regulations: 1304.51 c; 1304.51 c 1; 1304.51 c 2; 1304.20 e 2

Related Review Question/s: PDM5B, ECD9.1; PDM9.2; HL4.2
Policy ID: PDM1018a

Subject: Communications (General)

Performance Objective: The program establishes and implements systems to ensure that timely and accurate information is provided to delegate agency governing bodies, Policy Committees, parents, policy groups, staff, and as needed for the general community.

Operational Procedures:

1. The program establishes and implements the following system(s) to ensure that timely and accurate information is provided to parents, policy groups, staff, and the general community.

   a) In-house communication forms & memos are used for communication with staff

   b) E-mail system for all staff

   c) Ohio Heartland CAC Web Site

   d) Flyers, forms, notices, etc. sent to parents in the children’s book bags (Family connections, Policy Council, Special events, notices of days school is not in session, Lending Library forms, Weekly activity forms, field trip permission forms, notes from teachers or parents, information from Family Advocates, etc.)

   e) Letters, e-mails, texting and phone calls to parents, policy groups and staff

   f) Parent boards located close to classrooms with information for parents

   g) Monthly Newsletter to Parents

   h) Minutes from monthly meetings given out in children’s book bags, at Policy Council, at Family connections and posted on Parent Boards

   i) Family handbook (updated yearly) given out and gone over with each parent

   j) Community Resource Guide for each county (updated yearly) given to each parent

Related Regulations: 1304.51 b

Related Review Question/s:
Policy ID: PDM1018b

Subject: Communication with Delegate Agencies N/A – No Delegate Agencies

Performance Objective: The grantee has a procedure for ensuring that delegate agency governing bodies, Policy Committees, and all staff receive all regulations, policies, and other pertinent communications in a timely manner.

Operational Procedures:

1. Information is sent from the grantee office to the delegate agencies via <___> [mail, e-mail, intranet, internet, fax, meetings, and phone calls] within 10 days after receipt in the grantee office, or after approval by the Policy Council and/or grantee governing body.

Related Regulations: 1304.51 f

Related Review Question/s: PDM9.4
Policy ID: PDM1019

Subject: Record-Keeping Systems

Performance Objective: The program establishes and maintains efficient and effective record-keeping systems to provide accurate and timely information regarding children, families, and staff and ensures appropriate confidentiality of this information.

Operational Procedures:

1. The main record-keeping systems used for this purpose are as follows:

   a) ChildPlus
   b) Pay Expense Travel System
   c) POGO – Purchase Order System
   d) GMS
   e) Teaching Strategies Gold

2. Confidentiality is ensured through the provisions of the personnel system’s Confidentiality policy, # PP1002, Confidentiality.

3. Child, family, and staff files are kept strictly confidential and secured.

4. Records are kept timely, up-to-date, and accurate.

Related Regulations: 1304.51 g

Related Review Question/s: PDM6A  PDM7.1
Policy ID: PDM1020

Subject: Reporting Systems

Performance Objective: The program establishes and maintains efficient and effective reporting systems.

Operational Procedures:

1. These reporting systems 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. Specifically, they include timely submission of:

   a) Internal Revenue Service (IRS) 941 (Employer’s Quarterly Federal Tax Return),
      i) The organization stays current in its payroll taxes, as evidenced by the IRS Form 941.
   b) IRS 990 (Return of Organization Exempt from Income Tax),
      i) The IRS Form 990 is filed by the 15th day of the 5th month after the organization’s fiscal year end, or when an extension is obtained and documented.
   c) IRS 5500 (Annual Return/Report of Employee Benefit Plan), and
   d) Other official Federal, State, and local reports as required by applicable law.

2. These reporting systems also generate official reports for Federal, State, and local authorities as required by applicable law, regulations, and funder requirements.

3. Report submission. The audit is completed and the SF-SAC audit data collection form described in A-133 320 b and the reporting package are filed with the Single Audit Clearinghouse within 9 months of the end of each of the last 3 fiscal years.

4. The organization files USDA reports within the required timeframes.

5. The organization works to resolve any compliance issues identified in IRS correspondence.

6. Due date. When reports are required on a quarterly or semiannual basis, they are due 30 days after the reporting period. When required on an annual basis, they are due 90 days after the grant year. Final reports are due 90 days after the expiration or termination of grant support.

7. The grantee submits the original and two copies of the PMS-272 within 15 calendar days following the end of each quarter. The HHS awarding agency may require a monthly report from those grant recipients receiving advances totaling $1 million or more per year.

   a) Disbursements on the PSC-272 report are reconciled to expenses on the SF-269 report.
      i) Reasonable explanations are furnished for reconciling items.

8. The grantee submits the SF-269 and SF-269A (an original and two copies) no later than 30 days after the end of each specified reporting period for quarterly and semi-annual reports, and 90 calendar days for
annual and final reports. Extensions of reporting due dates may be approved by the HHS awarding agency upon request.

a) The final SF-269 report is reconciled to the audited financial statements and to the general ledger.
   i) Reasonable explanations are furnished for reconciling items.

9. The financial officer sees to it that grantee and delegate’s required financial reports, including the SF-269 Financial Status Report, the PSC-272 Federal Cash Transactions Report, and the detailed accounting of development and administrative expenses, are completed and submitted to the Federal funding agency in a timely manner.

10. Frequency and due date. The grantee must submit the report no later than 15 working days following the end of each quarter. However, where an advance either by letter of credit or electronic transfer of funds is authorized at an annualized rate of one million dollars or more, the Federal agency may require the report to be submitted within 15 working days following the end of each month.

11. Periodic reports of financial status and program operations are provided to program governing bodies, policy groups, and staff to advise them and to control program quality and maintain program accountability.

   a) Financial reports are presented in logical groupings and with sufficient detail to allow the reader to understand the financial operations of the organization and the Head Start award.

   b) Financial reports provide for a budget-to-actual comparison.

   c) Financial reports are generated to support the management of organizational components for which they are responsible.

   d) The governing body meeting minutes show when the periodic financial reports are distributed to the governing body.

   e) The program minimizes time elapsing between the end of the reporting period and when reports are presented to the governing body.

   f) Financial reports submitted to the governing body are accurate, clear, and comprehensive.

   g) Financial reports provided in a timely manner include sufficient detail (including budget information, non-Federal share expenditures, and the status of administrative limitation) to allow users to monitor the program’s financial progress.

   h) Specifically, the financial reports provided to governing bodies and policy groups include:
      i) monthly financial statements, including credit card expenditures,
      ii) the financial audit,
      iii) fiscal findings of the annual Self-Assessment (if applicable), and
      iv) bank statements

**Related Regulations:** 74.52 a 1 iv; 74.52 a 2 iii; 92.41 b 4; 92.41 c 4; 1304.51 h 1; 1304.51 h 2; 647 c 2; see also A-133 320 a; A-133 320 b; A-133 320 c

**Related Review Question/s:** PDM6B; FM5B, FM5C, FM2A; PDM8.1
Policy ID: PDM1021

Subject: Annual Report

Performance Objective: The program publishes and makes available to the public an annual report.

Operational Procedures:

1. The annual report includes the following elements:
   a) Total amount of public and private funds received and the amount from each source;
   b) Explanation of budgetary expenditures and proposed budget for the fiscal year;
   c) Total number of children and families served, average monthly enrollment (as a percentage of funded enrollment), and percentage of eligible children served;
   d) Results of the most recent review by the Secretary and the financial audit;
   e) Percentage of enrolled children who received medical and dental exams;
   f) Information about parent involvement activities;
   g) Agency’s efforts to prepare children for kindergarten; and
   h) Other information required by the Secretary.

2. The annual report is published in August of each year.

3. The annual report is made available to the public by posting it on our website.


Related Review Questions: PDM6C, PDM8.2
Policy ID: PDM1022

Subject: Organizational Structure and Program Objectives

Performance Objective: The program’s organizational structure supports the accomplishment of program objectives.

Operational Procedures:

1. The program’s structure addresses the major functions and responsibilities assigned to each staff position and provides adequate mechanisms for staff supervision and support.

2. The organizational chart reflects assignments of applicable management functions.
   
   a) The program’s defined management functions are able to adequately support the program’s goals.

3. The organizational structure provides for a separation of executive responsibilities from fiscal management.
   
   a) No fiscal staff have potentially conflicting roles in managing operations outside the fiscal area.
   
   b) The organizational chart for the fiscal area reveals no potential weaknesses in segregation of duties.

4. The supervision and support process includes feedback designed to improve the quality of services.
   
   a) Improvement or continuing need for corrective action is tracked by Managers using center observations, child file audits.
   
   b) Supervision includes direct observation of teaching at least three times per year using the CLASS, ELLCO and center observation assessment tool.
   
   b) The Child Health & Education Director and the Software Systems Administrator along with the Education Managers verify compliance with ODJFS licensing as the licenses expire.

5. Clear lines of communication and supervision exist to support staff in fulfilling roles and responsibilities.
   
   a) Staff are encouraged to convey their needs for support.
   
   b) The program responds promptly to such requests.
   
   c) Staff have opportunity to talk with supervisors and reflect critically on work with individual families.

6. The job titles of persons within the program formally assigned to and managing the following areas are:
   
   a) Program management: Head Start Director;
   
   b) Child development and education: Child Health and Education Director;
   
   c) Child medical and dental: Health Specialist;
d) Child mental health: Intervention Specialist;

e) Child nutrition: Health Specialist;

f) Services for children with disabilities: Intervention Specialist; and

g) Management of family and community partnerships, including parent activities: Family & Community Partnerships Director

Related Regulations: 1304.52 a 1, 1304.52 a 2, 1304.52 a 2 i, 1304.52 a 2 ii, 1304.52 a 2 iii, 1306.20 b

Related Review Questions: PDM7A, MH1.2; FCP1.3; ECD1.2; PDM10.1
Policy ID: PDM1023

Subject: Qualified Staff Are Hired

Performance Objective: The program hires staff and/or consultants who meet the required qualifications to provide regularly scheduled, ongoing content area expertise and oversight.

Operational Procedures:

1. The program hires Classroom Teachers who have demonstrated competency to perform functions that include:

   a) planning and implementing learning experiences that advance the intellectual and physical development of children, including improving the readiness of children for school by developing their literacy, phonemic, and print awareness, their understanding and use of language, their understanding and use of increasingly complex and varied vocabulary, their appreciation of books, their understanding of early math and early science, their problem-solving abilities, and their approaches to learning;

       b) establishing and maintaining a safe, healthy learning environment;

   c) supporting the social and emotional development of children; and

       d) encouraging the involvement of the families of the children in a Head Start program and supporting the development of relationships between children and their families.

2. As of October 1, 2011, such classrooms shall have teachers with the following:

   a) an associate degree in early childhood education;

       b) an associate degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; or

       c) a baccalaureate degree and has been admitted into the Teach For America program, passed a rigorous early childhood content exam, such as the Praxis II, participated in a Teach For America summer training institute that includes teaching preschool children, and is receiving ongoing professional development and support from Teach For America’s professional staff.

3. In the program’s center-based programs, Head Start Education Managers, including those serving as curriculum specialists, have a baccalaureate or advanced degree in early childhood education, or a baccalaureate or advanced degree and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children or are enrolled in classes that lead to this degree by September 30, 2013.

4. Head Start Teaching Assistants in the center-based programs have at least a child development associate credential, have enrolled in a program leading to an associate or baccalaureate degree, or have enrolled in a child development associate credential program to be completed within 2 years.

5. As required by the Secretary of the Department of Health and Human Services, the program describes continuing progress each year toward achieving the goals described above and:
Head Start Program Policies and Procedures

a) annually submits to the Secretary a report indicating the number and percentage of classroom personnel (described in the Head Start Act 648A a 2 A and B) in center-based programs with child development associate credentials or associate, baccalaureate, or advanced degrees.


Related Review Questions: PDM7B
Policy ID: PDM1023a

Subject: Hired Staff, Consultants Meet Required Qualifications

Performance Objective: The program hires staff or consultants who meet the required qualifications to provide content area expertise and oversight on an ongoing or regularly scheduled basis.

Operational Procedures:

1. The program hires staff or consultants who meet (or exceed) the required qualifications to provide content area expertise and oversight on an ongoing or regularly scheduled basis in these areas:
   
a) Education and Early Childhood Development, see Policy # ECD1001

b) Family and Community Services, see Policy # FCS1001

c) Mental Health Services, see Policy # MH1001

d) Disabilities Services, see Policy # DS1000

e) Nutrition Services, see Policy # NS1001

f) Health Services, and see Policy # HL1001

g) Financial Management, see Policy # FM1003

2. Evidence of hired staff and consultant qualifications are documented in the staff files.

Related Regulations: 1304.52 d 1, 1304.52 d 2, 1304.52 d 3, 1304.52 d 4, 1304.52 d 5, 1304.52 d 6, 1304.52 d 7, 1304.52 d 8

Related Review Questions: EC1A, HL1A, NS1A, MH1A, FCS1A, FCS1B, DS1A, MH1.1; FCP1.1; FCP1.2; ECD1.1
Policy ID: PDM1024

Subject: Alternative Credentialing and Degree Requirements

Performance Objective: The program hires teachers with appropriate credentials and/or degrees.

Operational Procedures:

2. As of October 1, 2011, such classrooms shall have teachers with the following:

   a) an associate degree in early childhood education;

   b) an associate degree in a related field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children; or

   c) a baccalaureate degree and has been admitted into the Teach For America program, passed a rigorous early childhood content exam, such as the Praxis II, participated in a Teach For America summer training institute that includes teaching preschool children, and is receiving ongoing professional development and support from Teach For America’s professional staff.

3. The program has the right to request a waiver in accordance with Head Start Act paragraph 648A a 4.

4. Individuals who receive financial assistance under the Head Start Act 648A to pursue a degree described in 648A a 2 A shall:

   a) teach or work in a Head Start program for a minimum of 3 years after receiving the degree; or

   b) repay the total or a prorated amount of the financial assistance received based on the length of service completed after receiving the degree.

5. Any Federal funds provided directly or indirectly to comply with Head Start Act 648A a 2 A shall be used toward degrees awarded by an institution of higher education, as defined by section 101 or 102 of the Higher Education Act of 1965 (20 U.S.C. 1001, 1002).

Related Regulations: Act 648A a 3, 648A a 3 A, 648A a 3 A i, 648A a 3 A ii, 648A a 3 A iii, 648A a 3 A iv, 648A a 3 A v, 648A a 3 B, 648A a 3 B i, 648A a 3 B ii, 648A a 3 B iii, 648A a 4; 648A a 6, 648A a 6 A, 648A a 6 B; 648A a 7.

Related Review Question/s: EC1B; PDM7B; ECD1.1; ECD2.1
Policy ID: PDM1025

Subject: Teacher In-Service Requirement

Performance Objective: Teachers attend professional development each year.

Operational Procedures:

1. Each Head Start teacher attends not less than 15 clock hours of professional development per year.

2. Such professional development is high-quality, sustained, intensive, and classroom-focused in order to have a positive and lasting impact on classroom instruction and the teacher’s performance in the classroom.

3. The professional development is regularly evaluated by the program for effectiveness.

Related Regulations: 648A a 5

Related Review Questions: PDM7B; PDM7I PDM12.3
Policy ID: PDM1026

Subject: Mentor Teachers

Performance Objective: The program establishes mentor teacher positions as needed.

Operational Procedures:

1. The program considers establishing mentor teacher positions when there is a substantial number of new classroom staff and/or when experiencing difficulty in meeting applicable education standards.

2. The term “mentor teacher” means an individual responsible for observing and assessing the classroom activities of a Head Start program and providing on-the-job guidance and training to the Head Start program staff and volunteers, in order to improve the qualifications and training of classroom staff, to maintain high quality education services, and to promote career development, in Head Start programs.

3. The program employs rotating lead teachers to assist in classrooms where new teachers and staff are present to provide on-the-job guidance and training.

Related Regulations: 648A b, 648A b 1, 648A b 2, 648A b 2 A, 648A b 2 B, 648A b 2 C, 648A b 2 D

Related Review Questions: PDM7B
Policy ID: PDM1027

Subject: Family Service Workers

Performance Objective: The program is prepared to implement changes in Family Service Worker requirements by the Secretary of DHHS.

Operational Procedures:

1. The program understands that the Secretary of DHHS, in coordination with concerned public and private agencies and organizations examining the issues of standards and training for family service workers, to improve the quality and effectiveness of staff providing in-home and other services (including needs assessment, development of service plans, family advocacy, and coordination of service delivery) to families of children participating in Head Start programs, shall:
   
   a) review and, as necessary, revise or develop new qualification standards for Head Start staff providing such services;
   
   b) review, and as necessary, revise or develop maximum caseload requirements, as suggested by best practices;
   
   c) promote the development of model curricula (on subjects including parenting training and family literacy) designed to ensure the attainment of appropriate competencies by individuals working or planning to work in the field of early childhood and family services;
   
   d) promote the establishment of a credential that indicates attainment of the competencies and that is accepted nationwide; and
   
   e) promote the use of appropriate strategies to meet the needs of special populations (including populations of limited English proficient children).

2. The program stands ready to implement such changes when indicated by the Secretary of DHHS.

Related Regulations: 648A c, 648A c 1, 648A c 2, 648A c 3, 648A c 4, 648A c 5

Related Review Questions: PDM7B
Head Start Program Policies and Procedures

Program Design and Management and Human Resources

Policy ID: PDM1028

Subject: Head Start Fellowships

Performance Objective: The program encourages child development and family services staff to apply for Head Start Fellowships.

Operational Procedures:

1. Program staff wishing to apply for Head Start Fellowships may do so in accordance with Head Start Act 648A d (1-8).


Related Review Questions: PDM7B
Policy ID: PDM1029

Subject: Model Staffing Plans

Performance Objective: The program is prepared to receive guidance and model staffing plans from the Secretary of DHHS.

Operational Procedures:

1. The program understands that the Secretary of DHHS shall develop model staffing plans to provide guidance to local Head Start agencies and programs on the numbers, types, responsibilities, and qualifications of staff required to operate a Head Start program.

2. The program stands ready to receive these and/or provide input as requested.

Related Regulations: 648A e

Related Review Questions: PDM7B
Policy ID: PDM1030

Subject: Professional Development Plans

Performance Objective: The program co-creates professional development plans for all Head Start employees

Operational Procedures:

1. The program, in consultation with an employee, creates a professional development plan for all Head Start employees. This process includes:
   a) Supervisor and Employee separately complete a Staff Evaluation Form on the Employee
   b) The Supervisor reviews the Staff Evaluation Form with the Employee
   c) The Professional Development Plan is part of the annual evaluation with input from both Employee and Supervisor
   d) Monitoring of the plan is done throughout the year.

2. The program ensures that such plans are regularly evaluated for their impact on staff effectiveness.

3. The Staff Evaluation that includes the Professional Development Plans are documented, dated, and kept in the staff files.

Related Regulations: 648A f

Related Review Questions: PDM7B; PDM7D; PDM12.2
Policy ID: PDM1031

Subject: Staff Recruitment and Selection (refer to: OHCAC Hiring Policy and Procedure and Head Start Program Operations Binder)

Performance Objective: The program recruits and selects employees in accordance with the regulations.

Operational Procedures:

Hiring Procedure
There will be no discrimination in employment, promotion, transfer, termination, rates of pay, or other forms of compensation, training opportunities, or any other personnel action, with regard to race, creed, color, sex, marital status, political affiliation, religion, age, handicap or national origin, with the exception of a bona fide occupation qualification (B.F.O.Q.). The Head Start program is subject to and will maintain compliance with Section 504 of the Rehabilitation Act of 1973.

1. Position Vacancy
   a. A vacancy occurs through resignation/promotion of incumbent or through the daily operations of OHCAC.

2. Announcement of Position Opening
   a. All jobs are posted on the Agency Web Site and must be applied for on-line. The job is either posted for internal staff, thus providing preferential consideration to employees who have availed themselves of training and experience opportunities or posted both internal/external. This includes posting the announcement including salary and job description. Job Postings are e-mailed to all staff and posted at all the main sites. The position will be posted for at least five working days. It is the responsibility of employees on approved leave or layoff to either check the Agency Web Site or visit one of the four county Administration Offices on a weekly basis if interested in any current posting announcements.

3. Interview
   a. Selected job applicants will be interviewed by the Hiring Supervisor/Manager in conjunction with a screening process.

   b. All current employees who meet minimum qualifications and are interested in a job posting must complete an application on the Agency Web Site within the posting period in order to be interviewed.

   c. Applicants from outside the Agency must complete an application on the Agency Web Site.

   d. The supervisor interviewing applicants for a particular job will utilize an interview guide, as appropriate.
      i. All questions will be job related.
      ii. Format will be the same for all applicants.
      iii. There will be a written record of each interview
4. Selection Process

   a. Applicant education and experience is reviewed to make certain that minimum standards are met. In addition, the program ensures that only candidates with the qualifications specified in the regulations (1304.52 and 1306.21) are hired. This is ensured by the Program Operations Manager screening all applicants for minimum requirements for the job, before the applications are sent to the appropriate Hiring Manager. Current and former Early Head Start and Head Start parents receive preference for employment vacancies for which they are qualified.

   b. Encouragement will be given to the employment of applicants residing in the area but it may be necessary to hire from other counties.

   c. One criteria for eligibility for hire is each applicants passing their background records check based on ODJFS Non-Conviction List and OHCAC Non-Conviction List.

   d. (Due to Head Start and State Regulations, all applicants are required to be both State & Federal fingerprinted and results known before permanent employment can be determined. Any Convictions during employment are required to be reported to the Supervisor immediately.) ODJFS require State Fingerprints done every 3 years. Some positions are require to do both State and Federal every 3 years.

   e. Before a perspective employee is offered a position, the program conducts verification of the following: Driving Abstract for positions that involve using their own personal vehicle regularly for their job or are driving an Agency vehicle, State and Federal Background Record Check, Drug Screening and personal & employment reference checks. Once all this information is complete and qualifications have been met, the perspective employee is offered the position.

   f. No applicant shall be hired whose employment would be in conflict with the following standards relating to nepotism.

   g. No person shall hold a job over which a member of his/her immediate family exercises supervisory authority.

   h. No person shall hold a job while a member of his/her immediate family serves on any Board of OHCAC.

   i. For the purposes of nepotism, the term "immediate family" is defined as spouse, children, parents, sister, brother, parents-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, and grandparents.

*Head Start Only

The Head Start Policy Council will exercise the right of approval of all Head Start Staff employed by OHCAC. (Head Start staff is defined as employees whose salaries are paid at a rate of 50% or more through Head Start funding).
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Political Activities - Employment shall not be offered as a consideration or reward for the political support of any political party or candidate for public office, nor may any person as an employee engages in partisan political activity as prohibited by the Hatch Act.

Work and personal references will be contacted for selected candidates.

Selection is recommended by the hiring supervisor to the Executive Director.

Date on selection process is filed and held as required.

5. Orientation
   a. After accepting the position the new employee will be notified by the area supervisor of their starting date. All new employees are required to attend an OHCAC agency orientation on their 1st day of work. The supervisor orientation will take place on the 2nd day of work and within 30 days of hire the new employee will attend the Head Start orientation.

6. Conditional Employment Period
   a. All new employees undergo a 90 day initial introductory period that allows time to monitor employee performance.
   b. All current employees that are promoted or transferred will serve a 90 day conditional employment period.

Related Regulations: 648A g, 648A g 1, 648A g 2, 648A g 3, 648A g 3 A, 648A g 3 B, 648A g 3 C

Related Review Questions: PDM7B; PDM7E; PDM11.3
Policy ID: PDM1031a

Subject: Staff Qualifications -- General

Performance Objective: The program ensures that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly.

Operational Procedures:

1. The program ensures that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly by following the Ohio Heartland CAC Head Start Hiring Procedure.

2. In addition, the program ensures that only candidates with the qualifications specified in 1304.52 b and in 1306.21 are hired in conjunction with State licensing requirements.

3. Current and former Head Start parents receive preference for employment vacancies for which they are qualified.

4. Staff and program consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.

   a) The program will help familiarize staff and consultants with ethnic backgrounds and family heritage and with effective communication by means of the following:

      1) Use of the Spanish Forms File located in Head Start Area/Family & Community Partnership. (All forms and brochures converted to Spanish by a contracted interpreter are located in this file.)

      2) Advocates or Advocate managers will communicate to Staff and Consultants verbally or in written form about ethnic background or family heritage information that would be helpful in communication with a family.

      3) Inform staff of the location of the Spanish forms, and name and contact information of interpreters.

      4) Train staff on the use and implementation of the Special Diet/Food Allergy Action Plan, for families that request this due to ethnic background or family heritage food preferences.

Related Regulations: 1304.52 b, 1304.52 b 1, 1304.52 b 2, 1304.52 b 3, 1304.52 b 4; 1306.21

Related Review Question/s: MH1.2; FCP1.3; ECD1.2; ECD9.1; PDM10.2
Policy ID: PDM1032

Subject: Staff Performance Appraisals

Performance Objective: The program performs performance reviews of all staff.

Operational Procedures:

Staff Performance Appraisal/Staff Performance Evaluation

1. New Hires are evaluated at 7 Weeks and 90 Days of employment in accordance with the Agency Initial Introductory Period requirements.

2. A formal, written evaluation with staff development planning of employees is completed annually for all employees.

4. Ongoing monitoring continues throughout the year through classroom and bus observations, doing file audits and running reports for analysis that impact the annual staff performance evaluations for all employees.

5. Employees are evaluated by themselves first and then by the immediate supervisors.

6. Evaluations are filed in the employee’s personnel file.

7. Evaluations are based on work performance, efficiency, dependability, and adaptability.

8. Employees review and discuss their evaluation with their immediate supervisor. Their signature indicates only that the employee has discussed the evaluation and has set three goals with the immediate supervisor, emphasizing the positive and discussing ways for improvement or growth.

9. Each employee shall receive a copy of the evaluation.

10. The primary function of supervisory personnel is guidance and improvement of the operation. Each supervisory visit shall be a positive approach to improvement and add to the employee’s contribution to the program.

11. The immediate supervisor’s supervisor or designee reviews the evaluation and then discuss with immediate supervisor, if needed and signs the evaluation.

12. If the employee is dissatisfied with the evaluation and has passed the Initial 90 Day Introductory period, the employee may appeal in writing within five working days to the Immediate Supervisor.

(See Grievance Procedure for further instruction)

13. Policy Council is involved in the hiring and termination process in accordance with Head Start Regulations.

14. This process is free from any discriminatory practices related to an employee’s religion, race, color creed, sex, age, national origin, physical or mental disability, or veteran status.
15. The results of staff performance reviews are used to identify staff training and development needs, to modify staff performance as necessary through Staff Planning Reports, and to assist each staff member in improving his/her skills and professional competencies.

Related Regulations: 1301.31 a 5; 1304.52 j; 1310.17 f 1

Related Review Question/s: PDM7C PDM12.1
Subject: Staff Recruitment and Selection Procedures

Performance Objective: The Head Start program fills vacancies with the most qualified candidates while providing equal employment opportunities to all.

Operational Procedures:

1. The Program Operations Manager is notified by supervisors when there is a position vacancy to be filled.

2. The status and classification of the vacated position(s) are then determined by Program Operations Manager.

3. The minimum qualifications for the position are listed on the job opening announcement.

4. Announcement of job opening is made through any combination of the following methods, as determined by the Program Operations Manager (and as approved by Policy Council): flyers posted on site, flyers posted in the community, letters mailed to parents, announcement in the program newsletter, phone calls/faxes to community partners, program representation at a job fair, classified advertisement in selected area newspaper(s), public announcement over radio, public announcement through local television, and/or through an internet web site.

The Policy Council must approve in advance the hiring of all Head Start employees.

5. Findings from the Community Assessment can be used to help determine job announcement locations.

6. The job opening announcement posted on the Agency Web Site is posted for a minimum of days or longer as determined by the Head Start Director.

7. Each job opening announcement includes the appropriate contact information for how potential applicants should apply using the online application form.

8. The program requires that all current and prospective employees sign a declaration prior to employment that lists:
   a) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
   b) Convictions related to other forms of child abuse and neglect; and
   c) All convictions of violent felonies.
   d) The signed declaration may exclude:
      i) Traffic fines of $200.00 or less;
ii) Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies, committed before the prospective employee’s 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law;

iii) Any conviction the record of which has been expunged under Federal or State law; and

iv) Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

* * *

SELECTION PROCEDURES

1. Selection procedures may include written tests, oral tests, performance tests, physical agility tests, assessment centers, training, and experience evaluations, any combination of these, or others.

2. Selection procedures must be practical, job related, and constructed to sample the knowledge, skills, abilities, and/or the personal attributes required for successful job performance.

3. Before an employee is hired, the program conducts an interview with the applicant. This is done by following the Hiring Policy & Procedure.

4. Before an employee is hired, the program conducts a verification of personal and employment references.

   a) Candidates for employment should submit their references to the Operations Manager by mail or in person by the date set for their fingerprints to be taken.

5. Before an employee is hired, the program conducts a State and national criminal record check, as required by State law or administrative requirement before the hiring process can continue. This is ensured by following the Hiring Policy & Procedure.

6. All current and prospective employees are required to sign a declaration prior to employment that lists all pending and prior criminal arrests and charges related to child sexual abuse and their disposition; convictions related to other forms of child abuse and neglect; and all convictions of violent felonies. This is ensured by having the prospective employee sign the ODJFS Statement of Non-Conviction and the Agency Non-Conviction Statements at the time of fingerprinting.

7. The program reviews each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction. This is ensured by following the “Procedure for processing driving abstract record, fingerprinting and offering employment” section in the Hiring Policy & Procedure.

8. An Initial 90 Day Introductory Period for all new employees that allows time to monitor employee performance. A 30 Day Extension is allowed if needed.

9. The program must ensure that staff and consultants have the knowledge, skills, and experience they need to perform their assigned functions responsibly. This is ensured by review of the job application, the interview process, reference checks, education verification as needed, and job reviews done at seven week and 90 days.

10. In addition, the program ensures that only candidates with the qualifications specified in the regulations (1304.52 and 1306.21) are hired. This is ensured by the Operations Manager and receipt of the high school diploma and education verification (as needed).
11. Current and former Head Start parents receive preference for employment vacancies for which they are qualified. This is ensured by offering at least a first interview to qualified current and former Head Start parents.

12. Staff and program consultants must become familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency.

13. The Head Start program is subject to and will maintain compliance with Section 504 of the Rehabilitation Act of 1973 in the hiring, promotion, and in general relations with otherwise qualified handicapped candidates and employees.

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STAFF SELECTION

1. The Operations Manager screens the job application forms for minimum qualifications. The applications that do not meet minimum qualifications are filed as Unqualified. The applications that meet the minimum qualifications are forwarded to the Supervisor of vacant position.

2. The Supervisor of vacant position screens the remaining applications, reviewing experience, skills, knowledge, etc. to select applicants for interview. If selected from the interviews to continue through the hiring process and approved by the Executive Director to continue, the following takes place (1) driving record is checked on those that drive Agency vehicles and those that drive almost daily their own vehicle for work, (2) the candidate is called for fingerprinting and drug screening. Once notification is received for a negative drug screen and clear fingerprints, (3) the candidate is called and offered the job. (4) The candidate’s first day of work is the Agency Orientation and is notified the time & date. Current and former Head Start parents receive preference for employment vacancies for which they are qualified.

3. The complete interview process is as follows: See the Hiring Policy and Procedure.

4. A criminal records check and a reference check (both personal and employment verification) is performed for each of the finalists before hire.

6. All new employees undergo a 90 day Introductory Period that allows time to monitor employee performance and given a 30 day extension if needed.

7. When providing transportation services, the agency ensures that this applicant review process is used in hiring drivers and that:

   a) applicants for driver positions are advised of the specific licensing requirements

   b) there are criteria for the rejection of unacceptable applicants,

   c) the applicant review procedures include:

      i) all elements specified in 1304.52 b, with additional disclosure by the applicant of all moving traffic violations, regardless of penalty;

      ii) a check of the applicant’s driving record through the appropriate State agency, including a check of the applicant's record through the National Driver Register, if available in the State; and
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iii) after a conditional offer of employment to the applicant and before the applicant begins work as a driver, a medical examination, performed by a licensed doctor of medicine or osteopathy, establishing that the individual possesses the physical ability to perform any job-related functions with any necessary accommodations.

Related Regulations: 1301.31 a 2; 1301.31 b; 1301.31 b 1; 1301.31 b 1 i; 1301.31 b 1 ii; 1301.31 b 1 iii; 1301.31 b 2; 1301.31 b 2 i; 1301.31 b 2 ii; 1301.31 b 2 iii; 1301.31 b 3; 1301.31 c; 1301.31 c 1; 1301.31 c 2; 1301.31 c 3; 1301.31 c 4; 1304.50 d 1 xi; 1304.52; 1306.21; Act 648A g 3 A, Act 648A g 3 B, Act 648A g 3 C; 1310.16 b 1, 1310.16 b 2, 1310.16 b 3.

| Related Review Question/s: | PDM7E, TR1B, PDM11.2, PDM11.3 |
Policy ID: PDM1034

Subject: Staff and Volunteer Health: Initial Health Examinations

Performance Objective: The program ensures that each staff member has an initial health exam, including screening for tuberculosis, and periodic reexaminations.

Operational Procedures:

1. The program has documentation on each staff member’s initial health examination (including screening for tuberculosis) and periodic reexaminations (as recommended by his or her health care provider or as mandated by State, local, or Tribal laws). This documentation:
   a) is kept in a medical file separate from the staff personnel files, and
   b) includes the date of the most recent health screen.

2. The program ensures that each staff member has an initial health exam, including screening for tuberculosis, and periodic reexaminations by:
   a) All employees are to be screened annually for Tuberculosis.
   b) OHCAC Head Start and ODJFS Licensing require every new employee to receive an initial medical exam.

3. The purpose of the initial health examination is to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start program that cannot be eliminated or reduced by reasonable accommodation.

4. This requirement is implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

5. The program makes mental health and wellness information available to staff with concerns that may affect their job performance.

Related Regulations: 1304.52 k 1, 1304.52 k 2, 1304.52 k 3

Related Review Questions: PDM11.2
**Head Start Program Policies and Procedures**  
**Program Design and Management: Human Resources**

**Policy ID:**  PDM1035

**Subject:**  Head Start Director Qualifications

**Performance Objective:** The Head Start Director is qualified for the position through having demonstrated skills and abilities relevant to human services program management.

**Operational Procedures:**

1. The job description details the desired degree/s, training, experience, and qualifications of the Director position.

2. The personnel file and resume of the Head Start Director lists the degree/s, training, experience, and qualifications of the incumbent.

3. The following steps are taken to ensure that the Director meets/exceeds this requirement:
   
   a) The prospective Director must meet the requirements as stated on the Head Start Director Job Description.

   b) The Head Start program will obtain reference checks from current and former employers.

   c) The prospective Director will be required to go through a written and oral interview process where questions will pertain to these requirements.

**Related Regulations:** 1304.52 c

**Related Review Question/s:**  PDM7G, PDM10.3
Policy ID:  PDM1036

Subject:  Standards of Conduct

Performance Objective: All staff, consultants, and volunteers abide by the program’s standards of conduct.

Operational Procedures:
1. All staff, consultants, and volunteers must abide by these standards of conduct.

2. Violating the standards of conduct will result in penalties, up to and including termination.

3. The Standards of Conduct include, but are not limited to, the following:

   a) Children and families are respected, and we refrain from stereotyping. We respect the child and family and will not refer to them in any form of stereotyping on the basis of gender, race, ethnicity, culture, religion or disability.

   b) Confidentiality policies must be followed and are strictly enforced. The confidentiality concerning information about the child, family or other staff members should be closely observed. Any employee, volunteer or consultant who violates the “Confidentiality Policy” may be removed from the program.

   c) Children are always supervised. When assigned to the supervision of children, the adult under no circumstances will be allowed to leave the child unsupervised.

   d) Positive methods of guidance and discipline are used. The employees, volunteers and consultants are expected to adhere to the “Discipline Policy.” This policy states that positive methods of child guidance will be used thus prohibiting the use of corporal punishment, emotional or physical abuse, or humiliation. Isolating the child is inappropriate and unacceptable in any facility. In addition, food is not to be used as a form or reward or punishment. Children are encouraged to try new foods without having to eat all of the food offered. No discipline methods involving the denial of basic needs are permitted.

   e) Clothing of employees on the job should be in good taste, neat, clean, and appropriate for the duties to be performed.

   f) Each employee must cooperate with fellow workers and the public in order to set a high standard of work performance. Unwillingness or failure to cooperate shall be cause for disciplinary action.

   g) Employees must be punctual in reporting for duty at the time and place designated. Repeated failure to report promptly at the time directed will be deemed neglect of duty and subject to disciplinary action.

   i) Employees shall not smoke on any owned or rented property operated by OHCAC.

   j) False reporting shall be subject to disciplinary action.

   k) Employees should never be discourteous nor argumentative with program participants and, if conflicts develop, should immediately make the supervisor aware of the conflict.

   l) All employees are urged to make any suggestions they feel will be of benefit to the program.
m) Employees may be granted authorization to be reimbursed for using their private vehicles when use of private vehicles is essential in the performance of the work required.

n) All complaints on behalf of the public are handled courteously and promptly and in accordance with the Client and Community Complaint/Dispute & Grievance Procedures.

o) Employees will discourage personal gifts and will not accept any gift or other valuable things offered in the course of work or in connection with it when such a gift is given in the hope or expectation of receiving a favor or better treatment than accorded other persons.

p) Employees shall not accept nor receive money in the form of tips or rewards for services rendered.

q) Solicitation of funds from employees or the public is not permitted with the exception of parent fundraising. Employees desiring to solicit or to have someone else solicit, either directly or indirectly, money or materials of any kind, including prizes, for the purpose of assisting in the promotion of any program area or activity must secure approval before starting such solicitation.

r) Employees are discouraged from fraternizing with (dating) any program participant.

4. The following actions are considered direct violations of the Standards of Conduct and will subject an employee to disciplinary action up to and including discharge. There are Group One Offenses and Group Two Offenses. However, it is not possible to provide a complete list of every possible offense; so to give some guidance, examples of unacceptable conduct are listed below. Note that conduct that is not listed, but that is unprofessional or potentially embarrassing, adversely affects, or is otherwise detrimental to the Head Start program’s (or grantee’s) interests, or the interests of its employees, participants or the public at large, may also result in disciplinary action, up to and including immediate termination.

a) Abuse or willful inattention to a participant.

b) Refusal or failure to carry out instructions from a responsible authority or willful neglect of assigned duties.

c) Failure to inform the supervisor in the event of absence or late arrival.

d) Failure to report for work or to contact the supervisor for three consecutive days.

e) Excessive or unjustified absences or late arrivals.

f) Insubordination, including improper conduct toward a supervisor or refusal to perform tasks assigned by the supervisor.

g) Disorderly or disruptive conduct such as fighting or threatening violence on any program site/location.

h) Unsatisfactory performance or conduct.

i) Violation of safety rules.

j) Possession of dangerous or unauthorized materials, such as explosives or firearms on any program site/location.

k) Misuse, unauthorized use/possession, destruction, or theft of property belonging to the program, another employee, participant or visitor.
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l) Falsifying or collaborating in a falsification of any document or record of the program.

m) Possession or use of alcoholic beverages or narcotics, unless a prescription is provided, on the premises or such use or consumption as to make an employee unfit for duty during his or her normal work day, and sale or purchase of illegal narcotics.

n) Accepting or offering a gift to influence any matter in which the program has an interest or responsibility.

o) Unauthorized disclosure of confidential information.

p) Posting notices, signs or written material on bulletin boards or other places without specific authorization, or removing properly posted material or otherwise defacing any program site/location.

q) Unauthorized non-work activities during working hours or any time which interferes with the work of others.

r) Sexual or other unlawful harassment or discrimination.

s) Failure to return to work on a timely basis after the termination of an approved leave of absence.

t) Failure to observe the terms and conditions of all software agreements and licenses to which the program may be a party.

u) Violation of any Head Start program policy, including the policies described herein.

5. Progressive Disciplinary Action is Enforced for Violations of Standards of Conduct. The nature of discipline imposed will depend on the seriousness of the problem and the prior record of the employee’s performance, behavior problems, or safety violations. Disciplinary action is based on the facts of each case, and not all the available forms of disciplinary action outlined below are appropriate to every disciplinary situation. It is not required by the program to treat each form of discipline as a step in a series with each employee before discharge, and the program reserves the right to forgo the steps of progressive disciplinary procedures at any time when deemed necessary.

a) Verbal Warning: A reprimand in which a supervisor discusses a violation of a rule, policy, procedure or a performance problem with a subordinate and issues a verbal warning against further violations.

b) Formal Written Warning: A warning notice through which a supervisor documents in writing problems with performance or behavior, the causes and effects of the problems, a plan of correction and the consequences of continued non-compliance. A meeting is held with the employee to discuss the counseling notice and to elicit commitment to improvement.

c) Suspension: An action in which an employee is given a specific period of time off the job without pay. Such a suspension of employment, in itself, may constitute a disciplinary action.

d) Discharge: An action in which employment is permanently terminated in response to a specific violation. Serious violations or misconduct may result in immediate termination without progressive discipline.

Related Regulations: 1301.31 a 3; 1304.52 i 1 i, 1304.52 i 1 ii, 1304.52 i 1 iii, 1304.52 i 1 iv; 1304.52 i 2 and 3

Related Review Question/s: PDM7H-PDM11.1

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Program Design and Management

Policy ID: PDM1037

Subject: Ongoing Training and Development

Performance Objective: The program provides opportunities for ongoing training and development for all staff.

Operational Procedures:

1. The program’s structured approach and plans for providing ongoing training and development opportunities for all staff include:

   a) attaching academic credit whenever possible,

   b) a design to help build relationships among staff,

   c) pre-service and in-service training opportunities to program staff and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities, directed towards improving the ability of staff and volunteers to deliver services required by Head Start regulations and policies,

   d) providing staff with information and training about the underlying philosophy and goals of Head Start and the program options being implemented,

   e) including ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Head Start Program Performance Standards, including:

      i) methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers; and

      ii) methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.

2. The program offers family child care providers opportunities for training in the following areas:

   a) Infant, toddler, and preschool development;

   b) Curriculum implementation;

   c) Skills for working with children with disabilities;

   d) Effective communication with children and their families;

   e) Safety, sanitation, hygiene, health practices, and certification in infant and child CPR;

   f) USDA and Child and Adult Care Food Program regulations; and

   g) Other skills necessary to increase their knowledge of children and family services.

3. The Child Health & Education Director co-determines the kind of training individual teachers need by:
a) Evaluation of the children’s Teaching Strategies Gold Assessment Results

b) Evaluation of the CLASS observations results

c) Evaluation of the Classroom Observations and ELLCO evaluations.

4. Teachers receive training on:

   a) the current curriculum,

   b) planning and maintaining positive environments for children, and

   c) engaging in positive interactions with children.

5. Teachers must attend at least 15 hours of high-quality, sustained, intensive, and classroom-focused professional development each year.

   a) The Child Health and Education Director evaluates training opportunities to ensure a positive and lasting impact on classroom instruction and teacher performance.

   b) The Child Health and Education Director then selects appropriate training opportunities for teachers.

6. Staff files contain evidence of these training opportunities, with dates and types of training that staff have received.

Related Regulations: 1304.52 h 1; 1304.52 l 2, 1304.52 l 3, 1304.52 l 3 i, 1304.52 l 3 ii; 1304.52 l 5, 1304.52 l 5 i, 1304.52 l 5 ii, 1304.52 l 5 iii, 1304.52 l 5 iv, 1304.52 l 5 v, 1304.52 l 5 vi, 1304.52 l 5 vii, 1304.52 l 5 viii; Act 648A a 5

Related Review Questions: PDM7I; PDM7J ECD2.2; PDM12.3; PDM12.4
Head Start Program Policies and Procedures

Program Design and Management

Policy ID: PDM1038

Subject: Ongoing Monitoring of Program Design and Management

Performance Objective: The program has established and implemented procedures for ongoing monitoring of program design and management practices at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring at the grantee and delegate level to ensure effective implementation of Federal regulations:
   a) When problems or weaknesses in the program’s practices are detected, the Operations Manager notifies appropriate personnel and suggests corrective actions.
   b) When problems or weaknesses in the program’s practices are identified, the Operations Manager is responsible for documenting them and reporting to the Head Start Director.
   c) Documentation of identified problems or weaknesses is kept in the Annual Self-Assessment file.
   d) All personnel are directed to report safety issues or concerns whenever they are apparent to their Director Supervisor.

2. The program analyzes and documents progress toward achieving program goals and complying with performance requirements by means of the Program Improvement Plan and Long and Short Term Goals and progress toward their completion.

3. See also Ongoing Monitoring Policy # PDM1016; HL1014; NS1006; SE1006; TR1014; DS1010; MH1005; FCS1017; ECD1027; ER1005; and CO01.

Related Regulations: 1304.51 i 2

Related Review Questions: PDM4A  PDM6.1
Personnel Policies

Policy ID: PP1000

Subject: Files and Records System (refer to: Personnel File Information Access Policy and Procedure)

Performance Objective: A file and records system is established and maintained by the program offices, including personnel files.

Operational Procedures:

1. All materials are filed on a timely basis using the system.

2. Specific files are labeled for easy reference.

3. At a minimum, all personnel files include copies of:
   a) Job descriptions
   b) Employment applications
   c) Appointment paperwork
   d) Evaluations
   e) Physicals and Tuberculosis screening results, if required
   f) Fingerprinting
   g) State licensing documents, if required
   h) Any personnel paperwork

4. Files are kept confidential in locked file cabinets.

5. Access to Personnel Files is limited to Directors, Supervisors of only their staff and employees viewing their own file in the course of performing their job functions. The Program Operations Manager will determine the validity of the request to see files. If copies are requested, the Program Operations Manager will place the copies in the appropriate staff’s in-box, or send to staff’s office, over the fax or put copies in the inter-office mail system within the time limit stated on the In-House Staff Communication Form. If access to a Personnel File is requested, the Program Operations Manager will respond immediately if crisis is indicated, but normally with a pre-scheduled arrangement as to when the file can be viewed for the individual requesting access in the presence of the Program Operations Manager. The Program Operations Manager will re-file the employee’s Personnel File. All Personnel Files will remain in the Marion Office at all times.

Related Regulations: (1301.31); see 1304.51 g

Related Review Question/s: N/A PDM7.1
Personnel Policies

Policy ID: PP1001

Subject: Personnel and Medical Records

Performance Objective: As required by Federal, State and regulatory agencies, and as needed for internal use, information relative to employment with the program is collected and stored in the employee files. (Note: there may be exceptions with collective bargaining agreements; check your local regulations.)

Operational Procedures:

1. Each personnel file shall contain information and documentation pertinent to employment with the program, including, but not limited to:

   * Employment Application
   * Personnel Action Forms
   * Staff Performance Appraisal Forms
   * Counseling Memos/Commendations
   * Training certificates/licenses/transcripts
   * Offer letters
   * All other information required by law and Child Care Licensing, or pertinent to employment.

2. Each separate benefits file shall contain all pertinent Health/Dental/Life/Retirement information, including all health/medical related required forms for employment and other physician related documentation.

3. All documents verifying legal work status and personal identification are kept in a separate file.

4. Employees are responsible for providing, in a timely fashion, updated information on pertinent personal data, license renewal (if applicable), educational achievements, and – where applicable– current health status.

5. Program Management is responsible for submitting complete and timely documentation on employee performance, status changes and other information pertinent to employment.

6. The Program Operations Manager is responsible for filing records and maintaining the integrity of employment documents, and for assuring their confidentiality and authorized access.

7. Contents of the personnel files are in general to remain confidential. Outlined below are common situations where information on current and former employees will be released to an authorized person:

   a) Upon expressed written permission of the employee authorizing the release, or implied permission. For example, when an employee applies for a transfer to another program, permission to review the employee’s file by the hiring program management is presumed.
Head Start Program Policies and Procedures

b) In response to a request by a governmental agency with legitimate right of access.

c) In response to credit institutions, commercial agencies and prospective employers to verify employment dates and title of the position.

d) In response to a subpoena (though whenever possible the employee should be notified in advance of documents being produced or information provided.)

e) Every current employee shall have access to his/her own file, and may review its contents upon appointment with the Program Operations Manager.

8. Medical information contained in separate benefits files may be disclosed only in the following circumstances:

a) **Access:** Employees are permitted reasonable access to their personnel files, including medical, workers’ compensation, and immigration files, during regular business hours.

b) **Copies:** Employees may receive a copy of any information in their personnel file.

c) **Additions and Corrections:** Employees are permitted to add material and make corrections to any information in their personnel records. The information is subject to review by the employee's immediate supervisor and the Executive Director. If there is a disagreement concerning the information added or corrected, a meeting will be held with the employee to discuss the disagreement. If the disagreement cannot be resolved, then the view of both the employee and the supervisor will be entered into the personnel record.

d) **Access by Other Employees and Supervisors:** Personnel records may be accessed by employees and supervisors only in the course of performing their job functions. With respect to medical, workers’ compensation, and immigration files, other employees and supervisors may have access to these files only on a need-to-know basis.

e) **Access by Former Employees:** Former employees may have reasonable access to their personnel records. If a former employee needs a copy of any information, it must be requested in writing.

f) **Access by Non-Employees:** No non-employee may have access to personnel files without the permission of the employee or the Executive Director. Normally, permission will be given only if a subpoena is received. The employee will normally be informed by the Executive Director that a subpoena was served.

9. Employees files may not be removed nor copied (in some States) from the Operations Managers Office without permission from the Operations Manager.

**Related Regulations:** [(1301.31); and see 1304.51 g]

**Related Review Question/s:** N/A PDM7.1
**Personnel Policies**

**Policy ID: PP1002**

**Subject:** Confidentiality

**Performance Objective:** Efforts are made to insure the security and confidentiality of personnel, children’s, and family files.

**Operational Procedures:**

1. Confidentiality is strictly enforced.

2. The confidentiality concerning information about the child, family or other staff members is closely observed.

3. Any employee, volunteer or consultant who violates the “Confidentiality Policy” may be disciplined or removed from the program.

4. We ensure confidentiality by following these confidentiality procedures:
   - a) Files are kept under lock and key.
   - b) Only authorized staff members may access child and family files.
   - c) Staff are trained in how to maintain confidentiality.

5. The sharing of information with community partners is done in accordance with this Confidentiality policy.

**Related Regulations:** \((1301.31); 1304.52 i 1 ii; 1304.41 a 1\)

**Related Review Question/s:** FCP4.1
Personnel Policies

Policy ID: PP1003

Subject: Attendance and Absenteeism, Employees (refer to: OHCAC Personnel Policies & Procedures Handbook)

Performance Objective: All employees are expected to be at their assigned location for every scheduled work day and to report to work on time. These expectations are based on the realization that program quality requires good attendance and punctuality on the part of every employee, and the compliance with work schedules is vital to the maintenance of program activities on a continuous basis.

Operational Procedures:

1. Definitions:

   a) Unscheduled Absences: Any absence that has not been pre-approved (i.e., a leave of absence is a pre-approved absence, as is a pre-approved vacation.)

      i) When an employee is unable to work due to illness or other personal problems, she/he must contact his/her supervisor one hour prior to the start of his/her shift.

      ii) Abuse of unscheduled absenteeism (including, among other issues, absenteeism without good cause, a failure to call-in in a timely manner, a pattern of absences immediately before or after holidays or weekends) may result in a violation of the Standards of Conduct (see Policy # PDM1036, Standards of Conduct), and may be cause for disciplinary action. Chronic absence is defined as absences in excess of (1) day a month and/or repeatedly causing a hardship on the daily operations of the agency.

      iii) Should poor health be the cause of unscheduled absences, the possibility of a medical leave should be considered (see Personnel Policy # PP1027, Leaves of Absence).

      iv) A full time or part time with benefits employee who calls in sick for a scheduled work day must use any available sick time for that day.

2. Punctuality Standards: Anyone who is late ten (10) minutes or more will be docked fifteen (15) minutes of pay; anyone who is late twenty (20) minutes or more will be docked thirty (30) minutes of pay. Employees will be docked on quarter hour increments based upon their arrival time. Unexcused excessive tardiness is defined as late for work at least once a week.

3. Unauthorized Absences.

   a) An employee who is absent from work without notification to supervision may be subject to disciplinary action.

   b) When time off is taken after having been specifically denied by supervision, the employee will be subject to disciplinary action.

   c) Three consecutive days “no call, no show” typically will result in immediate termination and will not be subject to the progressive disciplinary action.

   d) For absences due to illness that is three days or more, the supervisor may request that the employee provide a doctor’s certification of illness and release to return to work.
4. In situations that management deems appropriate, request for a doctor’s certification of illness and return to work may be requested from the employee for absences less than three working days.

Related Regulations:  (1301.31)
Related Review Question/s:  N/A
Personnel Policies

Policy ID: PP1004

Subject: Bereavement Pay

Performance Objective: Bereavement pay is designed to assist employees financially when it is necessary to be absent from work due to the death of a close family member or significant other.

Operational Procedures:

1. Employees are eligible for bereavement pay upon hire.

2. Eligible employees may receive reimbursement up to 3 working days, for time lost from work due to the loss of a family member or significant other.

3. Time should be taken within seven days following the death unless special need satisfactory to management has been established.

4. Upon the death of a member of one's immediate family (i.e., spouse, domestic partner, mother, mother-in-law, father, father-in-law, brother, brother-in-law, sister, sister-in-law, children, or grandparents of the employee, grandchild or minor step child) three (3) days leave without loss of pay shall be given to the employee. Full-time employees will receive 7.5 hours of paid Bereavement Leave per day.

   14.1. Part-time employees will receive 5.5 hours of paid Bereavement Leave per day. Additional time (charged against sick leave, annual leave, personal day, and leave without pay) may be granted as a matter of administrative discretion by the Executive Director.

6. The Supervisor may request proof of death or relationship to employee prior to authorizing bereavement pay.

7. If travel or other problems require an employee to be absent longer than 3 days he/she may use accrued vacation and/or apply for a personal leave of absence, subject to approval by management.

8. In the case of death of other relative or friend, the employee may request to use up to three (3) days of leave per year, or leave without pay. Time off in these circumstances is at the discretion of the Executive Director.

RESPONSIBILITIES:

8. Supervision: The supervisor is responsible for reporting and documenting the absence of employees due to bereavement, and determining if bereavement pay is appropriate.

9. Employee: The employee is responsible for notifying their supervisor immediately of the need for time off and to provide appropriate documentation if requested by the supervisor.

Related Regulations: [1301.31]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1005

Subject: Change of Contact Information

Performance Objective: All employees are required to advise the program of any change in name, address or telephone number.

Operational Procedures:

14.1.1.1. The employee must fill out the Employee Action form and forward it to their Supervisor who then forwards it to the Program Operations Manager.

2. These forms are located in each classroom or in their Supervisor’s office.

3. This information will be filed in the employee’s confidential Personnel file.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1006

Subject: Child Care Policy

Performance Objective: The program does not make child care arrangements for the children of program staff.

Operational Procedures:

1. The program does not allow for on-site child care of employee’s children unless they qualify and are enrolled in the Head Start Program and are placed in a center classroom.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1007

Subject: Community Relations

Performance Objective: It is the expectation of this program that relations with the general community are developed and maintained in a mature, professional, helping, and respectful manner.

Operational Procedures:

1. All employees are expected to engage in assigned community relations activity, and to suggest possible activities to their supervisor.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1008

Subject: Compensation Determination

Performance Objective: Compensation for employees is determined in relation to specified criteria.

Operational Procedures:

1. Compensation determination is based on an analysis of job requirements, comparability with similar work in the local market, periodic review of pay scales, fringe benefits comparable to other similar organizations, and new duties as they may be assigned.

2. Compensation determination activities are documented at the Ohio Heartland CAC Head Start office.

3. The Policy Council is informed of compensation determination activities.

See also Personnel Policy # PP1061, Wage and Salary Administration and # PP1062, Wage and Salary Administration: Salary.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1009

Subject: Conflict of Interest

Performance Objective: Activity that might result in a conflict of interest is prohibited.

Operational Procedures:

1. All employees should conduct business so as to avoid even an appearance of conflict of interest.

2. In accordance with the sponsoring agency, neither members of advisory boards, commissions, committees, Head Start program, nor the sponsoring agency itself shall seek to influence the decision of an appointing authority on personnel matters.

3. No employee shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved.

4. Such a conflict would arise when the employee, officer, or agent, or any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

5. The officers, employees, and agents of the recipient shall neither solicit nor accept gratuities, favors, nor anything of monetary value from contractors, or parties to sub-agreements. However, recipients may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.

6. The standards of conduct provide for disciplinary actions to be applied for violations of this conflict of interest policy.

7. See also Policy # FM1000, Conflict of Interest and Governing Body and # PDM1009, PC Members and Conflict of Interest.

Related Regulations: [(1301.31); see 2CFR 215]

Related Review Question/s:
Personnel Policies

Policy ID: PP1010

Subject: Days and Hours and Location(s) of Work

Performance Objective: Time worked is regulated by State and Federal laws.

Operational Procedures:

1. WORKING DAYS/HOURS: The work day is a regularly recurring period of consecutive hours, starting at the time the employee is scheduled to start work. The days of work are normally Monday through Friday. The work hours for office workers normally begin between 8:00 a.m. to approximately 4:30 p.m. Field/Transportation staff will work a variety of shifts normally to begin at 6:30 a.m. Food service workers will work a variety of shifts normally to begin at 6:00 a.m.

2. LOCATION: The programs are located at the following sites:

   **Crawford County**
   - Bucyrus 1, 2 & 3
   - 1650 E. Southern Ave.
   - Bucyrus, Ohio 44820
   - Galion 1 & 2 Head Start Center
   - 525 Dawsett Avenue
   - Galion, Ohio 44833

   **Morrow County**
   - Cardington 1 Head Start Center
   - First United Methodist Church
   - 300 South Main Street
   - Cardington, Ohio 43315

   **Marion County**
   - Marion Head Start Centers 1, 2, 3, 4, 5 & 6
   - 2387 Harding Highway East
   - Marion, Ohio 43302
   - Marian Clark Center 1, 2 & 3
   - 1183 Bellefontaine Ave.
   - Marion, Ohio 43302

   **Richland County**
   - Grace Street Head Start 1, 2, 3, 4, 5, 6, 7, 8, 9
   - 1035 Grace St.
   - Mansfield, Ohio 44905

   - Shelby Head Start
   - 111 East Whitney Avenue
   - Shelby, Ohio 44875

   - Clear Fork Head Start Center
   - 55 Hines Avenue
   - Bellville, Ohio 44813

   **Morrow County**
   - Mt.Gilead Head Start Center 1 & 2
   - Whetstone School & Industry
   - 406 Bank Street
   - Mt.Gilead, Ohio 43338

Offices are located at the following sites:

   **Crawford County**
   - 352 South Street
   - Gallon, OH 44833

   **Marion County**
   - 372 E. Center Street
   - Marion, OH 43302

   **Morrow County**
   - 235 West High Street
   - Mt. Gilead, OH 43338

   **Richland County**
   - 1035 Grace Street
   - Mansfield, OH 44905

Certain employees will, as needed, be required to travel to attend meetings, family sessions or assist at other locations than the normally scheduled work site.

3. Due to the unique nature of our family oriented social services environment, work schedules and sites may change periodically. Availability and willingness to comply with these requested changes is expected.
4. OVERTIME: Overtime is calculated at one and one-half times the employee’s regular rate of pay for all hours worked over forty-hour threshold for a seven day week. Hours paid, but not worked, such as sick pay, vacation or holiday pay, do not count towards overtime pay. All overtime must be authorized in advance by the Supervisor.

   a) Non-Exempt, hourly employees are eligible for overtime or any other premium pay in accordance with applicable wage and hour laws. In the event of a special project, or other heavy work load times, employees may be required to work overtime. As much notice as possible will be given in these circumstances and work will be compensated accordingly.

   b) Exempt, salaried employees are not eligible for overtime pay and do not accrue compensatory time off that is tracked on an hour to hour basis. Compensatory time off should only be allowed based on excessive amounts of overtime worked which is mutually agreed upon with the Program Director.

5. REST AND MEAL PERIODS:

   a) Meal Period: A period of time during which an employee is permitted to leave his/her work area for a meal. Such time is unpaid and should occur as scheduled by an appropriate supervisor.

   b) Employees should take a meal period within five hours after the start of their shifts. The meal period shall typically be between 30 minutes and one hour in length as scheduled by an appropriate supervisor.

   c) If an employee will conclude his/her work period within six hours or less, the meal period may be waived by mutual written consent of the employee and the program. Unless an employee is relieved of all duty during the thirty minute meal period, the meal period shall be considered as on duty and counted as time worked. A meal period which is “on duty” can only occur with the expressed written agreement of both the employee and the program.

6. TIME SHEETS: Each employee shall record on their SelfSource timesheets all hours worked as well as benefit entitlement time. This record must be submitted on line to their supervisor at designated time frames in order for a direct deposit to be made to their account.

   NOTE: Deliberately or knowingly defacing or falsifying a time sheet, or allowing another fellow employee to fill out a time sheet, is grounds for disciplinary action.

7. PAYDAYS: The length of the pay period is two weeks or ten working days. There are twenty-six (26) pay periods in the calendar year. Direct deposits will be made every two weeks.

8. PAYROLL ADVANCE: There will be no salary advances to any employee except in the case of an emergency.

**Related Regulations:** [1301.31]

**Related Review Question/s:** N/A
Personnel Policies

Policy ID: PP1011

Subject: Dress Code

Performance Objective: All employees are expected to present a professional image to the program, its participants, and the public.

Operational Procedures:

1. Employees are asked to utilize good judgment in determining their dress and appearance. Employees who report to work inappropriately dressed will be sent home, without pay, and directed to return to work in proper attire.

2. All employees are asked to observe good habits of grooming and personal hygiene. Employees should dress appropriately and professionally, according to the requirements of their positions. If there are any questions as to what constitutes proper attire within a given program, the employee’s supervisor or Program Director should be consulted.

3. The following is the Ohio Heartland CAC Head Start Dress Code:

**DRESS CODE**

ALL employees of Ohio Heartland CAC need to remember that they are setting an example for others to follow and representing the Agency to the general public. With this in mind, the following will be the dress code for ALL employees of OHCAC.

**Undergarments must always be worn.**

Shorts cannot be worn at any time. Capris can be worn but must be below the knee. Skirts and dresses must be no shorter than four (4) inches above the knee.

At no time should the outer layer of clothing be so tight fitting that staff cannot effectively carry out their duties. (Bend down; lift and carry equipment, cases of food, or a child; sit on the floor; run to catch a child; etc.) No visible cleavage.

Tight fitting pants must be accompanied by a shirt extending no shorter than six (6) inches above the knee. This includes jeans, polyester, stirrups, leggings, etc.

No sweat pants. Sweatshirts may be worn as long as they are loose fitting. Loose fitting nylon and silk jogging suits are permitted.

T-shirts must not be tight fitting, worn out, torn, have holes or advertising of any kind including: alcohol, tobacco, negative clichés, slogans, or pictures. Agency or program t-shirts may be worn.

No muscle shirts, tank tops, spaghetti strap sundresses or halter tops.

No bare midriffs, including no skin showing due to low-rider clothing or short tops.

Holiday clothing and accessories are not permitted during work hours if you will be having contact with Head Start children/families.
Employees must be professionally dressed when representing the Agency at meetings, trainings or community functions such as self-assessment, out postings, IEP meetings, court hearings, etc.

No visible (including tongue) body piercings. Earrings may be worn, but at your own risk.

Prohibited visible tattoos include, but are not limited to, any tattoo that is sexist, racist, vulgar, anti-American, anti-social, gang related, or extremist group or organization related.

Jeans, regular and colored denim, are not permitted as office apparel, excluding Family Advocates.

HWAP/Housing personnel are required to wear uniforms and non-skid safety shoes. (Closed toes and heels required.)

Transportation and food service personnel are required to wear non-skid safety shoes. (Closed toes and heels required.)

NO FLIP-FLOPS. **Definition:** flip-flops are a flat, backless sandal that consists of simple soles held on the foot by a V-shaped strap that passes between the toes and around either side of the foot, attached to the sole at three points (between the toes and on either side of the foot). This does not include shoes with additional strapping holding the sole to the foot, nor does it include high-heeled dress sandals.

**SHOES FOR EDUCATION STAFF** – *Monday through Thursday:* must wear fully closed shoes; *Friday or for trainings:* may follow appropriate dress code above.

* First infraction – non-written, verbal warning.
* Second – written verbal warning in your file.
* Third – written warning and you will be sent home to change and docked the time.
* Fourth – written warning and three days off without pay.

At their discretion, Managers can decide on other types of inappropriate attire for work.

**Related Regulations:** (1301.31)

**Related Review Question/s:** N/A
Personnel Policies

Policy ID: PP1012

Subject: Drug Free Workplace (refer to: OHCAC Policy Commitment to a Substance-Free (Drug-Free) Workplace Fundamental Program)

Performance Objective: The unlawful manufacture, distribution, dispensing, possession, or use of alcohol or a controlled substance is prohibited in the workplace.

Operational Procedures:

1. No employee or volunteer shall unlawfully manufacture, distribute, dispense, possess, or use any controlled substance, or be under the influence of any unlawful controlled substance or any alcoholic beverage, while on Head Start premises, during work hours or while performing any job-related activity, whether on or off Head Start premises. For the purposes of this policy, the term “controlled substance” is defined as any substance included on Schedules I through V of the federal Controlled Substances Act. An “unlawful” controlled substance is defined as any controlled substance that cannot be obtained legally or that, although available legally, has been obtained illegally. This policy does not prohibit the use or possession of a controlled substance in accordance with a valid medical prescription issued to you by a licensed physician; however, employees are required to disclose to the program the use of any prescribed drug that may impair the employee’s ability to perform his/her job safely and effectively.

2. Consumption of alcoholic beverages in or on a Head Start site, for specified ceremonial occasions, may be allowed if specifically approved in advance by the Drug Free Program Administrator.

3. Any violation of this provision by an employee may result in requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program or disciplinary action up to and including termination.

4. Employees are encouraged to seek assistance for a substance abuse problem voluntarily before their employment is jeopardized. An employee will not be disciplined because of a voluntary request for assistance for an alcohol or drug problem. However, seeking assistance or raising any claim related to substance abuse does not relieve an employee of his or her responsibility to meet the program’s performance, safety, or attendance standards, does not relieve an employee of responsibility to adhere to this policy, and does not insulate the employee from discipline for reasons other than seeking assistance for an alcohol or other drug problem.

5. Furthermore, employees will be required to inform the program of any criminal drug statute conviction for a violation occurring at the work place within five days after such conviction.

6. In implementing and administering this policy, the program will respect the legitimate privacy and confidentiality concerns of its employees.

7. The Drug Free Program Administrator shall be responsible for coordinating the implementation and enforcement of this policy. All questions concerning the policy should be directed to this office.

8. Every employee must comply with the policy in order to insure his or her own safety and the safety of other employees, participants and visitors. In order to ensure compliance with the policy, the program may take one or more of the following steps:

   a) Conduct urine or blood screening tests for drugs and alcohol when the program reasonably believes an employee is in possession or working under the influence of alcohol or illegal drugs, or in any other way abusing
controlled substances in the workplace, and suspend the employee without pay pending the results of an investigation.

b) Examine property under the control of an employee when the program reasonably believes that alcoholic beverages or illegal drugs are present.

c) Gather from an employee any alcoholic beverages or illegal drugs, and where appropriate, deliver such items to law enforcement authorities.

9. Compliance with this Drug Free Workplace Policy is a condition of employment. Any employee who violates any aspect of the policy is subject to discipline up to and including immediate termination. Depending on the circumstances, special consideration may be given to any employee who voluntarily comes forward before any disciplinary action or investigation occurs and requests a Leave of Absence in order to participate in a drug or alcohol rehabilitation program. Upon successful completion of the program, this employee will be reinstated to his/her former position or one similar to it, if available. Upon reinstatement, however, this employee will be required to consent to random testing for a period of six months.

10. An employee’s refusal to cooperate with an investigation, including a refusal to consent to testing, when there is reason to believe the employee has violated this policy, will require the program to make decisions regarding continued employment based upon whatever information is available to the program upon conclusion of the investigation, and may itself be grounds for termination of employment.

11. DRUGS TO BE TESTED. The program will provide for the testing of the drugs on the following list as part of the pre-employment physical, and in any reasonable suspicion testing:

* Ethanol (alcohol)
* Amphetamines
* Barbiturates
* Cocaine metabolites
* Methadone
* Opiate metabolites
* Phencyclidine
* Marijuana metabolites (THC)
* Benzodiazepams

This list may change from time to time at the discretion of the program.

12. The Employee Assistance Program is provided for problems that interfere with job performance, including substance abuse and other behavioral and personal problems. Any employee who needs help for drug abuse and/or addiction is encouraged to contact the Employee Assistance Program for confidential assistance and referral.

Related Regulations: (1301.31)
Personnel Policies

Policy ID: PP1013

Subject: Emergency Procedures (refer to: OHCAC Comprehensive Crisis and Safety Plan)

Performance Objective: The program adopts procedures to insure the health and safety of employees during an emergency.

Operational Procedures:

1. Emergencies may be any number of circumstances calling for some time of immediate response. The OHCAC Comprehensive Crisis and Safety Plan has information on the following:

   a) Confidentiality Statement

   b) Emergency Contacts-Phone Numbers
      1. Crawford County
      2. Marion County
      3. Morrow County
      4. Richland County

   c) Fire Procedures

   d) Bomb Threat and Chemical/Toxic Fumes or Spill Procedures

   e) Tornado, Severe Thunderstorm Procedures

   f) Utility Emergency Procedures

   g) Crime Reporting Procedures
      1. Against Persons/Property
      2. Intruder in the Building
      3. Shooting and/or Stabbing
      4. Hostage Situation Procedures

   h) Child Runaway or Abduction Procedures

   i) Medical Emergencies Procedures
      1. Bloodborne Pathogens
      2. Accidents at Head Start Centers
      3. Accidents to and from Centers

   j) Off-Site Emergency Procedures

   k) Asphyxiation/Food Poisoning Procedures

   l) Suicide and Death Procedures

   m) Media Plan Procedures

   n) Basic Crisis Procedure Checklist

   o) Suspect, Vehicle, Weapon Description Chart

   p) Lockdown Procedure
2. Each work site must have a copy of the Emergency Plan including the following elements:
   a) Posting of emergency telephone numbers and basic response procedures.
   b) Training for all employees in emergency reporting and responses.
   c) Evacuation Plan with posted exit routes, assembly area, means of assisting handicapped people, notification or alarm technique, and means of accounting for all personnel.

Related Regulations: [1301.31]

Related Review Question/s:
Personnel Policies

Policy ID: PP1014

Subject: Employee Assistance Program (N/A – There is no Employee Assistance Program.)

Performance Objective: The program provides employees with access to an Employee Assistance Program.

Operational Procedures:

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1015

Subject: Employee Benefits

Performance Objective: Program employees are entitled to specific benefits.

Operational Procedures:

1. Full time and Part time employees are eligible for retirement benefits after successfully completing their Initial 90 Day Introductory Period.

2. Employees are eligible for disability benefits if an injury is work-related.

3. Employees may choose from one health plan, one dental plan and one vision plan.

4. Continuation of health plans after separation is optional for employees through COBRA.

5. Full time employees will receive program paid life insurance coverage.

6. Full time and part time employees may contribute along with the Program to a pension plan.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1016

Subject: Employee Relations

Performance Objective: As a part of a team providing services for the benefit of the public, each employee must cooperate with co-workers and the public in order to set a high standard for work performance.

Operational Procedures:

1. Unwillingness or failure to cooperate shall be cause for disciplinary action.

2. The total staff of the program must function as a team, and each employee is required to make a positive contribution in the interest of effective and efficient public service.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1017

Subject: Employees as Recipients of Agency Services

Performance Objective: The Agency provides employees with a uniform mechanism with which to become participants of the programs that are under the jurisdiction of the Agency.

Operational Procedures:

1. An employee who wants to enter a program other than the one that he/she is currently employed in must follow the applicable eligibility requirements for that program.

2. An employee who wants to enter the program in which he/she is currently employed must obtain supervisory approval as part of the eligibility process and safeguards. If the employee is a current supervisor in the program, then the Program Director of the program must be involved in establishing eligibility to ensure fair admittance procedures, and the Executive Director must be advised of the activity. Full limits of confidentiality will be adhered to in order to protect the privacy of the employee.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1018

Subject: Employment Status (refer to: OHCAC Personnel Policies & Procedures Handbook)

Performance Objective: The program employs the following classifications for employees to determine benefits eligibility and accrual rates.

Operational Procedures:

1. All employees will be assigned a classification status depending on the numbers of hours regularly scheduled to work. This classification will be used in establishing guidelines for providing a standardized, equitable total compensation program, including employer provided benefits to employees based on full and part time work commitments.

DEFINITIONS:

1. Full Time:
   a. **Full-time Permanent** indicates that you would normally work 66-75 hours in each pay period and that the job would be of a continuous nature (i.e., it is expected that this position will continue for an indefinite period of time). Full-time Permanent employees are entitled to the following benefits: pro-rated sick leave, pro-rated annual leave, holiday pay, personal day, workers’ compensation, social security, health insurance and retirement plan. (See Benefits for a complete listing and explanation of benefits.)
   
   b. **Full-time Seasonal** indicates that you would normally work 66-75 hours in each pay period, but that the job would continue for a specified period. Full-time Seasonal employees are entitled to the following benefits: pro-rated sick leave, pro-rated annual leave, personal day, holiday pay, workers’ compensation, social security, health insurance, and retirement plan. (See Benefits for complete listing and explanation of benefits.)
   
   c. **Full-time Temporary** indicates that you would normally work 66-75 hours in each pay period, but that the job would continue only for a specified period of time. (The specific time will be determined on case-by-case basis). Full-time Temporary employees are entitled to the following benefits: pro-rated sick leave, holiday pay for any holiday for which they would normally have been scheduled to work, workers’ compensation, and social security. (See Benefits for a complete listing and explanation of benefits). All temporary positions must be approved by the Executive Director.

2. Part Time:
   a. **Part-time Permanent** indicates that you would normally work less than 66 hours in each pay period, but the job is of a continuous nature (i.e. it is expected that this position will continue for an indefinite period of time). Part-time Permanent employees are entitled to the following benefits: pro-rated sick leave, pro-rated annual leave, holiday pay, personal day, workers’ compensation, social security, and retirement plan. (See Benefits for a complete listing and explanation of benefits.)
   
   b. **Part-time Seasonal (Head Start Only)** indicates you would work less than 66 hours in each pay period of time, but the job will continue for a specific time. Part-time Seasonal employees are entitled to the following benefits: workers’ compensation, social security, pro-rated sick leave, pro-rated annual leave, holiday pay (for any holiday during the season), personal day and retirement plan. (See Benefits for a complete listing and explanation of benefits.)
c. **Part-time Temporary** indicates that you would normally work less than 66 hours in each pay period and that the job would continue only for a specified period of time. Part-time Temporary employees are entitled to the following benefits: pro-rated sick leave and holiday pay for any holiday for which they would normally have been scheduled to work, workers’ compensation and social security. (See Benefits for a complete listing and explanation of benefits.) All temporary positions must be approved by the Executive Director.

d. **Intermittent or On-Call** indicates that you would normally work less than 66 hours in each pay period and that the amount of time spent per week in the performance of the job may vary from week to week. Intermittent or on-call employees are entitled to the following benefits: workers’ compensation and social security. (See Benefits for a complete listing and explanation of benefits.)

3. **Acting Positions:**

   Are those appointments which fill permanent positions for an interim period of time. The time frame will be determined on a case-by-case basis. At the end of this time period, the permanent employee whose absence created the need for an acting position will be evaluated and will either be reinstated or terminated from the employ of OHCAC and a permanent appointment must be made through the normal agency hiring procedures. A period of 20 working days will be allowed for the execution of this process. The employee who has been serving in the acting position may apply for the permanent position. In order to insure that the employee who has agreed to serve in an acting position can return to his/her position within the Agency, any person placed in that position in the interim will be considered acting.

   [See also Personnel Policy # PP1071, *Probationary Period*.]

**Related Regulations:** (1301.31)

**Related Review Question/s:** N/A
Personnel Policies

Policy ID: PP1019

Subject: Expense Reimbursement

Performance Objective: The program reimburses employees for direct out-of-pocket expenses that occur in the conduct of assigned work for the program.

Operational Procedures:

1. Employees must receive approval from the supervisor prior to making any personal purchases that would otherwise qualify for reimbursement. The items purchased must be for such materials, supplies, and services necessary for work and are not available through the regular purchasing procedures established by the program.

2. The types of situations in which employees typically receive reimbursement include but are not limited to:
   a) Local travel including reimbursement for use of private automobile, parking, meter fees, toll bridge fees, use of local buses or other public transportation;
   b) Air fares when traveling to an assigned meeting, conference, or other work-related event;
   c) Lodging when assigned to locations outside the greater program area;
   d) Meals when assigned to overtime work situations, as when employee works outside the program area at regular meal times;
   e) Educational and job improvement training events when approved in advance by the Head Start Director;
   f) Professional literature, journals, associations and organizations when approved in advance by the Head Start Director; and
   g) Loss and damage to personal clothing, tools, and equipment in the conduct of work when employees are directed by supervisors to provide such items as part of the job assignment.

3. Employees must receive prior approval from their supervisors before expending personal funds for purchases of items if the employee plans to request reimbursement. The supervisors provide proper forms and explanation of procedures for processing expense reimbursement claims.

Related Regulations: [1301.31]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1020

Subject: Fingerprinting (refer to: Hiring Policy and Procedure)

Performance Objective: All employees over eighteen regularly coming into contact with children must be fingerprinted in compliance with Federal regulations.

Operational Procedures:

1. Prior to hiring, all prospective employees are required to have a State and Federal Criminal Record Check. If the results indicate that a prospective employee has been convicted of a crime that prohibits employment, notification will be made by the Hiring/Supervising Manager that he/she is ineligible for hire.

2. Failure to comply with fingerprinting regulations results in termination or refusal of employment.

3. ODJFS Licensing requires all employees working with children be State Fingerprinted every four years.

4. State Licensing Rule requires all School Bus Drivers to be fingerprinted once every six years as part of their driver recertification.

5. All fingerprinting of Prospective OHCAC Head Start Employees and any needed renewals are electronically completed for both BCI & FBI at the Marion Administrative Office in Marion, Ohio.

See also Personnel Policy # PP1070, Criminal History Information.

Related Regulations: (1301.31) Check local law.

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1021

Subject: General Employment (refer to: OHCAC Personnel Policies & Procedures Handbook)

Performance Objective: Employees are paid the salaries and other compensations provided for by this policy to compensate for services required of them by law or by virtue of their offices.

Operational Procedures:

1. COMPENSATION POLICY: The Agency will maintain a program which establishes and monitors job qualifications, responsibilities and salary standards for its employees. All rates regardless of kind are dependent on budget limitations.

2. TASK ANALYSIS: The Agency will conduct a task analysis as needed of each position in the Agency following recommended standard procedures. From this, job descriptions will be updated and range classifications will be established.

3. WAGE COMPARABILITY: The Agency will conduct wage and salary comparability studies following recommended standard procedures. Salaries will be comparable for similar responsibilities in the program area, as well as internally comparable.

4. SALARY SCHEDULES: Salary schedules will be determined for each job title and changes will be recommended as appropriate by the Executive Director and reviewed and approved by the Board of Trustees annually.

5. MINIMUM WAGE: At least the federal minimum wage will be paid to all employees of OHCAC and its delegate agencies.

6. RANGE MINIMUM: All employees will be paid at least the minimum wage established for the ranges in which their jobs are classified.

7. SALARY ADJUSTMENTS:

   a) Range Adjustments:

      1. An employee's salary will be adjusted upward when his/her job has been placed in a higher range or when the minimum established for the range in which his/her job is classified has been increased and their present salary is below the minimum for the range.

      2. If an employee's salary within the range is adjusted upward the employee will receive that raise in place of the Agency's merit raise for that year unless the percentage of increase is less than the allowable limit set by the Board. In that case the employee will be eligible to receive the remaining percentage amount available per his/her evaluation.

      3. No employee's salary will be decreased when his/her job has been placed in a lower range or when the minimum established for the range in which his/her job is classified has been decreased.

   b) Longevity Increases:

      1. Employees will receive salary increases based on length of service at such times as the OHCAC Board of Trustees determines that funds are available and establishes policy for such increases in their annual review of the recommendations of the Executive Director.
c) Cost of Living Adjustment (COLA):

1. Any COLA provided by the Head Start Bureau to the Head Start program must be provided to Head Start Employees and distribution should follow federal directions as to the time frame that COLA was to be applied.

2. COLA'S are to be provided to those employees currently employed at the time of distribution.

Related Regulations: [(1301.31); see Head Start Act section 653]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1022

Subject: Gift Acceptance

Performance Objective: Gift acceptance and solicitation of goods is prohibited in accordance with these procedures.

Operational Procedures:

1. Employees will discourage personal gifts and will not accept any gift or other valuable things offered in the course of work or in connection with it when such a gift is given in the hope or expectation of receiving a favor or better treatment than accorded other persons.

2. Employees shall not accept nor receive money in the form of tips or rewards for services rendered.

3. Solicitation of funds from employees or the public is not permitted with the exception of parent fundraising. Employees desiring to solicit or to have someone else solicit, either directly or indirectly, money or materials of any kind, including prizes, for the purpose of assisting in the promotion of any program area or activity must secure approval before starting such solicitation.

4. Violation of this gift acceptance policy will result in disciplinary action, up to and including termination.

Related Regulations: [(1301.31); see 1304.52]
Personnel Policies

Policy ID: PP1023

Subject: Layoff (Grounds for Dismissal) (refer to: OHCAC Personnel Policies & Procedures Handbook – Layoff Policy)

Performance Objective: There are circumstances under which employees may be laid off.

Operational Procedures:

1. Grounds for layoff include:
   a) Position becomes unnecessary;
   b) Reasons of economy;
   c) Lack of work;
   d) Lack of funds; and/or
   e) Other reasons determined by the OHCAC Board for abolishing the position.

2. Sequencing of employees for layoff is ordered.

3. Layoff sequencing may be displaced by class levels.

4. Employees with higher seniority displace employees with less seniority.

5. An employee’s seniority is determined by length of service with the agency.

Related Regulations: [see 1301.31 a 2]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1024

Subject: Holidays (refer to: OHCAC Personnel Policies & Procedure Handbook – Holidays)

Performance Objective: Employees are provided with pay for holidays selected by the program. These include Federal holidays and other holidays observed by the program.

Operational Procedures:

14.1.1.1.1. The following days will be observed as paid holidays for eligible OHCAC employees:

<table>
<thead>
<tr>
<th>New Year’s Eve</th>
<th>Columbus Day</th>
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</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
<td>Veterans Day</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
<td>Thanksgiving Day</td>
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<tr>
<td>Presidents’ Day</td>
<td>Friday after Thanksgiving</td>
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<tr>
<td>Good Friday</td>
<td>Christmas Eve Day</td>
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<tr>
<td>Memorial Day</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Personal Day</td>
</tr>
<tr>
<td>Labor Day</td>
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</table>

14.1.1.1.2. The following regulations pertain to holidays:

a. If a holiday occurs on Saturday, the preceding Friday will be observed. If a holiday occurs on Sunday, the following Monday will be observed.

b. Upon written approval of the Executive Director, the above holidays may be observed at other approved times, such as in cases where it is necessary for employees to perform an authorized Agency service on the holiday, or at the discretion of the Executive Director.

c. Employees are required to work their full number of regularly scheduled hours the day preceding and their full number of regularly scheduled hours the day following a holiday in order to receive holiday pay. A day of vacation or any other excused and paid day off (paid for in accordance with standard payroll policies) is considered as a day worked for purposes of holiday eligibility. An exception would be made in cases where a layoff is scheduled to begin the day after a holiday.

d. Full-time employees shall be entitled to 7.5 hours of holiday pay. Regular Part-time employees shall be entitled to 5.5 hours of holiday pay.

e. Two Personal Days will be granted to employees upon completion of his/her 90 Day Introductory period to be used by December 31st of the same year. Two new Personal Days will be granted on January 1st of each year and must be used by December 31st of the same year. Full-time employees shall be entitled to 7.5 hours and regular part time employees will be entitled to 5.5 hours.

f. The Executive Director is authorized to declare a legal holiday other than those listed above, when such day is proclaimed by the President of the United States or the Governor of the State of Ohio.

Related Regulations: [1301.31]
Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1025

Subject: Illness and Injury at Work (refer to: OHCAC Worker’s Compensations Procedures)

Performance Objective: The program is committed to the prevention of accidents at all levels of the program and in all its activities.

Operational Procedures:

1. It is a basic requirement that each supervisor make the safety of employees an integral part of his/her regular management function.

2. It is equally the duty of each employee to accept and follow established safety regulations and procedures outlined in this policy.

3. Accident prevention is considered of primary importance in all phases of operation and administration. It is the expressed intention of the program’s administration to provide safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

4. Employee Responsibilities.
   a) Employees of the program will be trained in safe practices on the job. At all Orientations with the Safety Facilitator, program safety policies will be explained and a training file will be set up at this time. New employees will also be trained by their supervisor regarding job and site specific safety policies.
   b) Employees are expected to assist management in accident prevention activities. Unsafe conditions must be reported to their supervisor with the knowledge that these reports and concerns are made without fear of reprisal.
   c) Employees who violate safety standards, cause hazardous or dangerous situations or who fail to report, or where appropriate, remedy such situations, may be subject to disciplinary action up to and including termination.
   d) In the case of accidents that result in injury, regardless of how insignificant the injury may appear, the employee must immediately notify his/her supervisor and the Benefits Manager’s office at immediately, but in any case, before leaving work.
   e) The necessary paperwork that must be filled out and is required by law, is available at each site. Also posted are the designated clinics for medical treatment.

5. Supervisor Responsibilities.
   a) Must ensure proper orientation and compliance with the safety standards.
   b) Provide, oversee, and sign/approve the necessary paperwork that is required, “Supervisor’s Report of Accident,” and “Employee’s Claim for Worker’s Compensation Benefits” within 24 hours for all occupational illnesses and injuries that result from employment with the program.
c) Assist with any investigations that may be necessary regarding on the job injuries with the [Safety Facilitator] and Program Director.

6. Return to the Work Site.

a) Upon return from any illness or injury, depending on the severity and length of time away from work, a release from a physician may be required to determine fitness for duty.

b) A physical examination structured around the employee’s day to day duties provided by a designated health facility, at the program’s expense, may be necessary to further determine fitness for duty in situations where employee/participant safety and welfare are a concern to the program.

7. SAFETY RULES

a) Failure to abide by the safety standards and all other related safety rules and regulations as outlined by the program will result in disciplinary action, up to and including termination.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1026

Subject: Jury Duty

Performance Objective: Employees are allowed to assume the civic duty of jury duty/jury selection/jury participation.

Operational Procedures:

1. The program will provide an allotted time frame for employees to serve on juries.

   a) The employee’s immediate supervisor and the must be notified by the employee in writing once he/she has been summoned to serve for jury duty.
   b) The employee must inform his/her immediate supervisor as early as possible, and no later than the night before his/her first day of report, in order for coverage to be arranged if needed at their work site.
   c) An employee is required to report to work during periods when they are excused from appearing in court.
   d) The employee must turn over the renumeration received from the courts to the Payroll office in order to receive his/her regular rate of pay.

3. Serving as a Witness.
   a) An employee who is called to serve as a witness on a non-work related case, may do so with prior approval from his/her immediate supervisor.
   b) The employee may take time off without pay, or use any accrued vacation or personal time.
   c) An employee who is served a deposition subpoena on behalf of the program will be paid as time worked. This is the only time an employee will be paid to serve as a witness.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1027

Subject: Leaves of Absence

Performance Objective: Employees are provided with time off to resolve medical, personal and military matters by means of leave of absence.

Operational Procedures:

LEAVES OF ABSENCE

A. FAMILY AND MEDICAL LEAVE ACT

14.1.1.1.2.1. Generally: Under the Family and Medical Leave Act (“FMLA”), an employee who has been employed by the Agency for at least one year and worked at least 1,250 hours in the previous twelve (12) months, may take up to twelve (12) weeks of unpaid leave during a rolling twelve (12) month periods, for any of the following reasons:

a. To care for the employee’s child after birth;
b. The placement with the employee of a child for adoption or foster care;
c. When needed to care for the employee’s spouse, child, or parent with a serious health condition; or
d. Because of the employee’s serious health condition that makes the employee unable to perform the functions of his job.
e. A “rolling twelve (12) month period” means the three hundred sixty five (365) (or three hundred sixty-six (366) where applicable) days immediately preceding any day the employee takes FMLA leave.

14.1.1.1.2.2. Notice and Application

a) An employee must provide at least thirty (30) days advance notice before the family or medical leave is to begin if the need for leave is foreseeable, such as for expected birth or planned medical treatment. If thirty (30) days notice is not practicable, then the employee must provide as much notice as is practicable. An employee shall complete a Leave of Absence Application Form, available from his Supervisor, when requesting leave, or as soon after that as is practicable. The employee must list on this form the reasons for the requested leave, the expected start of the leave, and the expected length of the leave.

b) If the employee is requesting intermittent leave or a reduced leave schedule, the employee shall state the reasons why the intermittent leave or a reduced leave schedule is medically necessary and the schedule of treatment. (Intermittent leave and reduced leave schedule are not available for birth or adoption leaves.) The Agency will designate the leave as FMLA or not and so notify the employee. If the employee disagrees, he should inform the Agency immediately

3. Medical Certification

a) An employee requesting leave to care for the employee’s spouse, child or parent, or due to the employee’s own serious health condition, must submit a Medical Certification completed by the health care provider of the
fourth paragraph

employee or the employee’s ill family member, demonstrating the need for the leave. The Agency will provide a form for this. If the employee’s leave (whether full-time, intermittent, or on a reduced schedule) is for more than thirty (30) days, then he shall submit a new Medical Certification after thirty (30) days, and after each thirty (30) days after that. A second opinion may be required; a third opinion may also be required if needed to resolve a dispute between the first and second opinions.

4. Pay and Benefits

a) All Family and Medical Leaves are without pay, except to the extent paid leave is available. The Agency will require the employee to use any Sick and Annual Leave that is available for the employee’s Family or Medical Leave, and the paid leave counts against the twelve (12) week entitlement. FMLA leaves are without benefits, except that group health and hospitalization insurance will be continued during the family and medical leave (up to twelve (12) weeks in a twelve (12) month period) with the same terms, conditions and employee contributions applicable to employees who are actively at work. Agency Health Benefits coverage is in effect for the number of weeks specified per Program within the umbrella of OHCAC. Seasonal employees who participate in any of the Agency Benefits with the Agency/Employee Portion Plan will be covered for only the number of Grant Weeks specified in the budget for that particular Agency Program. The participating employee is responsible at all times for the employee portion of the premium. All employee portions of any health insurance plans will be deducted from the bi-weekly paychecks when Annual and/or Sick Leave are used. If no Annual Leave and/or Sick Leave are available, the employee’s portion of the insurance premiums must be paid prior to the leave or upon return from leave. If the employee’s portion of the premium is not paid, it will be deducted from the employee’s first two pay checks upon return or until all owed is paid in full. If an employee does not return after any type of Leave of Absence and does not pay the employee portion of the health premiums, legal action to recoup expended Agency funds can be taken at that time.

5. Return from Family or Medical Leave

a) Employees must tell their Supervisor of the date they will be able to return to work, in writing, no later than one (1) week in advance whenever practicable. An employee on Medical Leave due to the employee’s own serious health condition must, as a condition to returning to work, submit a Medical Certificate releasing the employee to return to his job (Health & Safety Release To Work And Follow-Up Form)

b) If the employee either fails to report to work at the end of their approved FMLA leave period or fails to submit a request in writing for additional Non-FMLA Medical leave to the Executive Director at least one week before the FMLA period ends, the employee will be terminated from the Agency and lose their seniority status.

c) When the FMLA leave ends, every reasonable effort will be made to return the employee to the same position, if it is available, or to a similar available position for which the employee is qualified within a 30 mile radius.

d) If the employee’s leave extends beyond twelve weeks, the employee’s retention will be determined in accordance with the procedure for Non-FMLA leave.

6. Limitations

a) All leaves which may be available or taken under the Family and Medical Leave Act are subject to the restrictions, limitations and conditions provided in that law and any valid regulations promulgated under it.
b) It is mutually understood that the domestic partner reference under the Bereavement Section has no bearing on a domestic partner relationship in relation to Agency paid health insurance.

B. MATERNITY LEAVE

1. Eligible FMLA and Non-FMLA employees may take up to twelve weeks leave for the birth of and to care for a newborn or adopted child. This twelve week allotment includes any time off work due to doctor’s appointments or complications relating to the pregnancy or any attendance at required hearings or counseling sessions associated with the adoption of a child.

2. Employees are required to use any available sick leave, unused annual leave and/or personal time. This applies to both eligible and non-eligible FMLA employees. Once an employee’s leave time is expired, all other time off related to pregnancy or adoption shall be without pay.

3. Sick and Annual leave will continue to accrue during authorized Maternity Leave as long as there is leave to draw from.

4. Eligible female employees may request a leave of absence if leave is required beyond twelve weeks due to pregnancy. Leave will be granted following the same procedure for other Non-FMLA leave, as set forth in the Non-FMLA Medical Leave section.

5. Each employee has the responsibility of asking her physician whether she will be able to perform her job duties while she is pregnant; the employee will also request from her Supervisor a Maternity Consent To Work Form and a Health & Safety Form to take to the attending physician for completion indicating approval or disapproval of the employee’s continuing employment, fully explaining all work restrictions on the Health & Safety Form and give a reasonable estimate as to the latest date the employee can work. If there are work restrictions, the employee will take the Health & Safety Form to the attending physician each scheduled appointment for completion. An Employee Action Form must be completed when using Maternity Leave and submitted to the Supervisor. In addition to the Employee Action Form requesting Maternity Leave, eligible employees are required to give to their Supervisor either the FMLA Medical Certification Forms or for Non-FMLA the Health & Safety Form, completed by the physician.

6. Following the birth or adoption of the child, the employee should inform her supervisor of the approximate date she will return to work.

7. Upon returning to work, the employee must give to the Supervisor a completed Employee Action Form with the Health & Safety to Return To Work And Follow-Up Form attached completed by the physician stating that she is physically able to work on a full time basis.

8. An employee on Maternity Leave will have retention rights to her current position as long as her leave does not extend beyond twelve weeks. Her replacement while on leave will be classified as an acting or temporary employee. If the leave extends beyond twelve weeks the employee’s retention will be determined in accordance with the procedure for Non-FMLA leave. OHCAC may make reasonable attempts to offer the returning employee work in a comparable position within a 30 mile radius of the current position provided that other work is available and OHCAC determines that the employee is able to perform that work. Any refusal to accept reasonably comparable or suitable work that is offered will result in the termination of employment.

F. NON-FMLA MEDICAL LEAVE
1. FMLA. The Family and Medical Leave Act (FMLA) is a federal law that generally provides for unpaid serious leaves of absences for up to twelve weeks, for eligible employees, for the birth of and child care for a newborn or adopted child, care for a spouse, child or parent with a serious health condition, or for an employee's health condition that renders them incapable of performing their job. OHCAC intends to comply with the requirements of the law, where applicable, and should review FMLA material. Any questions or requests regarding leave of absence should be directed to the Supervisor.

2. Non-FMLA. An unpaid medical leave of absence is a privilege OHCAC may extend to employees in circumstances where the leave is not covered by the FMLA, or where the employee requires more leave time than is allowed under the FMLA. At the discretion of the Executive Director, an employee may be allowed to take time off from work for approved medical or personal reasons. The leave is taken without pay, but the employee does not incur a break in service with the Agency.

3. A leave of absence must be requested in writing and submitted to the director as soon as the need for such leave is known. The management staff will determine, in its sole discretion, whether to grant a leave of absence request and its length. Unless otherwise required by state or federal laws (including disability requirements), if the employee does not return to work at the expiration of the specified time period, employment is considered terminated.

4. The following are guidelines for leaves of absences that are not covered by the FMLA or which are in excess of FMLA leave:

   a) Any employee who has been employed by the Agency for at least one year and has physically worked 1250 hours as a full time employee, (33 hour per week full time employees have to physically work 1050) and 700 hours as a part time employee for the previous 12 months is eligible to request non-FMLA leave.

   b) To ensure adequate record keeping, a leave of absence should be requested in writing as soon as the need for the leave is known. An employee who is unable to work due to illness, injury or other medical condition for a period in excess of five (5) days must request a leave of absence in writing before the end of the seventh (7th) day. A 3-Part NCR Employee Action Form is required to be submitted along with the Health & Safety Release To Work And Follow-Up Form completed by the doctor taking the employee off of work.

   c) Unless prohibited by law, Non-FMLA leave shall not extend for more than fifty-two (52) weeks from the day the employee last worked (or fifty-two (52) weeks total in any twenty-four (24) month period). This includes any FMLA leave taken. The employee may be required to submit medical documentation from an appropriate medical provider that specifies the reason and/or continuing need, satisfactorily to OHCAC and/or its medical advisors, for the leave of absence.

   d) Time off for Non-FMLA leave is unpaid and no compensation is provided during a leave. Health Insurance can be maintained during a medical leave of absence in accordance with the Health Care Benefits and provided that the employee submits payment for the employee’s normal premium payment as scheduled.

   e) Employees on an approved Non-FMLA medical leave may use any available accrued vacation and sick leave during their absence (Vacation and sick leave only continue to accrue during a leave of absence as long as there is time left to draw from.)
f) Employees are expected to return to work from a medical leave as soon as released to do so by their physician or medical provider. Another Health & Safety Release To Work And Follow-Up Form releasing the employee back to work to full duty or modified duty must be completed by the doctor. Unless otherwise required by local, state or federal law (including disability requirements), if an employee does not return to work when released or at the end of the 52-week period, whichever is earlier, the employee’s employment will be terminated.

g) Employees on Non-FMLA Medical leave of absence who return within twelve weeks or less will have retention rights to their current position. If either FMLA or Non-FMLA extends beyond the twelve weeks, it may be necessary or advisable that a replacement employee be hired during a leave of absence period, and there is therefore no guarantee of reinstatement nor any guarantee or reinstatement to any particular position. For such leaves, if the employee's former position is no longer available, OHCAC may make reasonable attempts to offer the returning employee work in a comparable position within a 30 mile radius of the current position provided that other work is available and OHCAC determines that the employee is able to perform that work. Any refusal to accept reasonably comparable or suitable work that is offered will result in the termination of employment. Employees who are on FMLA leave are guaranteed reinstatement to their former position or a substantially equivalent position.

h) However, if an employee is on a leave of absence for a period of time that exceeds that available under the FMLA, the employee may forfeit any guarantee of reinstatement.

G. MEDICAL EXAMINATION FOR A MEDICAL LEAVE OF ABSENCE

14.1.1.1.2.2.1. The Agency may require an employee to undergo an examination by, and to receive the approval of, a physician or other examiner selected by the Agency as a condition of granting or continuing leave or reinstatement. If such examination is required, it shall be paid for by the Agency. The employee will not lose any regular straight time pay he would otherwise have received as a result of time reasonably spent in attending the examination.

H. MEDICAL EXAMINATION IN INTEREST OF HEALTH, SAFETY, OR JOB PERFORMANCE

1. In the interest of protecting the health and safety of our employees and customers, and consistent with applicable laws, the Agency may, from time to time, require an examination of an employee by a physician or other examiner selected by the Agency. If the examiner determines that the employee’s condition jeopardizes the employee’s health or safety or that of other employees or the public, and/or the employee has a condition that affects his ability to perform the duties of his job, the Agency may relieve the employee from active employment. If such examination is required, it shall be paid for by the Agency. The employee will be paid for the time spent in attending the examination.

I. THIRD DOCTOR

1. If an employee wishes to contest the findings of the Agency doctor or other examiner, he may have the question referred to a third doctor or other examiner (“third doctor”) mutually agreed upon by the Agency doctor (or other examiner) and the employee’s doctor (or other examiner).

2. The Agency and the employee will make all relevant materials available to the third doctor, including all medical records. The finding of the third doctor will be final. To invoke the third doctor or other examination, the employee must
request it in writing within seven (7) calendar days of receipt of the findings of the Agency doctor or other examiner. The Agency and the employee will share equally in the cost of the third doctor’s evaluation.

J. AUTHORIZATION

1. The Agency may require an employee to provide authorization for release of his records and information about his status as part of an examination under this Article or in connection with any claim against the Agency. However, the provisions of the Family and Medical Leave Act, where applicable and where in conflict with this Section or anything else in this contract, will over ride such conflicting provisions.

SITUATIONAL LEAVE OF ABSENCE

A. PERSONAL LEAVE OF ABSENCE WITHOUT PAY

1. In appropriate circumstances upon written application, an employee may be authorized, with approval from the Executive Director of OHCAC, to take an unpaid leave of absence for personal reasons, without loss of employment rights. An employee, while on such leave of absence does not earn Sick leave or Annual leave.

2. This type of Leave of Absence is known as Personal Leave of Absence Without Pay (PLWOP) and is limited to a maximum duration of six (6) months. Whenever possible, PLWOP must be requested at least two (2) weeks prior to planned use.

3. Any employee who has been employed by the Agency for at least one year and has physically worked 1250 hours as a full time employee, (33 hour per week full time employees have to physically work 1050) and 700 hours as a part time employee for the previous 12 months is eligible to request Personal Leave.

4. It may be necessary or advisable that a replacement employee be hired during a leave of absence period, and there is therefore no guarantee of reinstatement nor any guarantee or reinstatement to any particular position. For such leaves, if the employee's former position is no longer available, OHCAC may make reasonable attempts to offer the returning employee work in a comparable position within a 30 mile radius of the current position provided that other work is available and OHCAC determines that the employee is able to perform that work. Any refusal to accept reasonably comparable or suitable work that is offered will result in the termination of employment.

14.2. If the employee fails to report to work at the end of their approved six month leave period, the employee will be terminated from the Agency and lose their seniority status. In appropriate circumstances, an employee may be authorized, with approval from the Executive Director of OHCAC, to take an unpaid leave of absence for personal reasons, without loss of employment rights. An employee, while on such leave of absence does not earn Sick Leave or Annual Leave.

B. BEREAVEMENT

1. Upon the death of a member of one's immediate family (i.e., spouse, domestic partner, mother, mother-in-law, father, father-in-law, brother, brother-in-law, sister, sister-in-law, children, or grandparents of the employee, grandchild or
minor step child) three (3) days leave without loss of pay shall be given to the employee. Full-time employees will receive 7.5 hours of paid Bereavement Leave per day.

2. Part-time employees will receive 5.5 hours of paid Bereavement Leave per day. Additional time (charged against sick leave, annual leave, personal day, and leave without pay) may be granted as a matter of administrative discretion by the Executive Director.

3. In the case of death of other relative or friend, the employee may request to use up to three (3) days of leave per year, or leave without pay. Time off in these circumstances is at the discretion of the Executive Director.

C. COURT LEAVE OF ABSENCE WITH PAY

1. The employer will grant court leave with full pay to an employee when:

   a. Summoned for jury duty by a court of competent jurisdiction, or

   b. Subpoenaed to appear before any court, commission, board or other legally constituted body authorized by law to compel the attendance of witnesses, where an employee is not a party to the action, or

   c. The employee is an appellant in any action before a state board of review and is in an active pay status at the time of a scheduled hearing before the board.

2. Any compensation or reimbursement for jury duty or for court attendance compelled by subpoena, when such duty is performed during their normal working hours, will be remitted to the payroll office of OHCAC.

D. COURT LEAVE OF ABSENCE WITHOUT PAY

14.2.1. A leave of absence without pay may be granted to an employee when appearing before a court or other legally constituted body in a matter in which an employee is a party. Such instances include, but are not limited to, criminal or civil cases, traffic court, divorce proceedings, custody or appearing as directed as parent or guardian of juveniles.

E. CHILD CARE LEAVE OF ABSENCE WITHOUT PAY

1. Leave of absence without pay may be granted for purposes of child care. All requests for leave for purposes of child care will be considered on a nondiscriminatory basis without regard to the sex of the employee. An adoptive parent's request for leave of absence for purpose of child care will be considered on the same basis as that of a biological parent under similar circumstances.

F. MILITARY LEAVE

1. All employees who are members of the National Guard or members of other Reserve components of the Armed Forces of the United States of America, shall be entitled to military leave for a period not to exceed one (1) month or twenty-two (22) working days in any one calendar year. Evidence of such duty shall be submitted by employees and shall be retained by the Agency for proper record keeping.
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2. Military leave will be granted with full pay less the amount received for military service.

3. Military leave will not be charged against leave earned.

4. All employee benefits will continue to be accrued during military leave with pay. Military leave without pay will be granted for enlistment or subscription during war or armed conflict and all employee benefits will be suspended during the leave of absence.

5. Upon return to active employment, the employee will be reinstated in these programs with the status held prior to entering military service if at all possible.

G. DISASTER DAYS

1. Executive Director may authorize leave with pay if Agency is closed due to weather or other reason. It will be the responsibility of the Program Director and Managers to keep their boards and councils informed (i.e., Head Start Policy Council).

2. Supervisor may authorize use of annual leave, sick leave, or personal day by an individual employee who is unable to work as a result of a disaster, at the discretion of the Executive Director.

H. INCLEMENT WEATHER

1. Administrative Leave will be authorized during the time in which a Level Three Weather Emergency is in effect. The leave is applicable to all OHCAC staff members not already on approved leave and who are scheduled to work when the emergency is declared.

2. Persons who do not report to work due to inclement weather can use annual leave, sick leave, personal day, flex time or leave without pay.

Related Regulations: (1301.31); see 2CFR Part 230 B 7 f [sic; see 2 CFR Part 230 Appendix B 8 f]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1028

Subject: Licensure, Registration, Certification

Performance Objective: The program ensures that where licensure, registration and/or certification is required by law, they are maintained and updated as the state and/or federal regulations demand.

Operational Procedures:

1. It is the responsibility of the program where licensure, registration and/or certification is required by law to ensure that said licenses, registrations and/or certifications are maintained and updated as the state and/or federal regulations demand.

2. It is the responsibility of the hiring Manager to ensure that, upon employment, each employee possesses a valid driver’s license, current car insurance, high school diploma/Ged, required degree for the position, license, registration and/or certification as prescribed by the appropriate Agency requirements, ODJFS Licensing Agent and state or Federal regulation.

3. In the event that the required said document described above is not renewed, or no evidence of application for renewal was produced prior to the expiration date, the employee will be counseled and given 30 days to produce evidence of renewal or in process paperwork. If this process has not been completed at the end of this time frame, the employee will be moved back to the appropriate pay grade and step level coinciding with the current qualifications according to current wage scales.

4. In the event that certain certifications are not renewed, the employee may need to be placed on suspension and unable to remain at the work site due to the nature of the restrictions regulated by law.

Related Regulations: [(1301.31); and see 1304.52]

Related Review Question/s:
Personnel Policies

Policy ID: PP1029

Subject: Long Term Service Recognition

Performance Objective: Employees with five or more years of service with the program will be provided with recognition for long term service.

Operational Procedures:

1. The program provides a certificate to every employee who has been continually employed with the program for 5 years or longer at the time of the agency orientation.

2. The Executive Secretary is responsible for submitting the names of long term service employees that fit the criteria.

3. The Executive Director will coordinate the presentation of the gift with the Head Start Director.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1030

Subject: Nepotism (Employment of Relatives)

Performance Objective: It is the policy of the Head Start program that when employees are related as specified below, such persons will not have direct supervisory or administrative relationships.

Operational Procedures:

1. The relationships covered by this policy are as follows: Spouse, parent, grandparent, child, grandchild, brother, sister, aunt, uncle, niece, nephew or cousin in the first and second degree of the employee or spouse of the employee, or any other person living in the immediate household of the employee.

2. In the event that two employees who are in a supervisory and/or administrative relationship become related as defined above, one of the employees shall be reassigned to eliminate the supervisory and/or administrative relationship as soon as feasible. The choice as to which employee is to be reassigned shall be made in writing by the affected employees.

3. Such reassignment shall not adversely affect any of the employee’s rights which are specifically provided for by applicable law, administrative regulations, Merit System rules, or collective bargaining agreements.

Related Regulations: (1301.31)

Related Review Question/s: N/A
** Personnel Policies **

** Policy ID: ** PP1031  

** Subject: ** Employee Orientation  

** Performance Objective: ** The program provides orientation for all new employees and re-hired employees.  

** Operational Procedures: **

1. The Agency Orientation, the Supervisor Orientation and the Head Start Orientation which may also include parents, partners, governing body members, and Policy Council members, is held bi-weekly or more often as needed while the Head Start Orientation is once a month.  

2. Attendance at all three is mandatory.  

3. The purpose of the orientations is to provide identification with the program as well as education regarding policies, procedures and employee responsibilities.

Topics covered in orientation include, but are not limited to, the following:

** Agency Orientation: **

a) Agency structure and organization  

b) Federal regulations and Performance Standards  

c) Goals and underlying philosophy of the Agency  

d) Introduction to the Agency’s operations  

e) Overview of the programs  

f) Paperwork/forms  

g) Policies and procedures  

h) Employee Responsibilities  

i) Drug Training  

   i)  

j) Safety training  

k) Standards of Conduct
Supervisor Orientation:

a) Staff Introductions
b) Job Expectations and Training
c) Rules and Regulations
d) Work Procedures
e) Shadowing

Head Start Orientation:

a) Head Start structure and organization
b) Federal regulations and Performance Standards
c) Goals and underlying philosophy of Head Start and the ways in which they are implemented by the program
d) Overview of the program
e) Paperwork/forms
f) Policies and procedures
g) Program areas, including program governance responsibilities
i) Responsibilities of employees
j) Standards Of Conduct

Related Regulations: [(1301.31); and see 1304.521]

Related Review Question/s:
Personnel Policies

Policy ID: PP1032

Subject: Outside Employment

Performance Objective: Outside employment and the pursuit of career-related activities is encouraged.

Operational Procedures:

1. The program encourages employees to pursue career-related activities such as workshops, trainings, etc., and to consider outside employment.

2. Any involvement in additional employment should not create conflicts of interest for either the program or its clients and if it does it is cause for disciplinary action, up to and including dismissal.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1033

Subject: Parent Preference in Hiring

Performance Objective: The program allows parent preference in hiring.

Operational Procedures:

1. The program creates opportunities for the career development of all adults, specifically including parents of children enrolled in Head Start.

2. Opportunities for employment are created through a system identified for parents of children who are enrolled in the program and for people from families who meet the poverty line criteria.

3. Efforts are made to ensure that parents are given preference in hiring as along as they meet minimum qualifications and pre-employment screenings.

Related Regulations: [(1301.31); and see 1304.52 b 3]

Related Review Question/s:
Head Start Program Policies and Procedures

Personnel Policies

Policy ID: PP1034

Subject: Pay for Attendance at Meetings

Performance Objective: Specified job-related meetings and/or training sessions will be compensated as time worked.

Operational Procedures:

1. Attendance at lectures, meetings, training sessions and similar activities directly related to the employee’s job is compensable.

2. The training is considered directly related to the employee’s job if it is designed to make the employee handle his/her job more effectively, hence resulting in the employee becoming more efficient in the current, present job, as distinguished from training him/her for another job, or to a new additional skill.

3. MANDATORY training may be required by the employer, if the employer determines that safe working conditions would be adversely affected by non-attendance.

4. The determination of job-related training will be the responsibility of the Head Start Director, along with the designation given to which training activities will be counted as working time and for which employees.

5. All 3 Orientations are MANDATED training that is required by the program.

6. Most training days that are required, and therefore compensable time, will be treated as a normal day’s work (i.e., 4 hours, 6 hours, or 7.5 hours).

7. Travel time and/or travel expenses to the mandated training may be reimbursed if the training is held off-site.

NOTE: Due to the nature of operations and funding source dollars, training is customarily limited to job-related sessions.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1035

Subject: Payroll Procedures

Performance Objective: Employees are compensated based on grade level classifications and other applicable factors.

Operational Procedures:

14.2.1.1.1.1.1.1. For all employees, the regular pay period is two weeks or ten working days. There are twenty-six (26) pay periods in the calendar year.

15. When a payday falls on a weekend or holiday, payday is ordinarily the last workday before a weekend or holiday. Unless otherwise specified all pay is by direct deposit.

16. If an employee receives a direct deposit which has an error in the amount of compensation to be received and if this error occurred as a result of a mistake by the Fiscal Office, the Executive Director will make a determination on the time frame to be used in resolving this error.

17. When the program notifies an employee of an overpayment and proposed repayment schedule and the employee chooses to meet with the program, a meeting will be held at which time a repayment schedule will be determined.

18. Mandatory payroll deductions include: Federal, State, City and Social Security Taxes. Taxes for only one city per employee will be deducted. Any Agency benefits (Employee’s portion) will be included in the mandatory payroll deductions.

19. Voluntary payroll deductions include: deductions for charity donations to authorized nonprofit foundations; deferred compensation programs (Employee’s contribution).

20. See also Policy # FM1062, Payroll and Labor Accounting Standards.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1036

Subject: Policies Govern Center Agencies

Performance Objective: Grantee policies and procedures apply to Center Agencies (delegate agencies) unless otherwise specified. Non-Applicable

Operational Procedures:

1. This may be completed through contractual negotiations or other written agreements between the grantee and the Center Agencies or delegate agencies, consistent with Head Start Federal regulations.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Head Start Program Policies and Procedures

Policy ID: PP1037

Subject: Political Activity

Performance Objective: Employees are cautioned that Federal and State law restricts political activities by employees of both public and private Head Start grantees. State law may place additional restrictions on political activities of employees of public Head Start grantees. Violations of some of these restrictions may carry criminal penalties.

Operational Procedures:

1. The Head Start program encourages its employees to participate fully in the democratic political process as private citizens. As a [choose one: non-profit tax exempt organization or public agency] and recipient of Federal funds, however, the program and its employees must follow certain rules concerning political activity.

2. All employees, board members, and Policy Council members may engage in the following activities as private citizens, if conducted during non-work hours, off Head Start premises; and without direct or indirect Head Start financial support or identification:

   a) Hold membership and office in, attend meetings of, vote in, and otherwise participate in, political parties, clubs, organizations, and conventions;

   b) Participate in and manage partisan or nonpartisan political campaigns, including volunteering, writing and making speeches, writing letters, and soliciting voters;

   c) Be a candidate in a nonpartisan election for public office;

   d) Contribute to partisan or nonpartisan political campaigns or political parties and solicit contributions from others (but no solicitation of employees of Head Start program or other Head Start Community Services Block grant programs);

   e) Participate in voter registration drives; and

   f) Assist in providing transportation to the polls.

3. In general, employees may not engage in the following political activity at any time or place, including during off-duty hours, during leave of any type (including unpaid leave), and off Head Start premises:

   a) Be a candidate for public office in a partisan election (including primaries);

   b) Use official authority or influence to interfere with or affect the results of an election or a nomination for office, and

   c) Directly or indirectly coerce, attempt to coerce, command or advise an employee of the Head Start program or other Head Start or Community Services Block Grant program to make political contributions.
4. The Head Start program may not participate or intervene in a political campaign on behalf or in opposition to any candidate for public office. Head Start employees and volunteers, including Policy Council members, should scrupulously avoid identification of the Head Start program with, or use of its funds or resources for, such activity.

5. Head Start funds may not be used to make contributions to political campaigns, political parties, or political action committees.

6. No Head Start employee shall, during working hours, while conducting job-related activities, or on Head Start premises, plan, initiate, participate in, or otherwise aid or assist in the conduct of any unlawful demonstration, rioting, or civil disturbance.


Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1038

Subject: Pre-Employment Requirements Including Health Exam

Performance Objective: All newly hired and rehired employees to the program will be required to fill out pre-employment documents and successfully complete a employment health exam/screening.

Operational Procedures:

1. Health examinations are scheduled the second day of hire.

2. New Hires/Re-Hires will be required to take a employment health examination.

5. The employment health exam is administered by one of the following:
   a) Med Central Health System, 1750 West Fourth Street, Mansfield, OH 44906
   b) Marion Occupational Health, 1040 Delaware Ave., Marion, OH 43302
   c) A Licensed Physician of the prospective employee’s choice.

6. Persons who are handicapped as defined by Federal and State laws who are otherwise qualified will be considered for employment.

7. Health standards are established for job classifications.

8. The employment health examination is conducted by a Medical Consultant or designated licensed physician who decides, based on the health standards of the position, the health qualification or disqualification of a candidate.

9. Medical examination records are retained by the Program Operations Manager and remain confidential.

10. See also Policy # PDM1034, Staff and Volunteer Health: Initial Health Examinations.

Related Regulations: [(1301.31); and see 1304.52 k 1-3]

Related Review Question/s: PDM11.2
Personnel Policies

Policy ID: PP1039

Subject: Professional Liability Insurance NA

Performance Objective: Applicants for positions requiring professional licenses are required to provide proof of license before accepting employment. Once hired, proof of renewal by the appropriate dates must be submitted to the program to continue as an employee in good standing.

Operational Procedures:

1. The employee is responsible for submitting proof of renewal prior to the expiration date.

2. Documentation of each renewal will be placed in the employee’s file.

3. Proof of professional license applies to regular staff as well as to contract staff, consultants, and volunteers.

Related Regulations: (1301.31)

Related Review Question/s: N/A
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Policy ID: PP1040

Subject: Prohibited Discrimination (refer to: OHCAC Personnel Policies & Procedures Handbook – Affirmative Action Statement)

Performance Objective: No person shall be appointed, promoted, disciplined, reduced, removed, or in any way favored, disfavored, or discriminated against because of political affiliation or religious or union activities, race, color, creed, national origin, sex, age, handicap, sexual orientation (check State law), or other unlawful discrimination.

Operational Procedures:

1. "No person in the United States shall, on the grounds of race, creed, color, sex, age, religion, national origin, political affiliation, marital status, or handicap, be excluded from participation in, or be denied the benefits of, or be otherwise subjected to discrimination under any program which the Ohio Heartland Community Action Commission (OHCAC) operates. It is further stated that no employee of this Agency may directly or through OHCAC's programs, provide any service, financial aid or other benefit to an individual which is different, or is provided in any different manner, from that provided to others under the program; subject an individual to segregation or separate treatment in any manner related to the individual's receipt of services, financial aid, or other benefit under the program; restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit under the program; treat an individual differently from others in determining whether he satisfies an admission, enrollment quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service, financial aid, or other benefits including employment provided under the program; deny an individual an opportunity to participate in a program through the provision of services or otherwise afford the individual an opportunity to do so which is different than afforded others under the program, including the opportunity to participate in the program as an employee; nor may personnel of OHCAC through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, creed, color, sex, age, religion, national origin, political affiliation, marital status, or handicap; and, employees shall be aware that this prohibition against discrimination includes the receipt and utilization of non-federal share, contributions, volunteer services, or any so covered by OHCAC's policy of prohibition against discrimination."

2. In development of this Affirmative Action Plan, we have established goals and timetables to correct any deficiencies over a reasonable amount of time. It is our desire that the combination of measurable goals and directed effort will make equal employment opportunity a fact in this organization.

3. To ensure that our goals for equal employment opportunity may be achieved through our good-faith efforts, we have established various levels of responsibility to both direct and oversee our affirmative action efforts.

4. The Executive Director of OHCAC will designate an Equal Employment Opportunity Officer for the Agency. The Executive Director is responsible for monitoring affirmative action efforts and for providing equal opportunity training and recommending outside resources. Individual Managers and Supervisors are responsible for ensuring that their employment decisions comply with principles embodied in Title VII, and Age Discrimination in Employment Act, the Rehabilitation Act of 1973, the Vietnam Era Veterans Readjustment Assistance Act of 1974, Executive Order 11246, revised Order No. 4, and the Americans with Disabilities Act.
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5. Each employee is responsible for bringing to the attention of their Immediate Supervisor or EEO officer any employment decision which he or she feels conflicts with the letter or spirit of the law.

6. The program is an Equal Opportunity Employer. This statement must appear on all public employment notices.

7. See also Policy # PP1073, Nondiscrimination on the Basis of Handicap and # PP1074, Nondiscrimination on the Basis of Race, Color, Sex, or National Origin in Provision of Services.

Related Regulations:  [see 1301.31 a 6]

Related Review Question/s:  N/A
Personnel Policies

Policy ID: PP1041

Subject: Promotions and Transfers

Performance Objective: The program is committed to providing job advancement opportunities, including promotions and transfers, for interested and qualified employees.

Operational Procedures:

1. All interested employees are encouraged to apply for promotions and transfers. Any decisions made after the interviewing process will be based upon the ability, qualifications and the performance of the candidates for the open posted positions.

2. Employees interested in a posted position must fill out an on-line application.

3. Employee on-line application forms are submitted and screened for interviews.

4. All employees who meet the required qualifications will be interviewed by the appropriate management staff. All other qualifications and abilities being equal, priority consideration will be given to parents and internal candidates for available positions.

5. If an employee transfer results in an employee becoming benefit eligible, then benefits will begin the first of the following month after the successful completion of the 90 Day Conditional Period if all required paperwork is completed and received. If choosing 5% In Lieu of Insurance, and if all documentation is completed as required, the increase in pay will take place the first full pay period of the following month.

6. Pay increase begins the date the higher paying position begins. Annual Leave, if applicable and sick leave will begin accruing at a rate still depending on hours worked. 75 hours = 3.08 hours earned.

EXCEPTIONS:

a) Interviews may be waived for internal candidates, if there is only one in-house applicant for the posted position, unless it is a position never held.

b) These exceptions must be approved by the Executive Director prior to action.

Related Regulations: [1301.31]
Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1042

Subject: Public Relations and Release of Information

Performance Objective: Specific, confidential information can be released only under the following procedures.

Operational Procedures:

1. No employee shall release information on behalf of the program to the news media concerning the program in the form of a press release, nor may he/she call a press conference without the express written approval of the Executive Director or his/her designee in this matter.

2. All inquiries by the news media to employees must be referred to the Executive Director.

3. All copies of program press releases must also be forwarded for approval to the Executive Director.

4. No employee shall release personal employee or client information, either in writing or by telephone without the knowledge and written consent of the employee or client.

5. All promotional material, including flyers, slide shows, brochures, etc. developed by any program employee, must be submitted to the Head Start Director for review and approval.

6. All materials developed as part of the person’s job are considered “works made for hire” and are the property of the local Head Start program.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1043

Subject: Reduction in Force

Performance Objective: In the event of a staff cutback, reduction in hours, or layoff due to a direct result of the discontinuation of or cutbacks in program funds, cost containment, or structural reorganization within the program, staff will be affected by the downsizing. All decisions will be free of unlawful discrimination and disparate impact.

Operational Procedures:

LAY-OFF POLICY

1. In the life of any agency or business, there are times when a reduction in work force becomes necessary for the sound operation of the agency. Among the most likely causes for a decision to lay-off are: (This list is not all inclusive.)

   a) Reduction in funding level.
   b) Change in program emphasis which may either create new positions or eliminate the need for existing positions.
   c) Increased costs of operation not matched by increased funding.
   d) Determinations that the work load of some positions does not require a full-time employee.

2. The following guidelines are approved to assist the Executive Director and others responsible for developing recommendations for Board action.

   a) Whenever conditions exist which require the lay-off of employees, the Executive Director shall submit to the Board his/her recommendations regarding which positions are most essential for the operation of whatever programs will remain and/or the listing of those positions which are not to be continued or funded.

   b) Persons who will be adversely affected by the lay-off will be given first consideration in applying for any vacant positions within the Agency.

   c) Agency Inter-departmental bumping will not be permitted. Bumping within a department shall be permitted only in cases where the employee being laid off is in an equal or superior position to the person being bumped, meets the minimum qualifications for the position and applies within three (3) working days after receipt of notification of lay-off.

   d) Bumping will be permitted when a County Transfer due to layoffs is more than 30 miles from the original work site.

   e) When one or more persons occupy essentially the same type of position, the Head of the Department or the Executive Director, if the affected position is one which reports to him/her, shall make the selection of those to be retained on the basis of Agency Seniority with prior performance, attendance, and work habits being the determining factor when two or more persons have the same level of seniority.
f) When two or more positions are combined into one, only those persons occupying the positions will be considered unless neither applies. The selection shall be made as in item (e).

g) Persons in a lay-off status are entitled to group health, dental, vision, and life insurance benefits for the remainder of the month in which the layoff occurs. The affected employee and any covered dependents will be directly responsible for their benefits as of the first day of the month following the lay-off date.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1044

Subject: Reinstatement of Employment

Performance Objective: A period of time is provided in which terminated employees may return to work without a significant loss of benefits or seniority.

Operational Procedures:

1. A former employee is not eligible for re-hire for one year. Former employees re-hired after one year, must go through the regular hiring process as if they were a newly hired employee.

* Conditions may depend on plan documents and whether withdrawals can be reinstated.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1045

Subject: Right to Privacy

Performance Objective: The program respects the individual privacy of its employees.

Operational Procedures:

1. Program-owned equipment may be subject to inspections at any time.

2. Personal belongings will only be the subject of inspections in rare circumstances, such as when violations of the Standards of Conduct are suspected.

3. Although the program respects the individual privacy of its employees, an employee cannot expect privacy rights to extend to work related conduct or the use of program-owned equipment or supplies.

4. The program reserves its right to search work stations, desks, lockers and program vehicles. In addition, briefcases, purses and other personal belongings are subject to inspections ONLY when there is reasonable cause to believe that illegal drugs, alcohol, weapons, or stolen property may be in an employee’s possession.

5. Program’s right to access information: Although employees have individual access codes to voice mail and computer network systems, these systems are accessible at all times by the program, and may be subject to periodic unannounced inspections for business purposes. All system pass codes must be available to the Head Start Director, and employees may not use pass codes that are unknown.

6. Systems use is restricted to program business. Employees are expected to use the voice mail and computer network systems for program business only and not for personal purposes. Personal purposes include, but are not limited to, soliciting or proselytizing for commercial ventures, religious or political causes, outside organizations, or other non-job-related solicitations.

7. Forbidden content. Employees are prohibited from using the program’s information systems in any way that may be disruptive or offensive to others, including, but not limited to, the transmission of sexually explicit messages, cartoons, ethnic or racial slurs, or anything that may be construed as harassment or disparagement of others.

8. Password security and integrity: Employees are prohibited from the unauthorized use of the access codes of other employees to gain access to their computer network systems and/or voice mail messages.

9. Personal or other inappropriate use of the information systems will result in disciplinary action up to and including termination.

10. The intent of this policy is to ensure our commitment to all program employees the provision of a safe, comfortable and high quality enhanced employment atmosphere.

Related Regulations: [1301.31]
Related Review Question/s: N/A
Policy ID: PP1046

Subject: Seniority (refer to: OHCAC Personnel Policies and Procedures)

Performance Objective: An employee’s seniority is determined by length of service.

Operational Procedures:

1. An employee’s seniority is determined by length of service beginning at original hire date.

2. Refer to OhCAC Pesonnel Policies and Procedures under Lay-Off to determine how seniority is used when bumpoin is permitted due to lay-off or position elimination.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1047 (Does not apply to OHCAC Head Start)

Subject: Short Term Contract Employees

Performance Objective: Certain approvals are required for short term contract employees.

Operational Procedures:

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1048

Subject: Sick Leave

Performance Objective: A paid sick leave plan is provided to protect the employee from loss of earnings in the event of related illness or injury, and to encourage the employee to have a work record that is not interrupted by absenteeism.

Operational Procedures:

1. Accrual:
   a) All employees will accrue Sick Leave at the rate of .0411 times the hours paid up to 75 hours per pay period. (10 days per year). Accrual of Sick Leave begins upon hire.
   b) Sick leave will be recorded and charged in minimum units of one quarter hour (15 minutes).
   c) Sick leave has no maximum accumulation.
   d) Sick leave will be carried on the books for each employee during lay-off periods or any unpaid leave of less than one year but will not continue to accrue during that time.
   e) No payment shall be made for accrued but unused sick leave when an employee terminates employment for any reason.
   f) All separations, discharges, and resignations not followed by reinstatement within one year shall interrupt continuous service and shall result in the loss of all prior service credit. If an employee returns within a year, Sick Leave begins to accrue immediately. Any accumulated Sick Leave that was left at the time of termination will be accredited to the employee at the time of re-hire.

2. Uses of Sick Leave:
   a) Illness or injury of the employee or member of his/her household. For purposes of Sick leave, household includes child, spouse, Domestic partner or parent of employee. Exceptions may be made at the discretion of the Executive Director in emergency situations.
   b) Medical, dental, or optical examination or treatment of employee or a member of employee's household. Exceptions may be made at the discretion of the Executive Director in emergency situations.

3. Verification:
   a) Employees will be required to submit a doctor's statement verifying illness and ability to return to work following an absence of three (3) days or more. A supervisor may require a doctor's statement for absence of less than three (3) days if the situation so warrants.
b) An excused absence from work slip by the doctor must be submitted to the Supervisor. Before an Employee can return to work, the doctor is to complete the Health & Safety Release To Work and Follow-Up Form. If the release has any restrictions, the Supervisor will do a Transitional Work Plan if the Agency is able to accommodate the restrictions.

c) The Executive Director and/or the respective supervisors may, at their discretion, require a doctor's excuse for any sick leave taken, regardless of duration. A regular pattern of absence is defined as absences in excess of one day a month and/or repeatedly causing a hardship on the daily operations of the Agency.

4. Responsibility for Reporting:

a) Each day that an employee is absent because of illness, he/she must insure that his/her supervisor is so informed.

b) Head Start employees: Notification of Supervisor must be at least one hour before reporting time. Failure to notify the supervisor may result in the absence being charged to leave without pay or disciplinary action up to and including termination.

c) Employees must record the sick leave used in a pay period on the time sheet for that pay period. Failure to do this will result in loss of sick leave pay for that pay period.

d) Head Start employees must turn in their pay stub to their supervisor for verification of earned sick leave being used on the Time Sheet.

e) Employees of OHCAC are expected to maintain a level of physical and mental fitness to meet the essential functions of their position. OHCAC appreciates that employees have a right to maintain a level of privacy in their personal lives; however, it is essential that an employee inform OHCAC of any physical or mental condition that may impair the employee’s ability to fulfill the duties and responsibilities of their position. To that end, all employees, including employees returning from seasonal layoff, must follow the Health & Safety To Release And Follow-Up procedure.

f) The Health and Safety To Release and Follow-Up procedure requires all employees in safety-sensitive positions, or any employee who, on a regular basis, as part of the essential functions of their job, transports, cares for, supervises or monitors, children or other members of the public, before returning to work, to submit the Health & Safety To Release to Work And Follow-up Form to their Supervisor The completed form serves to inform OHCAC of any medications, treatments, surgeries, required recovery periods or physical limitations as a result of surgery, restrictions, or any other physical or mental limitations that could potentially impair the employee’s ability to fulfill the essential duties and responsibilities of their position.

Related Regulations: [see 1301.31 a 1]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1049

Subject: Smoke Free Workplace

Performance Objective: Smoking is prohibited in all space utilized by the program.

Operational Procedures:

1. The Pro-Children Act of 1994, 20 U.S.C. 6083 prohibits permitting any person to engage in the smoking of tobacco products in an enclosed space at a place of employment and Head Start programs must prohibit smoking at all times in all space utilized by the program. This includes classrooms, staff offices, kitchens, restrooms, parent and staff meeting rooms (used in the evenings as well as during the day), hallways, outdoor play areas, and vehicles used for transporting children.

2. This policy prohibits smoking in all indoor or enclosed areas and locations on the program’s premises, including restrooms. Employees who wish to smoke must limit their smoking to meal periods held off premises.

3. For buildings that are shared with other occupants, steps will be taken to reduce children’s exposure to smoke from other sources in the building.

4. “Smoke-Free Zones” around the Head Start sites are established.

5. Violation of this policy by employees will be grounds for disciplinary action, up to and including termination.

6. Violation of this policy by the program may result in heavily imposed fines.

Related Regulations: [(1301.31)](1301.31) and 20 U.S.C. 6083; and see the Head Start Act

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1050

Subject: Social Security Withholdings

Performance Objective: Social Security tax is a mandated withholding for all program employees.

Operational Procedures:

1. The Fiscal Department deducts pre-determined Social Security taxes from each program employee’s direct deposit.

2. Social Security tax withholdings are in addition to other retirement benefits.

Related Regulations: [see 1301.31 a]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1051

Subject: Staff Assignments

Performance Objective: Employees are expected to fulfill staff assignments as directed.

Operational Procedures:

1. Staff assignments are based on employee job descriptions, with respect to current workload, and in accordance with the chain of command.

2. Staff assignments are determined by the immediate supervisors. In the absence of immediate supervisors, staff assignments are determined by upper level supervisors.

3. Supervisors determine assignment of other duties as necessary.

4. Failure to fulfill assignments may result in disciplinary action up to and including termination, in accordance with local personnel regulations.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1052

Subject: State Disability Insurance Coverage N/A

Performance Objective: Employees in specified representation units are eligible for State Disability Insurance.

Operational Procedures:

1. For information on sick leave benefits with State Disability Insurance, see local regulations.

Related Regulations: [see 1301.31 a]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1053

Subject: Temporary Appointments

Performance Objective: A temporary appointment lasts for a limited period of time and is paid on an hourly basis.

Operational Procedures:

1. Full-time Temporary indicates that you would normally work 66-75 hours in each pay period, but that the job would continue only for a specified period of time. (The specific time will be determined on case-by-case basis). Full-time Temporary employees are entitled to the following benefits: pro-rated sick leave, holiday pay for any holiday for which they would normally have been scheduled to work, workers’ compensation, and social security. (See Benefits for a complete listing and explanation of benefits). All temporary positions must be approved by the Executive Director.

2. Part-time Temporary indicates that you would normally work less than 66 hours in each pay period and that the job would continue only for a specified period of time. Part-time Temporary employees are entitled to the following benefits: pro-rated sick leave and holiday pay for any holiday for which they would normally have been scheduled to work, workers’ compensation and social security. (See Benefits for a complete listing and explanation of benefits.) All temporary positions must be approved by the Executive Director.

Related Regulations: [see 1301.31 a 1]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1054

Subject: Travel

Performance Objective: Employees may be expected to travel on program business.

Operational Procedures:

1. See also the Personnel Policy # PP1019, Expense Reimbursement.

2. Program employees are allowed compensation for mileage.

3. Subject to limitations elsewhere provided and upon rendering detailed expense accounts, program employees are allowed their actual, reasonable, and necessary expenses in performing official duties, including travel.

4. For such expenses of travel necessarily done by private automobile, employees are allowed $0.40 per mile.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1055

Subject: Unemployment Compensation

Performance Objective: Employees of the program may be eligible for unemployment compensation.

Operational Procedures:

1. The contribution to the unemployment compensation system is borne by the program.

2. To qualify for unemployment compensation, an employee must:
   a) Be unemployed and registered with the State Employment Development Department for work;
   b) Have separated for good cause;*
   c) Have received minimum base-period wages as currently established by State law;
   d) Comply with regulations in regard to filing claims;
   e) Be available to immediately accept suitable work;
   f) Be actively seeking work; and
   g) Be physically able to work.*

* Check local requirements.

Related Regulations: [see 1301.31 a 1]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1056

Subject: Union Membership

Performance Objective: The program follows the Federal and state laws pertaining to employer-employee relations.

Operational Procedures:

1. Employees have the right to choose to join a Union.

2. The program recognizes that collective bargaining units may be selected by employees to represent certain classifications of program employees. Employees may express their wishes to be represented, and by which organizations.

3. Representatives of the collective bargaining unit will provide literature and information regarding the services of that unit.

4. The collective bargaining unit provides all employees with information regarding its policy positions and activities.

5. Questions relating to policies guiding the collective bargaining process are to be directed to the Executive Director.

6. Head Start funds may not be used to assist, promote, or deter union organizing. Such funds may be used, however, to seek legal advice about the program’s rights and responsibilities under the laws relating to union organizing.

Related Regulations: [1301.31]; and see local requirements [42 U.S.C. 9839 e; HHS Administration for Children and Families Information Memorandum (ACYF-IM-HS-97-14)].

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1057

Subject: Use of Facilities

Performance Objective: Program facilities are used in accordance with these regulations.

Operational Procedures:

1. Use of program building space by private organizations is prohibited, except as provided by law for employee organizations, or as authorized by the governing body.

2. The Head Start Director is responsible for the program facilities and property used by employees under their jurisdiction. In controlling and administering use of space and facilities, the Head Start Director should see that employees do not introduce material which others will find objectionable or offensive for reasons such as their differing social, political, religious, or moral beliefs.

3. Solicitation of contributions or sale of merchandise within program buildings except for purposes authorized by the OHCAC is prohibited. This does not include parent fundraising activities.

4. Restroom and lounge facilities are provided for employee use.

5. Parking stalls and traffic flow are marked in permanent parking areas. Parking other than in designated spaces is prohibited, as is driving in directions other than as marked. Handicapped parking spaces are to be used only for such purposes. Parking areas are to be maintained in a clean and neat manner.

6. No drugs or alcohol shall be consumed in any program building, vehicle, or space or used in the conduct of program business, except as provided by special authority of the OHCAC.

Related Regulations: (1301.31); and see 1306.30 c and 1304.53 a

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1058

Subject: Use of Materials and Equipment

Performance Objective: Materials and equipment owned and/or operated by the program are used in the designated manner, comply with safety standards, and are kept in excellent condition.

Operational Procedures:

1. Every employee is responsible for the safe and proper usage of program materials and equipment.

2. Materials and equipment are used in the manner for which they are intended.

3. Materials and equipment comply with safety standards, as evidenced by ODJFS inspections of centers and our reporting system with the OHCAC Safety Committee.

4. Materials and equipment are kept in excellent condition.

5. The Managers are responsible for having faulty equipment or materials replaced or repaired.

6. Materials and equipment owned and/or operated by the program are for program use only, and not for personal use.

7. The telephone system is provided for the use of program employees in the conduct of their assigned duties. The telephone system is not to be used by employees or the general public for personal calls except as may be authorized by the employee’s supervisor.

8. Fax machines are available for program use. Telephone numbers for fax machines are listed in the inter-office telephone directory.


   a) Employees may use program computers to conduct their work.

   b) Employees may not use program computers for personal use.

   c) Employees must provide their login passwords to the Management Information Administrator.

   d) Internet and e-mail services may not be accessed for personal use.

Related Regulations: (1301.31) and see 1304.53

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1059

Subject: Use of Vehicles

Performance Objective: The program establishes policies on the use and operation of vehicles, both program owned and privately owned, in program business.

Operational Procedures:

20.1. It is the policy of the OHCAC to maintain vehicles for use by its employees while they are engaged in Agency business. In addition, when no Agency vehicle is available, employees may use their personal car for business purposes, but only with the prior approval of their supervisor.

20.2. An employee involved in an accident must completely fill out the Employee Incident/accident Report and Statement of Witness to Accident forms. A listing of the names of witnesses and as much information as possible regarding the accident from other drivers and witnesses is required

20.3. Children must be seated in an appropriate booster seat/harness if under 5 years old or under 50 pounds. Appropriate booster seats and harnesses are provided. All children must remain in their seat belts.

20.4. The Agency maintains substantial liability insurance for all of its owned vehicles. Also included with this coverage is a supplement to the employee’s personal liability insurance to cover possible liability when a staff member is driving his/her personal vehicle in the discharge of agency functions. Unless arrangements satisfactory to the Agency are made, employment will be immediately terminated if our insurance carrier determines that an employee is not insurable because of a driving record. (Termination of Head Start staff must be approved by the Policy Council.)

Related Regulations: (1301.31)

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1060

Subject: Vacations

Performance Objective: Vacation is used to compensate employees for personal days off after successfully completing the six month introductory period.

Operational Procedures:

ANNUAL LEAVE

1. Permanent (full-time or part-time) employees of the Ohio Heartland Community Action Commission will be entitled to two weeks paid vacation annually, after one year of continuous service. An employee with six or more years of service will be entitled to three weeks annual leave. An employee will be entitled to four weeks after ten years and a maximum of five weeks annual leave after fifteen years of service.

2. Full-time seasonal and part-time seasonal employees after eight (8) years of continuous employment will be entitled to additional Annual Leave accrued based on the number of hours paid at a rate of .0445 to a maximum of ten (10) paid Annual Leave days a year.

3. Resignations – Former employees that left in good stead cannot be re-hired for one year. Re-hires begin as New Hires.

4. Any request for annual leave should be submitted in writing two weeks prior to the leave and authorized by the immediate supervisor.

5. Annual leave is earned during the time the employee is on active pay status; it is not earned while on unpaid leave of absence, in excess of 30 days, except in the case of maternity leave, (get FMLA impact). Waiting for interpretation for DOL

6. No annual leave may be taken in advance of being earned.

7. Sick leave may be used in exchange for annual leave if an employee becomes ill during a period of approved annual leave. Sick leave may be taken provided a physician's statement is presented to the supervisor upon return to work.

8. The beneficiary, as designated on group life insurance records, will receive all accrued but unused annual leave upon the death of an employee.

9. Upon separation from the Agency, unused Annual Leave will be calculated and dispersed to the employee minus any fees or debts owed to the Agency.

Head Start Employees:

1. Seasonal Employees with at least one year of service will accrue vacation hours based on the number of hours worked each pay period. After eight years of continuous employment additional Annual Leave will accrue based on the number of hours paid at a rate of .0445 to a maximum of ten paid Annual Leave Days.
2. Employees may be permitted to use annual leave any time during program year, subject to supervisory approval.

3. Employees who are not full-year will not be entitled to additional annual leave after six, ten, or fifteen years of employment.

4. Employees will be permitted to receive annual leave pay prior to leaving for vacations.

5. Annual leave will be accrued by the Fiscal Department on a biweekly basis according to the number of hours worked each pay period.

**OHCAC Vacation/Annual Leave Policy**

1. OHCAC employees, who have been with the organization more than one year may request to receive a payout of accrued annual leave one time during a 12 month period. However, at least one week of their accrued annual leave should remain accrued or may be used/taken as a vacation/annual leave.

2. Beginning on June 1, 2007, a maximum of 4 years of accumulated leave/vacation formulated on the current defined OHCAC accrual rates based on time of service with:
   
   a) 1 year of service = 2 weeks of vacation/annual leave (8 weeks maximum)
   b) 6 years of service = 3 weeks of vacation/annual leave (12 weeks maximum)
   c) 10 years of service = 4 weeks of vacation/annual leave (16 weeks maximum)
   d) 15 years of service = 5 weeks of vacation/annual leave (20 weeks maximum)

   will begin to accumulate.

3. After the four year period staff may not accumulate vacation/annual leave in excess of the accumulated maximum.

4. The existing policy permitting OHCAC staff to accumulate annual leave with no limit will end on June 1, 2007. Those (grandfathered) staff members with accumulated leave prior to June 1, 2007 will be permitted to cash in or take their accumulated leave at their current designated pay rate (as of June 1, 2007) between June 1, 2007 and June 1, 2011. After 2011 staff may only accumulate annual leave based on the 4 year maximums listed above. No staff leaving the employ of OHCAC after June 1, 2011 will be permitted to be paid in excess of four years accumulated annual leave.

5. For accounting purposes annual leave will continue to be paid at the employee’s current rate of pay.

**Related Regulations:** [see 1301.31 a]

**Related Review Question/s:** N/A
Personnel Policies

Policy ID: PP1061

Subject: Wage and Salary Administration

Performance Objective: Salaries and pay scales are competitive, utilizing a uniform system for renumeration that has a consistent application throughout the program.

Operational Procedures:

1. COMPENSATION POLICY: The Agency will maintain a program which establishes and monitors job qualifications, responsibilities and salary standards for its employees. All rates regardless of kind are dependent on budget limitations.

2. TASK ANALYSIS: The Agency will conduct a task analysis as needed of each position in the Agency following recommended standard procedures. From this, job descriptions will be updated and range classifications will be established.

3. WAGE COMPARABILITY: The Agency will conduct wage and salary comparability studies following recommended standard procedures. Salaries will be comparable for similar responsibilities in the program area, as well as internally comparable.

4. SALARY SCHEDULES: Salary schedules will be determined for each job title and changes will be recommended as appropriate by the Executive Director and reviewed and approved by the Board of Trustees annually.

5. MINIMUM WAGE: At least the federal minimum wage will be paid to all employees of OHCAC and its delegate agencies.

6. RANGE MINIMUM: All employees will be paid at least the minimum wage established for the ranges in which their jobs are classified.

Related Regulations: [see 1301.31 a and the Head Start Act]

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1062

Subject: Wage and Salary Administration: Salary Increases and Decreases

Performance Objective: Employee salaries are set according to established procedures.

Operational Procedures:

SALARY ADJUSTMENTS

1. Range Adjustments:

   a) An employee's salary will be adjusted upward when his/her job has been placed in a higher range or when the minimum established for the range in which his/her job is classified has been increased and their present salary is below the minimum for the range.

   b) If an employee's salary within the range is adjusted upward the employee will receive that raise in place of the Agency's merit raise for that year unless the percentage of increase is less than the allowable limit set by the Board. In that case the employee will be eligible to receive the remaining percentage amount available per his/her evaluation.

   c) No employee's salary will be decreased when his/her job has been placed in a lower range or when the minimum established for the range in which his/her job is classified has been decreased.

2. Longevity Increases:

   a) Employees will receive salary increases based on length of service at such times as the OHCAC Board of Trustees determines that funds are available and establishes policy for such increases in their annual review of the recommendations of the Executive Director.

3. Cost of Living Adjustment (COLA):

   a) Any COLA provided by the Head Start Bureau to the Head Start program must be provided to Head Start Employees and distribution should follow federal directions as to the time frame that COLA was to be applied. COLA'S are to be provided to those employees currently employed at the time of distribution

* Check local requirements.

Related Regulations: (1301.31)

Related Review Question/s: N/A
Head Start Program Policies and Procedures

Personnel Policies

Policy ID: PP1063

Subject: Identification and Reporting of Child Abuse and Neglect

Performance Objective: The program reports child abuse and neglect in accordance with the provisions of applicable State or local law.

Operational Procedures:

1. In those States and localities with laws which require such reporting by pre-school and day care staff, Head Start agencies and delegate agencies must report to the State or local agencies designated by the State under applicable State or local Child Abuse and Neglect reporting law.

2. In those States and localities in which such reporting by pre-school and day care staff is “permissive” under State or local law, Head Start agencies and delegate agencies must report child abuse and neglect if applicable State or local law provides immunity from civil and criminal liability for good-faith voluntary reporting.

3. Head Start preserves the confidentiality of all records pertaining to child abuse or neglect in accordance with applicable State or local law.

4. Consistent with this policy, the program will not undertake, on their own, to treat cases of child abuse and neglect. The program will, on the other hand, cooperate fully with child protective service agencies in the community and make every effort to retain in their programs children allegedly abused or neglected recognizing that the child’s participation in Head Start may be essential in assisting families with abuse or neglect problems.

5. With the approval of the policy council, the program may wish to make a special effort to include otherwise eligible children suffering from abuse or neglect, as referred by the child protective services agency. However, it must be emphasized that Head Start is not nor is it to become a primary instrument for the treatment of child abuse and neglect. Nevertheless, Head Start has an important preventative role to play in respect to child abuse and neglect.

6. Special provisions: Staff responsibility.

a) Directors of Head Start agencies and delegate agencies that have not already done so shall immediately designate a staff member who will have responsibility for:

i) Establishing and maintaining cooperative relationships with the agencies providing child protective services in the community, and with any other agency to which child abuse and neglect must be reported under State law, including regular formal and informal communication with staff at all levels of the agencies;

ii) Informing parents and staff of what State and local laws require in cases of child abuse and neglect;

iii) Knowing what community medical and social services are available for families with an abuse or neglect problem;

iv) Reporting instances of child abuse and neglect among Head Start children reportable under State law on behalf of the Head Start program;
v) Discussing the report with the family if it appears desirable or necessary to do so;

vi) Informing other staff regarding the process for identifying and reporting child abuse and neglect. (In a number of States it is a statutory requirement for professional child care staff to report abuse and neglect. Each program should establish a procedure for identification and reporting.)

7. Training. The program provides orientation and training for staff on the identification and reporting of child abuse and neglect. Orientation is provided for parents on the need to prevent abuse and neglect and provide protection for abused and neglected children. Such orientation fosters a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers.

Related Regulations: 1301.31 Appendix A; chapter N-30-356-1 in Head Start Manual

Related Review Question/s:
Personnel Policies

Policy ID: PP1064

Subject: Sexual Harassment and Other Unlawful Harassment is Prohibited

Performance Objective: The program is committed to providing a work environment that is free from harassment. In keeping with this commitment, we maintain a strict policy prohibiting unlawful harassment on any basis protected by state or federal law.

Operational Procedures:
1. All employees have the right to work in a discrimination-free environment. This policy applies to all employees, agents or vendors of the program who have contact with the employees during working hours. This policy prohibits harassment in any form, including sexual, verbal, physical and visual harassment.

2. Definition of Harassment: Sexual harassment as defined by law is any unwanted sexual advances, requests for sexual favors or visual, verbal or physical conduct of a sexual nature when:
   * submission to such conduct is made a term or condition of employment; or
   * submission to or rejection of such conduct is used as a basis for employment decisions affecting the individual; or
   * such conduct has the purpose or effect of unreasonably interfering with an employee’s work performance or creating an intimidating, hostile or offensive working environment because of the persistent, severe or pervasive nature of the conduct.

   a) Sexual Harassment: The program prohibits sexual harassment in any form. It is a violation of both State and Federal laws. Examples of sexual harassment are:
      i) Written Examples: Suggestive or obscene letters, notes/invitations.
      ii) Verbal Examples: Derogatory comments, slurs, jokes, epithets.
      iii) Physical Examples: Assault, touching, impeding or blocking movement.
      iv) Visual Examples: Leering, gestures, displaying of sexual suggestive objects or pictures, cartoons, or posters.

   b) In addition to the examples outlined above, no supervisor shall threaten or insinuate, either explicitly or implicitly, that an employee’s willingness or refusal to submit to sexual advances will adversely affect the employee’s employment, evaluation, wages, advancement, assigned duties, or any other condition of employment or career development.

   c) Other sexually harassing conduct in the workplace, whether committed by supervisors or other non-supervisory personnel, is also prohibited. This includes making unsolicited written, verbal, physical and or visual contact with sexual overtones.

3. An employee who believes that he/she has been discriminated against or harassed should promptly report the facts of the incident and the names of the individuals involved to their supervisor and/or to the Head Start Director or the OHCAC Executive Director, which will investigate all claims and follow-up with the appropriate action. Disciplinary action will be taken swiftly up to and including termination in founded cases of unlawful harassment.

4. Employees reporting alleged harassment cannot be retaliated against.

Related Regulations: (1301.31)
Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1065

Subject: Written Policies

**Performance Objective:** The program establishes and implements written personnel policies for staff that are approved by the Agency Board and the Policy Council or Policy Committee and that are made available to all grantee and delegate agency staff.

**Operational Procedures:**

1. The program establishes and implements these written personnel policies for staff that are approved by the Policy Council or Policy Committee and that are made available to all grantee and delegate agency staff.

2. The program’s personnel policies and subsequent changes to those policies, including standards of conduct, are developed with Policy Council, Policy Committee, key management staff and the governing body working in partnership.

3. See Personnel Policies and Human Resources Policies for additional policies and procedures.

**Related Regulations:** [1301.31 a, 1304.50 d l ix]

**Related Review Question/s:** PDM11.1
Personnel Policies

Policy ID: PP1066

Subject:  Staff Positions

Performance Objective: The program maintains updated job descriptions of each staff position, addressing as appropriate, roles and responsibilities, relevant qualifications, salary ranges, and employee benefits.

Operational Procedures:

All job descriptions are in the OHCAC Head Start Job Description Binder.

Related Regulations:  1301.31 a 1

Related Review Question/s:  N/A
Personnel Policies

Policy ID: PP1066a

Subject:  Staff Positions:  All job descriptions are in the OHCAC Head Start Job Description Binder.

Performance Objective:  The program maintains updated job descriptions of each staff position, addressing as appropriate, roles and responsibilities, relevant qualifications, salary ranges, and employee benefits.

Operational Procedures:

All job descriptions are in the OHCAC Head Start Job Description Binder.

Related Regulations: 1301.31 a 1

Related Review Question/s:  N/A
Personnel Policies

Policy ID: PP1067

Subject: Termination of Employment (refer to: Personnel Policies and Procedures Handbook: Resignation, Discharge, and Termination sections)

Performance Objective: This termination policy is designed to be equitable and to ensure consistent practices for all separation procedures.

Operational Procedures:

1. Termination of Employment, also known as Separation, comes in the following forms:

   a) Resignation—an employee-initiated separation requiring a written notice, two weeks notice for non-exempt employees and four weeks notice by exempt employees.

   b) Retirement—voluntary separation from service where the employee has reached retirement age as provided under the retirement plan.

   c) Termination—a program-initiated separation for unresolved employee problems, which includes, but is not limited to, a violation of the policies and rules, a disregard for the reasonable behavior or standards of behavior which the program expects, or action which is determined to be not in the best interest of the program participants or employees.

   d) At-will employees may be terminated at any time.

2. Procedure for voluntary resignation/separation/retirement:

   a) Employees finding it necessary to resign [or retire] are requested to give written notice to their Supervisor. For employees in a range lower than Assistant Program Director two weeks written notice of resignation is expected. For employees in a range of Assistant Program Director and above four weeks written notice of resignation is expected. On all voluntary resignations an Employee Action Form, must immediately be filled out, dated and signed by the employee and supervisor. It is then forwarded to the Director of that area, the Head Start Director and then to the Executive Director for signature and date. After all signatures have been obtained it is sent to the Program Operations Manager. On non-voluntary separations, complete details must be attached to the Employee Action Form, with the exception of rejection of initial 90 day introductory period.

   b) The Program Operations Manager then processes the completed and signed Employee Action Form to all appropriate departments for processing.

   c) Once the letter of resignation has reached the Program Operations Manager’s office, it will be placed in the employee file for the permanent record.

   d) All program property, keys, uniforms, and identification must be returned to the program on or before the last day worked and before the final paycheck is issued.
e) The On-line Time Sheet must be entered into the computer and approved by the employee before payment can be made on the regularly scheduled pay date.

f) Upon separation from the agency, the final paycheck will be automatically deposited into the former employee’s account on the next regularly scheduled pay date.

g) Vacation pay may be paid as part of the last pay period worked or on the next regularly scheduled pay date. Sick pay will not be paid at separation/termination.

3. Procedures for Termination

a) All terminations must be reviewed with the Head Start Director and the Executive Director to ensure that proper procedures and appropriate progressive discipline steps have been followed.

b) The employee should have been informed of the problem leading to the termination and have been given an opportunity to improve his/her performance when appropriate. Progressive disciplinary actions must be in writing and on file in the Program Operations Manager office.

c) In the case of serious misconduct, in which the Head Start Director considers the employee a serious hazard to either participants, parents, staff or the program, or other conduct which appears to warrant immediate dismissal or removal from the work site, the employee should be informed that he/she is on suspension with/without pay (depending on the circumstances) pending investigation, effective immediately.

d) The appropriate Policy Council Committee members must be given confidential information by the Program Operations Manager about any employee’s performance problems which have continued, or other violations of the Standards of Conduct, for a termination decision to be rendered. All Head Start terminations must be approved by the Policy Council in order for the termination to become final.

e) All discussions will take place in closed sessions to protect the confidentiality of the individual involved. NOTHING about an employee should be repeated outside the closed Policy Council session.

f) If the Head Start Policy Council disapproves the termination, the arbitration policy will be utilized.

a) Once the decision has been made to terminate, the On-line Time Sheet must be entered into the computer and approved by the employee and supervisor. His/her final paycheck will be automatically deposited into his/her account on the next regularly scheduled pay date.

4. Pay in Lieu of Notice. If the Program deems it necessary to release an employee prior to the end of the resignation period, pay for the remaining period of time will be determined on a case by case basis. The employee may not be eligible for unemployment compensation or re-hire.

5. Cancellation of Benefits.

a) Vacation pay may be paid as part of the last pay period worked or on the next regularly scheduled pay date.
b) Sick pay that is left on the books will not be paid at separation/termination.

c) All keys, uniforms, or other program-owned property/equipment must be turned in before receiving the final automatic pay deposit.

6. Decisions to Hire or Terminate the Director.

a) Decisions to hire or terminate the Early Head Start or Head Start director of the grantee or delegate agency are developed, reviewed, and approved in partnership.

b) Procedures for Director hire/termination decisions include:

   i) For Procedures for hiring the Head Start Director refer to OHCAC Head Start Hiring Policy and Procedure.


   iii) For Terminations procedures for the Head Start Director refer to OHCAC Personnel Policies and Procedures.

7. Decisions to Hire or Terminate Program Staff.

a) Decisions to hire or terminate any person who works primarily for the Early Head Start or Head Start program of the grantee or delegate agency are developed, reviewed, and approved in partnership.

b) Procedures for program staff hire/termination decisions include:

   i) For Procedures for hiring staff refer to OHCAC Head Start Hiring Policy and Procedure.


   iii) For Terminations procedures for staff refer to OHCAC Personnel Policies and Procedures.

* Check local requirements.

Related Regulations: 1301.31 a 2; 1304.50 d 1 x; 1304.50 d 1 xi

Related Review Question/s:
Personnel Policies

Policy ID: PP1068

Subject: Equal Opportunity Employer

Performance Objective: This program is an Equal Opportunity Employer.

Operational Procedures:

1. This program is an Equal Opportunity Employer.

2. The program does not discriminate nor tolerate discrimination on the basis of race, age, gender, marital status*, physical or mental disability, national origin, religious preference or sexual orientation*.

3. The statement that this program is an Equal Opportunity Employer appears on all public employment notices.

* Check local requirements.

Related Regulations: 1301.31 a 6

Related Review Question/s: N/A
Head Start Program Policies and Procedures

Personnel Policies

Policy ID: PP1069

Subject: Employee-Management Relations (refer to: Personnel Policies & Procedures handbook (Grievance Section) and Employee Grievance Form)

Performance Objective: The program implements these employee-management relations procedures, including those for managing employee grievances and adverse actions.

Operational Procedures:

See Program Governance Policy # PP1075, Internal Dispute Resolution and Policy # PP1076, Grievance Procedures.

Related Regulations: 1301.31 a 7

Related Review Question/s: N/A
Personnel Policies

Policy ID: PP1070

Subject: Criminal History Information

Performance Objective: Certain positions require a review of criminal history information as a condition of employment.

Operational Procedures:

1. The program reviews each application for employment individually in order to assess the relevancy of an arrest, a pending criminal charge, or a conviction.

2. The designation will be based on the relationship of criminal convictions to the qualifications, responsibilities, duties, and sensitivity of the job classifications or positions, including applicable statutory requirements.

3. The designations will include a determination as to whether criminal convictions will preclude appointment or whether the candidates with criminal convictions can be certified for appointment, with consideration to:
   a) The nature and seriousness of the offense;
   b) The circumstances under which the offense occurred;
   c) When the offense took place;
   d) Age of the person at the time the offense was committed;
   e) The offense within the context of the total pertinent criminal history record (isolated or repeated violation); and
   f) Evidence of rehabilitation.

4. When a class or position has been designated as requiring a review of criminal history information, any appointment to the class or position shall be contingent on a review by the OHCAC Head Start Program of criminal history information not disclosing conviction of crimes which preclude employment.

5. An applicant can be suspended from employment list when the applicant has been charged with a crime in which a conviction would preclude employment, until disposition of the charges.

6. The Program Operations Manager obtains and reviews criminal history information concerning incumbents of designated job classifications or positions when:
   a) In the opinion of the Program Operations Manager, there is reason to believe that such information exists and that it is material to the competence of the employee in question;
   b) Upon re-appointment to service after resignation or separation; or
c) Upon application for employment to a classification other than that held at the time this regulation is promulgated.

7. The Program Operations Manager is authorized to seek and obtain access to state summary criminal history information from the Attorney General respecting all applicants for or incumbents in job classifications or positions designated as requiring a review of criminal history information.

8. The Program Operations Manager is authorized to require that applicants and employees be fingerprinted for the purpose of obtaining criminal history records. The cost of fingerprinting and obtaining criminal history records is born by the OHCAC Head Start Program.

9. The Program Operations Manager must maintain custody and control of criminal history records obtained to carry out this regulation. Criminal history records shall be retained for a period required by State and Federal law. After such time, the criminal history records shall then be destroyed.

Related Regulations: see 1301.31 b, 1301.31 c

Related Review Question/s:
Personnel Policies

Policy ID: PP1071

Subject: Probationary Period

Performance Objective: The 90 Day Initial Introductory Period is the final phase of the examination process and is utilized by the appointing authority for the effective adjustment of the new employee, and for the termination of an employee whose performance is unsatisfactory.

Operational Procedures:

1. All appointments, whether for original entrance or promotion, are subject to either an Initial 90 Day Introductory period or a 90 Day Conditional Employment Period.

2. The Initial 90 Day Introductory period or a 90 Day Conditional Employment Period allows enough time to monitor employee performance.

3. Initial 90 Day Introductory period or a 90 Day Conditional Employment Period can have a 30 day extension with Executive Director approval.

5. Initial 90 Day Introductory period or a 90 Day Conditional Employment Period commences from the date of hire.

6. Employees laid off during Initial 90 Day Introductory period or a 90 Day Conditional Employment Period will be required to complete the balance of the period upon re-employment.

7. An Initial 90 Day Introductory period or a 90 Day Conditional Employment Period employee may be rejected from the service at any time.

8. Local regulations for the timing of the probation report apply.

10. At the end of an Initial 90 Day Introductory period or a 90 Day Conditional Employment Period a performance evaluation is completed by the immediate supervisor and discussed with the employee.

11. Local regulations for the probationary period for laid off employees apply.

Related Regulations: 1301.31 d
Related Review Question/s: N/A
Policy ID: PP1072

Subject: Reporting Child Abuse or Sexual Abuse

Performance Objective: The program develops a plan for responding to suspected or known child abuse or sexual abuse as defined in 1340.2 d [sic] whether it occurs inside or outside of the program.

Operational Procedures:

1. The law requires the person suspecting child abuse to report it.

2. This obligation is legal and may not be transferred to someone else.

3. Employees may call the Child Protective Services Office for interpretations of circumstances.

4. Phone calls must be followed by a written report. Reporting to Child Protective Services is preferred first; reporting to the local police agency is the second choice.

5. Supervisors will annually review child abuse reporting laws and changes at new employees’ orientations.

6. The time elapse allowable between incident and reporting is established by law. Supervisors will have the information on the most recent legal requirements.

7. Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers are included in Child Abuse Training.

8. See Policy # PP1063, Identification and Reporting of Child Abuse and Neglect.

Related Regulations: 1301.31 e; 1340.2 [sic]

Related Review Question/s:
Head Start Program Policies and Procedures

NONDISCRIMINATION ON THE BASIS OF HANDICAP

Policy ID: PP1073

Subject: Nondiscrimination on the Basis of Handicap

Performance Objective: The program complies with the requirements of 45 CFR Part 84 regarding nondiscrimination in the provision of services on the basis of handicap.

Operational Procedures:

1. No qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under the Head Start program. “Qualified handicapped person” means a handicapped person who meets the essential eligibility requirements for the Head Start program.

2. In providing Head Start services, the program may not, directly or through contractual or other arrangements, on the basis of handicap:
   a) Deny a qualified handicapped person the opportunity to participate in or benefit from the program;
   b) Afford a qualified handicapped person an opportunity to participate in or benefit from the program that is not equal to that afforded others;
   c) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others;
   d) Provide different or separate aid, benefits, or services to handicapped persons or to any class of handicapped persons unless such action is necessary to provide qualified handicapped persons with aid, benefits, or services that are as effective as those provided to others;
   e) Aid or perpetuate discrimination against a qualified handicapped person by providing significant assistance to any agency, organization or person that discriminates on the basis of handicap;
   f) Deny a person the opportunity to participate as a member of a planning, advisory body, Policy Council, or other parent group;
   g) In determining the site or location of facilities, make selections with the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination.

2. In order to be equally effective, as required by 1(c), above, the services provided are not required to produce the identical result or level of achievement for handicapped and non-handicapped persons, but must afford handicapped persons equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement, in the most integrated setting appropriate to the person’s needs.

3. No qualified handicapped person shall, because the Head Start program’s facilities are inaccessible to or unable by handicapped persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination.
4. Although the program need not ensure that each Head Start facility is readily accessible to handicapped persons, it shall ensure that, as a whole, the program is readily accessible to handicapped persons. For existing facilities, the program may do so through redesign of equipment, reassignment of classes or other services to accessible buildings, structural changes to buildings, assignment of aides to children, or any other method. New Head Start facilities must be readily accessible and useable to handicapped persons.

5. The program shall develop a disabilities service plan, actively recruit children with disabilities, assess children, and develop Individualized Education Programs, as required by the Head Start Program Performance Standards on Services for Children with Disabilities, 45 CFR Part 1308.

6. Assurances required. Assurances. An applicant for Federal financial assistance for a program or activity to which this part applies shall submit an assurance, on a form specified by the Director, that the program will be operated in compliance with this part. An applicant may incorporate these assurances by reference in subsequent applications to the Department.

7. Duration of obligation.
   a) In the case of Federal financial assistance extended in the form of real property or to provide real property or structures on the property, the assurance will obligate the recipient or, in the case of a subsequent transfer, the transferee, for the period during which the real property or structures are used for the purpose for which Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
   b) In the case of Federal financial assistance extended to provide personal property, the assurance will obligate the recipient for the period during which it retains ownership or possession of the property.
   c) In all other cases the assurance will obligate the recipient for the period during which Federal financial assistance is extended.

8. Covenants.
   a) Where Federal financial assistance is provided in the form of real property or interest in the property from the Department, the instrument effecting or recording this transfer shall contain a covenant running with the land to assure nondiscrimination for the period during which the real property is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.
   b) Where no transfer of property is involved but property is purchased or improved with Federal financial assistance, the recipient shall agree to include the covenant described in 84.5 b 2 in the instrument effecting or recording any subsequent transfer of the property.
   c) Where Federal financial assistance is provided in the form of real property or interest in the property from the Department, the covenant shall also include a condition coupled with a right to be reserved by the Department to revert title to the property in the event of a breach of the covenant. If a transferee of real property proposes to mortgage or otherwise encumber the real property as security for financing construction of new, or improvement of existing, facilities on the property for the purposes for which the property was transferred, the Director may, upon request of the transferee and if necessary to accomplish such financing and upon such conditions as he or she deems appropriate, agree to forbear the exercise of such right to revert title for so long as the lien of such mortgage or other encumbrance remains effective.

Related Regulations: 45 CFR 84.5; 84.5 a; 84.5 b; 84.5 b 1; 84.5 b 2; 84.5 b 3; 84.5 c; 84.5 c 1; 84.5 c 2; 84.5 c 3; 1308.

Related Review Question/s: N/A
NONDISCRIMINATION ON THE BASIS OF RACE, COLOR, SEX, OR NATIONAL ORIGIN

Policy ID: PP1074

Subject: Nondiscrimination on the Basis of Race, Color, Sex, or National Origin in Provision of Services

Performance Objective: The program complies with the requirements of 45 CFR Part 80 and 42 U.S.C. 9849 regarding nondiscrimination in the provision of services on the basis of race, creed, color, sex, national origin, political affiliation, or beliefs.

Operational Procedures:

1. On the basis of an individual’s race, creed, color, sex, national origin, political affiliation or beliefs, the program shall not:

   a) Provide any service which is different, or provided in a different manner, or not as effective, from that provided to others;

   b) Subject an individual to segregated or separate treatment;

   c) Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service;

   d) Treat an individual differently from others in determining whether he satisfied any admission, enrollment, quota, eligibility, membership or other benefit under the program;

   e) Deny an individual an opportunity to participate in the program through the provision of services;

   f) Deny a person the opportunity to participate as a member of a planning or advisory body which is an integral part of the program;

   g) In determining the types of services which will be provided, or the class of individuals to whom such services will be provided, directly or through contractual or other arrangements, utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, creed, color, sex, national origin, or political affiliation or beliefs; or

   h) In determining the site or location of facilities, make selections with the effect of excluding individuals from, denying them the benefits of, or subjecting them to discrimination.


Related Review Question/s: N/A
Head Start Program Policies and Procedures

Personnel Policies

Policy ID: PP1075

Subject: Internal Dispute Resolution (refer to: OHCAC Head Start Impasse Policy and Procedure)

Performance Objective: The program implements these written procedures for resolving internal disputes, including impasse procedures, between the governing body and policy group.

Operational Procedures:

   20.4.1. The internal dispute resolution procedure is as follows.

IMPASSE PROCEDURE:

   In the event that an impasse develops between the OHCAC Governing Body or its representative, the Executive Director of the Ohio Heartland Community Action Commission and the OHCAC Head Start Policy Council, the following procedure will be followed:

   Step 1: An OHCAC Governing Board member and the Executive Director of OHCAC will meet with the Head Start Director and the Policy Council Chairperson (or his/her designate) to discuss a solution to the impasse. If a decision can be reached, the appropriate documentation, including a decision statement signed by all parties, must be completed.

   Step 2: In the event a decision can not be reached, the Executive Director will write a synopsis of the impasse and submit it to the Policy Council for review. When all parties agree regarding the content of the synopsis review, it will then be presented to the OHCAC Governing Board.

   Step 3: The OHCAC Governing Body will review the impasse information and request that the Policy Council appoint two members to join with the three OHCAC Board members appointed by the Board President to discuss the impasse.

   Step 4: These five (5) members will make up a Special Committee and they will mediate the impasse situation. All pertinent information regarding the impasse will be shared with the committee. The decision rendered by the Special Committee will be binding. The OHCAC Board President may request that legal counsel assist the Special Committee as necessary. The Board President of OHCAC will insure that the entire impasse procedure is handled in a conscientious, professional, and expedient manner.

Related Regulations: 1304.50 h

Related Review Question/s:
Subject: Grievance Procedures [refer to OHCAC Head Start Client & Community Complaint/Dispute & Grievance Procedures, Personnel Policies & Procedures Handbook (Grievance Section) and Employee Grievance Form]

Performance Objective: The program implements these procedures for managing grievances.

Operational Procedures:

The program uses the Client and Community Complaint/Dispute and Grievance Procedures as listed below:

**HEAD START FAMILY COMPLAINT/DISPUTE PROCEDURE:**

**Step 1:**

a. Discuss the complaint/dispute with the Teacher or Family Advocate privately.

Or

b. Discuss the complaint/dispute with the Family Advocate Manager or Education Manager.

**Step 2:** If complaint/dispute is still not resolved:

a. Fill out the attached Complaint/Dispute and Grievance Form within 30 days of the event.

b. Give in sealed envelope to the teacher, advocate

Or

c. Hand deliver or mail to the: Head Start Director

372 E. Center St.

Marion, Ohio 43302

NOTE: The Head Start Director has five (5) working days to give a written response of the complaint/dispute. If appropriate, the complaint/dispute will be discussed in an open forum with Ohio Heartland Head Start Policy Council which meets monthly.

**Step 3:**

If complaint/dispute is still not resolved:

a. The Complaint/Dispute And Grievance Form must be received by the Ohio Heartland Community Action Commission Executive Director

372 E. Center St.

Marion, Ohio 43302

Within ten (10) working days (after the response from the HS Director)

Fifteen (15) working days (if no response was ever received from the HS Director).

b. The Executive Director then has ten (10) working days to issue a written notice.

**Step 4:** If complaint/dispute is still not resolved:
Head Start Program Policies and Procedures

a. The Complaint/Dispute And Grievance Form must be received by the OHCAC Board of Directors within ten (10) working days (after the response from the Ex. Director) to be discussed at their next meeting for the final decision.

OHCAC COMMUNITY COMPLAINT/DISPUTE PROCEDURE:

Any community representative who is dissatisfied with a Head Start service may file a written complaint/dispute. This process will begin at Step 2 and continue as written above.

Related Regulations: 1301.31 a 7; 1304.50

Related Review Question/s:
Head Start Program Policies and Procedures

Program Design and Management

Policy ID: PP1077

Subject: Training and Development

Performance Objective: The program has a structured approach for staff, consultant, and volunteer training and development.

Operational Procedures:

1. The program provides an orientation to all new staff, consultants, and volunteers (and Policy Council and partners and governing body members, when possible) that includes, at a minimum, the goals and underlying philosophy of Head Start and the ways in which they are implemented by the program.

2. The program establishes and implements a structured approach to staff training and development, attaching academic credit whenever possible. This system is designed to help build relationships among staff and to assist staff in acquiring or increasing the knowledge and skills needed to fulfill their job responsibilities, in accordance with the requirements of 1306.23.

3. At a minimum, this system includes ongoing opportunities for staff to acquire the knowledge and skills necessary to implement the content of the Performance Standards. This includes:

   * Methods for identifying and reporting child abuse and neglect that comply with applicable State and local laws using, so far as possible, a helpful rather than a punitive attitude toward abusing or neglecting parents and other caretakers; and

   * Methods for planning for successful child and family transitions to and from the Early Head Start or Head Start program.

4. The program provides pre-service training and in-service training opportunities to program staff and volunteers to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. The training is directed toward improving the ability of staff and volunteers to deliver services required by Head Start regulations and policies.

5. The program provides staff with information and training about the underlying philosophy and goals of Head Start and the program options being implemented.

6. The program provides training or orientation to Head Start governing body members.

7. The program provides orientation and ongoing training to Head Start Policy Council and Policy Committee members to enable them to carry out their program governance responsibilities effectively.

Related Regulations: 1304.52 k; 1301.31 a 4; 1304.52 l 1-4; 1306.23 a-b

Related Review Question/s: PDM2D, PDM7I, PDM7J, PDM12.3
Head Start Program Policies and Procedures

Program Design and Management

Policy ID: PP1078

Subject: Volunteers

Performance Objective: The program uses volunteers to the fullest extent possible.

Operational Procedures:

1. The grantee develops and implements a system to actively recruit, train, and utilize volunteers in the program.

2. Special efforts are made to have volunteer participation, especially parents, in the classroom and during group socialization activities.

Related Regulations: 1306.22; 1306.22 a; 1306.22 b

Related Review Question/s:
CHILD OUTCOMES

Policy ID: CO01

Subject: Child Outcomes

Performance Objective: The grantee implements the requirements related to child outcomes.

Operational Procedures:

1. The grantee ensures that Program Improvement Plans and Long and Short-Term program objectives reflect the findings of ongoing monitoring and the self assessment, including analysis and use of child outcome data, by reviewing the goals and objectives with program staff, managers, policy council members and board members.

2. The record-keeping and reporting systems used to manage data and generate status reports provide information on preschool children's progress on the required domains, elements, and indicators when they enter the program, at a midpoint in the year, and at the end of the year. The grantee ensures this by implementing the Teaching Strategies Gold Assessment Policy below:

   a) If a child is dually enrolled in a collaborative center, the agency who will report for the Teaching Strategies Gold Assessment will be determined by the Education Manager.

   b) Documentation will be ongoing and will happen in a natural setting.
      Documentation will include the following:

      1) Anecdotal Notes - Document anecdotal notes regarding the 36 the Teaching Strategies Gold Objectives on a daily basis, taking into consideration the ODE Early Childhood Content Standards. The anecdotal notes must be legible and clearly understood. Anecdotal notes will be recorded and entered into the computer.

      2) Information gathered from screening tools

      3) Parent Information

      4) Staff Observations

   c) Staff will utilize the Creative Curriculum Developmental Continuum to analyze their observations to determine the related Creative Curriculum objectives.

   d) Computer update entries will be made bi-weekly on all children.

   e) Assessment Period 1 August 1, 2011 - October 28, 2011
      Assessment Period 2 October 29, 2011 - February 17, 2012
      Assessment Period 3 February 18, 2012 - April 27, 2012

   f) Lead Teachers will use the information from the Teaching Strategies Gold Report to plan effectively and purposefully for children’s individual developmental needs on lesson plans. Staff will receive the Teaching Strategies Gold Report on a monthly basis from the Data System Processors beginning in November of the program year.

   g) Beginning on October 1st of each program year the Education Manager will monitor each teacher’s data entry into Teaching Strategies Gold Assessment and continue monitoring the program bi-weekly throughout the year.

   h) All changes made in Teaching Strategies Gold regarding the child’s status (i.e. transferred or withdrawn) will be done by the Data System Processors. DO NOT EVER DELETE CHILDREN OR INFORMATION.
i) Staff will finalize information for three reporting periods during the year. The recorded information will be used as the basis for the Teaching Strategies Gold Report shared with parents during conferences.

3. The grantee ensures that ongoing monitoring ensures tracking of patterns of progress and accomplishments for groups of children by implementing the Teaching Strategies Gold Assessment Policy.

4a. The results of the self-assessment, including child outcomes data on patterns of learning and development for groups of children in the domains and elements and indicators of literacy, numeracy, and language are analyzed annually by the Education Managers and the Child Health and Education Director in order to plan for training and professional development.

4b. The information is used to address continuous improvement and to inform the grantee's planning process.

5. The grantee ensures that individualization addresses the domains of learning and development. This is done by implementing the Teaching Strategies Gold Assessment Policy.

6. For preschool children, the curriculum includes experiences in the domains of language, literacy, mathematics, science, creative arts, social and emotional development, approaches to learning, and physical development and health.

7. Ongoing child assessment includes, in the case of preschool children, accomplishments in the domains and required elements/indicators.

8. All Lead Teachers will receive a Teaching Strategies Gold report detailing their classroom achievements for the previous year.

9. On March 1st of each year Lead teachers will receive a Teaching Strategies Gold report the shows each child’s performance growth between October 28 and February 17.

**Related Regulations:** 1304.21 a 1 i; 1304.40 e 5; 1304.51 i 1; 1304.51 i 2; 1304.51 a 1 ii; 1304.51 a 1 iii; 1304.51 g; Head Start Act 641A a 1 B; 641A b 4 A, 641A b 4 B, 642A a 5; 648A a 1 A

**Related Review Question/s:** ECS5C, PDM3B, PDM3C, PDM6A, PDM7B, FCP3.1; FCP4.3; PDM5.1; PDM5.2; PDM5.3; PDM6.1; PDM7.1
OHIO HEARTLAND COMMUNITY
ACTION COMMISSION
HEAD START
SERVICE PLANS AND POLICIES

Eligibility, Recruitment, Selection, Enrollment, and Attendance
## FY 2011 Monitoring Protocol: Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

<table>
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<tr>
<th>Q. ID: Compliance Indicators:</th>
<th>Related Regulations:</th>
<th>Related Policies:</th>
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### ERSEA Compliance Indicator 1A

**ER1A**  **APPLIES ONLY TO: Programs serving preschool-age children**

Has the program enrolled children who were younger than 3 years of age at the time of their enrollment or did not meet the eligibility requirements determined by the local school district?

Note: For all Head Start programs, if a vacancy opens during the program year, it may be filled by a 3-year-old who is otherwise eligible. Children in Migrant and Seasonal programs are eligible from birth to the child's entry into kindergarten. Children may be enrolled at any time after their third birthday or before their 3rd birthday if they meet the eligibility requirements of the local school district.

**Child Files: Age/Income Eligibility Review Form**

* Refer to the results summarized from the Age/Income Eligibility Review. The summary will include the number of files reviewed and the number and percentage of children the Head Start program serves who are not at least 3 years old by the date used to determine eligibility for public school in the community where the program is located or who were not 3 year old by their date of entry into the program.

### ERSEA Compliance Indicator 1B

**ER1B**  **Have program staff verified each child's eligibility and included in each file a statement signed by a program employee identifying the child's eligibility category and the documents examined to determine eligibility?**

**Interview: ERSEA Coordinator (Enrollment and Recruitment)**

* What is the program's system for ensuring that staff follow federal enrollment and eligibility requirements?
* How is eligibility determined?
* Describe the types of documentation you examine to determine a child’s eligibility.
* How do you determine and document eligibility for families who report zero income or who have self-declared income?

**Interview: Parent (Enrollment and Recruitment)**

* Describe the process the program used to enroll your child.
* What documentation were you asked to provide at the time of enrollment?

**Child Files: Age/Income Eligibility Review Form**

* Is there a signed statement in the child’s file indicating that the child is eligible to participate in the program that is signed by the appropriate Head Start employee?
* Does the statement indicate which documents were examined?
* Indicate the documents examined to determine eligibility (as detailed on the signed statement).
* If there is source documentation in the child file, please indicate the type(s) of documentation.

### ERSEA Compliance Indicator 1C

**ER1C**  **DOES NOT APPLY TO: American Indian or Alaska Native grantees**

Has the program enrolled children who are not categorically eligible or who fall outside of the defined income eligibility requirements stated below? A child is categorically eligible to participate in the Head Start program if the:

- Child's family income is below the poverty line,
### Head Start Program Policies and Procedures

**FY 2011 Monitoring Protocol:** Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

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<tr>
<td>- Child's family is receiving public assistance (SSI and TANF), - Child's family is homeless, or - Child is a foster child. Additional income eligibility requirements include the following: - Ten percent of children enrolled in the program may be over income. - An additional 35 percent of children who are not categorically eligible may be from families whose income is between 100 percent and 130 percent of poverty. Note: Being a recipient of Food Stamps in and of itself does not make a child eligible for the Head Start program.</td>
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**Child Files: Age/Income Eligibility Review Form**

- In which income or eligibility category did the program enroll the child? Each child can only belong to one of the below categories:
  - Income is below poverty
  - Child is categorically eligible (e.g., Homeless, Foster Care, Public Assistance)
  - Income is between 100-130 percent of poverty
  - Over Income
  - The program has not indicated the child is categorically or income eligible

**Document Review: Age/Income Eligibility Review Form**

- Has the program enrolled children who are not categorically eligible or who fall outside of the defined income eligibility requirements? Refer to the results summarized from the Age/Income Eligibility Review. The summary will include information on the number and percent of children the program has determined to be in the categories of “income or categorically eligible” and “income ineligible.”
  - Were more than 10% of the child files reviewed in the “Over Income” category?
  - Were more than 45% of the child files reviewed in the “Income is between 100-130 percent of poverty” category?
  - Add the percent of children in the “Income is Below Poverty” category and the “Child is categorically eligible (e.g. Homeless, Foster Care, Public Assistance” category. Does this add up to at least 55%?

**ERSEA Compliance Indicator 2A**

- **ER2A Has the program developed and implemented a process that is designed to actively recruit families with Head Start and/or Early Head Start eligible children, including children with disabilities, informing them of available services and encouraging them to apply for admission?**

**Interview: ERSEA Coordinator (Enrollment and Recruitment)**

- Describe your recruitment process. When do you initiate recruitment activities?
- What are the systematic ways your program locates families eligible for your program’s services?
- How do you ensure the number of applications is greater than the number of available enrollment opportunities for the upcoming year?
- How do you locate and recruit pregnant women eligible for Early Head Start Services?

**Interview: Parent (Enrollment and Recruitment)**

- How did you find out about the Head Start/Early Head Start program? How did the program assist you in filling out your application and making sure all your information was accurate?

| 1305.5 a | ER1001 |
| 1308.5 b | DS1004 |
| 1308.5 c | DS1004 |
| 1308.5 f | DS1004 |
| 645A c 1 | ER1001 |
### FY 2011 Monitoring Protocol: Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

#### Compliance Indicators:

<table>
<thead>
<tr>
<th>Q. ID:</th>
<th>Interview: Disabilities Coordinator (Enrollment and Recruitment)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>* Describe your program’s specific outreach activities to actively locate and recruit families of children with disabilities. How do you collaborate with your LEA or Part C Agency to locate children with severe disabilities or who have been previously identified as having disabilities?</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Document Review: Recruitment Materials</th>
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<tbody>
<tr>
<td>* Review and summarize information contained in the recruitment materials about the program’s commitment to enrolling children with disabilities, including children with more significant disabilities.</td>
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<table>
<thead>
<tr>
<th>Document Review: Enrollment and Recruitment Materials/Reports</th>
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<tbody>
<tr>
<td>* Review the program’s plans or procedures for recruitment. Identify strategies used by the program to solicit applications from as many Head Start/Early Head Start eligible families as possible within their service area. Describe recruitment timelines identified in the plans.</td>
</tr>
<tr>
<td>* Determine if the number of applications for the current program year is greater than the number of enrollment opportunities anticipated over the course of the upcoming enrollment year so that those children with greatest need for Head Start services may be selected.</td>
</tr>
</tbody>
</table>

#### ERSEA Compliance Indicator 3A

**ER3A** Does the program have a systematic process for establishing selection criteria that is used for selecting children, that considers all eligible applicants for Head Start services?

**Related Regulations:** 1305.6 a 1305.6 b 1304.50 d 1 vii

**Related Policies:** ER1001a ER1001a ER1001 PDM1008h

<table>
<thead>
<tr>
<th>Interview: ERSEA Coordinator (Enrollment and Recruitment)</th>
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<tbody>
<tr>
<td>* Describe your process for developing and implementing your selection criteria. Who is involved in this process? When does it occur?</td>
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<thead>
<tr>
<th>Document Review: Enrollment and Recruitment Materials/Reports</th>
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<tbody>
<tr>
<td>* Review the program’s formal process for selection of children. Is the process systematically applied for all children considered for enrollment?</td>
</tr>
<tr>
<td>* Examine the program’s selection criteria. Has the program developed written selection criteria that consider all eligible applicants? Does the program prioritize children from low income families and categorically eligible children prior to serving children whose family income falls above the poverty line? See also ER3B</td>
</tr>
</tbody>
</table>

#### ERSEA Compliance Indicator 3B

**ER3B** DOES NOT APPLY TO: American Indian or Alaska Native grantees

If the agency serves children whose family income falls above the 100% of poverty line, has it established and implemented outreach and enrollment policies and procedures to first ensure it is meeting the needs of children who meet one of the following criteria?

- The child's family income is below the poverty line.
- The child's family is receiving public assistance.
- The child's family is homeless.
- The child is a foster child.

**Related Regulations:** 645 a 1 B iii II 645 a 1 B iii II 645 a 1 B iii I

**Related Policies:** ER1001

<table>
<thead>
<tr>
<th>Interview: ERSEA Coordinator (Enrollment and Recruitment)</th>
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<tbody>
<tr>
<td>* Describe the steps you take to ensure the program is meeting the needs of children below the poverty line, children eligible for public assistance, foster children, or homeless children, before enrolling other children (e.g., children with incomes between 100-130% or over-income children).</td>
</tr>
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</table>
### FY 2011 Monitoring Protocol: Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA)

#### Q. ID: Compliance Indicators:

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<thead>
<tr>
<th><strong>Document Review: ERSEA Policies and Procedures</strong></th>
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<tbody>
<tr>
<td>* Review available documentation of outreach and enrollment policies and procedures to determine whether outreach is occurring before enrolling children above the poverty line.</td>
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<thead>
<tr>
<th><strong>Document Review: Enrollment and Recruitment Materials/Reports</strong></th>
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</thead>
<tbody>
<tr>
<td>* Examine the program’s selection criteria. Has the program developed written selection criteria that consider all eligible applicants? Does the program prioritize children from low income families and categorically eligible children prior to serving children whose family income falls above the poverty line? <em>See also ER3A</em></td>
</tr>
<tr>
<td>* Review documentation showing how enrollment vacancies were filled. Note instances where children whose family income falls above the poverty line have been enrolled prior to categorically eligible or low income children. Inquire regarding circumstances that led to such enrollment (e.g., in cases where waiting lists are geographical, a child above the poverty line might be selected in one area while a low income child from another area is still on the waiting list).</td>
</tr>
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</table>

**ERSEA Compliance Indicator 3C**

**ER3C** *APPLIES ONLY TO: American Indian or Alaska Native grantees enrolling more than 10 percent of over-income children*

**Do American Indian or Alaska Native grantees that enroll more than 10 percent of over-income children meet the requirements in 1305.4 b 3 i, 1305.4 b 3 ii and 1305.4 b 3 iv?**

Note: Although American Indian and Alaska Native grantees may enroll up to 49 percent over-income children, they must meet certain conditions, including:
- Serving all income-eligible children who wish to enroll living on the reservation,
- Serving all income-eligible children who wish to enroll native to the reservation but living in non-reservation areas, or
- Enrolling all non-American Indian income-eligible children whose families wish to enroll if the non-reservation area is not served by another Head Start (HS) program.

**Interview: ERSEA Coordinator (Enrollment and Recruitment)**

* Can you walk me through the process you follow for enrolling over-income Native children?

**Document Review: Age/Income Eligibility Review**

* Review documents to confirm that the total enrollment of income-eligible children is at least 51 percent if the tribe meets the conditions in 1305.4 b 3 i and 1305.4 b 3 ii.

**ERSEA Compliance Indicator 3D**

**ER3D** *Does actual program enrollment include at least 10 percent children with disabilities?*

Note: Children who are receiving intervention services before an eligibility determination are considered eligible under 640 d 2) of the Head Start Act. When examining grantee enrollment, review the grantee’s actual enrollment at the time of the review. If a problem is identified at this time, review the grantee’s cumulative actual enrollment to determine whether the grantee has identified and enrolled children with disabilities who subsequently dropped out of the program. Additionally, Program Instruction ACF-PI-HS-09-04 should be considered. If 10 percent is not reached and it is not the mid-point of the school year, the enrollment...
### Head Start Program Policies and Procedures

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<tr>
<td><strong>Q. ID:</strong> Compliance Indicators:</td>
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<tr>
<td>at mid-point of previous year should be reviewed to determine if the 10 percent requirement was met. This requirement does not apply to programs with a waiver approved by the Administration for Children and Families (ACF) for this requirement.</td>
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<tr>
<td><strong>Interview:</strong> ERSEA Coordinator (Enrollment and Recruitment)</td>
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<tr>
<td>* What percentage are children with disabilities of the program's actual enrollment?</td>
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<td>* Can you give any examples of children with disabilities denied enrollment or transitioned to another program because your program was unable to provide an appropriate placement? If so, describe how you determined that a placement in your Head Start program would not be appropriate, even with modifications and collaborative efforts with the LEA or Part C agency?</td>
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<tr>
<td><strong>Document Review:</strong> Enrollment and Recruitment Materials/Reports</td>
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<tr>
<td>* Does the actual enrollment figure include 10 percent children with disabilities? In your notes, include the program’s total enrollment and the number of children enrolled who have a disability. If the actual enrollment figure reflects fewer than 10 percent, does the grantee have a waiver?</td>
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<td><strong>ERSEA Compliance Indicator 3E</strong></td>
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<tr>
<td><strong>ER3E</strong> Has the program enrolled 100% of its funded enrollment and maintained an active and ranked waiting list at all times with ongoing activities to identify underserved populations and outreach to the community to assure eligible children enter the program as vacancies occur?</td>
<td>642 g 1305.6 d</td>
<td>ER1001 ER1001a</td>
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<tr>
<td><strong>Interview:</strong> ERSEA Coordinator (Enrollment and Recruitment)</td>
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<tr>
<td>* Explain your program’s process for developing a waiting list. When is the waiting list developed? How is your program’s waiting list kept current at all times?</td>
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<tr>
<td>* How do you use your waiting list to ensure that children ranked according to your selection criteria enter the program as vacancies occur?</td>
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<tr>
<td>* Is the grantee at its full funded enrollment? If not, why not?</td>
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<tr>
<td><strong>Document Review:</strong> Enrollment and Recruitment Materials/Reports</td>
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<tr>
<td>* Examine the program's active waiting list. Is the waiting list kept current at all times? Review documentation to determine if waiting list has been used to enroll children as vacancies occur.</td>
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<tr>
<td>* Review enrollment reports. Are the monthly enrollment data consistent with what has been submitted to the Regional Office? Do the reports demonstrate that the grantee has maintained funded enrollment and if not, do they report reason(s) for enrollment shortfalls? Describe how actual enrollment data align with the data submitted in monthly enrollment reports. See also ER3F</td>
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<td><strong>ERSEA Compliance Indicator 3F</strong></td>
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<td><strong>ER3F</strong> Does the program have documentation to support monthly enrollment data submitted to the Office of Head Start?</td>
<td>641A h 2 A 641A h 2 B</td>
<td>ER1001</td>
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<tr>
<td><strong>Document Review:</strong> Enrollment and Recruitment Materials/Reports</td>
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<tr>
<td>* Review enrollment reports. Are the monthly enrollment data consistent with what has been submitted to the Regional Office? Do the reports demonstrate that the grantee has maintained funded enrollment and if not, do they report reason(s) for enrollment shortfalls? Describe how actual enrollment data align with the data submitted in monthly enrollment reports. See also ER3E</td>
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<td>ERSEA Compliance Indicator 4A</td>
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<td><strong>ER4A</strong></td>
<td><strong>APPLIES ONLY TO: Center-based programs</strong></td>
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<td>When monthly average daily attendance in center-based programs falls below 85 percent, are the causes of absenteeism analyzed?</td>
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<td></td>
<td>Interview: ERSEA Coordinator (Attendance)</td>
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<td>* How do you document absenteeism? What do you do with the information? What process do you use to analyze absenteeism? How is it used to resolve absenteeism problems (if they exist)?</td>
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<td>Interview: ERSEA Coordinator and FCP Coordinator (Attendance)</td>
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<td>* Can you give specific examples of the kind of support that is given to families of children with attendance that falls below 85% due to unexcused or undocumented absences?</td>
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<td>Document Review: Attendance Records</td>
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<td></td>
<td>* Review daily attendance records to determine whether patterns of absence and causes of absenteeism are documented.</td>
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<td>* Review documentation on a sample of children with 4 or more consecutive unexcused absences (e.g. attendance records, family files and contact logs, case management files, etc.). Confirm program efforts at supporting families of these children to attain regular attendance.</td>
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<tr>
<td>ERSEA Compliance Indicator 4B</td>
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<tr>
<td><strong>ER4B</strong></td>
<td>Has the program ensured that no child's enrollment or participation in the Head Start program is contingent on payment of a fee?</td>
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<tr>
<td></td>
<td>State subsidies should not be used as a contingency for enrollment or attendance in the Head Start portion of the program.</td>
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<td>Interview: Parent (Fees)</td>
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<td>* Have you ever been required to pay Head Start in exchange for your child's participation in the program? For example, are you required to pay late fees, registration fees, or provide money for your child to attend field trips? If yes, describe the payment you have been asked to make.</td>
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<td>Document Review: ERSEA Policies and Procedures</td>
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<td>* Based on information collected during the parent Interview in this section, determine whether parents are required to pay fees. Verify that these fees are required with the fiscal reviewer. Work with the Fiscal Reviewer to collect documentation of the required payments and include them as part of your evidence.</td>
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<td></td>
<td>* Review ERSEA policies and procedures to determine whether parents are required to pay any fees as a condition of the child’s enrollment or participation.</td>
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* * *
Eligibility, Recruitment, Selection, Enrollment, and Attendance

Policy ID: ER1000

Subject: Eligibility

Performance Objective: The program establishes and implements these eligibility criteria, in accordance with the Performance Standards.

Operational Procedures:

1. Based on the results of the Age/Income Eligibility Review, the Head Start program serves only children who are at least 3 years old by the date used to determine eligibility for public school in the community in which the program is located, except in cases where the program’s approved grant provides specific authority to serve younger children.

   a) If a vacancy opens during the program year, it may be filled by a 3-year-old who is otherwise eligible. (Children in Migrant and Seasonal programs are eligible from birth to the child’s entry into kindergarten.)

2. At least 90% of the children who are enrolled in each Head Start program must be from low-income families.

3. Up to 10% of the children who are enrolled may be children from families that exceed the low-income guidelines but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services. The criteria include:

   a) Children on an IEP.

   b) Over-income Children on the wait list according to our Selection Priority Criteria process.

   c) Children who are in the program for the 3rd year and their income level has increased. (These children would be then placed according to our Selection Priority Criteria process.)

4. The family income must be verified by the Head Start program before determining that a child is eligible to participate in the program.

   a) 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, or declarations of zero income.

   b) Homeless children and foster children are categorically eligible.

6. A signed statement by an employee of the Head Start program, identifying which of these documents was examined and stating that the child is eligible to participate in the program, must be maintained to indicate that income verification has been made.

   a) This documentation is kept in the child’s files.

Related Regulations: 1305.4; 1305.4 a; 1305.4 b 1; 1305.4 b 2; 1305.4 b 3; 1305.4 b 3 i; 1305.4 b 3 ii; 1305.4 b 3 iii; 1305.4 b 3 iv; 1305.4 b 4; 1305.4 c; 1305.4 d; 1305.4 e

Related Review Questions: ER1A, ER1B, ER1E, ER1A; ER1B; ER3C
Head Start Program Policies and Procedures

Eligibility, Recruitment, Selection, Enrollment and Attendance

Policy ID: ER1001

Subject: Enrollment and Recruitment

Performance Objective: The program complies with enrollment and recruitment requirements.

Operational Procedures:

1. When the program has enrolled children who do not meet one of the criteria below, no more than 45% of the program’s enrollment consists of children whose family income is above poverty, with no more than 10% being any income level, and up to an additional 35% of the children’s family income falling between 100% and 130% of poverty:
   
   a) The child’s family income is below the poverty line,
   
   b) The child’s family is receiving public assistance,
   
   c) The child’s family is homeless,
   
   d) The child is a foster child.

2. The percentages of children enrolled can be figured from the results from the Age/Income Eligibility Review, which shows the numbers and percentages of children “income or categorically eligible” and “income or categorically ineligible.”

3. When the agency serves children whose family income falls between 100% and 130% of poverty, it implements established outreach and enrollment policies and procedures to first ensure it is meeting the needs of children who meet one of the following criteria:
   
   a) The child’s family income is below the poverty line,
   
   b) The child’s family is receiving public assistance,
   
   c) The child’s family is homeless,
   
   d) The child is a foster child.

4. The program’s process used to determine whether the program’s decision to enroll children between 100% and 130% of poverty meets the needs of the area that the program serves includes:
   
   a) The program would only enroll children between 100% and 130% of poverty after exhausting all means of recruiting children at 100% or the poverty guidelines or below.
   
   b) The program would enroll all income eligible children from the waitlist before enrolling those in the 100% to 130% income category.
   
   c) The children on the waitlist are enrolled according to the Selection Priority Criteria found in the ESERA Policy and Procedure.

5. When the program serves children whose family income falls between 100% and 130% of poverty, it reports to OHS annually enrollment by eligibility category. This report:
   
   a) addresses how the program is meeting the needs of children from families receiving public assistance in the area served,
Head Start Program Policies and Procedures

b) includes local demographic data on families living below poverty or on homeless families,

c) addresses the outreach and enrollment policies and procedures established by the agency to ensure the agency is meeting the needs of children eligible for services due to poverty, homelessness, or disability, before meeting the needs of children at 100% to -130% of poverty,

d) describes the program’s efforts to be fully enrolled with children who live below the poverty line or who are homeless,

e) describes the program’s policies, procedures, and selection criteria implemented to serve eligible children,

f) details the eligibility criteria category of the children on the agency’s waiting list, and

g) provides information on the number of children served by the agency, disaggregated by whether such children are eligible under 645 a 1 B i, 645 a 1 B ii, 645 a 1 B iii I, or 645 a 1 B iii II.

6. Data in program enrollment reports align with the data submitted to OHS in the monthly enrollment reports.

a) If actual enrollment is less than the funded enrollment, the report to OHS details any apparent reasons for such enrollment shortfall.

7. Enrollment is done in accordance with the regulations and these procedures.

8. The same policies governing Head Start program eligibility for other children apply to children with disabilities.

9. The program’s enrollment procedures take into account:

a) The number of children with disabilities in the service area, including types of disabilities and their severity.

b) The services and resources provided by other agencies.

c) State laws regarding immunization of preschool children. The program observes applicable State laws (which usually require that children entering State preschool programs complete immunizations prior to or within 30 days after entering to reduce the spread of communicable diseases).

10. The enrollment process.

The Ohio Heartland Head Start Program offers a FREE center program for 3, 4 and 5 year old children. Currently, the grant allows Ohio Heartland Head Start to serve 910 children in the following counties:

<table>
<thead>
<tr>
<th>Crawford County</th>
<th>Marion County</th>
<th>Morrow County</th>
<th>Richland County</th>
</tr>
</thead>
<tbody>
<tr>
<td>160</td>
<td>285</td>
<td>97</td>
<td>368</td>
</tr>
</tbody>
</table>

The Social Service Department shall recruit and register these children using the criteria outlined below and without regard to race, creed, religion, sex or national origin. Applications to register a child are completed throughout the year to ensure a wait list. Children from the wait list will be placed as children are withdrawn. Placement of children will take place for the current year until March 31st unless there are special circumstances. These special placements must be approved by the Family & Community Partnership Director.

A. Registrations for Fall: Registrations for children for the upcoming year will begin on March 1st and continue throughout the year. Any registrations dated March 1st or later will be valid for that entire following school year. Parents will be encouraged to visit or call the main office in their county:
1. Family Advocates will meet parent/guardians at their home, place of employment or at the Head Start office nearest to them to register their child for the program.
2. Children will be placed on classroom rosters according to the selection priority criteria beginning in May.
3. Rosters are changed anytime May through August to ensure children with the highest number of points are placed first.
4. Recruitment and registration activities will continue throughout the year to ensure a waiting list.

B. Intake Process: In an effort to complete a child’s registration parent/guardians are asked to bring with them or to have available to Family Advocates the following items:
1. Child’s Birth Certificate or Mother’s Certificate
2. Social Security Card for child and Social Security Numbers for each family member
3. Shot Record
4. Income Verification
5. Medical Card or Insurance Card
6. Custody Papers, if applicable
7. Parents are encouraged to have a physical and dental completed as soon as possible. Forms can be dropped off at the main office in each county from 8:00 a.m. - 4:30 p.m. Monday-Friday.
8. When a child doesn’t have medical insurance, the Family Advocate will inform the parent of the Healthy Start program available through Job & Family Services. The Family Advocate will assist the family in filling out all paper work to get the process started.

C. Completed Registrations: A complete registration application must be on file in the Social Service Department before a child can be placed in any Head Start program. The application must include:
1. A copy of the applicant’s birth certificate (mother’s certificate or hospital birth record is acceptable).
2. A copy of a shot record is required to be in the registration application.
   a. The child’s shot record needs to show that the child has had at least 1 DPT, 1 OPV, 1 MMR, 1 HIB and 1 HepB and has a schedule from a physician.
   b. The parents will be strongly encouraged to catch up the immunization record before the end of the Head Start school year (an up-to-date shot record will show that 4 DTPs, 3 OPVs, 1 MMR, 4 HIBs, and 3 HepBs have been given).
3. The social security number and Medicaid/insurance billing number needs to be recorded on the ChildPlus form.
4. A returning child must have a complete physical on file. A first year child can be placed into our program without a completed dental and physical form. First year children will have 30 days from the first day they sit in the classroom to have a physical form completed and turned in. Failure to have this done will keep them from coming to school on the thirty-first day.
5. After a registration packet has been completed, the Family Advocate completes either a yellow card, if the child is 3 years old or a pink card, if the child is 4 years old by the school district’s kindergarten cut off date.
6. The card is turned in to the Family Advocate Manager. Each card has the total number of points the child has accumulated. The Family Advocate Manager will place children in the program in accordance to their points and the program desired.

D. **Enrolling Children with Disabilities:** Head Start regulations allow us to serve a total of 10% of the funded number of children over income.
1. These spots are slated for children with special needs first.
2. The Family Advocate must in-house the Intervention Manager for follow-up when a child is on an IEP, a parent has a developmental concern, or child has a script from a doctor.

E. **Transportation:** Head Start will offer transportation, if possible, to those children who live within reasonable distance from their assigned center.
1. The Family Advocate Manager and the Transportation Manager will assess which areas outside the city limits are most populated with Head Start families and offer transportation to those areas where bus routes should not exceed 60 minutes round trip.

F. **Waiting List:** Registering children is an ongoing process. Recruitment is done throughout the year, to maintain a significant waiting list, so a vacancy may be filled within 2 weeks of occurring.
1. A waiting list will be maintained by the Family Advocate Manager and will have names of children with a completed registration.
2. The child designated to be placed first will have the largest number of points according to the Ohio Heartland Head Start selection process.
3. As a center vacancy occurs, the teacher will be given the teacher file so a home visit can be made. At that time, the parent will be told a starting date for their child.
4. The Lead Teacher will make the visit within five days of receiving the file.
5. The Family Advocate will turn in the Child Enrollment and Health Information form and the Routine Transportation Permission Release form to the Lead Driver after the Lead Teacher has done the home visit.
6. All placements of children will be done by the Family Advocate Manager.

11. **Enrollment Priorities.** The program enrolls children based on the following priorities.

A. **Selection Priority Criteria:** The selection of children for placement in a classroom will follow the Selection Priority Criteria chart below. Those children with the highest number of points using this system will be placed first. This chart is set up so that children with disabilities are given enough points so that at least 10% of the total number of the enrolled children will fall into this category. Our 10% over income spots are slated for these children with special needs first. **In cases where waiting lists are geographical or transportation is only available in the AM or PM for certain areas, a child above the poverty line might be selected in one area while a low income child from another area is still on the waiting list.**

Instructions: Select points in each section that describes the family or child’s situation. Write the number of points in the “Total” column for each area and put the grand total at the bottom.

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
<th>Points Select</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two Parents</td>
<td>Two</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>One Parent</td>
<td>One</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Non-Parent</td>
<td>Other</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Foster Parent</td>
<td>Foster</td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>
**Head Start Program Policies and Procedures**

### Handicap

<table>
<thead>
<tr>
<th>Handicap</th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Z-Zero Handicap</td>
<td>Nonh</td>
<td>0</td>
</tr>
<tr>
<td>X-Potential or suspected</td>
<td>Susp</td>
<td>20</td>
</tr>
<tr>
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### Income

<table>
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<th>Income</th>
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</tr>
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<tbody>
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<tr>
<td>Eligible Income</td>
<td>Elig</td>
<td>10</td>
</tr>
<tr>
<td>Low Income - 25%</td>
<td>L 25%</td>
<td>20</td>
</tr>
<tr>
<td>Low Income - 50%</td>
<td>L 50%</td>
<td>30</td>
</tr>
<tr>
<td>Low Income - 75%</td>
<td>L 75%</td>
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### Age at School Age cut-off

<table>
<thead>
<tr>
<th>Age at School Age cut-off</th>
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<tbody>
<tr>
<td>3 yrs. 0 months - 3 yrs. 5 months</td>
<td>3-4</td>
<td>10</td>
</tr>
<tr>
<td>3 yrs. 6 months - 3 yrs.11 months</td>
<td>3-10+</td>
<td>20</td>
</tr>
<tr>
<td>4 yrs. 0 months - 4 yrs. 5 months</td>
<td>4-3+</td>
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<tr>
<td>4 yrs. 6 months and older</td>
<td>4-6+</td>
<td>60</td>
</tr>
<tr>
<td>Returnee - 4 yrs. or older</td>
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### Other

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Not Referred/No S.S. Need</td>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>Agency Referral</td>
<td>Ref</td>
<td>40</td>
</tr>
<tr>
<td>Family Crisis</td>
<td>Cris</td>
<td>40</td>
</tr>
<tr>
<td>Low Literacy</td>
<td>Lit</td>
<td>40</td>
</tr>
<tr>
<td>Serious Health Problems</td>
<td>Hlth</td>
<td>40</td>
</tr>
<tr>
<td>Combo of two or more</td>
<td>Comb</td>
<td>50</td>
</tr>
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</table>

### Health Forms (completed & received by July 9, 2011)

<table>
<thead>
<tr>
<th>Dental</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Den</td>
<td>Phy</td>
</tr>
</tbody>
</table>

### B. Definitions: The following give the definitions for the “Other” area in the Selection Priority Criteria:

1. **Not Referred/No S.S. Need** - Typical family at or below 100% poverty guidelines, able to provide necessities such as shelter, food, clothing, etc.
2. **Agency Referral** - Family that was referred by an organization or agency to Head Start.
3. **Family Crisis** - Family that has had traumatic events affect the family in the past six months. Examples: total house fire, death of a household member, Parent/Guardian in Prison (The event must have occurred within the last 6 months.)
4. **Low Literacy** - Parent/Guardian does not read or has difficulties reading and needs advocate assistance.
5. **Serious Health Problems** - Serious health issues with the Head Start child - not just asthma or allergies, etc.
6. **Combo** - Any combination of two or more.

12. The program reaches out to those most in need of Head Start services.

13. In order to reach those most in need of Head Start services, the program develops and implements a recruitment process that is designed to actively inform all pregnant women and families with Head Start eligible
Head Start Program Policies and Procedures

children within the recruitment area of the availability of services and encourage them to apply for admission to the program. This process includes:

a) canvassing the local community;

b) use of news releases and advertising;

c) use of family referrals and referrals from other public and private agencies.

14. During the recruitment process that occurs prior to the beginning of the enrollment year, the program solicits applications from as many pregnant women and Head Start eligible families within the recruitment area as possible. If necessary, the program assists families in filling out the application form in order to assure that all information needed for selection is completed.

15. The program obtains a number of applications during the recruitment process that occurs prior to the beginning of the enrollment year that is greater than the enrollment opportunities that are anticipated to be available over the course of the next enrollment year in order to select those with the greatest need for Head Start services.

16. The program enrolls 100% of its funded enrollment and maintains an active waiting list at all times with ongoing outreach to the community and activities to identify underserved populations.

Related Regulations: Act 642 g; 645 a 1 B i, 645 a 1 B ii, 645 a 1 B iii, 645 a 1 B iii I, 645 a 1 B iii II, 645 a 1 B iii II aa, 645 a 1 B iii II bb, 645 a 1 B iv, 645 a 1 B iv I, 645 a 1 B iv II, 645 a 1 B iv III, 645 a 1 B iv IV, 645 a 1 B iv V, 645 a 1 B iv VI, 645 a 1 B iv VII;
Act 645A c 1; Act 641A h 2 A, 641A h 2 B;
1304.50 d 1 vii; 1308.5 e;
1305.5; 1305.5 a; 1305.5 b; 1305.5 c

Related Review Questions: ER1C, ER1D, ER1G, ER1C; ER2A; ER3A; ER3B; ER3E; ER3F
Head Start Program Policies and Procedures

Eligibility, Recruitment, Selection, Enrollment and Attendance

Policy ID: ER1001a

Subject: Selection Process

Performance Objective: The program implements this formal process for selection of children.

Operational Procedures:

1. All eligible applicants are considered for Head Start services.

2. The selection criteria is based on:
   a) the income of eligible families
   b) the age of the child
   c) the availability of kindergarten or first grade to the child
   d) resources in the community that could be used to address the needs of Head Start eligible children and their families, including assessments of their availability and accessibility.

3. The program develops at the beginning of each enrollment year and maintains during the year a waiting list that ranks children according to the program’s selection criteria to assure that eligible children enter the program as vacancies occur.

Related Regulations: 1305.2 a; 1305.3 c 6; 1305.6; 1305.6 a; 1305.6 b; 1305.6 c; 1305.6 d

Related Review Question/s: ER3A; ER3E
Head Start Program Policies and Procedures

Eligibility, Recruitment, Selection, Enrollment, and Attendance

Policy ID: ER1001b

Subject: Re-enrollment

Performance Objective: The program re-enrolls eligible children.

Operational Procedures:

1. Each child enrolled in a Head Start program, except those enrolled in a migrant program, is allowed to remain in Head Start until kindergarten or first grade is available for the child in the child’s community, except that the program may choose not to enroll a child when there are compelling reasons for the child not to remain in Head Start, such as when there is a change in the family’s income and there is a child with a greater need for Head Start services.

2. The grantee maintains its funded enrollment level. When the program determines that a vacancy exists, no more than 30 calendar days elapse before the vacancy is filled. The program may elect not to fill a vacancy when 60 calendar days or less remain in the program’s enrollment year.

3. If a child has been found income eligible and is participating in a Head Start program, he or she remains income eligible through that enrollment year and the immediately succeeding enrollment year.

Related Regulations: 1305.7; 1305.7 a; 1305.7 b; 1305.7 c

Related Review Question/s:
Head Start Program Policies and Procedures

Family and Community Services and ERSEA

Policy ID: ER1002

Subject: Attendance

Performance Objective: The program keeps track of attendance and absenteeism and communicates with families when children have four or more consecutive days of unexcused absence.

Operational Procedures:

1. When the monthly average daily attendance rate in a center-based program falls below 85%, the program analyzes the causes of absenteeism. The analysis includes a study of the pattern of absences for each child, including the reasons for absences as well as the number of absences that occur on consecutive days.

   a) Attendance and absenteeism records are kept in the ChildPlus Program and the Children’s files.

2. The following Attendance Policy and Procedure is followed for the OHCAC Head Start Program:

   A. Monitoring Classroom Attendance:
      1. Lead Teachers are required to call the Data Systems Processor on the first day the child attends the center.
      2. Lead Teachers must have Weekly Attendance forms to the Data System Processor and Advocate Manager on Friday by 12:00 p.m. of the current week. (Grace Street attendance must be submitted by 8:00 a.m.)
      3. The Education Manager will receive a copy of the Meal Count Attendance Sheet.
      4. The Advocate is required to arrange a contact time with the Lead Teacher daily and get a list of who is absent that day and the reason why if known. This must be done by 4:00 p.m. each day that class is in session.
      5. The Advocate will list the children that are absent on the “Monthly Attendance Calendar.” The calendar is to be kept on the Advocate’s desk (In the “Attendance Binder” and a copy of it turned into the Advocate Manager weekly.
      6. The Advocate will then enter the children that are absent into ChildPlus daily and select the reason absence from the drop down screen, if known. If the reason for the absence is unknown, the Advocate will select “other” in the reason for absence drop down screen. The Advocate will then document further in the notes section concerning the absence. The Family Advocate will then begin the “Attendance Documentation/Follow-up Plan.” If needed.
      7. The Family Advocate will also review the “Center's weekly Attendance/Meal Form” (highlighting any absences) when it is received to make sure that no absences have been overlooked. Each Family Advocate will have an attendance binder that will include the center’s weekly attendance/meal form, weekly report, and monthly attendance calendar. The ChildPlus report #2310 (Daily Attendance by Classroom) may be printed as needed so that the Advocate may check that all Absences have been correctly documented.

   B. Attendance Documentation/Follow-up Plan:
      1. If a child is absent the Family Advocate will decide if follow-up is needed.
         a. An Attendance Plan is needed if the child is absent four days in a month.
      2. An Attendance Plan is not needed if an “Excused Absence” has already been granted and approved.
      3. If the child is on an IEP and has missed three consecutive days or three days in one month, the Family Advocate must e-mail or in-house the Intervention Manager. (Any “Attendance Plan of Action” that is implemented for a child on an IEP must be done so with the knowledge and input of the Intervention Manager.)
Head Start Program Policies and Procedures

4. The Family Advocate will contact the family and initiate family support. If the Family Advocate is not able to locate the parent/guardian, emergency contacts will be called or a home visit will be made.
   a. If the parent cannot be contacted, an “Attendance Plan of Action” can be made and sent to the parent/guardian by mail (with the Advocate Manager’s approval).

5. The following documentation needs to be made.
   a. Document all contacts with the family in the “Notes” box on the “Entry Express Attendance” screen.
   b. Document that the “Child Attendance Plan” was reviewed with the parent and an “Attendance Plan of Action” (if needed) was made.

6. The Family Advocate will need to be able to show documentation to the Advocate Manager concerning any child that is absent more than 4 days in a month and the Attendance plan that has been done.

7. The Family Advocate will review with the Family Advocate Manager any “Attendance Plan of Action” that is being made and the Family Advocate Manager will initial that it has been seen.

8. The Family Advocate Manager will keep a copy of each Attendance Plan in their Attendance Tracking Binder.

9. The Family Advocate will go over the original “Attendance Plan of Action” with the parent/guardian, have them sign it and give them a copy.

10. The original signed “Attendance Plan of Action” is then placed in the child’s file and a copy is placed in the Family Advocate’s Attendance Binder.

11. The Family Advocate will print ChildPlus report # 2310 (Daily Attendance by Classroom) showing the individual child’s attendance follow-up documentation and place it in the child’s advocate file attached to the original “Attendance Plan of Action” (if this plan was needed).

C. Bus Attendance:
   1. The Bus Driver must send an in-house or e-mail to the Transportation Manager and the Family Advocate after they have had no response at a home for two (3) consecutive days.
   2. If the child has not ridden the bus for more than two days (without an excused absence for these days), the Family Advocate will contact the parent/guardian to find out why and to see if they no longer need the bus in order for their child to attend school.
   3. If there is a valid reason for the child’s temporary absence, the Family Advocate, Lead Teacher, Bus Driver and parent/guardian will communicate with each other to ensure a solution.
   4. If there is no valid reason for the child’s absence and the parent/guardian still requests that the child ride the bus to school, the Family Advocate will make a “Bus Attendance Plan” with the parent/guardian.
   5. The Bus Driver will continue to stop at the house until he/she receives authorization to discontinue transportation from the Family Advocate or the Transportation Manager.
   6. If the Bus Driver has had no response at the home for (4) consecutive days (and no communication as to why has been given by the Lead Teacher or Family Advocate), he/she is to contact the Family Advocate Manager by phone to find out what is being done.

D. Child Withdrawal
   • Before any child can be withdrawn from Head Start all possible solutions must be explored to the fullest. The final decision to remove a child will come from the Family Advocate Manager.
   • A child on an IEP (Individual Education Plan) cannot be removed from the Head Start program due to lack of attendance without the approval of the Intervention Manager, Advocate Manager, and Health Manager.
   • The IEP Itinerant teacher’s/collaborative teacher’s supervisor will be notified if this occurs so that services for the child can be arranged.
   • If the Family Advocate is not able to locate the parent/guardian, emergency contacts must be called. If they do not respond or are unable to be located, the child’s spot will be held for a period of two weeks. After two weeks, the Family Advocate Manager will withdraw the child and the space will be filled.
Once the decision has been made, the Lead Teacher will have five (5) working days to turn in the complete child’s file to the Family Advocate.

The Family Advocate will gather all the files for that child (main, teacher, health, intervention, and advocate). The Family Advocate will place all files in either the wait or withdrawn drawer as is appropriate. The placement card is to be kept in the main file if the file is going in the withdrawn drawer. If the file is going in the wait drawer, the Family Advocate Manager will keep the card.

A Change of Status will be completed by the Family Advocate with the child’s name, reason for withdrawal, if the child is to be put on a wait list, and if child was with or without services. The Family Advocate Manager will make a copy for the Transportation Department. Intervention Managers, Health/Nutrition Managers, and Family Advocate will access withdrawals on Child Plus. The original Change of Status will be given to the Data System Processor by the Family Advocate Manager.

If a child is withdrawn but is put on the wait list, the reason for the withdrawal should be put on the Change of Status and the main file, but no withdrawal letter needs to be sent.

If a child withdraws due to irregular attendance, the Family Advocate will send the Irregular attendance withdrawal letter to the family stating the date that the child will be withdrawn.

The Family Advocate will make a copy of the letter and place it in the advocate file.

a) When families cannot be contacted by telephone, the program staff reach out to them by use of other means, such as postal mail, home visits, e-mail, notes sent home with the child, or other method.

b) When absences result from temporary family situations, the program initiates support procedures for the affected families.

3. In circumstances where chronic absenteeism persists and it does not seem feasible to include the child in either the same or a different program option, the child’s slot is considered an enrollment vacancy.

**Related Regulations:** [1305.8](#), [1305.8 a](#), [1305.8 b](#), [1305.8 c](#)

**Related Review Question/s:** ER1G; FCS2C  ER4A
Eligibility, Recruitment, Selection, Enrollment, and Attendance

Policy ID: ER1003

Subject: Policy on Fees

Performance Objective: The program does not charge any fees for participation in the program.

Operational Procedures:

1. The program does not prescribe any fee schedule or otherwise provide for the charging of any fees for participation in the program.

2. If the family of a child determined to be eligible for participation by a Head Start program volunteers to pay part or all of the costs of the child’s participation, the program may accept the voluntary payments and records the payments as program income.

3. Under no circumstances does this program solicit, encourage, or in any other way condition a child’s enrollment or participation in the program upon the payment of a fee.

4. The program ensures that no child’s enrollment or participation in the Head Start program is contingent on payment of a fee.

   a) The program provides diapers, disposable training pants and wipes for enrolled children

5. For services provided outside the hours of the Head Start program, the grantee may choose to charge for those services.

Related Regulations: 1305.9; 1306.32 e

Related Review Question/s: ER2B, ER4B
Head Start Program Policies and Procedures

Eligibility, Recruitment, Selection, Enrollment and Attendance

Policy ID: ER1004

Subject: Program Options

Performance Objective: The program operates one or more of the approved program options in accordance with applicable regulations.

Operational Procedures:

1. When the grantee operates double session, classes are in operation for no more than 4 days per week.

2. When the program operates a center-based program, it provides the required number of hours or days of operation as follows:

   a) Four days per week = 128 days per year

   b) Classes operate for a minimum of three and one-half hours per day.

   8. The program option chosen meets the needs of the children and families as indicated by the Community Needs Assessment conducted by the grantee.

Related Regulations: 1306.31 a; 1306.32 b 2, 1306.32 b 3; 1306.33 a 1, 1306.33 a 2; 1306.34 a 2, 1306.35, 1306.35 a 1; 1306.36; 1306.31 b.

Related Review Questions: ER3A, PDM5.4
Head Start Program Policies and Procedures

Eligibility, Recruitment, Selection, Enrollment and Attendance

Policy ID: ER1005

Subject: Ongoing Monitoring of ERSEA Practices

Performance Objective: The program has established and implemented procedures for ongoing monitoring of eligibility, recruitment, selection, enrollment, and attendance practices at the grantee and delegate level to ensure effective implementation of Federal regulations.

Operational Procedures:

1. The grantee implements these procedures for ongoing monitoring of eligibility, recruitment, selection, enrollment, and attendance (ERSEA) practices at the grantee and delegate level to ensure effective implementation of Federal regulations:
   a) When problems or weaknesses in the program’s ERSEA practices are detected, the Family & Community Partnership Director notifies appropriate personnel and suggests corrective actions.
   b) When problems or weaknesses in the program’s ERSEA practices are identified, the Family & Community Partnership Director is responsible for documenting them and reporting to the Head Start Director.
   c) Documentation of identified ERSEA problems or weaknesses is kept in the Family Advocate Managers Meetings Binder.
   d) All personnel are directed to report safety issues or concerns whenever they are apparent to their supervisor.

2. ERSEA monitoring measures, tools, instruments, materials, etc. include:
   a) The ChildPlus Program.
   b) Weekly Tracking Reports
   c) Registrations by Advocate Reports
   c) Streets to Canvass and Poster Placement Reports

3. The program analyzes and documents progress toward achieving ERSEA goals and complying with performance requirements by use of the ChildPlus computer program and the reports listed above.

Related Regulations: 1304.51 i 2

Related Review Questions: ER4A, PDM6.1
Fiscal Management
Head Start Program Policies and Procedures

Ohio Heartland Community Action

100 INTRODUCTION

101 Purpose of Manual

This Fiscal Policy Manual sets forth internal control standards and establishes policies of Ohio Heartland Community Action Commission (OHCAC) for the administration for grants and agreements and the general conduct of business.

102 Scope and Organization

Section 100 Introduction
Purpose of the Fiscal Policy Manual.

Section 200 Internal Control Policies
System of organizational controls in place.

Section 300 Financial Management Policies
Operation of the financial management structure of OHCAC

Section 400 Accounting for assets, liabilities and net assets
Policies to account for OHCAC’s assets, liabilities and net assets.

Section 500 Revenue Policies
When and how to recognize revenue.

Section 600 Cost Accounting Policies
Measurement, assignment, and allocation of costs

Section 800 Property Management Policies
Identification, control, and disposition of property

Section 900 Other Policies
Other policies

103 Definition of Terms

When reference is made to terms herein, the terms are defined in 2CFR215, 2CFR230, or OMB Circular A-133.
Amending the Manual of Accounting Policies

This manual may and should be revised as conditions change.

INTERNAL CONTROL POLICIES

Basics of Internal Control
Internal control is a process effected by the board, management, and staff, designed to provide reasonable assurance regarding the achievement of objectives in three categories:

A. Effectiveness and efficiency of operations
B. Reliability of financial reporting
C. Compliance with laws and regulations

Internal Control Components
These components serve as the foundation for the policies and internal control practices.

A. Control Environment
Control Environment, described as "tone at the top", meaning the integrity, ethics, and competence of the organization's people; management's philosophy and operating style.

B. Risk Assessment
The identification and analysis of risk and the determination of how risk should be managed.

C. Control Activities
Policies and procedures that help ensure that management directives are carried out. These activities include approvals, authorizations, verifications, reconciliations, reviews, security of assets, and segregation of duties.

D. Information and Communication
Addresses the need of the organization to identify, capture, and communicate information to the right people to enable them to carry out their responsibilities.

E. Monitoring
Head Start Program Policies and Procedures

The internal control system must be monitored by management and others and control deficiencies should be reported upstream.

203 Control Environment

A. Ethics.

Unethical actions, or the appearance of unethical actions, are unacceptable under any conditions.

Each employee must apply his/her own sense of personal ethics, which should extend beyond compliance with applicable laws in business situations, to govern behavior where no existing regulation provides a guideline. It is your responsibility to apply common sense in business decisions where specific rules do not provide all the answers.

In determining compliance with this code in specific situations, ask yourself the following questions:

1. Is my action legal?
2. Is my action ethical?
3. Does my action comply with OHCAC policy?
4. Am I sure that my action doesn’t appear inappropriate?
5. Am I sure that I would not be embarrassed or compromised if my action became known within OHCAC or publicly?
6. Am I sure that my action meets my personal code of ethics and behavior?

You should be able to answer “yes” to all these questions before taking action.

Each supervisor is responsible for the ethical business behavior of his/her subordinates. Supervisors must weigh carefully all courses of action suggested in ethical as well as economic terms and base their decisions on the guidelines provided by this code as well as their personal sense of right and wrong.

Implementation of the provisions of this code is one of the standards by which the performance of all levels of employees will be measured.
B. Disclosure

In recommending or proposing a particular business transaction or course of action for approval, those involved must disclose to their supervisors or to the Board of Directors of OHCAC, if the recommendation is to the Board, all the pertinent information they know about such transactions and the person involved. The disclosure should include significant information that they may have reason to believe has been omitted by others.

C. Willful Violations

OHCAC does not tolerate the willful violation or circumvention of any laws or policies by an employee during the course of that person’s employment. Employees should not attempt to accomplish by indirect means, through agents and intermediaries, what is directly forbidden. Failure to comply with these standards will result in disciplinary action that may include termination, referral for criminal prosecution, and reimbursement to OHCAC or the government for any losses or damage resulting from the violation. As with all matters involving disciplinary action, principles of fairness will apply. Any employee charged with a violation of this code will be afforded an opportunity to explain his or her actions before disciplinary action is taken. Disciplinary action will be taken:

1. Against employees who authorize or participate directly in actions which are violation of this code.

2. Against any employee who has deliberately failed to report a violation or deliberately withheld relevant and material information concerning a violation of this code.

3. Against any supervisor who attempts to retaliate, directly or indirectly, or encourages others to do so, against any employee who reports a violation of this code.

202 Whistleblower Policy

A. General

The Ohio Heartland Community Action Commission Code of Ethics and Conduct (Code) requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the Organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.
B. **Reporting Responsibility**

It is the responsibility of all directors, officers and employees to comply with the Code and to report violations or suspected violations in accordance with this Whistleblower Policy.

C. **No Retaliation**

No director, officer or employee who in good faith reports a violation of the Code shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within the Organization prior to seeking resolution outside the Organization.

D. **Reporting Violations**

The Code addresses the Organization’s open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee’s supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor’s response, you are encouraged to speak with the Organization’s EEO officer or anyone in management whom you are comfortable in approaching. Supervisors and managers are required to report suspected violations of the Code of Conduct to the Organization’s Compliance Officer, who has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or when you are not satisfied or uncomfortable with following the Organization’s open door policy, individuals should contact the Organization’s Compliance Officer directly.

E. **Compliance Officer**

The Organization’s Compliance Officer is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at his discretion, shall advise the Executive Director and/or the board of directors or finance committee. The Compliance Officer has direct access to the board of directors and committees and is required to report to the board or designated committee at least annually on compliance activity. The Organization’s Compliance Officer is the chair of the finance committee.
Head Start Program Policies and Procedures

F. Accounting and Auditing Matters

The finance committee of the board of directors shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The Compliance Officer shall immediately notify the audit committee of any such complaint and work with the committee until the matter is resolved.

H. Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a disciplinary offense.

I. Confidentiality

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

J. Handling of Reported Violations

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

Noted: in compliance with Dodd-Frank Act 2010

This Whistleblower policy courtesy of
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205 Compliance with Laws

A. Disclosure of Organization Information

OHCAC’s financial and administrative information should not be disclosed to any entity that, or individual who, does not have a “need to know status.”
B. Political Contributions

No funds or assets of OHCAC may be contributed to any political party or organization or to any individual who either holds public office or is a candidate for public office. The direct or indirect use of any funds or other assets of OHCAC for political contributions in any form, whether in cash or other property, services, or the use of facilities, is prohibited. OHCAC also cannot be involved with any committee or other organization that raises funds for political purposes.

C. Government Officials

OHCAC is prohibited from offering, promising, or bestowing money, gifts, loans, rewards, services, use of facilities, lavish or extensive entertainment, or other favors to a government official or employee with a view toward influencing or inducing such official or employee to use his/her influence to effect an action or decision.

No employee of OHCAC will offer, give, or promise to offer or give, directly or indirectly, any money, gratuities or other thing of value to any government employee with current or possible responsibility on an award of OHCAC.

D. Commercial Bribery

You are not allowed to make a payment either directly or indirectly, nor as a kickback to influence someone else, nor are you allowed to accept anything of value from someone who wants to do business with OHCAC.

If you are asked to make or accept a payment or gift in any form prohibited by this code, report the matter to your supervisor immediately.

E. Record Keeping

To provide an accurate and auditable record of all financial transactions, OHCAC books, records, and accounts must be maintained in conformity with generally accepted accounting principles except as described in the independent auditor’s report.

OHCAC specifically requires that:

1 No funds or accounts may be established or maintained for purposes that are not fully and accurately described on the books and records of OHCAC.
2 Receipts, disbursements, assets and liabilities must be fully and accurately described on the books and records of OHCAC.

3 No false entries may be made on the books or records nor any false or misleading reports issued.

4 Payments may be made only for the actual services rendered or products delivered. No false or fictitious invoices may be paid.

F Licensed Software

Software is to be used in accordance with applicable licenses. Unauthorized copying is prohibited.

206 Employee Conflict of Interest

A. Responsibility

You have a primary responsibility to OHCAC and are expected to avoid any activity that may interfere, or have the appearance of interfering, with the performance of this responsibility. Similarly, you may not use nor disclose confidential or proprietary information in any outside activity.

A conflict of interest exists if certain of your outside business or other interests may adversely affect your motivation or performance.

B. Duty

It is your duty to report to your supervisor or the Executive Director, any known conflicts of interest within OHCAC.

207 Ethical Standards in Bidding, Negotiation, and Performance of Contracts

A. Observe Rules

OHCAC will observe the laws, rules, and regulations which govern acquisition of goods and services by the government. We will compete fairly and ethically for such business opportunities.

B. Assurance
Employees involved in the negotiation of grants will make all reasonable efforts to assure that all statements, communications, and representations to funding source representatives are accurate and current. Care should be taken by personnel in a position to know that there are no material substitutions from specifications and the products meet or exceed contractual specifications.

208 Conflict of Interest or Self-Dealing

A. Board and Staff

OHCAC may not be organized and operated for the benefit of an affiliated or unaffiliated organization or an individual in his/her own private capacity, unless the private benefit is considered merely incidental. This private benefit preclusion will extend to: sale or exchange, or leasing, of property, lending of money or other extension of credit, furnishing of goods, services or facilities, payment of compensation, unless authorized by the Board of Directors, transfer to, use by, or for the benefit of a private individual of the income or assets of OHCAC.

B. Board

Board members will complete and submit the questionnaire compiled from the IRS Form 990 annually (ATTACHMENT H). The submission will be noted in the board minutes and the forms maintained with the form 990.

209 Related Parties

All material transactions with related parties will be fully disclosed and accounted for in accordance with GAAP and applicable grant regulations.

210 Board of Directors’ Authorities

The Board of Directors will approve and will incorporate into its minutes such matters as:

A. Approval of program budgets

B. Incurring of long-term debt

C. Opening or closing checking or savings accounts.
D. Approval of annual and programmatic audits.

211 Signature Authorities

The Executive Director has been authorized by the Board of Directors to approve the regular transactions of OHCAC. This authorization includes, but is not limited to:

A. Grant applications

B. Capital asset purchases or leases

C. Leases and rental transactions

D. Consultants

E. Legal fees and retainers

F. Contract/grants

G. Procurement

H. Temporary employees or contract labor

I. Personnel actions

J. Disbursements

212 Check Signers

A. Signatures

All disbursements can only be signed by one of the following:

1 Executive Director

2 Deputy Director

3 Executive Secretary

B. Checks
Head Start Program Policies and Procedures

Signing blank checks or checks made out to cash or bearer are not permitted.

C. Signature Stamp

A stamp of the Executive Director’s signature is kept by the accountant and is used only by direction of the Executive Director. A log is kept by the Accounts Payable Clerk of the stamp usage and is reviewed by the Executive Director.

213 Access to Records

The Chief Financial Officer (CFO) will insure access to the records of OHCAC to the auditors of OHCAC and representatives of funding sources, and governmental agencies.

214 Security of Data

A. Limited Access

The OHCAC accounting system which will have sufficient controls to preclude unauthorized access to data.

B. Need to Know

Access to any financial data or personnel data will be granted only on a need-to-know basis. Unauthorized access to or disclosure of such data is a violation of this policy.

C. Backup

The accounting data and HR data will be backed up on a regular basis and stored in a safe location.

215 Passwords

A. Summary

This policy establishes standards for passwords used by staff to access current or future information systems at OHCAC.

This policy has been discussed with and endorsed by the IT Director, the CFO and the independent auditors.
**Head Start Program Policies and Procedures**

### B. Applications

- Personal application access - such as Windows
- OHCAC email accounts
- OHCAC Human Resource database accounts
- OHCAC GMS and MIP accounting applications
- Child Plus
- Creative Curriculum
- OCEAN
- SMOCKERS
- NRS
- DECA

### C. Benefits of a Secure Password

For most information systems, the combination of a username and one or more passwords is used to prove that a person is who they purport to be.

The reliability of the password approach is based on the assumption that no-one other than the genuine user knows the password(s), so a great deal of work has been done over the years to identify best practice with regard to passwords, in particular how complex they should be and how often they should be changed. The more complex and frequently changed the password is, the harder it is to guess (or crack using readily available software) and the less the exposure should it become known. However, go too far and people subvert the system by writing passwords down because they find them hard to remember. Maximum security depends on finding the right balance.

1. Avoiding the need to remember multiple username/passwords.
2. Safeguarding the information you are responsible for;
3. Maintaining the confidence of external organizations in our data safeguarding processes;
4. Reducing the likelihood of you being held responsible for other people using your credentials without your authority (identity theft);
   
   Avoiding unnecessarily complex or frequent changes of passwords.

5
Head Start Program Policies and Procedures

Passwords that can be guessed by unauthorized personnel create the opportunity for breaches of security. To ensure maximum security, passwords must be hard to guess - not just by other human users but by computers armed with multilingual dictionaries. You will create strong (hard-to-guess) passwords by following these instructions:

D. Elements of a Secure Password

1. Your password must not contain your user name, your real name (first, middle, or last), your e-mail name, or any derivative of these.

2. Your password must not be any single word in any language (password cracking software has access to language dictionaries for many, many languages).

3. Your password must not be any fact associated with you: a pet's name, your birth date, phone number, social security number, driver's license.

4. Your password will have a minimum length of 8 characters.

5. Your password will contain at least one uppercase letter, at least one lowercase letter and at least one numeric character.

E. Creating and Changing Passwords

1. After 5 consecutive failed attempts to log in, the account will be locked.

2. Access to accounts with system level privileges (i.e. those accounts that can be used to create or modify other user accounts, alter the fundamental configuration of the system, alter the user access audit trail etc.) will be assigned and monitored by the IT director. The IT director shall establish policies to insure controls are in place to maintain the integrity of data and the compliance with this policy.

3. New passwords and passwords changes will be issued by the fiscal department. Staff may request to change their password at any time and permission will be granted if the new password meets the standards set forth in this policy. When a new password is set up, wherever possible the new password will be generated and communicated to the user in such a way that no-one else becomes aware of the new password. Where this is not possible, the user will be required to change the password immediately.
F. Safeguarding Passwords

1. No user should be required to disclose their password to anyone else for any purpose. Administration and support processes will be designed to avoid the need for this to happen, although it is recognized that at the time of writing not all such processes meet this requirement.

2. Deliberate disclosure of a password to another person other than where there is an unavoidable business need will constitute a disciplinary offense, to be dealt with by the existing disciplinary processes.

3. Attempts to discover someone else's password will constitute a disciplinary offense, to be dealt with by the existing disciplinary processes.

4. Take all reasonable measures to safeguard your passwords against accidental disclosure. Failure to take reasonable measures to prevent accidental disclosure will constitute a disciplinary offense, to be dealt with by the existing disciplinary processes.

216 Organization Documents

Originals of corporate documents will be maintained and include, but are not limited to:

A. Minutes of the Board of Directors

B. Banking agreements

C. Financing documents

D. Leases

E. Insurance policies

F. Contracts and grant agreements

G. Articles of Incorporation

H. Bylaws
217 Use of Agency Assets

Employees may not use any Agency property, equipment, material or supplies for personal use without the prior approval of the Executive Director.

218 Use of Company Credit Cards

A. Credit cards will only be used for company-related expenditures. The balances will be paid timely to avoid interest charges.

B. Credit cards, except gas cards, are to be kept by the accounts payable clerk and as signed out as needed.

219 Duties for all employees are defined.

220 Duties will be segregated so that no one person has complete control over the entire financial transaction.

221 An organization chart for the fiscal department sets forth the relationships in terms of authority and responsibility.

222 OHCAC will secure the regular services of a qualified fiscal officer.

223 Procurement Policy

A. Compliance with 2CFR215

OHCAC will adhere to 2CFR215 (Circular A-110) and any Federal, State, and Local funding source regulation when purchasing goods and services.

B. Conflict of Interest

No employee, officer, or agent shall participate in the selection, award, or administration of a contract if a real or apparent conflict of interest, as described in 2CFR215 section 42, would be involved. The officers, employees, and agents of OHCAC shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, suppliers or potential contractors or suppliers. Violations of this provision will result in disciplinary action as deemed necessary by the Board of Directors.
C. Unnecessary Items

Procurement procedures will continually be reviewed to insure that OHCAC avoids purchasing unnecessary items.

D. Lease vs. Purchase

Where appropriate, an analysis of lease versus purchase will be done to determine the most economical and practical procurement.

E. Solicitation for goods and services will include:

1. A clear and accurate description of the technical requirements for the product or service procured.

2. Requirements which the bidder/offeror must fulfill and all other factors to be used in evaluating bids or proposals.

3. A description, when practical, of technical requirements including a range of acceptable characteristics or minimum acceptable standards.

4. The specific feature of “brand name or equal” descriptions that bidders are required to meet.

5. The acceptance, to the extent practicable and economically feasible, of products and services dimensioned in the metric system.

6. Preference, to the extent practicable and economically feasible, for products and services that conserve natural resources and protect the environment and are energy efficient.

7. Solicitations will made to insure open and free competition and will include public announcements for items over $25,000 e.g. newspapers, internet.

8. All procurement transactions shall be conducted in a manner to provide, to the maximum extent practicable, open and free competition. The recipient shall be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade. In order to ensure objective contractor performance and eliminate unfair competitive advantage, contractors that develop or draft specifications, requirements, statements of work, invitations for bids and/or requests for proposals shall be excluded from competing for such procurements. Awards shall be made to the
bidder or offeror whose bid or offer is responsive to the solicitation and is most advantageous to the recipient, price, quality and other factors considered. Solicitations shall clearly set forth all requirements that the bidder or offeror shall fulfill in order for the bid or offer to be evaluated by the recipient. Any and all bids or offers may be rejected when it is in the recipient's interest to do so.

(b) Positive efforts shall be made by recipients to utilize small businesses, minority-owned firms, and women's business enterprises, whenever possible. Recipients of Federal awards shall take all of the following steps to further this goal.

(1) Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.

(2) Make information on forthcoming opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.

(3) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.

(4) Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.

(5) Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

F. **Purchasing**

1. Purchases of goods and services with a unit cost of less than $25,000 require informal price comparison.

2. Purchases of goods with a unit cost greater than $25,000 require documented price quotes. The documentation will be available for review.

3. Sole source contracts must be documented as such and approved by the Executive Director
4 The procurement of contracts and services will be negotiated to achieve the best possible position for OHCAC.

5 All contracts over $10,000 will be approved by the Executive Director.

6 All contracts over $100,000 will be approved by the Board.

224 Vacations

All fiscal staff are encouraged to take annual vacations. During vacations, other staff will assume their duties.

225 Cross Training and Succession Plan

Fiscal staff will continually be crosstrained as much as possible to insure operational continuity. The agency will develop a succession plan for key fiscal staff to insure operational stability.

300 FINANCIAL MANAGEMENT POLICIES

301 Basis of Accounting

OHCAC will report program outlays and income on the cash basis except that the following expenses are accrued monthly: leave and payroll taxes. The annual financial statements prepared for audit will be prepared on an accrued basis.

302 Incurred Costs

Outlays or expenditures represent charges made to a project or program. They will be reported on a cash basis except for leave and payroll tax accruals. Outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense charged, and the value of in-kind if applicable.

303 Elements of a Financial Management System

A. Records and Reporting

OHCAC will maintain records and make reports in such form and containing such information as may be required by its funding sources. OHCAC will maintain such accounts and documents as will serve to permit determination of the status of funds including the disposition of all monies received from its funding sources and the nature and amount of all
charges claimed against such funds.

B. **Source and Use of Funds**

2CFR 215 requires that grantees or sub grantees have records that identify adequately the source and application of funds for grant or sub grant-supported activities. At a minimum, these records will contain information pertaining to grant or sub grant awards authorizations, obligations, balances not obligated, assets, outlays, income, and liabilities.

C. **Books of Account**

OHCAC will maintain on a current basis as a minimum:

1. General Journal,

2. General Ledger,

3. Cash Receipts and Disbursements Journal and Voucher Register

4. Payroll Register

5. Property Register for all owned and leased property and equipment

6. In-Kind Documentation


8. Other documentation as may be required to insure unqualified audit opinions

D. **Reconciling Accounts**

All asset and liability accounts will be reconciled with subsidiary ledgers or other supporting documentation on a regular basis in a timely manner.

304 **Cash Management**

A. **Cash Position**

OHCAC will maximize its cash position within the parameters of its contracts and grant
Head Start Program Policies and Procedures

agreements.

B. Interfund Borrowing

Interfund borrowing may only be done in cash emergency circumstances and will be approved by the CFO.

C. Funding Source Policies

Funding sources require adherence to cash management policies (e.g. Head Start Federal allows only one day cash on hand). Other funding sources provide advances and require an accounting of any interest earned. OHCAC will comply with funding source requirements regarding cash advances and reimbursements.

D. Cash Deposits

Cash and checks received will be kept in a secure area and will be deposited within three working days of receipt.

305 Budgets

A. Program budgets will be prepared or reviewed by the CFO in cooperation with the Program Directors or planner or Executive Director.

B. Budgets will be approved by the Executive Director and the Board. Policy Council will approve the Head Start budget.

C. Budgets will be monitored by the CFO and Program Directors and will be revised internally on a regular basis and externally as required by funding sources.

D. Actual expenditures or outlays are compared with budgeted amounts for each grant on a regular basis. Financial information is related to performance or productivity data as appropriate.

306 Insurance

A. Minimum Coverage

1 Comprehensive Liability
$1,000,000
2. Commercial Umbrella
   $1,000,000

3. Vehicle Insurance Liability
   $1,000,000
   Medical Payments
   $5,000
   Uninsured Motorist
   $500,000
   Collision
   Actual

4. Property
   Fair Market Value (FMV)

5. Directors’ and Officers’
   $1,000,000

6. Theft
   Estimated FMV per site

7. Workers’ Compensation
   Required by state

8. Product Liability
   $1,000,000

9. Employee Blanket Bond
   $150,000

These insurance coverages will be increased where grant provisions require increased levels of coverage.

B. OHCAC may require proof of adequate insurance coverage from all prospective sub grantees, contractors, lessors, or others as appropriate.

307 Record Retention

A. All financial and programmatic records, supporting documents, statistical records and other required or pertinent records of OHCAC will be retained for at least three years from the day
it submits its final expenditure report subject to paragraph 307(B).

B. If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues which arises from it, or until the end of the regular three-year period, whichever is later.

C. The disposal date determined under this policy will be the end of the fiscal year in which occurs the anniversary date of the required number of years from the act specified or, where not specified, from the completion of a grant, date of final payment of a grant or year in which an entry is made charging or allocating a cost to a government grant, as the case may be.

D. Records are to be kept for a minimum of

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<thead>
<tr>
<th>Period</th>
<th>Records</th>
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<tbody>
<tr>
<td>3 yrs.</td>
<td>Accounts payable/ accounts receivable</td>
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<td></td>
<td>ledgers and schedules</td>
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<tr>
<td>7 yrs.</td>
<td>Audit reports</td>
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<tr>
<td>5 yrs.</td>
<td>Bank statements and reconciliations</td>
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<td>and cancelled checks</td>
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<td>Perm</td>
<td>Checks for important payments and purchases</td>
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<td>7 yrs.</td>
<td>Contracts, mortgages, notes and leases</td>
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<td>that are expired</td>
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<td>Perm</td>
<td>Contracts still in effect</td>
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<td>2 yrs.</td>
<td>Correspondence general including email</td>
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<tr>
<td>Perm</td>
<td>Correspondence legal and important</td>
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<td>matters</td>
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<td>Perm</td>
<td>Deeds, mortgages, and bills of sale</td>
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<tr>
<td>3 yrs.</td>
<td>Depreciation Schedules</td>
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<td>3 yrs.</td>
<td>Cash receipts/deposit slips</td>
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<td>7 yrs.</td>
<td>General ledger</td>
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<td>5 yrs.</td>
<td>Year End Financial Statements</td>
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<td>10 yrs.</td>
<td>Insurance Policies (expired)</td>
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<tr>
<td>Perm</td>
<td>Insurance records, current accident</td>
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<td>reports, claims, policies, etc.</td>
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<tr>
<td>3 yrs.</td>
<td>Inventories of property</td>
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<tr>
<td>Perm</td>
<td>Minute books, bylaws and charter</td>
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<tr>
<td>3 yrs.</td>
<td>Payroll records</td>
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<tr>
<td>7 yrs.</td>
<td>Retirement and pension records</td>
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<tr>
<td>7 yrs.</td>
<td>Tax returns and worksheets</td>
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<tr>
<td>3 yrs.</td>
<td>Timesheets</td>
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</table>

This Record Retention policy courtesy of
308 Financial Reporting

The CFO will maintain supporting records in sufficient detail to prepare OHCAC’s financial reports, including:

A. Annual Reports

1. Financial statements for the audit
2. Program budgets
3. Indirect cost proposal

B. Monthly Reports:

1. Internal financial statements
2. Reports to the funding sources

C. Quarterly Reports:

1. Reports to the funding sources

D. Periodical Reports:

1. Annual IRS Form 990
2. Annual IRS Form 5500
3. Other reports upon request

E. Budget vs. Actual

Actual expenditures will be compared to program budgets on a regular basis and significant variances will be addressed

309 Adoption of FASB 116

OHCAC will comply with FASB No. 116 when preparing financial statements
Consolidation Policies

OHCAC will consolidate the results of operations and the financial position of an affiliate where it has greater than 50% of the voting interest and/or exerts economic control.

Annual Audit

A. OHCAC will have an annual audit by a qualified independent public accountant in accordance with OMB Circular A-133.

B. Audits will be distributed in a timely manner in accordance with OMB Circular A-133.

C. The CFO is responsible for coordinating the audits, presenting the audits to the Board of Directors, responding to findings and recommendations, and distributing the audits.

D. Upon request, OHCAC program will submit an accounting system certification, prepared by an independent auditor, stating that the accounting system or systems established and implemented by the Agency has appropriate internal controls for safeguarding assets, checking the accuracy and reliability of accounting data, and promoting operating efficiency

Audit Resolution

A. The CFO will assure the timely and appropriate resolution of audit findings and recommendations.

B. OHCAC will insure that appropriate corrective action, including settlement and payment of any unallowable costs, is done in a timely manner.

Audit Committee

At this time, OHCAC does not maintain an audit committee but instead will present the audit to the Board of Directors or designated committee of the Board.

The audit will be presented to the Head Start Policy Council.

Chart of Accounts
A chart of accounts will be maintained that will allow financial reporting in accordance with this manual and funding source requirements and GAAP.

400 ASSETS, LIABILITIES, AND NET ASSETS

401 ASSETS

A. Bank Accounts

1. Bank accounts have been authorized by the Board of Directors. The current accounts are:
   United Federal Credit Union  571801968439
   Fahey Bank  10011307
   United Federal Credit Union  166123

2. To the maximum extent practical, Agency funds will be maintained in an interest-bearing account. Interest income will be allocated to programs on a regular basis and will be accounted for in accordance with grant requirements.

3. In addition to maintaining its accounts in FDIC-insured banks, OHCAC has taken the following additional precautions to ensure the security of its funds:

   Amounts over $250,000.00 are collateralized by the bank and evidenced by a regular report that is kept on file by the CFO.

   Amounts over the NCUA insured limit of $250,000 are considered unrestricted funds and the risk has been noted and understood by management and the board.

4. The cash account will be reconciled in a timely manner monthly by the CFO. Unusual items will be brought to the attention of the Executive Directly promptly. Items outstanding over sixty days will be investigated and resolved.

B. Petty Cash

1. Petty cash payments will be made in an amount not to exceed $50 for expense reimbursement and small-dollar purchases, provided proper documentation is furnished with each request.
2 The petty cash imprest account will be reconciled at least monthly.

Click for List of Petty Cash Clerks

4 The following restrictions apply regarding petty cash:

a Only the employee to whom the fund was assigned shall have access to the cash.

b No personal checks are to be cashed from the petty cash fund without the approval of the Executive Director.

c No loans are to be made from the petty cash fund.

d All funds disbursed shall be approved by the petty cash clerk

402 Contributions and Pledges

A. Contributions received, including unconditional pledges, are to be recognized as revenues in the period received. Contributions in a form other than cash are to be measured at the FMV of the items received.

B. All contributions received should be classified as permanently restricted net assets, temporarily restricted net assets or unrestricted net assets.

403 Leases

Leases which meet the accounting criteria for capital leases in accordance with Statement of Financial Accounting Standard No. 13 are recorded as property and the related capital lease obligations (the aggregate present value of minimum future lease payments, excluding executory costs such as taxes, maintenance and insurance) are included in long-term debt for financial reporting purposes. Depreciation and interest are charged to expense, and rent payments are treated as payments of long-term debt, accrued interest, and executory costs. All other leases are accounted for as operating leases, and rent payments are charged to expense as incurred.

404 Separate Property Fund

Property that a donor has explicitly restricted the proceeds from any future disposition of the assets to reinvestment in fixed assets will be separately classified as permanently restricted. All
other property will be classified as unrestricted.

405  Capitalization of Equipment

A.  Corporate Purchases

Except as described in paragraph B, tangible personal property with a useful life of more than one year and a unit acquisition cost of $5,000 will be capitalized and depreciated over its useful life using the straight-line method of depreciation. OHCAC will expense the full acquisition cost of tangible personal property below these thresholds in the year of purchase.

B.  Grant Purchases

Property purchased with grant funds such as, but not limited to, buildings, vehicles, playground equipment, and office equipment will be expensed to the appropriate grant. If the acquisition cost is partially paid with corporate funds, the corporate share will be capitalized, if it meets the criteria described in paragraph A, otherwise the corporate share will be expensed.

OHCAC will recognize that an interest in all equipment acquired as a direct cost with funds granted by the awarding agency will vest with the awarding agency during the useful life of the asset.

406  Impairment of Property

A recognized impairment of property will be reflected when circumstances warrant. For disclosure purposes, any recognized impairment loss will be accompanied by a description of the impairment asset or group of assets and the measurement assumptions used in determining the impairment loss.

407  Donated Property

Donated property which, at the time of receipt, meets OHCAC’s criteria for capitalization will be capitalized at FMV.

408  Self-Constructed Property

For all property constructed by OHCAC, all direct costs incurred specifically in the construction of the property will be capitalized in accordance with Paragraph 405.

409  Direct Deposits
Head Start Program Policies and Procedures

It is the policy of OHCAC to request direct deposits from funding sources and other payers who have the capability.

450 LIABILITIES

451 Accounts Payable

A. Only valid accounts payable transactions based upon documented vendor invoices, receiving reports or other approved documentation shall be recorded as accounts payable.

B. A voucher system, composed of the vendor invoice, packing slip, purchase order, requisition, and receiving report, will be observed by OHCAC.

452 Accounts Payable Payment Policy

Vendors will be paid on a prompt payment basis. Discounts will be taken when practical to do so.

453 Advance Grant Payments

OHCAC receives payment on some grants in advance. These revenues are recognized as income in the period in which the funds are received, except that at the end of the fiscal year, funds received in advance of being earned are classified as deferred revenue on the financial statements.

454 Accrued Salaries

Salaries earned but unpaid, may be accrued during the year, but will be accrued as a liability when preparing year end financial statements.

455 Accrued Leave

A. Criteria

Compensated absences arise from employees’ absences from employment due to vacation, personal leave, etc. When OHCAC expects to pay an employee for such compensated absences, a liability for the estimated probable future payments must be accrued, if all of the following conditions are met:
Head Start Program Policies and Procedures

1. The employee’s right to receive compensation for the future absences is attributable to services already performed by the employee.

2. The employee’s right to receive the compensation for the future absences is vested or accumulates.

3. It is probable that the compensation will be paid.

4. The amount of compensation is reasonably estimable.

B. Compensated absences not to be paid upon employee termination will not be accrued.

456 Long Term Debt

OHCAC may borrow funds from a state or federal chartered bank for the purpose of acquiring assets or cash flow. Corporate assets may be pledged as collateral for a loan. Neither assets purchased with grant funds nor grant monies can be pledged as collateral or encumbered in any way for any loan without expressed permission from the funding source.

490 NET ASSETS

In accordance with FASB 117, OHCAC will organize its net assets into three classes based on the existence or absence of donor-imposed restrictions as follows:

A. Unrestricted

B. Temporarily Restricted

C. Permanently Restricted

500 REVENUE

501 Revenue Recognition

Revenue is recognized on a cash basis throughout the year and is recognized on an accrual basis at the fiscal year end. Revenue under cost reimbursement-type grants is recognized at year end as the amount of expenses.

502 Program Income

A. Program income is gross income generated directly by a grant supported activity or earned only as a result of the grant agreement during the grant period.
B. If authorized by Federal regulations or the grant agreement, costs incident to the generation of program income may be deducted from gross income to determine program income.

C. Depending on the method provided for in the grant agreement, program income will be deducted from outlays, added to the funds committed to the grant agreement, used to meet the cost sharing or matching requirements of the grant agreement or carried over to the next program year.

503 Contributions

A. A contribution is an unconditional transfer of cash or other asset to an entity or a settlement or cancellation of its liabilities in a voluntary nonreciprocal transfer by an entity acting other than as an owner.

B. Contributions received, including unconditional promises to give, are recognized as revenue in the period received at FMV, in conformance with FASB 116.

C. OHCAC will recognize those unconditional promises to give in the financial statements only when promises are evidenced in the form of verifiable documentation.

D. Contributions should be recognized as revenues or gains in the period received.

504 Definition of Grants as a Contribution

It is OHCAC’s policy to consider a grant as a contribution as defined by paragraph 5 of FASB 116.

505 Donated Facilities or Services

Contributed facilities or services (e.g. volunteers) shall be recognized as revenue only if the services received:

A. Create or enhance non-financial assets, or

B. Require specialized skills; are provided by individuals possessing those skills; and would typically need to be purchased if not provided by donation.
Contributions of Property

Property should be recognized as unrestricted support.

COST ALLOCATION

Allowable, Allocable, and Reasonable

There will be a procedure to determine allowable, allocable, and reasonable costs. All costs claimed for reimbursement will be in accordance with 2CFR230 and grant specific regulations. All costs will be necessary, reasonable, allowable, and allocated in accordance with the cost allocation plan. Procurement will be in accordance with the standards described in this manual.

Consistency in Cost Allocation

Practices used by OHCAC in estimating costs in preparing its grant proposals will be consistent with its accounting practices used in accumulating and reporting costs. Accounting practices used by OHCAC in accumulating and reporting actual costs for a grant will be consistent with its practices used in estimating costs in its grant proposals. Moreover, all costs incurred for the same purpose, in like circumstances, are either direct costs only or indirect costs only. No final cost objective will have allocated to it as an indirect cost any cost, if other costs incurred for the same purpose, in like circumstances, have been included as a direct cost of that or any other final cost objective.

Unallowable Costs

Costs expressly unallowable or mutually agreed to be unallowable, will be excluded from a billing, claim, or grant application to a funding source.

Administrative Costs

OHCAC will comply with specific grant requirements and definitions regarding the classification and reporting of administrative expenses. All costs not directly related to the program services provided will be considered administrative. In general, the following list of costs which are considered necessary for the overall administration of OHCAC will be included in this category:

A. The personnel expenses of OHCAC’s administrative staff, fiscal staff, planning staff, personnel staff, receptionist, and clerical staff to the extent they are involved in activities of
Head Start Program Policies and Procedures

a general nature related to the overall operation of OHCAC.

B. Travel, supplies, postage, space, equipment, and other expenses relating to administrative staff.

C. OHCAC’s annual audit.

D. General liability insurance, fidelity bonds, and Directors’ & Officers’ Insurance.

E. General legal expenses.

F. Board expenses.

G. Membership dues not directly associated with service delivery.

H. Other costs that are not directly related to the delivery of services.

605 Cost Allocation Plan

A. Costs incurred specifically for a final cost objective will be treated as direct cost. Costs benefiting more than one cost objective will be consistently treated as either direct or indirect costs based on the cost benefit analysis of allocating those expenses. Direct costs that benefit more than one final cost objective will be allocated based on the benefits received. Costs necessary for the overall operation of OHCAC will be treated as management and general costs. Cost allocation will comply with 2CFR215.

B. OHCAC maintains one composite indirect cost pool combining all indirect costs.

C. OHCAC will observe the simplified allocation method of distributing its joint or common costs in preparing its indirect cost rate proposal to its cognizant agency.

D. OHCAC will pool all fringe benefits and leave, and allocate the costs using salaries and fringes as the base.

606 In-Kind Costs

A. Allowable Types
Head Start Program Policies and Procedures

To satisfy a matching or cost-sharing requirement on a grant or contract, OHCAC will account for the following allowable In-Kind costs:

1. Charges incurred by OHCAC as project costs, including non-cash items such as depreciation or use charges.

2. Project costs financed with cash donated to OHCAC by non-Federal third parties or in the case of Federal Funds, other Federal funds specifically authorized by law for matching.

3. Project costs represented by services and real or personal property donated to the grantee by non-Federal third parties, provided such costs are:
   a. Identifiable from grantee records.
   b. Not included as contributions for all other Federally assisted programs.
   c. Necessary and reasonable for proper and efficient accomplishment of project objectives.
   d. Allowable if OHCAC itself was required to pay for them.

B. Valuation of In-Kind

1. Volunteer services should be valued at the approximate same rate those paid for similar work in the same labor market including fringe benefits.

2. Donated real or tangible personal property:
   a. Tangible personal property and donated real property (FMV at the time of transfer).
   b. Donated use of property (valued as if the grantee has rented the property and has paid the property’s Fair Rental Value (FRV)).

3. It is the donor’s responsibility to determine the value of in-kind contributions.

C. Documentation of In-Kind
Head Start Program Policies and Procedures

OHCAC will obtain and maintain the same kind of documentation as required for incurred costs. To the extent practical, OHCAC will obtain independent documentation for In-Kind costs (time sheets or log-in sheets for donated labor, written verification of the value of donated equipment or space, etc.).

607 Depreciation Method

The cost of buildings is depreciated on the straight-line method over periods of 30 to 40 years. The cost of equipment is depreciated on the straight-line method over periods from 3 to 10 years.

608 Use Allowances on Buildings and Equipment

A. In lieu of depreciation, OHCAC may take a use allowance on buildings and improvements will be computed at an annual rate not exceeding two percent of the acquisition cost.

B. For equipment, the use allowance will be computed at an annual rate not exceeding six and two-thirds percent of acquisition cost.

C. OHCAC may charge a use allowance on fully depreciated assets in accordance with 2CFR215.

800 PROPERTY MANAGEMENT POLICIES

801 Property

A. Title to property acquired as a direct cost on a cost reimbursement government grant will vest with OHCAC subject to a reversionary interest retained by the funding source and will not be recognized as an asset of OHCAC on the financial statements.

B. Property acquired without grant participation will be capitalized as an asset and depreciated.

C. Property will be used and accounted for in accordance with 2CFR215.

D. Property is defined as having a unit acquisition cost of $5,000 or more and a useful life of two years or more (2CFR230 Att B, par 13).

E. OHCAC will tag property upon receipt and will record assigned numbers on all applicable
documents pertaining to the property control system.

F. Property records will include:

1. A description of the property.
2. A serial number or other identification number.
3. The source of the property including award number.
4. The acquisition date.
5. The acquisition cost.
6. Percent of grant participation in the cost of the property.
7. The location.
8. Use and condition of the property.
9. The disposition date and sale price of the property.

802 Physical Inventory

A. OHCAC will take a physical inventory at least once every two (2) years and reconcile the count to property records. Material differences will be investigated.

B. Personnel performing the physical inventory will not be the same individual who maintains the property records or has custody of the property unless the grantee’s other staff is unavailable to perform the inventory count.

803 Disposal of Corporate Property

A. No property shall be removed from the premises without prior approval from a responsible official.

B. When property is retired, the appropriate asset and accumulated depreciation accounts and asset accountability records shall be adjusted and any profit or loss reflected.
Disposition of Property Purchased with Grant Funds

When property acquired under a grant is no longer needed for the program or for other activities currently or previously supported by a Federal Agency, disposition will be made as follows:

A. If the current per unit FMV is $5,000 or more, OHCAC will request disposition instructions from the awarding agency. The instructions will indicate whether OHCAC will retain title after compensating the awarding agency, sell the property and compensate the awarding agency, or transfer title to the awarding agency or designee approved by the awarding agency.

B. Property with a current per unit FMV of less than $5,000 may be retained, sold, or otherwise disposed with no further obligation to the awarding agency.

Consultants

A. The utilization of all consultants will be sufficiently evidenced with:

1. Details of all agreements (e.g. work requirements, rate of compensation, and nature and amount of other expenses, if any) with the individuals or organizations providing the services and details of actual services performed.

2. Invoices or billings submitted by consultants, including sufficient detail as to the time expended and nature of the actual services performed, and

3. Consultant’s work products and related documents, such as trip reports indicating persons visited and subjects discussed, minutes of meetings, and collateral memoranda and reports.

B. The use of consultants will be closely monitored so as not to vary from the rules of the Internal Revenue Service. In particular, consultants will:

1. Not be controlled as to what services will be performed and how these services will be performed. Consultants will not have set hours of work.

2. Furnish their own tools of trade – tools, materials, and the like – in performing their work.
Head Start Program Policies and Procedures

3 Adhere to a precise contract scope of services, recomputed or at least adjusted annually. This consultant agreement should specify the obligation of the consultant to pay his (her) own self-employment taxes, if applicable.

4 Not receive any OHCAC sponsored fringe benefits.