OPPORTUNITIES
for Williamson & Burnet Counties

Head Start 0-5

Policies & Procedures Manual

Guidance and Flow of Systems

2016-2017

Contents

EDUCATION

Animals in the Classroom Policy

This information is taken from the Caring for Our Children: National Health & Safety Performance Standards: Guidelines for Out of Home Child Care Programs.

1. Any animal present at the facility will be in good health, show no evidence of carrying any disease, and will be an appropriate companion for the children in the classroom.
2. Dogs or cats must be current with immunizations and maintained on a flea, tick, and worm control program. For dogs and cats that are in the classroom regularly, immunization and health records will be kept on file.
3. All pets will be cared for as recommended by the local health authority (i.e. health department, veterinarian, Humane Society, etc.) following written procedures for their care and maintenance. A statement of health from a local veterinarian, train to assess the health of animals and the spread of disease through direct or indirect means.
4. Living quarters and equipment for animals will be kept clean of waste. Children are not to participate in cleaning. Litter boxes will not be accessible to children. Litter will be disposed of according to local health recommendations.
5. Children will be supervised at all times when handling animals.
6. Animal food supplies will not be accessible to children.
7. Animals will be prohibited from entering food preparation, storage, and eating areas.
8. Staff will wash hands before & after handling animals and when handling animal wastes. Children will wash hands after handling animals.
9. Parents will be notified in writing of the presence of animals in the child care center and classroom and will notify staff of any known allergies to animals.
10. The following animals will not be permitted in the classrooms: chickens, fish, pistachio birds (parrot family), ferrets, lizards, iguanas, turtles, frogs and toads, snakes and ducks. The classroom may consider an exception for reptiles if: (a) the animal **is kept behind a glass wall in a tank or container where a child cannot touch the animal or the inside of the tank**, and (b) the health department grants authority.

RATIONALE: Reptiles, fish and chickens may carry salmonella and should not be kept as pets in facilities providing care for children less than five years of age and who are likely to put unwashed hands in their mouths.

"TPITOS" Observation Policy -EHS

PURPOSE:

To ensure that Early Head Start children are provided with a high level of classroom quality by their caregiver.

The Pyramid Infant-Toddler Observation Scale (TPITOS) is a practice associated with the *Pyramid Model* in infant and toddler care settings (birth-3 years). TPITOS provides a snapshot of the adult behaviors and the classroom environment variables associated with supporting and promoting the social-emotional development of infants and toddlers. The TPITOS observation is made up of three (3) items (a) observational items, (b) Interview items and (c) Red Flag items.

POLICY:

Each Early Head Start caregiver team will be observed by a qualified TPITOS observer up to twice a year. Each observation will consist of no less than a (3) hour observation.

Classrooms will need to score above 71% in all areas on Observation and Interview items.

Classrooms need to score above 14% in all Red Flags areas.

Please note that red flags items are scored for the whole classroom regardless of who is being observed.

Classrooms scoring below the above listed amounts will receive additional mentoring and training.

Classrooms will be re-evaluated in 2 months on areas of concern.

***A professional development plan will be put into place for any teacher who is unable to fulfill the above requirements**

Classroom Environment Policy

POLICY:

Staff is to be directly involved with the classroom activities at all times, facilitating, participating, or working with individual children within a clean, safe and clutter free environment.

PROCEDURE:

- All hazardous and poisonous materials are to be stored out of reach of children and clearly labeled, a minimum of 5 feet high.
- All personal bags and belongings need to be stored in a locked cabinet away from the children.
- No personal food inside classroom, locked cabinets or refrigerators.
- No hot beverages allowed in the classroom.
- Cabinet and counters are kept **clutter free.**
- Room should **be child-proofed** to keep children safe.
- There should be a **designated area for diaper changing** with needed items **within** reach.
- Staff is always to greet children and parents upon their arrival.
- Staff is to be actively involved with children at all times, sitting with children on the floor and in centers.
- Teaching staff will sit and eat with the children for **each** meal. The food is to be served family style, except with ISD food service. Child-sized serving utensils will be provided. Each child will be encouraged to clean up their individual area upon completion of the meal/snack and when possible help with setting the table. (See "Family Style Serving Procedure")
- There should be two (2) staff members present with the children at all times. The full day Head Start option will follow Licensing Standards for staffing during naptime or as necessary.
- Staff is to read and have a basic understanding of all health & safety procedures covered in the **Health Services** section of this manual.

"CLASS" Observation Policy-HS

CLASS (Classroom Assessment Scoring System) is an observation instrument developed to assess classroom quality in preschool through third-grade classrooms. The instrument is comprised of 10 dimensions which fall under the 3 domains of *Emotional Support*, *Classroom Organization and Instructional Support.*

The CLASS dimensions are based solely on interactions between teachers and students in the classroom.

PURPOSE: To ensure that Head Start children (3-5 yr.) are provided with high level classroom quality in the areas of emotional support, classroom organization and instructional support.

POLICY:

Opportunities wants all children we serve to benefit from high-quality teacher-child interactions. We do this, in part, by ensuring that all classrooms achieve a basic standard of quality as measured by the Classroom Assessment Scoring System (CLASS™). There is some evidence that classrooms scoring the higher range of CLASS are more effective at preparing children to succeed.

For these reasons, Opportunities has established this policy/procedure to determine how to intervene in classrooms with low CLASS scores. This policy/procedure applies to any score collected as part of the regular collection process (typically, fall and spring for all Head Start classrooms) as well as initial CLASS observations done of a new teacher (typically by the end of the fourth week of employment- assuming, normal business operations during that time).

Identifying low-scoring classrooms

1. A classroom or teacher will be categorized as being in the "yellow" zone (needing *moderately more* intervention) for the following reason:
    - A domain score of >6.04 for Emotional Support
    - A domain score of >5.82 for Classroom Organization
    - A domain score of >2.78 for Instructional Support
2. A classroom or teacher will be categorized as being in the "red" zone (needing *intensive* intervention) for either of the following reasons:
    - A Domain score of >5.65 for Emotional Support
    - A domain score of >5.22 for Classroom Organization
    - A domain score of >2.22 for Instructional Support
    - A dimension score of more than 4 on Negative Climate (equivalent to <4 in reverse scoring

Teachers scoring below the above listed amounts will receive additional mentoring and training.

Classrooms will be re-evaluated in 2 months on areas of concern.

**A professional development plan will be put into place for any teacher who is unable to fulfill the above requirements*

Classroom Environment Setup Policy

POLICY: The arrangement of the classroom effects how children learn and play together. Room setup is the physical layout of the classroom. Setting up a classroom environment requires a lot of thought and strategic planning. The setup should support the child's social and emotional development and cognitive development. The classroom should be orderly; it is hard to individualize in a messy, disorganized room.

PROCEDURE:

Learning Centers: Learning centers are subdivided areas of the classroom devoted to one topic or type of activity, where children play, talk and work in small groups. Make sure there is enough room for the number of children expected to work there. Provide room for children to move in centers that require large motor activity such as dramatic pretend and play center, and construction center. Include at least the following 7 learning centers:

- Library/Listening Centers
- Construction Center
- Writer's Corner
- ABC Center
- Creativity Station
- Pretend and Learn Center
- Math/Science Center

Center Management System: Teachers will develop a center management system to provide a visual method for children to make choices and decisions during learning centers. It allows the teacher to manage how many children utilize a center at one time. Teachers will determine the number of students each center can accommodate and place a chart at each center with the corresponding spaces. Initially, the teacher will model the procedure by making a center choice and placing the child's name card on the appropriate chart then moving it to another available center.

Large Group/Circle Time: This area is where the teacher and the children come together to learn about different topics. Provide a carpeted area big enough for the children to sit in a circle and for them to participate in music and movement. The circle shape allows for the teacher to see each child in the group and for the children to see each other. Also, children don't block each other, and makes children all children feel included. This area needs to include a rug for comfort and to define space; children's names to define a space for each child, and a space for the word wall.

Small Groups: Small group time is a time to meet with groups of 2-6 children to provide intentional cognitive instruction. Small groups need to be intentional, with activities planned based on individual children's strengths, needs, abilities and interests. Teacher will have to move around the classroom to find the right time to work with the children. Small groups should last from 7 to 10 minutes.

Gross Motor Activities: When children can't go outside gross motor activities must occur for at least 30 minutes. When arranging the room teachers need to see where they can move center furniture to provide space for a variety of activities where children can use large muscles. For example: tumbling mats, balance beam, ring toss and obstacle course.

Calming Place/Individual Time: At times a child may need time away from others or activities to calm down. We need to have a comfortable space within teacher's eyesight for children to calm down.

Meal Time: There needs to be space for all children to sit comfortably at a table with the teacher. Meal time is a good time to talk with the children about their families and other personal interests they may have. (See Family Style Meals Policy and Procedure)

Rest Time: Minimum standards state the following:

- Mats must not be place where they block exists,
- Must be placed where teacher can see all children,
- There must be spaced (3" apart) where teacher and children can walk without stepping on or over children. (See Rest Time Policy for more information)

Items to be readily available in the classroom:

- Sign in/out sheets.
- Emergency numbers
- First Aid Kit
- Incident/Accident/Behavior Report forms
- Individualization Binder **(must be kept in a locked cabinet)**
- Morning Health Check Forms
- Weekly Lesson Plans
- Menus

Allowed Beverage: water only

Classrooms Postings Policy

The following information must be posted, or be readily available, in each Opportunities Head Start classroom

PROCEDURE: Each classroom must have the following items posted:

Parent Board

- Menus
- Lesson Plans and Rainy Day Activities
- Keep me Home if…

Next to Front Door:

- Fire and Tornado Procedures
- Evacuation Plan
- Evacuation EXIT sign next to all doors

In the Classroom:

- Rule Posters for inside and outside at child level
- Daily Schedule(child friendly)
- Word Walls (Head Start classrooms)
- CPR/First Aid/Choking Poster
- Major medical, minor medical, dental
- Daily Maintenance Schedule
- Nap Mat Map
- Helper chart with a job for every child
- Children name and picture are in 4 places in classroom

Next to Sink:

- Child friendly hand washing poster next to child sinks
- Hand washing Procedures
- Sanitizing Procedures

Close to Changing Table/Bathrooms:

- Diapering Procedures

Teacher Area:

- Food handler
- CPR/First Aid
- Teacher Credentials (diploma, CDA)

Continuity of Care 0-5

Once an Early Head Start center-based child makes the initial transition into the program setting, Opportunities, Early Head Start's goal is to keep the child with the same caregiver for two years whenever possible. Transitions are limited to one time, if possible, during each EHS child's tenure, moving from mobile infant to toddler classroom. It is intended that EHS children remain with their peer group for their whole EHS experience. Before any transition each child's parents are notified by letter and verbally. New teachers/classrooms are introduced slowly.

Creative Curriculum Planning for Learning 0 – 3

Research has shown that providing learning experiences based on children's emerging interests is the most effective.

The Guide

We know that building on previous knowledge provides a continuity of learning for children where they can move forward at their own ability level.

At the beginning of the year teachers will help children orient to their new surroundings. For babies these are the smells, sounds, lights, other babies, other caregivers. For older infants and toddlers there continues to be more stimulating environments, more requirements for toileting, eating, appropriate interaction with peers and increased independence in choice of activities.

Throughout the year teachers will need to provide meaningful activities that respond to the age and developmental level of each child as well as increasing the variety of experiences to expand their comprehension, understanding and vocabulary.

In order to bring some organization for planning throughout the year Early Head Start teachers have used the following guide:

- **For 0-2***:* **No themes**. The lesson plan will help to individualized for each child, plan your activities providing meaningful activities that respond to the age and developmental level of each child. For young infants the education piece moves **around feeding, diapering, and napping… Remember these things are not just Routines!!** It's making the connections with the infants and establishing those meaningful relationships between caregivers and infants. It's about responding to their needs and making them feel secured and loved. Mobile infants are learning about their bodies, their environments, their family, and the bigger world. Make sure to take them outside to explore the world. They need a large open space to move their bodies and to practice their new skills. At each age level children are learning more in each of these areas and teachers need to respond with increasingly varied and interesting environments and experiences in their groups, and individualizing.

- **For the 2's*: Creative Curriculum*** believes that a meaningful way to teach content is to build on **children's knowledge and interests**. Teachers need to **observe their children**, see what the **children are interested about**, to plan ahead taking into consideration child's learning styles and developmental levels. It is up to each team of classroom teachers to respond to the **interests of the children using their knowledge of the children's level of development and to offer those experiences that promote growth to the next level**. Teachers are expected to use their more intimate knowledge of the children in their class to create a motivating environment and experiences for optimum learning for all children.

Cultural Diversity Policy

PURPOSE:

To ensure that Head Start children and families receive services responsive and respectful of their cultures and diversities.

The children and families served in Head Start and Early Head Start reflect multiple cultures and beliefs. All children and families deserve services that are responsive to their families, their communities, and to their ethnic, racial, and linguistic backgrounds.

POLICY:

Head Start (0-5) staff is expected to work collaboratively with families and minimize the differences between the home environment and school environment so students are comfortable to learn. Family diversity is to be celebrated both in and out of the classroom with books, music, games, dramatic play items and even at mealtimes with a variety of traditional foods.

Daily Schedule HS

POLICY:

Planning and organizing a day of learning requires the use of a daily schedule. Teachers will develop a daily schedule as a visual plan for the day, using words and pictures, to help children learn and understand routines in their classroom.

PROCEDURE:

Teachers will post a chart in the large group/meeting area to help children predict the daily sequence of events. The chart will be displayed at the child's eye level and will be used interactively with children. Transition activities are intentionally planned to guide children form one activity to another.

Examples of items for the schedule include, but are limited to:

- Meet and greet
- Breakfast
- Circle time
- Center time
- Small groups
- Read Aloud (At least 2 times per day)
- Lunch
- Circle time
- Outside time
- Rest time
- Goodbye

Dittos in the Classroom Policy

PURPOSE:

To ensure that Head Start children 0-5 are provided with ample opportunities for hands-on, child-directed learning and be provided with the appropriate tools to achieve their goals.

Children learn best when they are actively involved in an experience.

POLICY:

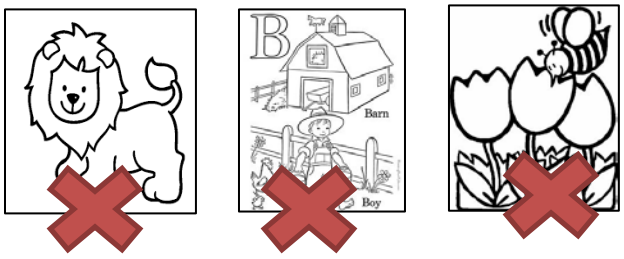
Ditto forms are **not** permitted for classroom use in the Opportunities Head Start (0-5) program. Any ditto/worksheet available for reproduction in the adopted curriculum may not be used for classroom instruction.

An acceptable use of print technology would include tools that children use in divergent and open-ended activities to support play and investigations.

Open-ended sheets that include story starters, sign-in sheets and tally sheets whose use would depend on the activity and abilities of the individual children. Traditional worksheets that are convergent or closed-ended sheets, where children's work looks the same and the children are required to fill in correct predetermined answers**, are not developmentally appropriate.* Similarly, coloring and tracing sheets have limited skill development, and their appropriateness in a high-quality preschool environment is questionable and therefore not allowed.** However, laminated tracing materials such as letter, word and/or name cards are appropriate materials to scaffold skill development for an individual child based on child's ability.

Ditto: Any printed material generated to be used as a mass-produced page or pages by a child or children would be defined as a ditto, worksheet or workbook page.

Samples of Dittos:



Discipline and Guidance Policy

POLICY:

Discipline must be:

- Individualized and consistent for each child
- Appropriate to the child's level of understanding
- Directed toward teaching the child acceptable behavior and self-control, not punishing unacceptable behaviors.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, naps, toilet training, or program activity unless a danger to self or other
3. Pinching, shaking, or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting, or yelling at a child
7. Subjecting a child to harsh, abusive, or profane language
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

PROCEDURE:

A caregiver may use methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, and teach positive behavior expectations. Caregivers teach children positive behaviors and social skills; skills that encourages self-esteem, self-control, and self-direction, which include at least the following:

- Providing predictable visual schedules and routines.
- Providing visual, inside and outside, rules charts stating what good behaviors are expected of each individual in the classroom.
- Teaching children what behaviors are expected of them during different activities and routines within the classroom.
- Daily reminding children of positive behavior expectations.
- Using praise and acknowledgment of good behaviors.
- Teaching children good manners.
- Teaching children how to be respectful of others while assertively expressing their own needs and ideas.
- Teach children how to appropriately ASK for things or for help.
- Redirecting challenging behavior by telling children what they should be doing, instead of what they should stop doing.
- Teaching children emotional recognitions, in themselves and others, and emotional vocabulary.
- Teaching children to recognize when they are getting, angry, frustrated, or overly excited; stop; engage in self-calming skills; and then using problem solving or conflict resolution skills to resolve the situation.
- Setting up a safety zone (a safe supervised area) where a child can go to calm down when they are

angry, frustrated, overly excited, or upset. Teach and coach children how to utilize the safety zone to calm down and then return to classroom activities when they are ready.

- Teaching children problem solving and conflict resolution skills.
- Coaching children on using problem solving and conflict resolution skills.
- Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to **no more than one minute per year of the child's age** or developmental level. (appropriate for children 3-5 **only)**

Never, under any circumstances, will adults of the Head Start program **scream, hit, threaten or in any other way physically or verbally abuse or misuse** any child in their care.

EHS On-going Assessments

POLICY:

Early Head Start teacher input observations into OUNCE. It is mandated that **one (1) entry** per week on each child's educational progress be recorded and also a social-emotional observation to describe any changes in the child's life, behavior, or any concern. These observations are to be written in OUNCE for the Education Coordinator/Education Specialist to read weekly. Concerns are sent via email to the appropriate coordinator.

Using these observations and results, teachers and parents make decisions about each child's development:

- Teachers complete the Developmental Profiles from the Ounce Scale at the end of age level at 4, 8, 12, 18, 24, 30, 36 and 42 months.
- Teachers print the Developmental Profile Report after assessment results have been entered.
- The Report gives teachers relevant information whether the child is developing as Expected (DAE) or Needs Development (ND).
- Teachers share the Developmental Profile's information with the parents each month during parent conferences.
- Parent input is a **valued resource**; caregivers take the time to consider parent comments about their child's development as well. **Teachers gain information about children through parent reports. This information is gathered at center/home visits and through daily informal communication caregivers refer red flags and/or areas of concern to the appropriate content area specialist for follow-up.
- Teachers identify one goal in each of the four areas listed: social, cognitive, language, and motor. Using the form **Individual Learning Goals** to write down the goals per each child. The goals are revised and change at least 3 times per year: fall, winter and spring or sooner if needed.
- Teachers incorporate the information provided by OUNCE, the **Individual Learning Goals** Form and parent goals for their child to select appropriate activities for their **lesson plans**. Caregivers use each child's initials to notate to which child the activity is linked. Teachers evaluate planned activities, observe the children, the process is repeated.
- **Planning needs to be Intentional!**

Infants/toddlers should have a "My Day in Early Head Start" form or PRESCHOOL2ME Report completed and given/sent to parents daily.

Encouraging Self Autonomy for Infants & Toddlers

POLICY: - Young children work hard to learn to live in a mysterious world that bombards them with new people, words, ideas, rules, and experiences. Toddlers particularly strive for the self-control that follows a sense of independence and autonomy. They test the people and things in their environments, experience consequences, and eventually learn the benefits of positive social interactions, self-trust, and good judgment.

PROCEDURE:

- Children are to be held or seated whenever eating or drinking.
- Table foods may be introduced to children 12 months and older, unless the parent has obtained a doctor's note stating otherwise.
- Bottle propping and carrying of bottle by young children shall not be permitted.
- Feeding times & consumption shall be documented in writing and available for review by parents.
- Infants shall be held during bottle –feeding. When infants/toddlers are able to hold their own non-glass bottle they may do so. Caregiver should sit with infant/toddler.
- Mobile infants can be transitioned to the child sized chair once a child's feet are flat on the floor, when seated.
- High chairs should be used for their intended purpose. High chairs should not be used as extended play areas.

BEST PRACTICES:

- Children are encouraged to feed themselves:
- First, for finger foods, offer those things that she can hold in his palm, like long crackers, or strips of toast, where there is still food sticking out the end for her to bite off of. Second, give your baby one spoon while you feed with the other. For her spoon, use sticky food and load the spoon for her to self- feed. Food like thick baby cereal, or mashed fruits and vegetables that have been mixed into mashed potatoes. Any thick, gooey mess that can adhere to the spoon or be picked up, but still is easily "gummed" in her mouth without causing him/her to gag, is a good food at this time.
- Once you notice that he/she is more adept at pincer grasp, you can let he/she pick up more and more of his/her own feeding. (All fluids at meal time should be offered in a Sippy cup, not in a bottle). A self-motivated baby will make the switch to self-feeding by himself, often before he/she is capable of getting enough food that way. By the time a baby is between 10 and 14 months, they will be independent eaters.
- Gradually eliminate the finally pureed baby foods as they may hinder his/her moving on to more appropriately textured foods. (Of course there are always those foods that will remain forever in his/her diet that are pureed or mashed, like applesauce or winter squash.
- Let children be as independent as possible during mealtimes. Give them the tools they need to be successful. Consider bowls that attach to the table, child-sized utensils and small cups with handles and spouts (such as measuring cups) for pouring. Encourage children to try for themselves but provide help and encouragement when needed so they don't get frustrated.
- Children can be transitioned to a sleeping mat once the child is mobile, walking.
- Children should be encouraged to toilet train when ready.

Supporting Children's Emerging Interest in Toileting

BEST PRACTICES:

- Successful toilet training depends on having three important factors - physical, cognitive and emotional readiness - in place. Just because children are physically ready to toilet train does not mean that they are mentally or emotionally ready to do so.
- Each child will toilet train at his or her own pace. The more relaxed and consistent the environment, the more successful potty training is.
- A young child's ability to consistently use the potty may differ under different circumstances. For instance, some children may consistently use the potty at home before they are able to do so in child care – or vice versa. With time children will become consistent across all environments.
- Life changes or stresses can impact potty training and may even briefly cause regression in children. Often young children experience some regression during the course of potty training. This is normal and with gentle support and consistency children can get back on track.

We support children's emerging interests in using the potty at Opportunities Head Start in the following ways:

- We monitor each child's interest in toileting and support them individually while following their lead.
- We work closely with families to ensure that home and school toileting routines are consistent.
- We create a climate where using the potty is viewed as a positive, low-stress experience. We encourage children to notice and celebrate their peers and their own successes.
- We encourage children to assist with toileting routines such as dressing and hand washing and focus on helping them become increasingly independent.
- As the year progresses, using the potty becomes an increasingly important part of the daily classroom routine for all children.
- We do not associate punishment or rewards with using the restroom. We do not pick battles with children about using the restroom. This can lead to many negative consequences including stress, regression in potty training, battles over control, and

Care of the environment and each other is encouraged.

BEST PRACTICES:

- **Helping with daily chores like table setting and picking up toys**. Encourage children to help with clean-up early on. Give toddlers responsibility for placing napkins or utensils on the table. Encourage children to begin clearing their own plates when they are old enough to carry them without dropping them. When children are involved in regular chores starting before the age of 4, they tend to be more independent in early adulthood than children without the experience of helping out.

Biting often occurs in an infant/toddler classroom.

BEST PRACTICES:

Teachers react calmly and use simple words when talking with the biters.

What should we do when biting occurs?

- Remain calm. Avoid a dramatic or negative response.
- Give immediate attention and comfort to the victim first. Clean the wound with soap and water.
- Create distance from the child who bit from the child that was bitten.

What can we do to prevent biting?

- Chart the behavior of children who bite to get an idea of times and situations when biting occur.
- Change the environment, routines, activities, etc. if necessary.
- Help child to communicate and verbalize their feelings.
- Provide close supervision.
- Redirect children to more acceptable behaviors.
- Provide positive reinforcement for appropriate behavior.

What are inappropriate actions to a biting child?

- Expelling or dis-enrolled child from the program.
- Inappropriately moving child into older classrooms.
- Biting the child back.
- Making the child taste items that are sour or spicy.

What should parents/families expect from their child's program?

- The children's safety should be first. Programs should provide first aid as well as comfort and support to any child who is bitten.
- Developmentally appropriate environment/activities for their children should be provided.
- Children who are biting for any reason should be taught more appropriate ways to channel their behavior.
- An incident report form should be completed.
- The appropriate family member of the child who was bitten and the biter should be notified, keeping the identities of all children confidential.

(ELL) Language Guidelines

For Early Head Start Children

The language used in the infant/toddler classrooms will be the primary language of the child with English being introduced through songs and stories in older toddler classrooms. If a child's home language is Spanish, the primary language of communication will be Spanish. The language sounds of English will be introduced through limited conversation, music and the reading of stories.

Opportunities Head Start will make **every effort** to provide a Spanish speaking teacher where we have an infant/toddler whose home language is Spanish. If a child speaks a language other than English or Spanish, an effort will be made for an adult to be available in the classroom who speaks the child's language.

For Head Start Children

In order to provide continuity of services between the Opportunities Head Start Program and the School District's approach parents and teachers need to be informed about each School District's approach to Bilingualism or English Immersion programs they offered to the Dual Language Learners (ELL).

Each center **must adopt the same approach the ISDs currently have regarding the Dual Language Learners. The centers** need to implement a language program according to each school district and align the Head Start language of instruction with the ISD.

If the school district has a bilingual program Head Start must also have a bilingual program to prepare the children for a similar language approach in kindergarten when possible. Head Start must inform the parents about the different programs and the differences between a Bilingual Program and the ESL Approach. Parents need to know in what ISD their children will attend kindergarten and in what language they want their child to be taught. Remember… **Parents are the primary decision makers of their child's education in Head Start.**

Please check the next table to find the center and the ISD approach to DLL:

Center	ISD Approach
Bagdad	Bilingual Program
Bartlett	ESL
Burnet	Bilingual Program
Florence	Dual Lang. Program
Harris Ross	Bilingual Program
Liberty Hill	ESL
Marble Falls	Bilingual Program
Georgetown	Bilingual Program
Round Rock	Dual Lang. Program (Gomez & Gomez ch)

For Bagdad, Burnet, Harris Ross, Marble Falls, and Georgetown

(ISD Bilingual Approach)

At the 3 to 5 year old level

In the pre-school classrooms we need to communicate with parents about the possible choices they may have to enroll their children in the fully bilingual program at their local ISD schools. At our Head Start classrooms we will follow the bilingual approach. The teacher's team will be composed of a person with a high competency level in Spanish and other person with a high competency level in English. The introduction of new concepts will be done in the children's primary language to build on their previous knowledge.

We will make every effort to provide a **bilingual teacher** in every classroom where **we have Spanish speaking children**. We need to sustain and expand the home language in the classroom, **while children are in the process of learning English.** If we only have 1 bilingual teacher at the center level, then all the same age Spanish-speaking children will need to be in the same classroom with that bilingual teacher. Small group times, directed learning activities, new concepts… need to be taught in the child's home language.

Meal time is such an important time to develop socially, emotionally and don't forget the amazing time for language development… children need to be **sitting with other children who speak their same home language** at the beginning of the school with the goal that by the end of the school year they will be ready to be mix with English speaking children. The rest of the day… routines, circle time, transitions need to be done in English for the children to learn simple commands, simple words, etc. Music, rhymes, poems and songs are great resource for the children to acquire a second language, use them as many times as possible!!

The posters, photos, wall displays, and other print in the classrooms will reflect the ethnicity and language of the children and their families. The Spanish- speaking teacher will be reading to the children in the home language of the children. The books will be high quality, linguistically appropriate literature.

One teacher will be speaking to them **in Spanish** and the other teacher will speak to them in English. At the end of the school year we will have bilingual children ready to continue their education in the bilingual kindergarten classroom.

PROCEDURE:

- Identify ELL children at time of enrollment.
- Assign a Spanish-speaking teacher to ELL children and their families.
- Teacher will follow the Opportunities Language Guidelines.
- During Initial Home Visit teacher will explain to parent our ELL approach. She will discuss child's placement for school next year and she will identify school district and district's approach to ELL.
- All ELL children will go to same classroom, they will be **sitting together** next to Spanish-speaking teacher at lunch time, small group times, and circle time to converse, socialize and learn.
- If there are from 8 to 10 children in same classroom, teacher will follow the 10/10 bilingual approach.
- If there are less than 8 DLL children at center level, still need to place those 3 or 5 DLL children **together** with Spanish-speaking teacher. Teacher will have DLL children at small group time, lunch time, etc. Teacher will sit next to them during circle time.
- The 10/10 bilingual approach:

1. With this approach we will have 2 circle groups at the same time: One in English and one in Spanish at different locations in the classroom to do: morning news, calendar, weather, songs, read a story, talk about theme of the week, letter wall, etc.
2. The teacher will use their *Curriculum* and the *Estrellitas* program as well to help the Spanish-speaking children with their acquisition of letter knowledge and literacy.

- All the assessments and screenings of DLL children will be conducted in Spanish at the beginning of the school year and by the end of school year we will do a Spanish/English assessment.
- Teachers will be reading to DLL children in Spanish daily. Teachers will have the support from the Bilingual Education Coordinator. They will be getting a special training from Coordinator.

For Florence and Round Rock (Dual Language Approach)

For Round Rock Pre-K classrooms we will be using the **Two Way** Dual language Approach implementing the Gomez & Gomez Dual Language Enrichment Model.

For Bartlett, Liberty Hill (ESL Approach)

Our program acknowledges the fact that some of our students will be transitioning into an English only environment and incorporates the exposure to English in a supportive manner, fostering the opportunity for the children to acquire English. We still provide a bilingual teacher in the classrooms where we have DLL children and we will follow the below model:

At the 3 year level a dual model of Spanish/English will be used:

1. For the first 9 weeks Spanish will be the primary language of communication for children whose home language is Spanish.
2. English will be introduced at mealtimes, in songs, chants, finger-plays, for simple classroom routines and simple classrooms directions. Approximately ½ of the books will be read in Spanish and the other ½ in English.
3. January through May will have one teacher speaking Spanish in the classrooms and the other speaking English.
4. **Remember** a simultaneous translation (reading a book in English, then immediately reading it in Spanish) has been proven to be an ineffective means of language acquisition. Children learn to adapt and will tune out the secondary language when they know that they will soon receive the same information in their primary language.

At the four year old level:

The home language of Spanish will be the primary language of communication for the first month. From the second month until December the class will follow the dual model described at the three year old level. January through May the language of communication will be primarily English. (Instruction and classroom functions are conducted in English, with Spanish used to support the child when necessary).

All the assessments and screenings of DLL children will be conducted in Spanish at the beginning of the school year and by the end of school year we will do a Spanish/English assessment. Teachers will have the support from the Bilingual Education Coordinator.

Ultimately our program would like our children to become fully bilingual in both languages. In order to do so, parents will need to continue to support the Spanish language at home while English will be the language of instruction at the public school environment.

Face to Name Policy

POLICY:

Each day, some children may arrive late or leave early. You should know the number of children **in your care at all times**. This becomes essential in the event of an emergency.

Frequently count the children in your care to help assure that everyone is accounted for and no one has escaped your supervision. Get into a routine of counting heads throughout the day, such as when children arrive, during morning group time, before and after mealtimes, before and after outdoor play, after toileting or diapering, during naptime, and as children are departing for home. To make this more fun, encourage the children to count aloud with you or sing a special song as you conduct your head count.

PROCEDURE:

- Teachers should have a Face to Name Sheet/Parent Sign In Sheet available at the entry way for parents to sign their child in at arrival**. For children who ride the bus, the teacher should indicate the child's arrival by putting a check mark on the sign in sheet.**
- The roll will be checked using the Face to Name Sheet/Parent Sign In Sheet. (1) before leaving the classroom, (2) after the children have reached the transitioned place, (3) once again when the children return to their classroom.
- The total number of children and teachers will be totaled at the end of each transition.
- Teachers will initial after each transition.

Holidays and Celebrations Policy

PURPOSE:

To engage Head Start children and families in activities or celebrations respectful of each family's culture.

Our Head Start staff and families are richly diverse in racial backgrounds, ethnic and cultural practices and religious affiliations. Students and families love to celebrate birthdays and holidays at school, as they are memorable times to share with teachers and friends. In an effort to abide by USDA Policy and to maximize student instructional time, we are asking all parents to follow these simple guidelines when planning for your child's birthday celebration at school. We are promoting a healthy lifestyle and maximizing student learning!

POLICY:

Head Start families and staff are encouraged to share their customs (contribution of songs, stories and traditions) when relevant to the classroom curriculum. Holiday celebrations must be appropriate and meaningful for all children. Our holiday celebrations will be supportive and respectful of all families and will include educational activities that combine fun with learning for children.

- Make an all about me book that your child can share with the class.
- Make a book about how you celebrate to share with your child's class.
- Share you culture (do an activity, sing a traditional song, do a cooking activity, read a traditional story, share your language in song or by reading a story, play an instrument, teach a game, etc.)
- Bring in non-food items for classmates such as pencils, erasers, bookmarks, etc.
- Volunteer in your child's class and capture the moment with a class "birthday" photo.
- Volunteer in your child's class lead a small group or story time.
- Donate an educational game or book for your child's classroom.

Families are no longer allowed to bring in food items for birthday and holiday celebrations, as many of the items brought to school did not follow the USDA guidelines.

We appreciate your help with this matter!

Hours of Operation

The hours of operation for Opportunities Head Start Centers are from 7:30am to 4:00pm. All centers open promptly at 7:30am. Children cannot come into the classroom before 7:30am.

All the Opportunities Head Start 0-5 teachers work at our sites from 7:30-4:00pm. A duty free 30 minute lunch break will be provided daily for teachers.

Home-Based Program Policy

Our Opportunities Head Start 0-5 program is a center based program. In the event that the prenatal child is born but we don't have a spot available in the classroom for that infant at that time, Opportunities will provide a **temporary Home-based Program** to the enrolled families and children until **there is an opening in the classroom for the new child.** At enrollment, Opportunities staff will make parents aware of the homebound option and discuss that this program is temporary until a space is available for the child.

Homebound services must be approved by the Program Director. Once the approval has been given, the ERSEA Coordinator will notify the Center Director, Health Coordinator, Social Service Coordinator, Mental Health Coordinator, Education Coordinator and Disability Coordinator

Service Delivery Model of the Home-based Program

The Early Head Start temporarily home-bound program supports children and their families through home visits and group socializations**.** Early Head Start home visits provide comprehensive services to support and strengthen the relationships between infants, toddlers, parents and their future primary caregivers. The strength and quality of these relationships are essential for optimal child development outcomes during this period of rapid social, emotional, physical, and cognitive development. Parents are encourage and supported to later recreate and build on the activities that are introduced during home visits.

Group socializations are another opportunity to strengthen and support relationships by providing parents with opportunities to: obtain feedback from EHS staff and other parents or community-based professionals about their child's interests, strengths, needs and resources; observe their children responding to the other children and adults; share and learn from others about the challenges and joys of parenting, and building the relationship with their future primary caregivers.

Home visits are planned collaboratively with the parents (or the child's legal guardian) to support the parents in their roles as primary caregivers of the child and to facilitate the child's optimal development. Home visits are conducted with the child's parents or the child's legal guardians Home visits may not be conducted by the home visitor with only babysitters or other temporary caregivers in attendance. (1306.33)(b)Socializations are also conducted with parents or the child's legal guardian and may not be conducted by home visitor with babysitter or other temporary caregivers. 1306.33(2)(c)

When planned home or group socialization activities are cancelled by program staff, make up visits need to be re-scheduled for the soonest possible date. Any re-scheduled activities need to be documented in Child Plus by the classroom teacher.

Frequency and Duration of Home Visits and Socializations

The frequency and duration of home visits and group socialization specified in the Head Start Program Performance Standards are required to deliver the intensity of intervention that is necessary for positive child development outcomes.

The child's primary teacher is responsible to do the weekly home visits.

The regulations require one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 and a half hours each. 1306.33(a)(1)Now, with home visits with families with newborns may be initiated with a reduced frequency and duration to respect family's need for rest and the adjustment to new routines. Following this transition period, families should receive weekly home visits. Such flexible programming is necessary and appropriate to respond to the unique needs of families and in order to develop respectful relationships with them.

In addition, Opportunities will offer families **two socializations per month**. The socializations are to be conducted **on a regular basis**, approximately **every other week until there is space available for the child.** The length of each socialization experience should be based on the developmental level of the child, the content of the socialization experience, and the child and family needs. **Very young infants and their parents should not be expected to attend socializations;** once again flexibility is allowed to respond to the uniqueness of the families.

Environments for Socialization

The environment should meet the needs of both children and adults. Young infants need soft places to sit or lie down, and nursing mothers should have a comfortable accommodation for breastfeeding. Mobile infants need safe places to crawl, while toddlers require adequate space to run and climb. The best environment will be the classroom where the child will be attending once there is an opening available. This will help with the **transition from home to school.**

Individualization Policy

Head Start must use the information from the screenings 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 to determine how the program can best respond to each child's individual characteristics, strengths and needs.

PROCEDURE FOR INDIVIDUALIZATION:

- **PRE-PLANNING**: Information will be gathered from the results of health screenings, educational assessments, developmental profile, observations, and the input of parents from the enrollment home visit.
- **PLANNING:** The Teaching Team will develop and set up goals using the information gathered for each child in all the developmental areas using the **Individual Learning Goals Form**. The Teaching Team will then meet to develop Lesson Plans using activities that are tailored to support each child's developmental needs and to be responsive to differences in learning styles.
- **IMPLEMENTATION:** Activities, materials and strategies that address identified goals will be implemented. These Individualization activities will be indicated on the Lesson Plan by placing the **child's initials next to the appropriate lesson**. A goal for each child should be identified on the weekly lesson plan to support development. Parent goals are also noted by placing a **PG** next the child's initials as appropriate.
- **DOCUMENTATION:** Teachers will document performance. By reviewing instructional strategies and ongoing assessments it will be determined whether the goal has been achieved or not. If met determine next steps. These will be reviewed at Parent Conferences, Home Visits and SRR.

Infant Sleep Position Policy

Providing infants with a safe environment in which to grow and learn is of extreme importance to us. Therefore, our childcare facility has implemented policies and procedures to create a safe sleep environment for infants. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

PROCEDURE:

- Infants less than 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
- Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- Soft or loose bedding such as blankets, sleep positioning devices, stuffed toys, quilts, pillows, bumper pads, and comforters MUST NOT be used in cribs for children younger than 12 months of age. For a medical condition requiring the above will require a note from their doctor and be submitted to the Center's licensing representative & State Approved Doctor. Licensing rep. will notify Center their decision. (Dec 2012 revision). The infant's head and face shall remain uncovered during sleep.

  New rule prohibits SWADDLED infants from being laid down to sleep or rest on any surface at any time. (746.2628 Minimum Standards).

- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the supine to prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child's crib, such devices shall not be used.
- There is no smoking allowed in the child care setting.
- Infants will not share a crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping.
- Supervised "tummy time" will be observed while infant is awake.
- At the time of application, families of infants will be informed of the programs sleep position rules and given a copy of a SIDs brochure policy. (Brochure: www.nichd.nih.gov)
- All staff will receive training on safe sleep practices before caring for infants and annually.
- Each non-mobile infant is to be provided with a designated crib for napping times. Cribs are to be used for intended purposes (napping times) and never as punishments or a substitute for supervision.
- As a child walks, the caregiver should start the process of transitioning the child to a sleeping mat. The parent/guardian should always be included in the process and respect to individual cultures or family beliefs should always be considered.

- Car seats are **NOT** appropriate for napping use. Children brought to class in car seats should be removed upon arrival where the morning health check will be performed with both the caregiver and parent present.

***State Licensing Standards state that a child, unless directed by a physician due to a medical condition or disability, must be transitioned out of a crib by the age of 18months.**

Lesson Plan Requirements-EHS

POLICY:

EHS Lesson Plan

Early Head Start teachers will provide a weekly lesson plan which provides opportunities for infants and toddlers to make personal connections explore and experience their environments and attain developmental milestones.

PROCEDURE:

Teachers will complete the lesson plan using the provided template. They will email their weekly plan, to their education coordinator/education specialist by the Monday prior to implementation for the following week. (e.g. Submitted on Monday the 1st for the following Monday the 8th)

Lesson plans must be reviewed by education coordinator/education specialist and signed by your director and a parent **before** posting.

The infant toddler lesson plan includes but is not limited to:

Experiences

Indoor Experiences- These are "specific" activities or experiences being offered that are **NOT** already being provided in the Interest Areas.

- Provide 1 Social/Emotional Experience per day
- (Personal Connections: It's About Trust) (Feelings About Self: Learning About Me) (Relationships with Other Children)
- Provide 1 Specific Book per day. (Understanding and Communicating)
- Provide 1 Fine/Gross Motor Experience per day (Movement and Coordination)
- Provide 1 Cognitive/Math Experience per day (Exploration and Problem Solving)
- Provide 1 Art/Sensory Experience per day (Exploration and Problem Solving)

Document the appropriate child's initials after the activity **IF** that activity is providing **SPECIFIC support** for child's progress toward their individualized goal

Outdoor Experiences- These are "specific" activities or experiences being offered that are **NOT** already being provided in the outdoor environment.

List one environmental change: items added based on needs, interests or abilities.

****Remember that your Art/Sensory, can also be your Fine/Gross motor activity**

Child Individualization

- Teachers should establish a goal in the following areas: Cognitive, Physical, Language, Social/Emotional. Goals noted on **Individual Learning Goals From** need to be reflected on Lesson Plan using child's initials next to the activity.
- Parent Goal- Teacher needs to help the parent develop a child goal that is developmentally appropriate. Goal noted on lesson plan by placing PG next to goal.
- Goals need to be revised at least 3 times a year: fall, winter, spring. Or as needed after screening with ASQ-SE and the Ounce Scale. Parent goal may be the same as one of the teacher goals.
- When a child has an IFSP, the IFSP goals need to be documented on the individual learning goals for that child. Teacher is to label (IFSP) next to the goal. Child's name is to be kept confidential.

Lesson Plan Requirements- Head Start

POLICY:

Teachers will create a detailed written lesson plan including specific goals, objectives and methods of delivery.

PROCEDURE:

Using the lesson plan templates that are provided with your Opportunities approved curriculum and the lesson plan extension sheet teachers will complete individualized lesson plans. Lesson plans are due in advance the **Monday the week prior to implementation.** (Monday 1st for the week of Monday the 8th) Plan must be emailed and accepted by the Education Coordinator/Comprehensive Support Specialist and signed by the center director and a parent prior to posting.

Lesson plans include:

- Learning Objectives
- Dates (week)
- Theme
- Circle time activities
- Center activities
- 2 Read-A-louds and extensions
- Outside activities: List activities and new items added to environment that support theme (do not list items available daily)
- Small groups (members of the group and activity) Literacy and math daily.
- Materials and resources
- Vocabulary words/word wall words
- References (indicate 5 CIRLCE manual activities)
- References (indicate 5 CURRICULUM activities) if not using curriculum lesson plan
- Special events
- Individualization (specific activity planned to support goal for specific child noted by placing child's initials beside activity)
- Activity to support IEP goal
- Social emotional, dental health, safety activities done monthly
- Pedestrian safety in August and January
- Energy Balance 101 activity weekly

Child Individualization

- Teachers should establish a goal in the following areas: Cognitive, Physical, Language, Social/Emotional. Goals will be noted on **Individual Learning Goals Form.** Goals need to be revised after assessments 3 times per year: fall, winter and spring. The Individual Learning Goals form needs to be kept in Individualized binder.
- Parent Goal- Teacher needs to help the parent develop a child goal that is developmentally appropriate. Noted by PG using the Individual Learning Goals From.
- Goals need developed after screening with ASQ, ASQ-SE2 and Engage assessment at least 3 times per year. Parent goal may be the same as one of the teacher goals.
- When a child has an IEP, the IEP goals need to be documented on the Individual Learning Plan. Teacher is to label (IEP) next to the goal using the Individual Learning Goals Form. Child's name is to be kept confidential.

Monitoring Classroom Environment

Purpose:

To ensure each classroom is a safe learning environment. To ensure that staff are providing a foundation for social emotional growth. To ensure that "Best Practices" are evident throughout.

POLICY:

Opportunities, Head Start will ensure that each classroom is providing an atmosphere that is safe and supportive in all areas of development.

PROCEDURE:

A Pyramid Infant-Toddler Observation Scale (TPITOS) will be conducted by the Center Director/Comprehensive Support Specialist or outside observer on each Early Head Start classroom up to twice a year. A results report will be forwarded to the Program Director, Center Director and classroom teachers. Any concerns will be addressed by a follow up action plan.

Classroom Assessment Scoring System (CLASS) observation will be conducted by the Center Director/ Comprehensive Support Specialist or outside observer twice a year on all Head Start classroom teachers. A result report will be forwarded to the Program Director, Center director and classrooms teachers. Strengths and concerns are noted and goals for strengthening areas of concerns are set.

General Field Monitor will be conducted to ensure that the agency (Opportunities for Williamson & Burnet Counties) effectively implements Federal, State, and local regulations in the operation of the programs for which they are funded.

- The General Field/Classroom Monitor is developed for maintaining the center and classroom environment.
- The monitor has three sections: General Appearance, Classroom Environment and Other.
- The Center Director/Comprehensive Support Specialist will implement monitor on a regular basis (September– July.)
- Local Program Directors (LPD), will implement monitor as an ongoing checklist.
- Management Team will discuss any issues/concerns and follow up dates with LPD, at time of visit.
- Management Staff will meet on a regular basis to review monitors.
- LPD will share information from monitor with all staff.
- LPD will complete any area needing corrective action.
- The Agency Program Director-Education Coordinator/Management Team will return to the center to ensure corrections are completed.

The Agency Program Director-Education Coordinator will meet with the LPD, if the same issues occur again and decide if a follow-up action plan may be necessary.

"My Day in Early Head Start"

PURPOSE:

To ensure an ongoing, informative, daily communication between caregivers and families

POLICY:

Each child enrolled in the EHS program must have a "My Day in Early Head Start" form completed on PRESCHOOL2ME and sent to families each day by the child's caregiver. **All sections** of the form must be completed and given to parents upon the child's pick-up time.

*Trouble with internet: If problems with connectivity occur teachers will complete a paper copy and give to families at the end of the day.

PROCEDURE:

The teacher will complete the My Day in Early Head Start form by entering data throughout the day:

- Feeding: names and amounts of food eaten and beverages drank
- Sleep: time and duration of sleep
- Activities: list some activity done during the day that the child enjoyed or had success doing
- Ah ha moment: something special for the day☺
- Medication: note the name, amount time given and any concerns

"My Week in Head Start"

PURPOSE:

To provide weekly communication between teachers and families that is ongoing and informative.

To give parents the opportunity for input on classroom activities and the curriculum.

POLICY:

Each child enrolled in the HS program must have a "My Week in Head Start" form completed on PRESCHOOL2ME and sent to families each week by the child's caregiver.

*Trouble with internet: If problems with connectivity occur teachers will complete a paper copy and give to families.

PROCEDURE:

Teachers will complete the "My Week in Head Start" or newsletter that will be sent home weekly that will include:

1. Weekly theme being discussed
2. Upcoming theme
3. Upcoming events
4. Parent engagement opportunities
5. Upcoming Parent meeting date
6. Individualized section for each child that includes space for:
    - This week I discovered:
    - I was read the following book:
    - I worked in the following centers: art, block, music, writing, computer, library, math and literacy games, construction and pretend and learn
    - I especially enjoyed:
    - Comments:

Observations Policy EHS/HS

POLICY:

Teachers will keep anecdotal records on children's development (one educational and one social/emotional, behavioral) weekly as the child is involved in activities. Anecdotal records will be emailed or submitted to Education Coordinators/Comprehensive Support Specialist by 8 am Monday for the previous week. Anecdotal records or observations help to gain insight into what the children do, why they do it, and how they change over a period of time. By knowing more about the child, you can better provide experiences that will meet the needs of that particular child and will help you expand the child's interests.

What Information Should be recorded?

Observations (anecdotal records) should be used to record the day-to-day development of students, as well as specific issues as they relate to each individual child. Some of these issues might include:

- Specific behaviors, especially those that are a cause for concern
- Speech patterns
- Language development
- Social/emotional development
- Peer interactions

How to Take Observation

- Record observations weekly.
- Record developmental milestones and other important events as they occur.
- Keep a pad of sticky notes and a pen at hand at all times. When a child is observed engaging in an activity to be recorded, the observation can be quickly jotted down to be recorded more formally at a later time.
- Always record the date and time of the observation.
- Try to record the exact words or actions of the child in question.
- Try to record the exact words and actions of anyone interacting with the child during the observation.
- The notes should be brief and focused. True anecdotal notes do not include the thoughts or opinions of the teacher. They are strictly an observation of what a teacher sees happening at any given moment during the school day. Be sure the notes are written legibly.

PROCEDURE:

- HS Teachers/Teacher Assistant will follow the **Weekly Observation Guide** and write at least one educational observation for each child in their classroom/week.
- HS Teachers/Teacher Assistant will follow the **Weekly Observation Guide** and write at least one social and emotional observation each week per child.
- HS Teachers/Teacher Assistant will document and email their weekly anecdotal record using the provided spread sheet or approved system.
- **EHS Teachers will submit observations based on the Ounce scale and Weekly Observation Guide.**

Outdoor Activity Policy

PURPOSE:

To provide outdoor activities that support young children's health, wellbeing, development and learning.

POLICY: Opportunities staff must promote each child's physical development by providing sufficient time, outdoor space, equipment, materials and adult guidance for active play and movement that support the development of gross motor skills. The daily schedule will include outdoor play and children shall play outdoors daily when weather and air quality conditions do not pose a significant health risk. Outdoor play for infants may include riding in a carriage or stroller; however, infants shall be offered opportunities for gross motor play outdoors, as well.

PROCEDURE:

- Along with the permanent structures on the playground, there will be an assortment of developmentally appropriate equipment.
- Teachers will be actively involved with children.
- Teachers will provide at least one planned activity daily.
- Teachers will take a fanny pack with first aid supplies or first aid kit to the playground during outdoor play.
- Each day the teacher will assist children in returning the materials to the appropriate storage area.
- Whenever possible some classroom experiences may be provided in outdoor environments (examples: easel painting, music experiences, snack time, story time, blocks, pretend play, water play, and etc.)
- Teachers will take sign-in/out sheets to the playground during outdoor play.

Warm weather:

- **Water must be taken to the playground during each outside time.**
- Children shall be well-hydrated and shall be encouraged to drink water during the outdoor activity. Not just before going inside!
- Staff should also avoid outdoor activity during peak hours (12:00 p.m. to 4:00 p.m.).

Cold Weather:

- Teachers shall check children's extremities (exposed skin) for maintenance of normal color and warmth at least every 15 minutes when children are outdoors in cold weather.

Weather:

Staff should make every effort to allow children a reduced amount of time outdoors (5 to 10 minutes) or as appropriate in the following situation:

- If the temperature falls below 32 degrees
- If the temperature rises above 102 degrees

In these cases, classroom staff may choose to implement in-door alternative gross motor play , gross motor experiences for children may include (but are not limited to) the following:

- obstacle courses (keeping in mind space limitations and safety)
- tumbling activities
- small or large group gross motor games
- ball activities
- self-awareness activities
- thematic gross motor activities
- parachute play

Portfolios Policy

Portfolios are a comprehensive collection of children's work used to document each child's growth and development throughout the school year.

PROCEDURE:

- To show a child's progress in a particular area, gather the same items over a period of time.
- Use a binder, folder, or box to collect all the items.
- Make sure to write down the **date!!**

Head Start

Portfolio Contents for Head Start			
Activity	**Fall**	**Winter**	**Spring**
Self-portrait	X	X	X
Photo of child in center	Take photos of children in centers/activities throughout the year and place in portfolio after posting.		
Drawing sample /Art sample	X	X	X
Writing/ Journal/ Name writing sample			
Dictated stories	X	X	X

Early Head Start

Portfolio Contents for Early Head Start **Contents to be collected monthly may include:**
Art Sample
Writing Sample (scribbles)
Photographs of a child's work and play activities (block building; a sculpture made of clay; shells; leaves sorted by size and color; etc.)
Photographs showing a child's physical development (standing on the top of a climber; riding a tricycle; completing a puzzle, etc.)
Written records of a child's interests (favorite books, comments after a field trip; descriptions of drawings and other work, etc.)
Copies of newsletters or daily sheets (written records of things of importance; first steps, birthdays, etc.)
Anecdotal notes as needed

Rules Chart Policy

Teachers will develop a rules chart as a visible reminder of classroom rules. When children understand rules and routines they gain a sense of security and will become more successful and independent. Children will have the opportunity to manage their own behavior, develop a sense of social responsibility and know the expectations for the classroom

PROCEDURE:

Teachers will display the rules chart at children's eye level in their circle time or large group area. Teachers will remind the children of the rules chart using positive language. Three to five rules will be posted depending on the age group of the classroom. An example of rules to post may include

- I walk
- I listen
- I share
- I clean up
- I take care of our school

Rules will always be posted using positive language and include a picture to reinforce the concept.

Supervision of Children Policy

No child will be left unsupervised while attending the program. Caregivers will directly supervise infant, toddler, and preschool children by sight and hearing at all times, even when the children are sleeping. Children will never be left without a caregiver at any time. The sign in and sign out sheet must be carried whenever the entire class leaves the classroom (playground, field trips, lunch).

Teachers should **regularly count children** on a scheduled basis, at every transition, and whenever leaving an area and arriving at another to confirm the safe whereabouts of every child at all times. Counting systems, such as a reminder tone that sounds at interval times, can be used to help staff remember to count. This can be documented on the sign in and sign out sheet. The Center Director will assign and reassign counting responsibilities as needed. Teachers will assess the environment for opportunities to improve visibility and hearing of child activities on a regular basis.

At Opportunities, Head Start **we follow the child: staff ratios based on Head Start Performance Standards regulations.** Only when necessary, Minimum Standards for Child Care Centers child: staff ratios can be followed:

Age Group	Child:Staff Ratio Performance Standards	Child:Staff Ratio Minimum Standards
0-11 months	4:1	4:1
12-17 months	4:1	5:1
18-23 months	4:1	9:1
2 years	4:1	11:1
3 years	9:1	15:1
4 and 5 years	10:1	18:1

For ratios regarding mixing ages and groups in the morning and afternoon, refer to Minimum Standards for Child-Care Centers.

A substitute may be assigned to assure that the required child staff ratios are maintained. Substitutes will work under direct supervision and not left alone with a group of children at any time. A substitute, who works regularly as a caregiver by the center, **has a current First Aid/CPR** and who is well-known by the children will be considered staff and may function in the same way as the caregiver for whom the substitution was made. The regular volunteer will have First Aid/CPR training and the Head Start designed volunteer training documented.

Television in the Classroom Procedure

POLICY: Head start classrooms will only use videos to support curriculum and linked to prior knowledge.

PROCEDURE:

Prior approval to show a video must be obtained from Comprehensive Support Specialist.

The request should:

- State the theme
- State the educational objective
- List the expected outcome in having the children watch a particular video.
- Less than 15 minutes in length.
- Video name should be listed on weekly lesson plans and highlighted.
- Provide follow-up activity

Television/Internet/Video programs may be used for Educational purposes only for Head Start Children ONLY (3-5)

Transition Procedure

Transition is an ongoing process beginning with recruitment and the application for program services, and continuing until a family leaves the program or a child

Before Entering Head Start/Early Head Start

To identify eligible Head Start/Early Head Start candidates each Opportunities-Head Start/Early Head Start center conducts a Community Needs Survey in their area. A waitlist is compiled with this information. ERSEA Coordinator or Director will contact eligible families, by phone or letter informing them of the child's accepted entry with the Opportunities, Head Start/Early Head Start program.

Before school begins, registration will take place at all Opportunities Head Start/Early Head Start centers. Parents will meet with a center staff person and present the following documents for registration of the Head Start/Early Head Start child:

- Birth Certificate
- Immunization Record
- Proof of Income
- Current Physical from Physician.

For all families entering Opportunities, Early Head Start/Head Start programs, an initial enrollment home visit is conducted. At this time parents and children have the opportunity to meet their caregivers and the Family Advocate that will work closely with their family. Each family has a Family and Community Partnership Agreement completed, which identifies family and child development goals and preferences. This agreement is updated and adjusted as changes occur. A parent interest survey is also completed at this time. This Parent Interest Survey identifies interesting topics for discussion for monthly parent meetings as well as ways parents might like to become involved in the program. Families have the opportunity to discuss specific health, dental, and developmental needs of the child. Parents suggest things to accommodate their child, as well as share each child's individual needs, such as sleeping and eating needs, etc.

Following the initial home visit, center staff holds a Parent Orientation with parents. At this Parent Orientation the center staff 1) will inform families of the rules and regulations of the program, using the Family Handbook, 2) give parents a chance to observe the classrooms, 3) tour the outdoor play areas, 4) parent pick up and drop off areas, and center director's office. These meetings are usually held at the center, but an alternate orientation may be conducted in the home if necessary.

On-Going Transitions for EHS

The overall goal of transition is to prepare a child for each program change so that the child feels comfortable in the next setting. EHS staff plans for individual child developmental changes on a daily basis, such as changing equipment, daily experiences, or the environment. Through home/center visits teachers always seek parental input in deciding when to move to the next stage in feeding, napping, and other routines.

Family goals drive the EHS curriculum. An individualized curriculum for each infant and or toddler results from developmental screenings and assessments, parental input, and on-going observations using OUNCE and the Creative Curriculum for Infants and Toddlers.

EHS Transition-Out

EHS staff assists families in the qualifying process for other programs. These may include re-qualifying for Head Start or another preschool/day-care program. All families who qualify may choose to transition into Head Start.

Planning for EHS transitions to Head Start begins when each child turns two. Planning for this transition is individualized, depending upon the specific needs of the child and family. However, each family will receive a transition folder. This transition folder contains a Head Start brochure, a pre-enrollment form, an application for CCMS as well as a list of available preschool/child-care centers in their communities. The transition folder will be given to parents who will sign the transition form. This form will be placed in their folder and the meeting will be documented in Child Plus under transition activities.

Early Head Start parents will be informed that once their Early Head Start child reaches three (3) years of age, he/she does have the option of being enrolled in the Opportunities, Head Start Program depending on the availability of space at the specific Head Start Center. Parents are encouraged to fill out the Head Start pre-enrollment form provided for them.

When the Early Head Start child turns three (3) and is eligible to enroll in Head Start, the child will transition to the 3 year old Head Start classroom in the fall. However, some centers may be able to transition at midyear (January) if the Head Start classrooms have available openings. In this case, all parents will be notified before this transition takes place. Parents complete the requalifying packet and turn it into the ERSEA Coordinator. The ERSEA Coordinator will determine eligibility of the child application. A letter will be sent to all parents of the classrooms being affected by any transition of children moving in/out of a classroom by the Center Director.

It is not mandatory for the 2 year old child now turned 3 year old to transition from EHS to HS at midyear (January), it is optional. The parent can choose to have their child remain in the EHS for the remainder of the school year and at that time their EHS services expire at the end of the year.

Parent conferences for all families transitioning out of agency programs to other pre-school/daycare settings and Head Start are used to discuss the child's progress and to plan for the transfer of records. A portfolio is also compiled and shared with parents to document children's progress.

The following Early Head Start student records will be given to the parents:

- Copy of Child's Immunization & Well Check
- Copy of Child's Birth Certificate
- Graduation Certificate
- Child's Screening and Assessment
- Child's Portfolio

***If an Early Head Start child transitions to our Head Start program the child's file will transfer over in its entirety.**

Head Start Transition-in

Children transitioning into Head Start from either EHS or another pre-school or day-care program receive the same type information as all other enrollees. These include, but are not limited to:

- Program rules and regulations
- Social/emotional issues
- Health, dental, and developmental services
- Specific needs of the child
- Progress reports
- The need for transferring records (or additional records) from other program settings.

Early Head Start children moving to Head Start will be discussed informally at a Vertical Team Meeting. At this meeting all previous teachers, coordinators and family advocates meet to discuss the child with the up-coming teachers, director, family advocate and coordinators. The children will start transitioning to the Head Start classrooms at the end of the year by visiting the classrooms and meeting the teachers.

Vertical Team Meetings

Prior to the beginning of each school year a Vertical Team Meeting will be held on all returning children who will be with different teachers from the previous year. The child's new teachers and previous Teachers, Center Directors, Family Advocate and Coordinators will meet together. All will discuss the child, the child's family, the child's progress from the previous year, effective teaching techniques when working with the child, any special needs, dietary restrictions, IEP's, emotional/behavioral concerns, etc., that the child may have.

Transfer from Center to Center

When a currently enrolled family moves to another area served by Opportunities a transfer request needs to be submitted to the ERSEA Coordinator. The request needs to be submitted with a new child application and proof of residence. The proof of residence must be a utility bill or lease agreement.

As soon as proof of residency has been established and the family has moved within the attendance area of a center within the WBC Opportunity attendance zone, the family will be considered for the next opening in the age group of the child requesting to transfer.

If there is no immediate opening at the center the family is requesting to be transferred to, the family can remain where they are currently enrolled, as long as attendance does not fall below the required Head Start guidelines as stated in the Family Handbook.

Once an opening has been established, The ERSEA Coordinator will notify the Center Directors at the centers involved. In addition, notification will be sent to the Education Coordinator, Health Coordinator, Social Service Coordinator, Mental Health Coordinator and Disability Coordinator if the child has an IFSP/IEP. Once the notification has been sent to both Center Director and Coordinators, the transition plan/vertical team meeting for transferring the family will be set in place as the family prepares to transfer their child.

Transition Plan

- Current Center Director contacts future Center Director to communicate the expected date of transfer.
- Once the date has been set, all Coordinators must be notified.
- The Vertical Team Process will take place before the child enters the new classroom.
- On the first date of attendance at the new center, the Center Director will notify the ERSEA Coordinator that the child has started so services can be transferred in Child Plus for the child and family.

Returning Children Transitions

Parent/guardians of children transitioning from a three-year-old to a four-year-old classroom, have a transition conference to discuss their child's progress and expectations in the upcoming year.

Child Leaving

Once a family has notified the Center Director their child will be leaving the program, the Center Director will initiate the process by notifying the teachers, ERSEA Coordinator using the Drop Sheet, Education Coordinator, and Disability Coordinator if the child has an IFSP/IEP.

Transition to Kindergarten

Visits to kindergarten classes, meetings with school officials, and assistance with kindergarten registration are all part of the Transition Process. In May, a transition conference is held with each parent at which time the parents/guardians receive a transition packet. During this conference, the teacher and the parents/guardians discuss the information to be forwarded to the public school or other pre-school program. Items included are child's schoolwork, art, developmental screenings and assessments.

The transition packs also contains forms that are completed by the parent/guardian and include a transition conference form, parental consent, a list of the information to be forwarded which may also include a copy of child's birth certificate, immunization records, and health/dental screenings.

Transitions for Children with Disabilities

Children entering the program

When a child who has been identified as having a disability is selected for enrollment the following procedure will be followed:

- ERSEA coordinator will contact the Center Director, Disability Coordinator, and Health Coordinator via phone or e-mail alerting them that a child with an IEP/IFSP has been selected.
- A copy of the child's application and IEP/IFSP will be sent to the Center Director and Disability Coordinator via fax or e-mail.
- The Disability Coordinator will review the IEP/IFSP and contact the Center Director to set up a conference or home visit with the parent to discuss the child's needs and possible accommodations for the classroom. The conference or home visit will take place within 3-5 days of the child being selected. If the child requires health services, the Disability Coordinator will alert the Health Coordinator to participate in the conference or home visit as needed.
- The Special Services Form will be completed by the parent during the enrollment process or during the center/home visit.

A. The Disability Coordinator, Center Director, Teacher and Parent will develop a Specialized Service Plan for the child which includes:

1. What services the child will receive through the LEA or Part C provider (Speech Therapy, Physical Therapy, Occupational Therapy, Vision Therapy Behavior Plan, etc.)
2. Services provided by outside agencies (Connect Care, Care Options for Kids, Region XIII, School for the Deaf, Autism Services)
3. List of equipment needed for the classroom (assistive technology, special seating, utensils, sensory equipment, toileting, sleeping, mobility)
4. Accommodations needed for achieving Parent and Teacher goals in the classroom (small group instruction, visual schedules, if/then charts, choice boards, special seating for large group time)
5. Parent and Teacher goal for the child in each service area (based on the IEP or IFSP goals) and related objective in Teaching Strategies.
6. Health Services needed and/or medication required while in care
7. Transition Plan

B. The Disability Coordinator, Center Director, and Teacher will review the IEP or IFSP, the Specialized Service Plan, Health Records and sign the "I Have Read" form.

C. The IEP/IFSP, "I Have Read" form, Specialized Service Plan, and Consent for Release of Information signed by the parent will be placed in the blue disabilities folder inside the child's file.

D. A copy of the IEP/IFSP and Specialized Service Plan will be placed in the Teacher's Individualization Binder. The Individualization Binder is required to be locked when not in use as IEP/IFSP's are protected documents by law.

E. The Disability Coordinator will be responsible for assuring any equipment or modifications to the facility are made as soon as possible.

Children transitioning from ECI (part c) to ISD (lea)

When a child who is receiving services from a Part C (ECI) provider turns 3, a transition meeting is held with the Part C (ECI) provider and the LEA (ISD). Head Start will be involved in this transition meeting through the following procedure:

- The Disabilities Coordinator will coordinate with the Part C provider (ECI) to attend the transition meeting. Contact should be made 3 months prior to the child's 3rd birthday.

  A. If the child qualifies for services through the LEA, the Disability Coordinator or other Head Start Staff should attend the ARD meeting.

  B. The parent will fill out a "Consent for Release of Information" for Head Start to share information with the LEA.

  C. The Disability Coordinator, Center Director, Teacher and Parent will develop a Specialized Service Plan for the child which includes:

     1. What services the child will receive through the LEA provider (Speech Therapy, Physical Therapy, Occupational Therapy, Vision Therapy Behavior Plan, etc.)

     2. Services provided by outside agencies (Care Options for Kids, Region XIII, School for the Deaf, Autism Services)

     3. List of equipment needed for the classroom (assistive technology, special seating, utensils, sensory equipment, toileting, sleeping, mobility)

     4. Accommodations needed for achieving Parent and Teacher goals in the classroom (small group instruction, visual schedules, if/then charts, choice boards, special seating for large group time)

     5. Parent and Teacher goal for the child in each service area (based on the IEP or IFSP goals) and related objective in Teaching Strategies.

     6. Health Services needed and/or medication required while in care

     7. Transition Plan

  D. The Disability Coordinator, Center Director, and Teacher will review the IEP, the Specialized Service Plan, and Health Records and sign the "I Have Read" form.

  E. The IEP, "I Have Read" form, Specialized Service Plan, and Consent for Release of Information signed by the parent will be placed in the blue disabilities folder inside the child's file.

  F. A copy of the IEP and Specialized Service Plan will be placed in the Teacher's Individualization Binder. The Individualization Binder is required to be locked when not in use as IEP/IFSP's are protected documents by law.

  G. If the child is transitioning from an EHS classroom to HS classroom the policies and procedures for children transitioning out of EHS and into HS will come into effect. (See policies and procedures manual p. 56)

Children transitioning from HS to public school or other educational setting

When a child with and IEP is enrolled in Head Start and is transitioning to Pre-K or Kindergarten with the LEA or Other Educational Facility, the Head Start Disabilities Coordinator or other Head Start staff will attend the annual ARD meeting to give input on the child's best opportunity and least restrictive environment for future placement.

- The Head Start Center Director will inform the Head Start Disabilities Coordinator when they are made aware of the date for the annual ARD meeting. The Disabilities Coordinator or Director, and if possible, child's teacher should attend the ARD meeting.
- Head Start staff will make available any assessments, observations, portfolio entries, writing samples, etc. That will assist the ARD committee on placement decisions.
- The Transition to Kindergarten policy and procedure will come into effect to assist the child and family with the transition to public school. (See policies and procedures manual p.57)

HEALTH

Health Screenings

POLICY: All children enrolled in Opportunities, Head Start/Early Head Start must have, as quickly as possible, but no later than 90 days from the date of the child's entry into the program, a determination from a health care professional as to whether the child is up to date on a schedule of age appropriate preventative and primary health care which includes medical, dental, and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate, 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.

Head Start Performance Standard 1304.20 (a)

PROCEDURE:

All children enrolled in Opportunities, Head Start/Early Head Start will have a comprehensive health screening by a physician or nurse practitioner according to the THSteps EPSDT schedule. The comprehensive health screening should include the following components:

Physical Examination

Physical Examination - an examination conducted by a certified medical doctor and/or nurse practitioner under the supervision of a physician. The physical examination form must be signed by a medical doctor. Their signature notates they are following the State of Texas EPSDT schedule accordingly.

PROCEDURE:

1. At the enrollment intake visit, Head Start staff will provide parents with the THSteps Child Health Record (Well Child Form) appropriate to the age of the child. The parent should return the completed form as soon as possible but no later than 90 days from the date of the child's entry into the program. Alternate well child forms may be accepted as long as they contain all the required components from the THSteps EPSDT schedule.
2. Upon receipt of the completed Child Health Record, center staff will stamp the form with the date it was received at the center. This is the date the program has determined the child to be up to date.
3. A record of the complete Physical Examination is entered into the program's tracking system (Child Plus). The date the examination was completed and the doctor's signature indicates the determination by a health care professional that the child is up to date on a schedule of age appropriate preventative and primary care.
4. The Child Health Record should include the following information. All information from the physical examination is entered in the program's tracking system (Child Plus).
    a. Growth Assessment (Height/Length, Weight, and Head Circumference)
    b. Vision Screening (subjective for ages 0-30 mos; acuity for age 3 and up)
    c. Hearing Screening (subjective for ages 0-3; audiometric for age 4)
    d. Blood Pressure results (for children 3 and older)

5. Parents are notified of any required medical screenings or health follow-up treatment identified on the initial physical examination/dental form via the Medical/Dental Follow-up form. The Director in coordination with the Family Advocate of the center will assist parents to schedule appointments with the health care provider or medical home to obtain follow up for any abnormalities.
6. The Center Director will monitor children's health records monthly and remind parents to schedule their child's upcoming physical exam, according to the THSteps EPSDT schedule. Medical/Dental follow up forms will be used to alert parents their child's physical exam is due.
7. For children who are not up to date, program staff will assist parents in making the necessary arrangements to bring the child up to date. This includes assisting parents in identifying a medical home, scheduling appointments, and providing transportation according to the Transporting Parents policy and procedure.

Hemoglobin/Hematocrit Screening

Hemoglobin (Hgb)/Hematocrit (Hct)-the measurement of iron in whole blood cells in the body.

Anemia- the reduction of red blood cells volume.

Abnormal HGB-below 11 or above 16

Abnormal HCT-below 34% above 40%. (Lab depending)

PROCEDURE:

1. At the enrollment intake visit, the enrollment staff/director will inform parents of the importance of hemoglobin/hematocrit screening and that it is a required lab screening for enrollment into Opportunities, Head Start. The enrollment staff will inform parents to bring all results to the center as soon as possible but no later than 90 days after the child's entry into the program. **It is the parent's responsibility to provide the program with the screening results as part of their enrollment into the program.**
2. Children who are 12 & 18 months should have their HGB or HCT tested at their Well Child Exam, according to the THSteps EPSDT schedule. Staff should inform parents that the results of the lab tests are a required part of these well child exams and results need to be brought to the center as soon as they are obtained.
3. If a child does not have record of a hemoglobin/hematocrit result, the Center Director will send a Medical/Dental Follow-up Notice and will assist with scheduling the child with a medical provider or WIC.
4. Staff will enter the HGB or HCT result and the date obtained in the program's tracking system (Child Plus). If the test was given at the well child exam but the results were not provided, staff should enter the date the test was performed and a "Results Pending" status to indicate the test was complete.
5. Children with abnormal screening results will require an updated Nutrition Assessment and/or Referral to the Nutrition Coordinator.
6. Documentation must be maintained in the files of children with parent refusals or inability of parents to obtain screening for any child who has not had an initial screening or follow up screenings.

Lead Poisoning Screening

Lead Assessment – a questionnaire designed to be used as a screening to determine risk factors for elevated lead levels

Lead Screening – A blood test (capillary – "finger stick", or venous – "blood draw") to determine if the level of lead in the blood is below toxic levels

Lead Poisoning - Lead, a poisonous metal, contains a neurotoxin that is harmful to fetuses and developing young children. Extremely high levels can result in seizures, coma, even death. Lead poisoning is a serious yet preventable condition that is particularly damaging to young children; it can affect a child's brain, kidneys, bone marrow and other body systems.

Abnormal Lead Level – 5 ug/dL (micrograms per deciliter) or above

PROCEDURE:

1. At the enrollment intake visit, the enrollment staff will assist parents in completing a Lead Screening Questionnaire for the Assessment of Lead Exposure if under 12 months of age. If over 12 months of age or at 24 months of age a lead level is a required. The Health Coordinator will review the questionnaire. Any concerns will be documented and the parent will be referred to a medical professional for lead screening.
2. Centers for Medicare and Medicaid Services (CMS) requires that all Medicaid-eligible children receive a screening blood test at 12 months and 24 months of age. Children between the ages of 36 to 72 months must also have a screening blood test if a lead toxicity screening has not been previously conducted. For cases where a blood "finger stick" test result is equal to or greater than 5ug/dL, the result must be confirmed through a venous blood draw.
3. At the enrollment intake visit, the enrollment staff/director will inform parents of the importance of lead screening and that it is a required lab screening for enrollment into Opportunities, Head Start. The enrollment staff will inform parents to bring all results to the center as soon as possible but no later than 90 days after the child's entry into the program. **It is the parent's responsibility to provide the program with the screening results as part of their enrollment into the program.**
4. Children who are 12 & 24 months should have their lead level tested at their Well Child Exam, according to the THSteps EPSDT schedule. Staff should inform parents that the results of the lab tests are a required part of these well child exams and results need to be brought to the center as soon as they are obtained.
5. If a child does not have record of a lead result, the Center Director or will send a Medical/Dental Follow-up Notice and will assist with scheduling the child with a medical provider or WIC.
6. If a child's medical provider will not perform a lead screening blood test, then the Head Start program is required to assist the family in obtaining the screening from other community resources [45 CFR 1304.20(a)(1)(ii(A)]. If there are no other resources available, the program must comply with the *Head Start Program Performance Standard* 45 CFR 1304.52(d)(2) that a licensed certified health professional perform the screening.
7. Staff will enter the lead result and the date obtained in the program's tracking system (Child Plus). If the test was given at the well child exam but the results were not provided, staff should enter the date the test was performed and a "Results Pending" status to indicate the test was complete.

8. Children with abnormal screening results will require a referral to the Health Coordinator. Children with elevated lead levels should be reported to the Texas Childhood Lead Poisoning Prevention Program (TXCLPPP) Texas Child Lead Registry by the physician and/or health coordinator.

9. Documentation must be maintained in the files of children with parent refusals or inability of parents to obtain screening for any child who has not had an initial screening or follow up screenings.

The recommended frequency of follow-up testing for children with elevated blood lead levels is as follows:

Screening Blood Lead Result	**Follow-up Test and HS Role**
5-19ug/dL	Child referred to health care provider for venous blood draw. Retest in 3 months. Center Director and Health Coordinator should obtain results.
20-44 ug/dL	Monthly follow-up tests should be completed. Center Director and Health Coordinator should request results until results are less than 5 ug/dL
45-69 ug/dL	Chelation therapy has probably begun.* Center Director and health Coordinator should discuss progress with parent/guardian. Progress should be documented in case notes. *
70 ug/dL	Center Director and Health Coordinator should discuss progress with parent/guardian. Progress should be documented in case notes.

Sickle Cell Screening

All Head Start children at risk for sickle cell should be tested. This is a recommended screening and is not required.

Sickle Cell Disease (SCD)-A hereditary blood disease where red blood cell destruction occurs. When situations that lower oxygen, infections, strenuous exercise, anemia or pulmonary disease occur the person becomes ill and has a crisis. This test is completed at birth for children born in Texas.

PROCEDURE:

1. All Head Start children at risk for sickle cell should be tested through their primary care provider. This is a recommended screening and is not required. People with SCD start to have signs of the disease during the first year of life, usually around 5 months of age. Symptoms and complications of SCD are different for each person and can range from mild to severe.

2. At the enrollment intake visit, enrollment staff will conduct a Health History Interview with the family. If the family has a history of Sickle Cell Disease, Sickle Cell trait, or Sickle Cell Anemia, a referral should be submitted to the Health Coordinator. The Health Coordinator will contact the family to assess if further testing is needed.

3. Center Staff should assist parents as needed with obtaining further testing.

Tuberculosis (TB) Screening

TB Assessment- administration of the risk screening questionnaire to the parent; one "yes" response will indicate a TB screening is needed.

TB Screening – Mantoux or "PPD" test administered under the skin. Results must be read in 48 hours. QFT test requires 3 vials of blood and T-Spot test requires 1 vial of blood and results in one week. Testing is administered and results interpreted by a health care professional

PROCEDURE:

1. At the enrollment intake visit, the enrollment staff will administer the THSteps TB Questionnaire. If the parent indicates "yes" to any of the answers on the TB Questionnaire, a referral to the Health Coordinator should be submitted.
2. Staff will enter the results of the TB Questionnaire in the program's tracking system (Child Plus), including the date administered and results.
3. Children needing a Tb screening will be assisted by the Center Director and Health Coordinator in order to have the screening done **prior to entry**. Children with results within normal limits and/or documentation from Pediatrician will be allowed to attend Head Start/Early Head Start. Results from the Mantoux or PPD screening will be entered in the program's tracking system (Child Plus).
4. Children with abnormal results "Active TB", will not be allowed to attend Head Start/Early Head Start sessions until all required treatment has been completed and a doctor's statement is provided to the Head Start/Early Head Start program staff. The original copy of the doctor's statement is to be maintained in the child's file. Scan documentation as a "health event" in Child Plus and notify Health Coordinator to review.

Dental Examination

Dental Examination - An examination by a licensed dentist who reviews dental history, charting of teeth, examining hard and soft tissue of the oral cavity, and x-rays, if needed, for diagnosis. Dental examinations usually include cleaning the teeth and checking for cavities.

Dental Screening – a visual check of the mouth that is usually done by a public dental hygienist or a dental care professional. The dental care professional would normally use a sterilized mirror and a bright light to examine the child's teeth.

PROCEDURE:

1. At the enrollment intake visit, the enrollment staff will provide parents with an Opportunities for Williamson and Burnet Counties Dental Record Form. The parent should return the completed form as soon as possible but no later than 90 days from the date of the child's entry into the program.
2. Starting at 6 months of age, children enrolled in Opportunities, Head Start will obtain a professional dental examination every 6 months according to the THSteps EPSDT schedule. The dental exam form is reviewed and assessed by the director to determine whether any follow-up care is needed. The Health Coordinator is available to clarify medical terminology, and assist with resource identification.
3. A record of the dental exam will be recorded in the program's tracking system (Child Plus). The center director will monitor health reports monthly and remind parents of dental appointments that are due using the Medical/Dental Follow up forms.

4. The center director will enter a referral and/or follow up for additional dental treatment that may be recommended by the dentist. The center director and family advocate will assist families with obtaining further dental treatment as needed.
5. Completion of dental treatment will be documented in the program's tracking system (Child Plus)
6. Dental follow up and treatment must include:
    a. 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; and
    b. Other necessary preventive measures and further dental treatment as recommended by the dental professional
    c. Dental treatment may also include:
        i. Extractions
        ii. Pulp therapy as necessary
        iii. Restoration
        iv. Dental prophylaxis, self-care oral hygiene procedures and fluoride.
7. Head Start staff should assist parents in finding a continuous source of ongoing dental care if the child does not have a regular dentist. The Health Coordinator and Health Services Advisory Committee (HSAC) will assist in identifying community resources for dental care.
8. The Center Director will monitor children's health records monthly and remind parents to schedule their child's upcoming dental, according to the THSteps EPSDT schedule. Medical/Dental follow up forms will be used to alert parents their child's physical exam is due.

Immunizations

POLICY:

All children enrolled in the program will be required to have appropriate immunizations based upon age and date of last immunization and reflects the CDC recommendations for vaccinations. (Vaccine-preventable disease -746.501 Minimum Standards). Children who do not receive immunizations due to medical or personal beliefs must have an original state waiver in their file. Every child enrolled has an immunization record in their folder in a locked filing cabinet at the center they are attending. Opportunities, Head Start tracks all immunizations in the program's tracking system (Child Plus). Opportunities, Head Start participates in annual audits from Williamson County Health District to maintain compliance with the state standards.

Immunizations protect individuals against certain infectious diseases such as diphtheria, pertussis, tetanus, measles, mumps, rubella, hepatitis B, HIB, and chicken pox, pneumococcal, polio, influenza and hepatitis A.

PROCEDURE:

1. At the enrollment intake visit, enrollment staff will inform parents that immunizations must be up to date prior to attending the program. Parents will be assisted with obtaining immunizations from their primary health care provider/medical home or Health Department. Opportunities, Head Start is a registered site with the State of Texas Immtrac Registry.
2. Center Director or center staff are responsible for entering immunization records into the program's tracking system (Child Plus). The immunization record should be kept in the child's file and should include a licensed health care professional's signature to verify the immunizations have been given.
3. Immunizations will be assessed by Health Coordinator or health staff. A review of the Immunization Status Report in Child Plus will also be monitored monthly to assess children's immunization status. Immunization status is verified by health staff prior to entry for any missing vaccinations needed before the child starts school. Immunizations status is reviewed at the end of enrollment by health staff for the PIR. Every student is put on a schedule according to the CDC & AAP recommendation including a catch-up schedule.
4. Center Director will inform parents of what immunization requirements their child has not met. The Health Coordinator will provide this information to Center Director and/ or interpret enrollees' immunization status. The Center Director will remind parents of upcoming immunizations using the Medical/Dental Follow Up form.
5. Family Advocate will assist parents as needed to obtain immunizations from their primary health care provider/medical home.
6. If the parent wishes for medical and or religious reasons not to obtain certain immunizations they will be directed to file for an exemption from the State of Texas. An original signed notarized copy will be retained in the child's folder. The Center Director will contact the Health Coordinator with this information.

Screenings

POLICY:

All children enrolled in Opportunities, Head Start/Early Head Start and in collaboration with the child's parent, must have, within 45 calendar days from the date of the child's entry into the program, a linguistically and age appropriate screening to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills. To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

Head Start Performance Standard 1304.20 (b)

PROCEDURE:

Head Start and Early Head Start staff will complete the ASQ and ASQ:SE with parent input within the first 45 days of the child's entry into the program. The Health Coordinator will schedule sensory screenings (Hearing and Vision) within the first 45 days for all children who have not had the screening complete at the well child exam. Parental consent for screening shall be obtained at the time of enrollment (on the Health History Interview) and is on file at the child's center of attendance. Parents should be involved in the screening process as much as possible

Developmental Screenings

Ages and Stages Questionnaire (ASQ): A questionairre used to screen a child's developmental abilities which is used to identify or rule out potential delays or problems in development. It can be used for children ages 1 month to 5 ½ years of age. Each questionairre contains 30 developmental items organized into five areas: Communication, Gross Motor, Fine Motor, Problem Solving, and Personal-Social.

1. Head Start staff, in conjunction with the child's parent, will conduct the Ages and Stages (ASQ) questionnaire consistent with the child's age during the initial home visit whenever possible. If the ASQ is unable to be completed during the home visit, it may be done in the classroom as long as parent input is sought. It is not recommended that the ASQ be sent home. The ASQ must be completed within 45 days (before or after) the first day of attendance into the program
2. Head Start staff will enter the ASQ administration date, age of screener used, result, and any comments in the program's tracking system (Child Plus)
3. The Disability Coordinator and/or Comprehensive Support Specialist (CSS) will review the results of the ASQ.
    a. If the child falls in the suspect (or monitoring) range, activities targeted to the area the child needs to work on will be provided for a period of 45 days. The child will then be rescreened and the appropriate referral made if needed.
    b. If the child falls below cutoff, a referral is made to the disability coordinator to observe the child and make further recommendations (See Policy and Procedures: Identification of Children with Suspected Disabilities and Referral Process for Children with Suspected Disabilities)
4. The ASQ should be completed at each developmental milestone, according to the THSteps EPSDT schedule, or as often as the teacher feels is needed. The ASQ should be completed at the following ages: 2 months, 4 months, 6 months, 9 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, and 60 months

Behavioral Screenings

Ages and Stages: Social Emotional (ASQ:SE-2) – A parent completed questionairre used to screen a child's social emotional development

1. Head Start staff, in conjunction with the child's parent, will complete the Ages and Stages: Social Emotional 2 (ASQ: SE-2) consistent with the child's age during the initial home visit whenever possible. If the ASQ: SE-2 is unable to be completed during the home visit, it may be done in the classroom as long as parent input is sought. It is not recommended that the ASQ: SE-2 be sent home. The ASQ:SE2 must be completed within 45 days (before or after) the first day of attendance)
2. Head Start staff will enter the administration date, age of screener used, score, cut-off score and any comments into the program's tracking system (Child Plus).
3. The Mental Health Coordinator and/or Comprehensive Support Specialist (CSS) will monitor the results of the ASQ:SE2
    a. If the child scores in the suspect (or monitoring) range, the Mental Health Coordinator or CSS will assist the teacher in developing goals on the Targeted Social Emotional Teaching Worksheet (TSET). A copy of the TSET is scanned and attached into Child plus. Goals from the TSET are focused on for 30 days. The child will then be rescreened and the appropriate referral made if needed.
    b. If the child scores below the cutoff, a referral is made to the Mental Health Coordinator to observe the child and make further recommendation. (See Policy and Procedures: Emotional/Behavioral Screenings 0-5)
4. The ASQ:SE2 only needs to be completed within the first 45 days, unless the teacher, CSS, or Mental Health Coordinator recommends additional screenings.

Hearing Screening

Subjective Hearing Screening – A screening tool used to identify potential hearing problems, typically a questionnaire or observation made by a parent or teacher

Audiometric Hearing Screening – A hearing test which uses 3 frequencies of pure tones to identify if a child can hear at a certain level (decibel) and frequency

Otoacoustic Emissions Screening (OAE) – A screening where tones are emitted into the ear and a recording of the sounds produced by the ear in response is measured to identify if a child's ear structure is reacting to the sound

PROCEDURE:

1. Audiometric hearing screenings are conducted on all 4 year old children by a certified hearing technician in a quiet space, using a portable audiometer, table and chairs for the screening.
2. Two phases are conducted, including play audiometry. These phases are: (1) the preparation phase, during which the child is conditioned to respond; and, (2) the measurement phase, during which the actual screening or threshold test is completed.
3. Newly enrolled children under the age of 4 will be screened within the first 45 days of attendance using the Otoacoustic Emissions Screening (OAE).
4. Any child who shows a concern with speech and language development, behavior, or other developmental issues may be referred to the Health and Disabilities Coordinator to be screened or re-screened.

5. Children who have been referred to the Local Education Agency (LEA) or Early Childhood Intervention (ECI) for further developmental evaluation should have a hearing screening performed before the referral is made.
6. The results of the hearing screening are entered in the program's tracking system (Child Plus), including the date the screening took place, and the result at each frequency.
7. Any child showing a deficit will be rescreened within 45 days following the initial screening and referred for hearing follow-up if they fail. A referral will be entered into the program's tracking system (Child Plus). Parents will be notified by letter or personal contact of any referrals and community resources coordinated by the health staff.

Vision Screening

Subjective Vision Screening – a screening tool used to identify potential problems with a child's vision, typically a questionnaire or observation made by a parent or teacher

Visual Acuity Screening – a screening conducted by a certified vision technician using an approved state screening tool.

SPOT Screening – A camera-like device that is used to screen vision on children ages 6 months and older. The device takes a picture of the child's eyes and identifies any refractive concerns.

PROCEDURE:

1. All children, ages 6 month and older will receive a vision screening within the first 45 days of attendance using the SPOT screening tool. The screening is performed by a certified vision technician who is trained to use the SPOT tool.
2. Children who need further examination by an eye doctor will be given a letter and a copy of the SPOT screening to take to the optometrist or ophthalmologist for their follow up visit.
3. Head Start staff will enter the results of the SPOT screening in Child plus, including the date and results of the screening.
4. Children under 6 months should be screened using the Screening for Vision and Hearing Concerns parent and teacher observation screener within the first 45 days of attendance at the center. Vision and Hearing screenings should continue to be monitored through the well child exam according to the THSteps EPSDT schedule and the results from the exams entered in the program's tracking system (Child Plus).
5. For children 4 and up, a vision screening may be conducted by a certified vision technician using the HOTV chart or other approved State screening tools. A screening for stereopsis (depth perception) will also be performed.
    a. The certified screener conducts a pre-screening preparation exercise with the child to help him/her understand the rules of the game. Copies of the Vision Screening Readiness Game for HOTV may be obtained from the Texas State Health Services.
    b. The certified screener observes the child prior to actual testing for appearance of eyes, child's behavior and for any complaints. Passing level is 20/40 for 3 and 4 year olds and 20/30 for 5 year olds.
    c. All children who fail the re-screening will be referred to their Primary Care Physician (PCP) who will make a referral to an Optometrist or Ophthalmologist for an eye exam. All children failing the stereopsis screening will be automatically referred. Parents are notified via letter of failed screenings.

d. All referrals will be placed in Child Plus for tracking and ensuring follow up in a timely matter. Medical follow-up forms will be sent to the parent for reminders & the child's report card will state if an exam is needed.

Child Health and Developmental Screening Schedule

This schedule is used as a way to determine when a child is due to have certain health and developmental screenings according to the State required EPSDT schedule. The following information changes due the CDC & State regulations. This data reflects the EPSDT (2015) & CDC Immunization Schedule (2016).

6 weeks-
o Physical Exam (length (L), weight (Wt), head circumference (HC), subjective vision (SV), subjective hearing (SH)) or Child Care Entrance Physician Statement o Nutrition History for Infants o Immunizations (Hep B #1 at birth)
2 months-
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations (Hep B #2- can be given btwn.1-2mths., Dtap #1, Hib #1, IPV #1, PCV13 #1, Rotavirus #1 o Newborn Screening Panel o Nutrition History for Infants o Developmental milestones Information given o Mental Health: Psychosocial/Behavioral Health Screening
4 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations (DTaP #2, Hib #2, IPV #2, PCV13 #2, Rotavirus #2) o Nutrition History for Infants o Developmental milestones Information given o Mental Health: Psychosocial/Behavioral Health Screening
6 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations (Hep B #3- can be given btwn. 6-18 mths., DTaP #3 , Hib #3 or #4 between 12-18mo) IPV #3-can be given btwn. 6 to 18 mths, PCV13 #3, Rotavirus #3 (if 3 dose series) o Nutrition History for Infants o First Dental Exam o Developmental milestones Information given o Mental Health: Psychosocial/Behavioral Health Screening
9 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations (Hep B#3 6-9 mths) o Nutrition History for Infants o Ages & Stages o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
12 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations (Hib #4- can be given btwn. 12-15 mths, IPV#3 MMR #1, Varicella #1, PCV13 #4-can be given btwn. 12-15 mths., Hep A #1 & #2 between 12-23mo; HepB#3 (6-18mo), Annual Influenza

o Nutrition History for Infants and Toddlers o TB Screening Questionnaire with skin test if at risk identified o Hemoglobin level or Hematocrit % o Blood Lead Level o Dental Exam every 6 months o Developmental milestones and Oral Health information given o Mental Health: Psychosocial/Behavioral Health Screening
15 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations :DTaP #4-(can be given btwn. 15-18 mths); HIB#3 or #4 (see footnote EPSDT); PCV13#4; IPV#3; MMR#1, VAR#1; HepA#1 & #2 between 12-23mo; HepB#3 (6-18mo) o Nutrition Assessment o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
18 months
o Physical Exam (includes L, Wt, HC, SV, SH) o Immunizations : HepA #1or #2 (up to 2 yrs); Hep B#3 (6-18mo); Dtap#4 (15-18mth); IPV#3 (6-18mths) o Nutrition Assessment o Hemoglobin level or Hematocrit % o MCHAT o Dental Exam every 6 mo o Ages & Stages o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
24 months
o Physical Exam (includes L, Wt, Body Mass Index (BMI), SV, SH) o Immunizations #2 Hep A recommended (if not had), Annual Influenza o Nutrition Assessment o TB Screening Questionnaire with skin test if at risk identified o Blood Lead Level o MCHAT o Dental Exam every 6 mo o Ages & Stages o Developmental milestones and Oral Health information given o Mental Health: Psychosocial/Behavioral Health Screening
30 months
o Physical Exam (includes L, Wt, BMI, SV, SH) o Nutritional Screening o Dental Exam every 6 mo. o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
36 months /3 years
o Physical Exam (includes Height (Ht), Wt, BMI, Blood Pressure (BP), SH) o Annual Influenza

o Nutritional Screening o TB Screening Questionnaire with skin test if at risk identified o Visual Acuity & Subjective Hearing Screening o Dental Exam every 6 mo o Ages & Stages o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
48 months/4 years
o Physical Exam (includes Ht, Wt, BMI, BP) o Immunizations (DTap #5, IPV #4, MMR #2, Varicella #2 – can be given between 4-6 years), Annual Influenza o TB Screening Questionnaire with skin test if at risk identified o Visual Acuity and Audiometric Screening o Dental Exam every 6 mo o Ages & Stages o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening
60 months/5 years
o Physical Exam (Includes Ht, Wt, BMI, Blood Pressure) o Immunizations (DTap #5, IPV #4, MMR #2, Varicella #2 – can be given between 4-6 years),Annual Influenza o Visual Acuity and Audiometric Screening o TB Screening Questionnaire with skin test if at risk identified o Dental Exam every 6 mo o Ages & Stages o Developmental milestones information given o Mental Health: Psychosocial/Behavioral Health Screening

Growth Assessment

POLICY:

All children enrolled in Opportunities, Head Start/Early Head Start must have, as quickly as possible, but no later than 90 days from the date of the child's entry into the program, a growth assessment (including length/height, weight, and head circumference) as part of their nutrition assessment completed by the nutrition coordinator. Children should receive a growth assessment during the physical examination portion of the THSteps EPSDT schedule for well child care. Staff and families must work together to identify each child's nutritional needs, taking into account staff and family discussions concerning any relevant nutrition-related assessment data, including height and weight.

Head Start Performance Standard 1304.20 (a)(ii)

Head Start Performance Standard 1304.23 (a)(1)

PROCEDURE:

1. Within 90 days of the child's entry into the program, the Center Director will obtain a record of the current well child exam from the child's parent. The Center Director or Head Start staff will enter the growth assessment data from the well child exam into the program's tracking system (Child Plus).
2. Three times a year (October, January, and April), the Nutrition Coordinator will visit each site and weigh and measure each child and calculate their BMI. For children with an elevated BMI, the Nutrition Coordinator will provide information to the family regarding healthy eating choices and increasing activity into the child's daily routine.
3. Growth assessment data for each child is reviewed twice per year at School Ready Reviews and growth assessment data is shared with parents at the center visit or home visit following the SRR.

Normal Growth Rates for Height:	**Normal Growth Rates for Weight:**
0-6 months- 1 inch per month	1-6 months – 1 ½ pound per month
6-12 months- ½ inch per month	6-12 months – 1 pound per month
1-2 years- 4-5 inches per year	1-2 years – 2-3 pounds per year
2-3 years- 3-4 inches per year	2-8 years – 3-4 pounds per year
3-4 years- 2-3 inches per year	
4-10 years- 2 inches per year	

The 5th and 95th BMI percentiles are used as criteria for determining which children are outside the normal limits for growth, under or over.

A weight or height change more or less than expected shows a need for growth evaluation by a health professional.

It is important to look at the overall pattern of growth during childhood and to note any sudden differences

Staff and Volunteer Health Examination

POLICY:

The Opportunities for Williamson and Burnet County Head Start program will assure all employees and volunteers that have contact with children will have physical examinations. A physical and TB skin test will be required upon hire. TB skin test must be provided in accordance with the Mantoux method, T-Spot or another Physician approved method.

The individual must be found free of any communicable disease. Physical exams will be recommended as often as Health Care provider deems necessary. TB Screening Questionnaire will also be considered part of the exam. Annual TB Screening Questionnaire will be given to all employees during summer training and Human Resource will keep them in their personnel file. They will be reviewed by an appointed Medical Professional for review.

Opportunities offers Health Insurance to employees who enroll during the benefit period. Preventative vaccines-diseases are considered preventative treatment and are covered under the employee insurance plan. **Opportunities encourages employees and volunteers to take advantage of the community and Health Department clinics that offer reduced or free vaccines for those who qualify.**

PROCEDURE:

1. The Center Director will obtain completed physical exam forms from staff and volunteers who have contact with children on a consistent basis.
2. The Human Resource Director will maintain the original copies of the physical/TB in the employee's personnel file in a locked filing cabinet. Center staff's copies will be kept with the Center Director. Education Coordinator will monitor this process with the Center Director.
3. Individuals with a positive TB test will be required to submit a copy of a chest x-ray report for their personnel file. A repeat x-ray will not be required unless symptoms of TB develop or a clinician recommends a repeat chest radiograph or after a new exposure. If pregnant, a T-Spot will be required.
4. Individuals will be responsible for reporting any illness or condition that they may have that is potentially communicable to others.
5. If an individual travels out of the country (3 or more weeks) a screening questionnaire will be required.

Parent Refusal of Health Services or Treatment

POLICY:

Opportunities Head Start will make all possible efforts to ensure that each child is enrolled and receiving appropriate health care services. Families will be involved throughout this process. Opportunities, Head Start will consult with parents immediately when child health or developmental problems are suspected or identified, familiarize parents with the use of and rationale for all health and developmental procedures, ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by parents, talk with parents about how to familiarize their children about all of the procedures they will receive while engaged in the program, assist parents in enrolling and participating in a system of ongoing family health care and encourage parents to become active partners in their children's health care process.

If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must maintain written documentation of the refusal.

Head Start Performance Standard 1304.20 (e)

PROCEDURE:

1. The Center Director will send out Medical/Dental Follow up notices each month to families whose children are due for preventative health care appointments according to the THSteps EPSDT schedule.
2. If the parent needs assistance obtaining the needed appointment, the Center Director, CSS, or Family Advocate may assist the family in making the appointment or finding resources to obtain the services.
3. If the parent is unable to obtain copies of the well child exam, dental exam, or lab results, the center director may have the parent sign a Consent for Release of Information form to send to the doctor's office to obtain the required forms.
4. If the parent refuses to sign or after several attempts, the parent refuses to provide the required documentation, a Letter of Intent for Health Screenings and Treatment form should be filled out by the parent or guardian and fazed to the Health Coordinator. This form is only to be used after every attempt has been made to assist the family in obtaining the required medical forms.
5. All attempts to work with the family are to be documented in the program's tracking system (Child Plus) in the family or health tabs.

Payment Authorization Voucher

POLICY:

All financial resources for payment of required and recommended health related services must be exhausted before Opportunities, Head Start Program provides payment. There is no "blanket" approval for payments of any children's medical/dental expenses. Therefore, prior approval on a case by case basis is always mandatory before committing to payment for services. The Opportunities Head Start program focus will be payment for initial exam and screenings, etc., and then for follow-up treatment.

PROCEDURE:

1. The Family Advocate, with the assistance of the Health Coordinator, is responsible for seeking/exhausting all community health resources and alternative payment methods. These attempts are to be documented in the program's tracking system (Child Plus) in the Family Services tab. In the event of failure to locate resources/financial assistance, a Request Voucher may be completed.
2. The Family Advocate will be responsible for completing the request voucher and signing in the indicated space for witness signature. The services that payment is being requested for should be circled on the top of the Request Voucher.
3. The completed, signed and dated Request Voucher along with a copy of the case notes should be forward to the Health Coordinator no later than 3 days prior to the child's appointment date.
4. The Family Advocate will obtain a cost estimate for services to be provided. The cost estimate should be documented on the request and attached to the voucher whenever possible prior to the voucher being submitted for authorizing signatures.
5. The Head Start Director and Health Coordinator will authorize the payment of services. The Health Coordinator will keep a copy on file and give a copy to the Family Advocate indicated on the voucher.
6. The Health Coordinator will submit a copy of the Voucher to the healthcare provider before services are rendered.

Morning Health Checks

POLICY:

Opportunities Head Start will work with parents to keep staff informed of any health or safety needs of the child that the program may be required to address. Opportunities Head Start must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the program's confidentiality policy.

Morning Health Checks are done upon the arrival of the child to the classroom **and should be done before the parent or guardian leaves so that a child who appears to be ill or injured can be taken home or to the doctor/clinic as appropriate.** This routine should be accomplished in a non-threatening manner, such as through greeting games.

Head Start Performance Standard 1304.22 (b)(3)

PROCEDURE:

1. Head Start staff should do a visual check of the child upon arrival and consult with the parent about any concerns they may have regarding their child's health. The following is a list of possible visual signs/symptoms to check. Any issues noted are documented on the Daily Morning Health Check and Body Form. Write details in the comment box the specific location on the child stating details (i.e. right arm with red quarter size bump)

    - Fever (warm to the touch)
    - Hair (clean; check for lice or ringworm)
    - Face and head (cuts, bruises, sore spots)
    - Eyes, ears, nose (redness, discharge, swelling, pain)
    - Teeth (missing, swelling, pain)
    - Arms and legs (cuts, bruises, burns, sores or wounds, pain)
    - Hands (sores, wounds, burns, unusual scars)
    - Feet (limping, pain; may check during nap time for sores, wounds, burns)
    - Skin (rashes, irritation, insect bites)
    - General appearance (body, hair and clothing clean; energy level; extreme hunger)
    - Obvious signs of illness (droopy appearance; listless; upset stomach)
    - "Hidden" areas (listen for the child to complain of signs of physical or sexual abuse during first bathroom break - bruising, pain during urination or bowel movement, bleeding)

2. The Center Director will initial the daily morning health check form and report any health concerns to the Head Start Director and/or Health Coordinator. If abuse or neglect is suspected, the Head Start Director, Health Coordintor and/or Family Engagement Coordinator need to be contacted by phone and a report made, according to the State of Texas Child Abuse Reporting Procedures.

3. The tactile (touch) health check involves gently rubbing your hand on the child's back, shoulder, or head as you greet him or her. This is one way to observe signs of possible illness or injury on areas of the body which are covered by clothing or hair. General feeling of warmth, indicating possible fever. Possible bruising or soreness; the child may flinch or pull away from your touch

4. Verbal communication as you greet each child may provide clues to possible illness or injury. Talk to the child and ask questions such as:

   - Did you get a good night's sleep?
   - If an injury or apparent soreness is observed, ask the child "Tell me what happened"
     - **LISTEN:** Greet the child and parent. Ask the child, "How are you today?" Ask the parent, "How are you doing? How's (name of child)?" "Was there anything different last night?" "How did he/she sleep?" "How was his/her appetite this morning?"
       - Listen to what the child and parent tell you about how the child is feeling.
       - If the child can talk, is he complaining of anything? Is he hoarse or wheezing?
     - **LOOK:** Get down to the child's level to see her clearly. Observe signs of health or illness.
       - **General appearance** (e.g., comfort, mood, behavior, and activity level)
         - Is the child's behavior unusual for this time of day?
         - Is the child clinging to the parent, acting cranky, crying, or fussing?
         - Does she appear listless, in pain, or have difficulty moving?
       - **Breathing**
         - Is the child coughing, breathing fast, or having difficulty breathing?
       - **Skin**
         - Does the child look pale or flushed?
         - Do you see a rash, sores, swelling, or bruising?
         - Is the child scratching her skin or scalp?
       - **Eyes, Nose, Ears, Mouth**
         - Do the child's eyes look red, crusty, goopy, or watery?
         - Is there a runny nose?
         - Is he pulling at his ears?
         - Are there mouth sores, excessive drooling, or difficulty swallowing?
     - **FEEL:** Gently run the back of your hand over the child's cheek, forehead, or neck.
       - Does the child feel unusually warm or cold and clammy?
       - Does the skin feel bumpy?
     - **SMELL:** Be aware of unusual odors.
       - Does the child's breath smell foul or fruity?
       - Is there an unusual or foul smell to the child's stools?

Hand Washing Procedures

POLICY: - Opportunities Head Start requires all staff, children, visitors and parents to practice hand washing procedures to ensure the health and safety of all children and staff. Staff are required to wash their hands and assist children in learning and practicing correct hand washing procedures. Infants unable to be raised to the faucet must have hands washed with a disposable cloth with soap and water followed by a cloth used to rinse with clear water. The most important step in reducing the spread of disease is proper hand washing technique. Hand washing procedures must be posted next to each sink.

Head Start Performance Standards 1304.22 (e)

PROCEDURE: Universal Precautions

When:

1. Upon arrival at work (staff)
2. Upon arrival in the classroom (children, parents, and visitors)
3. Before feeding a child (staff and volunteers)
4. Before serving and handling food (staff and child)
5. Before giving medication (staff)
6. Before giving first aid (staff)
7. Before water play (staff, children, and volunteers)
8. After using the restroom (staff, children and volunteers)
9. After changing a diaper (staff, children, and volunteers)
10. After handling bodily fluids (staff)
11. After caring for a sick child (staff)
12. After touching nose, mouth, eyes (staff, children, and volunteers)
13. After coughing, sneezing or blowing nose (staff, children, and volunteers)
14. After playing with animals (staff, children and volunteers)
15. After handling money (staff)
16. After handling garbage (staff and volunteers)
17. After outdoor play (staff, children, and volunteers)
18. Or as frequent as hands are thought to need it.

How:

1. Wet hands
2. Use liquid soap
3. Lather
4. Wash front and back of hands, thumbs, under fingernails, between fingers and wrists for 30 seconds. Rinse well without touching the sides of the sink
4. Dry hands with a paper towel
5. Turn off faucet with a paper towel
6. Open door with a paper towel
7. Dispose of paper towel in the trash can

Sanitizing & Disinfecting Procedures

POLICY:

Opportunities Head Start uses a four step method for cleaning and sanitizing diaper changing areas and equipment, toys, and food preparation areas. All staff will follow the four step method using soap and water and an approved EPA certified disinfectant (to disinfect). Bleach and water solution will only be used with the approval from the Health Coordinator.

Regular and thorough cleaning of toys, equipment and rooms helps to prevent transmission of illness.

DEFINITIONS:

Cleaning – Cleaning is done with water, a cleaning product, and scrubbing. Cleaning does not kill bacteria, viruses, or fungi, which are generally referred to as "germs". Cleaning products are used to remove germs, dirt, and other organic material by washing them away.

Sanitizing – Sanitizer is a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations.

Disinfecting - is a product that destroys or inactivates germs (not spores) on an inanimate object. Only an approved EPA certified disinfectant may be used. See MSDS sheets for Instructions for making disinfecting solution.

PROCEDURE:

1. Only an EPA certified disinfectant may be used, according to the manufacturer instructions. Opportunities Head Start currently uses Quaternary
2. The following surfaces must be cleaned according to the NAEYC Cleaning, Sanitizing, and Disinfecting Frequency Table. The chart should be posted in each classroom:

• Food Preparation Surfaces	Clean and Sanitize	Before and After Use
• Eating Utensils and Dishes	Clean and Sanitize	After Use
• Tables & High Chair Trays	Clean and Sanitize	Before and After Use
• Countertops	Clean	After Each Use
	Sanitize	At the end of the day
• Mixed Use Tables	Clean and Sanitize	Before Each Use
• Refrigerator	Clean	Monthly
• Changing Tables	Clean and Disinfect	After Each Use
• Potty Chairs	Clean and Disinfect	After Each Use
• Hand Washing Sinks and Faucets	Clean and Disinfect	At the End of the Day
• Toilets	Clean and Disinfect	At the End of the Day
• Diaper Pails	Clean and Disinfect	At the End of the Day
• Floors	Clean	At the End of the Day
• Plastic Mouthed Toys	Clean	After Each Use
Clean and Sanitize	At the End of the Day	
• Pacifiers	Clean	After Each Use
	Clean and Sanitize	At the End of the Day
• Door and Cabinet Handles	Clean and Disinfect	At the End of the Day

• Carpets and Large Area Rugs	Clean	At the End of the Day
• Small Rugs	Clean	At the End of the Day
• Machine washable cloth toys	Clean (launder)	Weekly
• Dress up clothes	Clean (launder)	Weekly
• Play activity centers	Clean	Weekly
• Drinking fountains	Clean and Disinfect	At the End of the Day
• Computer Keyboards	Clean and Sanitize	After Each Use
• Bed Sheets and Pillow Cases	Clean	Weekly
• Cribs	Clean	Weekly & Before use by another child
• Blankets	Clean	Monthly

3. Staff should follow the steps for cleaning and sanitizing:
   a. Staff must wear gloves
   b. Step 1 - clean with a soap and water (use friction)
   c. Step 2 - rinse with clean water
   d. Step 3 - sanitize with a disinfecting solution allowing it to stay on for at least 10 minutes (rinsing with water only those items children are likely to place in their mouths)
   e. Step 4 - Allow to air dry (Minimum Standards 746.3409)

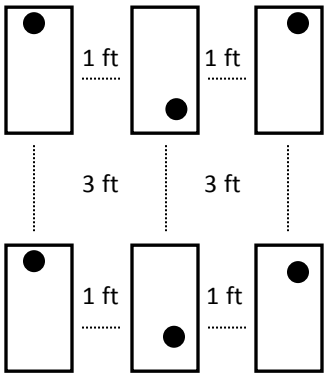
Hygiene and Safety During Naptime

POLICY:

Opportunities Head Start will ensure that all infants/toddlers/children enrolled in any Head Start program option will be provided a safe and hygienic environment.

PROCEDURE:

1. Cribs are to be cleaned weekly and then sanitized with a disinfecting solution. Mats are to be cleaned weekly with a disinfecting solution.
2. Cribs and mats will be sanitized after any spills, toileting accidents etc.
3. All cribs and mats are to be cleaned and sanitized with a disinfecting solution after a child leaves the program and before another infant/toddler uses the cribs or mats.
4. All mats are to be covered with a case/cover.
5. Sheets and covers are cleaned weekly and/or when visibly soiled with any body fluids. Refer to Sanitizing & Disinfecting Schedule Policy.
6. Infants are to be placed on their backs when put down to sleep unless directed to do otherwise by the infant/toddler's physician. Documentation of approval will be kept in the child's file from PCP (Primary Care Physician) & Child Care licensing approved Physician. Infants that roll during sleep do not need to be repositioned.
7. Infants/toddlers are not to be put to sleep with a bottle or other small objects. Blankets are to never be placed with an infant in the crib.
8. Cribs and mats will be labeled with child's name on removable tape or marked with permanent numbers
9. Cribs should be 3 feet apart when a child is sleeping.
10. Mats should be 3 feet apart when a child is sleeping.
11. Mats are to be arranged with red side on floor and children sleeping head to toe in rows, rows are in alternating directions of sleep position



12. All mats are to be stored not touching one another with the red side outward

- Teachers will offer rest time everyday
- Rest time will be **1 ½** hours
- Rest Time for infants and toddlers is **individualized.**
- Teachers should offer the following activities in lieu of a shorter rest time:
    1. Open learning centers for additional discovery and exploration.
    2. Work one on one with children on writing their name, letter and word recognition and number correspondence.
    3. Outside planned activities such as relays, soccer, kickball and freeze tag.

Diapering Routine Procedures

POLICY:

Opportunities will ensure the health and safety of infants and toddlers during diapering and will ensure proper equipment is being used. Proper preparation before beginning is essential to ensure the safety of the child when on the changing table.

PROCEDURE:

1. Prior to brining the child to the diaper changing table, have all supplies such as wipes, gloves, diaper, disposable plastic diaper bag within reach
2. Wash your hands following the Hand Washing Procedures
3. Put enough fresh table paper on the changing table to cover from the child's shoulders to beyond the child's feet.
4. Put on gloves
5. Place child on changing table on top of fresh table paper
6. Use the safety belt to keep child safe. The caregiver's hand must remain on the child at all times when the child is on the surface. (Minimum Standards rule 746.3503 (c)).
7. Remove the soiled diaper and clothing without contaminating any surface not already in contact with stool or urine.
8. Put diaper in disposable plastic bag if the child had a bowel movement otherwise put directly into the hands free trash can
9. Wipe child's bottom with a disposable wipe until completely clean
10. Place wipe in the disposable plastic bag if the child had a bowel movement, tie the bag and dispose into a trash can. If child did not have a bowel movement, place wipe directly into the trash can.
11. Remove gloves using proper de-gloving technique and dispose in a hands free trash can
12. Wipe your hands and the child's hands with a clean, disposable wipe
13. If a signed medication authorization indicates, apply topical cream/ointment/lotion wearing clean gloves, then remove and place in trash can.
14. Apply new diaper and dress the child
15. Remove soiled table paper and discard in trash can
16. Clean and disinfect changing table and any equipment following the Cleaning and Sanitizing procedures
17. Wash your hands with soap and water following proper hand washing technique and assist/supervise child washing their hands with proper hand washing technique

Stand Up Diapering Procedures

POLICY:

Stand-up policy is to use when a child is too large (height or weight) or unable to be on a changing table safely. The diaper/pull-up/underpants changing will need to occur in the bathroom. If the child is unable to stand (i.e. a child with a disability) then a "nap mat" is designated and labeled for changing diapers only and used on the floor of the bathroom. Refer to Cleaning & Disinfecting policy using the 4 step cleaning process to clean mat & area.

PROCEDURE:

1. Have all supplies within reach: wipes, two pairs of gloves, clean diaper/pull up, and disposable plastic bag.
2. Wash your hands following the hand washing procedures
3. Put on disposable gloves
4. Coach child in pulling down pants and removing diaper/pull-up/underpants (and assist if needed)
5. Remove dirty diaper and place in disposable plastic bag if child had bowel movement otherwise put directly in trash can.
6. Coach Child in cleaning diaper area front to back using a clean wipe for each stroke.
7. Place wipe in the disposable plastic bag if child had bowel movement, tie the bag and dispose in trash can. If child did not have bowel movement, place wipe directly into hands-free trash can
8. Remove each glove carefully. Grab the glove at the palm and strip the glove off. Ball-up the dirty glove in the palm of the other gloved hand. Discard dirty gloves in hands free trash can
9. Wipe your hands and the child's hands with a clean, disposable wipe
10. If a signed medication authorization indicates, apply topical cream/ointment/lotion wearing clean gloves, then remove and discard in trash can.
11. Coach and assist child putting on clean diaper/pull-up/underpants/and clothing
12. If diaper changing mat was used, clean and disinfect surface according to Sanitizing and Disinfecting Procedure
13. Wash your hands using proper hand washing technique and assist/supervise child washing their hands using proper hand washing technique.

Double Gloving Diapering Procedures

POLICY:

Double gloving will reduce the risk of cross contamination when applying a clean diaper. In the event of an outbreak of an illness or communicable disease (2 or more cases in the same classroom), the Health Coordinator will instruct staff to implement the double gloving procedure.

PROCEDURE:

1. Prior to bringing the child to the changing table, have all supplies within reach: wipes, two pairs of gloves, clean diaper, and disposable plastic bag.
2. Wash your hands following proper hand washing technique
3. Put enough fresh table paper on changing table to cover from the child's shoulders to beyond the child's feet
4. Put on two sets of clean gloves. Place child on changing table on top of fresh table paper (*make sure to put on the right size gloves)
5. Use the safety belt to keep child safe. The caregiver's hand must remain on the child at all times when the child is on the surface. (Minimum Standards rule 746.3503 (c)).
6. Remove dirty diaper and place in disposable plastic bag if child had bowel movement otherwise put directly in trash can.
7. Wipe child's bottom with a disposable wipe until completely clean
8. Place wipe in the disposable plastic bag if child had bowel movement, tie the bag and dispose in trash can. If child did not have bowel movement, place wipe directly into trash can.
9. Remove each outer glove carefully, using the proper de-gloving technique
10. With the clean gloved hand strip the glove off from underneath at the wrist, turning the glove inside out. (dirty surface to dirty surface only)
11. Discard dirty gloves in hands free trash can
12. If a signed medication authorization indicates, apply topical cream/ointment/lotion wearing clean gloves, then remove and discard glove in trash can.
13. Put on a clean diaper and dress the child
14. Remove soiled table paper and discard in trash can
15. Clean and disinfect changing table and any equipment following the Cleaning and Sanitizing procedures.
16. Wash your hands with soap and water using proper hand washing technique and assist/supervise the child washing their hands using proper hand washing technique

Tooth Brushing Procedures

POLICY:

Opportunities practices oral hygiene daily as part of the classroom curriculum and routine. Children will practice oral hygiene (tooth brushing) after at least one snack or meal per day. Staff must promote and model effective dental hygiene among children in a safe and sanitary manner

Head Start Performance Standards 45-CFR 1304.23(b)(3) a

PROCEDURE:

1. General Principals of Oral Care:
    a. All children will participate in their oral care according to their developmental abilities.
    b. Children will require assistance with their oral care until 8 years old or longer if they have poor oral health or developmental delays.
    c. Any surface of the tooth, which is not routinely brushed, will have plaque build-up, eventually leading to caries and/or gum disease.
    d. Staff training will be provided to all new employees upon hire and previous employees on an ongoing basis on the etiology of tooth decay, oral health promotion, and tooth brushing protocol.
2. Oral Care Guidance
    a. Newborns to 12 months: No teeth and/or budding teeth
        i. Wash hands and put on gloves
        ii. Always speak to the child and explain what you are doing and why
        iii. Wipe all surfaces of the gums with clean, moistened gauze
        iv. Oral care must occur directly after one meal or snack per day
        v. Wash hands and change gloves between each child
        vi. Employees will follow same precautions and model good oral care on themselves daily
    b. Child with teeth under age 3 years old
        i. Children under 1 year of age do NOT use toothpaste
        ii. **After** the child is 1 year of age and **under** age 3, use a flat smear (grain of rice) of fluoride toothpaste. Toothpaste must be placed on a disposable surface.
        iii. All tooth surfaces need to be brushed. (Upper, lower, front, back and chewing surfaces). Small, gentle, circular motions should be completed using a soft bristled infant or toddler-sized brush angled toward the gums.

iv. Children need to wash their hands before and after tooth brushing; staff needs to wash their hands between assisting with brushing and apply gloves. Staff will wash hands between children and always re-glove between children.

v. Staff/parent must hold the toothbrush and brush all surfaces of the child's teeth, allowing the child to assist.

vi. Employees will follow same precautions and model good oral care procedures on themselves daily.

c. 3 – 5 year olds

i. Wash hands and put on gloves

ii. Staff must wash hands between children they are assisting, wash and re-apply gloves.

iii. Use a **flat smear** (pea size) of fluoride toothpaste.

iv. Toothpaste tube may **NOT** be placed on the child's toothbrush. The toothpaste must be placed on wax paper squares, the edge of a paper cup or in portion cups

v. Children this age can usually brush their teeth quite well with daily instruction and assistance as well as teachers modeling with giant model teeth or modeling by brushing their own teeth

vi. All tooth surfaces need to be brushed. (Upper, lower, front, back and chewing surfaces). Small, gentle, circular motions should be completed using a soft bristled infant or toddler-sized brush angled toward the gums.

vii. Children must brush teeth after one meal or snack per day

viii. Let children brush their own teeth and assist with missed surfaces

ix. Encourage the parent to be the one to ensure a thorough brushing twice daily with the parent assisting the child with oral care until around age 8

x. Employees will serve as role models and perform oral care on themselves in the classroom using similar sanitary precaution

3. Classroom Tooth brushing Methods:

The following chart lists two possible procedures to follow for tooth brushing in the classroom. Classrooms MUST adapt them to meet the individual needs of the children they serve and their program style. Each classroom must choose either the TABLE method or the SINK method and follow the procedural requirements for that method.

Tooth Brushing at the sink

- Hand washing sink is cleaned with the 4-step process (washing soap & water, rinse, disinfect, & air dry).
- Teacher will hand each child their toothbrush, a cup half filled with water from a clean water source (pitcher or food prep sink) and the appropriate amount of toothpaste on the edge.
- Children may moisten their toothbrush in the water, and then apply the toothpaste to the brush.
- Teach the children to begin brushing on the biting surface and then move from area to area (left-to-right and top –to-bottom) around the mouth making a circular motion on each tooth.
- Encourage brushing for two minutes
- When brushing is completed, children rinse their mouths with a drink from the cup of water.
- Child returns the toothbrush to the teacher who rinses it under running water then replaces it in the storage area.
- Hand washing sink is sanitized with the 4-step process with a disinfectant solution after tooth brushing is complete.

Tooth Brushing at the table

- Table area is cleaned with the 4-step process (washing with soap & water, rinse, disinfect & air dry).
- Each child is given a paper towel, a cup half filled with water from a clean water source (pitcher or food prep sink) and a pea size smear of toothpaste on the edge.
- Children may moisten their toothbrush in the water, and then apply the toothpaste to the brush.
- Teach the children to begin brushing on the biting surface and then move from area to area (left-to-right and top-to-bottom) around the mouth. Making a circular motion on each tooth.
- Encourage brushing for two minutes.
- Child may take a cleansing drink of water from the water cup and then spit back into the cup. They are not to swallow the toothpaste.
- Child returns the toothbrush to the teacher who rinses it under running water then replaces it in the storage area.
- Cups are immediately discarded.
- Table is cleaned with the 4-step process.
- After all the toothbrushes have been rinsed, the hand washing sink that toothbrushes are rinsed in should be sanitized with the 4-step process using a disinfectant solution.

Toothbrush and Toothbrush Holder Care Procedure

POLICY:

Opportunities will ensure that toothbrushes and toothbrush holders will be maintained in safe and sanitary manner to reduce the risk of transmission of bacteria causing illness and infection.

PROCEDURE:

- Every child and employee will be provided his/her own-labeled toothbrush. (Include first name and last name).
- The tube of toothpaste should NEVER touch the brush.
- Toothpaste must be placed on individual disposable surfaces and taken from this surface with the child's toothbrush without touching a surface that another toothbrush has touched such as (portion cups, paper plates, wax paper squares, the inside edge of a Dixie cup, etc.).
- Toothbrushes are 60 day use and are replaced in November, January, March and May.
- Replace toothbrushes 4 times per year or **as needed**
- Toothbrushes should be thrown away if they appear to be shaggy or are fraying
- If a toothbrush is dropped and/or soiled, it must be replaced.
- For illnesses such as positive diagnosis of strep-throat, replace all classroom toothbrushes and clean & disinfect toothbrush holder.
- Toothbrushes may NOT be disinfected or ran through the dishwasher.
- Toothbrushes must be stored in a rack so that they are not touching, do not drip onto one another and have free flowing air so they can air dry.
- The rack may not be placed in an area or over an area where it will contaminate the environment (such as it may not be placed above a counter that food is placed or served from.)
- Separately rinse each brush with running water (NEVER place in the dishwasher or spray with disinfectant)
- Gently shake off excess water and place in holder
- Do NOT reach over the toothbrushes to get supplies.
- Cleaning the Toothbrush Holder:
    I. Wash with hot soapy water weekly or more frequently as needed. If a wall mount holder you can use sanitizing solution (bleach-water or disinfectant).
    II. Toothbrush holder MUST be washed if visibly soiled and if contaminated by bodily fluids (saliva)
    III. Replace through Inventory Request Form-Health Supplies if continuity of holder is compromised, cracked or broken and send to Health Coordinator.

Fluoride Treatment Procedures

POLICY:

Opportunities will monitor water quality reports from each area we serve to ensure children are receiving adequate amounts of fluoride through the water. Fluoridation is one of the most effective means of preventing tooth decay. In areas where a lack of adequate fluoride levels have been determined, Opportunities must assist parents in obtaining fluoride supplements and topical fluoride treatments as recommended by dental professionals. For children with moderate or severe tooth decay, Opportunities will assist parents in obtaining fluoride supplements and topical fluoride treatments as recommended by dental professionals. Opportunities will provide toothpaste with fluoride to children to practice oral health as part of the daily classroom curriculum.

PROCEDURE:

1. Once per year, Water Quality Reports are obtained from each water district to confirm fluoridation status.
2. If the water in your area does not contain enough fluoride, a dentist or physician may prescribe fluoride tablets or drops for the children to take every day. For maximum protection, fluoride tablets or drops should be taken from birth until the child is thirteen years old. The Family Advocate will follow up with parents about how fluoride administration is going in October and again in February for children between six months and 6 years. Documentation in Family Notes/Home Visit/Parent Conference Form is kept if child is receiving fluoride supplement. If fluoride is prescribed and not being used, the Family Advocate will provide education and other support to help families adopt this practice.
3. Every child brushing teeth in the classroom uses at least a smear of fluoridated toothpaste once a day.
4. If a parent requests non fluorinated toothpaste, a note from a dental professional should be provided in order for Opportunities to provide non fluorinated toothpaste.

Illness/Exclusion Policy

POLICY:

The goal of Opportunities Head Start is to provide children with the least possibility of contracting an infectious disease through contact with infected individuals. Children who have symptoms of contagious infections will be excluded from attending the Head Start center until symptoms have subsided or has been determined not to be contagious by a medical professional and a note from the medical professional is brought to the center.

PROCEDURE:

1. The overall health of each child is checked each morning with parent and/or teacher present. Any bruises, rashes, blisters or other unusual symptoms are noted on the health check form (See Morning Daily Health Check procedure)
2. When it is determined that a child has an infectious disease, the child will not attend school as long as the symptoms are present or until readmitted by a medical professional. Head Start/ Early Head Start follows the "Diseases Requiring Exclusion from Child-Care Facilities and Schools" provided by the Texas Department of Health. This list is posted in each director's office and provided in this Policy and Procedure Manual.
3. The "Keep Me Home If…" hand out should be shared with the parents at the beginning of the school year and posted in the classroom.
4. Parents will be notified in writing, if a child at the center has been sent home with a communicable disease using the Health Alert Form (Posted outside each classroom). Refer to Communicable Disease Chart for Child Care Centers posted in the Director's office for exclusions.
5. If a child becomes ill while in school or does not appear well enough to participate in usual activities, the child will be removed from the classroom and will be required to be picked up.
6. The following are signs and symptoms of illness that require a child or staff to be removed from school and have been approved by our Health Services Advisory Committee (HSAC).

    - Temperature on thermometer reads 100 F or more under the arm
    - Live Lice
    - Yellow eyes, yellow skin (jaundice).
    - Redness, swelling, draining of eyes (pus)
    - Sore throat with difficulty swallowing
    - Vomiting or diarrhea more than two occurrences in 24 hrs.
    - Unusual rashes or spots
    - Behavior changes (irritable or crying) confused, unusually tired
    - Mouth sores with drooling
    - Abnormal breathing/frequent cough or large amount of nose drainage

1. The child's parent or alternate contact will be notified of the child's condition and asked to pick up the child. An incident/accident form must be filled out by the teacher and signed by parent,

teacher and Director. Report must be faxed to Head Start Director. Incident/Accident is documented in Child Plus under Health Events

2. If no one can be reached to take care of the child, she/he will be separated from the other children as much as possible.
3. If a child has been absent due to illness for an extended period of time, or has symptoms of a contagious illness for a period of several days, a note from a health care professional may be requested before the child is able to return to the Head Start Center

Health Alerts/Communicable Diseases

POLICY:

Opportunities will inform Head Start parents all suspected or diagnosed infectious, contagious, or communicable diseases occurring within a Head Start center. Parents will be notified through "Health Alerts" and are posted at the Center. No names of students will be used to promote privacy.

PROCEDURE:

1. Upon verified notification (written or verbal from health provider) of a suspected or diagnosed infectious, contagious or communicable disease, the Center Director will arrange for the immediate distribution of the Health Alerts to parents. A copy will be posted on the classroom door for one week.
2. Infectious, contagious or communicable diseases that require a Health Alert be posted include: head lice, conjunctivitis (pink eye), upper respiratory infection, chicken pox, Ringworm of the scalp. Other contagious disease such as measles, ebola, mumps, and hepatitis notification will be handled by advisement of the Health Coordinator (See current Communicable Disease Chart for Schools & Child Care Centers for full listing.).
3. The Center Director will notify the Health Coordinator of the suspected or diagnosed infectious, contagious or communicable disease by using Incident/Accident/Behavior form.
4. The Health Coordinator will keep a record of the suspected or diagnosed infectious, contagious or communicable disease on the Communicable Disease Report.
5. The Health Coordinator will determine if the diagnosed disease is reportable to the local health department. If it is determined that the illness is reportable, the Health Coordinator will notify the Director and follow recommendations from local Health District. Health Coordinator will relay how to proceed.
6. Reportable Communicable Diseases and Conditions in Texas

    - Communicable Disease Chart and Notes for School & Child Care Centers from the Texas Department of State Health Services list diseases that are declared to be contagious, infectious, communicable and dangerous to the public health and each suspected or diagnosed case must be reported to the Texas Department of Public Health. The chart states exclusion from attending school. Within the Opportunities Head Start program, all diseases and conditions listed must be reported to the Health Coordinator via telephone AND Incident/Accident/Behavior report form and any documentation from primary Pediatrician.

    - The list of diseases and conditions must be reported to the Health Coordinator immediately upon confirmation of disease or condition by the parent or medical provider. Communicable Disease Charts are posted in every Director's office at each center. https://dshs.texas.gov/idcu/investigation/conditions/

Head Lice Policy

POLICY:

Opportunities Head Start will work together with families to prevent and control the spread of lice. The goal of OWBC Head Start is to help maintain the health of the Head Start/Early Head Start children by decreasing the number of head lice cases.

PROCEDURE:

1. Prevention:
    - All staff will receive training on lice prevention, lice identification and lice treatment in order for it to be implemented in the school setting
    - Information on the prevention of head lice, identification, and treatment will be available to parents through the family advocate and will be provided as needed or as requested
    - Health Coordinator will conduct training sessions on an as needed basis throughout the school year (i.e. parent meetings, one-on-one parent meetings, staff meetings)
    - Extra attention to certain times of the school year requires additional monitoring. (i.e. beginning of school year and after holiday breaks)
2. Identification:
    - When screening children for possible infestation; watch for the symptom of intense itching, although itching is not always present. In an active case of head lice, adult lice are present, and/or grayish- white, oval eggs are found firmly attached to the hair shaft near the scalp. They will not brush away or move the way that dandruff or dry skin does. Eggs (nits) that are farther than ¼ to ½ inches from the scalp have either hatched or are infertile and will never hatch.
3. The following procedures will be implemented when a student is found (through routine screenings at school) or reported (by parent) to have head lice.
    a. If a child is found to have live lice during a routine screening at school, the child will be removed from the classroom and sent home according to the Illness/Exclusion Policy.
    b. The parent or caregiver will be provided education on the treatment of lice with lice-killing shampoo, how to disinfect bedding and personal articles, and ways to avoid the spread of head lice. Parents should make efforts to remove lice and nits from the child's hair
    c. An incident report is to be filled out with each case of head lice and given to the central office. In order for the child to return to class, at least one treatment must be done. The parent must bring the child in to the office for the center Director or teacher to check for live lice before being released to the classroom. The child will not be allowed to return with live lice.
    d. The child will be rechecked during their" Morning Health check" as needed.
    e. After significant cases of lice the Health Coordinator & Family Advocate will make a home visit.
    f. Homeopathic treatment is considered treatment.

4. If a child is found to have eggs or “nits” during routine screenings or reported by a parent, the child does not need to be excluded from the Head Start center, as long as no live lice are present.
   a. The parent or caregiver will be provided education on effective ways to remove eggs or “nits”, treatment of bedding and personal articles, and ways to avoid the spread of head lice.
   b. An incident report will be filled out if a child is found to have eggs and signed by the parent. The child is not required to be excluded from the Head Start Center.
   c. Staff will routinely check the child’s hair to ensure the eggs or “nits” have not hatched.
   d. Continuous cases of eggs or nits should be referred to the Health Coordinator and Family advocate for a home visit increased parent education.

Administration of Medication

POLICY:

Opportunities Head Start will administer medication (including over-the-counter) to children with written approval of the parent and an order from a medical provider. Administration of medication in the facility is a safety hazard, so giving medication will be limited to situations where medicine outside child care hours cannot be made. Parents or legal guardians may administer medication to their own child during the child care day. Annual training is provided to all safety officers (Appointed by Director of Center) by a Medical Professional and/or approved online course providing a certificate of completion.

PROCEDURE:

Medication (including over-the-counter) will be given by designated people in the center. All staff will be trained on how to read medication labels and how to measure medicine. The prescribing physician must complete the Request to Administer Medication Form and a copy will be sent to the Health Coordinator & scanned into Child Plus tracking system. The Receipt of Medication form will be completed by the parent and center director upon receipt of the medication. The parent or legal guardian must complete the Medication Administration Form. Both forms should be complete before medication is given to the child.

1. For prescription & over-the-counter medications (i.e. Tylenol, Motrin, Benadryl), the medication must be in the original, child resistant container with:
    a. the child's first & last name, classroom
    b. the name and strength of the medication;
    c. the date the prescription was filled;
    d. the name & signature of the health care provider who wrote the prescription
    e. the medication's expiration date
    f. the route the medication should be given, and storage
    g. any written instructions with side effects stated
2. Topical over the counter medications (including non-medicated diaper cream, sunscreen, and insect repellant) will require a Request to Administer Medication Form signed by the physician and a Medication Administration Form signed by the parent. All medication policies must be followed when using topical over the counter medications.
3. Medication may be given for a recurring problem, emergency situation or chronic condition such as asthma. Recurring and periodic medications forms are updated every six months. Parents whose children are receiving medication must review and sign medication log before each school readiness review (SRR).
4. When a parent brings a medication to the center, the Center Director or designated person to administer the medication will fill out a Receipt of Medication Form with the parent. The form will acknowledge receipt of the medication and a safety checklist. The teacher and parent/caregiver will sign the form. The form will be kept in the Medication Book.
5. Medications will be kept at the temperature recommended for that type of medication, in sturdy locked container that is inaccessible to children.

6. Rescue medications may be stored in classroom in a labeled cabinet (Cabinet labeled with the word "medication"). Medication kept up high out-of-reach from children unlocked. Copies of Medication Administration Information sheet & log will be included. Common rescue medications include Inhalers & Epi-pen.

7. Medication will not be used beyond the date of expiration on the container or beyond any expiration of the instructions provided by the physician. At the end of the school year all medication is returned to parent or legal guardian.

8. A Medication Log Form will be used to record:

    a. Parent or legal guardian consent,
    b. Name of medication,
    c. the date,
    d. amount given,
    e. the time of administration,
    f. reaction if any
    g. the signature of the person who administered the dose of medication.
    h. Spills, reactions, and refusal to take medication will be noted on this log. An Incident/Accident/Illness form will also be completed and parent notified immediately.

9. Medication errors will be controlled by checking the following 5 items each time medication is given:

    a. Right child
    b. Right medicine
    c. Right dose
    d. Right time
    e. Right route of administration

10. Center Director is to inform Health Coordinator of any medications brought to the center.

11. When a medication error occurs, the Regional Poison Control Center, Day Care Licensing and the child's parents will be contacted immediately. The incident will be documented on an Incident/Accident/Illness Report and kept in the child's folder.

12. If a child is required to have Diastat on site for seizures, all required documentation as for any other medicine will be obtained. Parent or guardian must be present along with Health Coordinator and a Health Care Professional to teach designated staff proper procedures. At least two staff must be present if Diastat is administered as it is a rectal medication. Staff must be checked off by a Registered Nurse for competency.

Insect Repellant Policy and Procedure

POLICY:

OWBC Staff may not apply insect repellant to a child without a doctor's note. Insect repellant is to be treated as medication and all medication administration procedures should be followed. Insect repellant is never to be applied to children under 2 months of age

PROCEDURE:

If a doctor's note is provided to apply insect repellant to a child at school, all procedures for administration of medication must be followed. In addition, these additional procedures must be followed (Caring for Our Children, Standard 3.4.5.2):

1. Apply insect repellent to the caregiver/teacher's hands first then put it on the child. Do not directly spray the child with the insect repellant. Aerosol sprays are not recommended and may not be used in the classroom.
2. Use just enough repellent to cover exposed skin
3. Do not apply under clothing
4. Do not use DEET on the hands of young children
5. Avoid applying to areas around the eyes and mouth
6. Do not use over cuts or irritated skin
7. Do not use near food
8. Do not use products that combine insect repellent and sunscreen. If sunscreen is used, apply sunscreen first
9. Do not apply a second application to the skin
10. DEET concentration should not exceed 30% for use with children. Teachers/caregivers should read the product label and confirm that the product is safe for children and contains a concentration of 30% DEET or less.
11. After returning indoors, wash treated skin immediately with soap and water
12. If the child gets a rash or other bad reaction from an insect repellent, stop using the repellent, wash the repellent off with mild soap and water and call a local poison center (1-800-222-1222) for further guidance. Complete an incident report and notify child's parents
13. Teachers/caregivers should practice hand hygiene after applying insect repellent to the children in the group.

Sunscreen Policy & Procedure

POLICY:

Opportunities will ensure sun safety for staff and children. Sunscreen may be used with written authorization by a physician and the child's parents. Staff are encouraged to use sunscreen when exposed to the sun during peak hours.

PROCEDURE:

1. A Medication Administration Request form must be completed by the child's physician before sunscreen may be applied by staff. The Medication Administration Log must be filled out and signed by the child's parent.
2. Sunscreen should be applied on all exposed areas, especially the face (avoiding the eye area), nose ears, fee, and hands and rubbed in well.
3. Peak times for sunscreen use are from May through September. Sunscreen is needed on cloudy days.
4. Use sunscreen with an SPF of 15 or higher. "Broad Spectrum" sunscreen will screen out both UVB an UVA rays.
5. Sunscreen should be applied 30 minutes before going outdoors as it needs time to absorb into the skin.
6. Sunscreen should be applied to the child at least once by the parents/guardians and the child observed for a reaction to the sunscreen prior to its use in child care.
7. Staff should practice safe sun exposure for themselves and all children in their care:
    a. Children and staff should be protected from the sun by using shade and sun protective clothing.
    b. Sun exposure should be limited between the hours of 10 AM and 2 PM when the sun's rays are the strongest.
    c. Protective clothing must be worn for infants younger than six months.

CPR and First Aid Certification

POLICY:

Opportunities will ensure that Head Start/Early Head Start centers have at least one staff member on duty at all times who has successfully completed training and is currently certified in First Aid and Cardiopulmonary Resuscitation (CPR). All Teachers, Teacher Assistants, Center Directors and Coordinators are required to become certified/maintain certification in CPR/First Aid procedures. All other center staff, administrative staff, and OWBC Program Staff are strongly encouraged to become certified/maintain certification.

Head Start and Early Head Start staff are trained in first aid and are required to have current cards certifying their status. Head Start and Early Head Start staff and volunteers may be call upon to administer first aid to children/staff at any time in the program. The incidental nature of this circumstance effectively establishes first aid as a collateral duty rather than the primary one.

PROCEDURE:

1. The Center Director will be responsible for tracking the expiration of CPR/First Aid certification status and assign mandated staff to CPR/First Aid classes based upon the certification expiration date. CPR/First Aid certification is valid for two years.
2. The Health Coordinator will schedule CPR/First Aid classes frequently throughout the school year or as needed based on need.
3. Non-mandated center staff, OWBC administrative or program staff may participate in CPR/First Aid classes as space permits.
4. All center staff should make a copy of the card for their records.
5. The original copy must be posted in the Center Director's office.

First Aid Kit Procedure

POLICY:

All Opportunities Head Start centers will maintain a fully stocked First Aid Kit. First aid supplies are kept readily available at all times. The Teacher is responsible for ensuring that the First Aid Kit and Fanny Pac are well supplied, clearly marked and have not expired. Supplies contained in the first aid kit are in accordance with Minimum Standards for Child Care Centers rule 746.4003.

PROCEDURE:

1. The First Aid Checklist Form is to be placed in the First Aid Kit as an inventory checklist. As items are used notify Director and they will order from Health Coordinator. Checklist will be turned in with the end of the month paperwork.
2. The following should be included in each kit:
    a. Guide to First Aid (This is a poster which is placed next to the First Aid Kit).
    b. Antiseptic wipes
    c. Cotton balls
    d. Multi-size bandages
    e. Scissors
    f. Digital Thermometer
    g. Tweezers
    h. Water proof gloves
    i. Adhesive tape
    j. Sterile gauze pads
    k. Spill Cleanup kit
3. All first aid supplies must not have expired
4. The Fanny Packs are for use on the playground and field trips. They should be stocked as stated above including hand sanitizer (i.e. Purell), spill kits (which should be in van) in addition to emergency numbers of children. Any child prescription(s) should be in a locked box with the Director/Safety Officer during field trips with Medication log book for instruction. Emergency medication (i.e. Epi-Pens) are to be carried in fanny pack when outside of the classroom.
5. Hand sanitizer is only for use for teachers when on playground when following procedures for contact with bodily fluids. Fanny pack is to be kept out of reach of children, 5 feet high.
6. While on the playground, walking to ISD or on a field trip, Fanny packs will hold epi pens or inhalers (rescue meds) for children who have a health plan requiring emergency medication & Medication Administration form on file with Director.
7. First Aid kits should be located out of reach from children, by the door for easy accessibility.
8. All company vehicles should be equipped with a complete First Aid Kit & Fire Extinguisher.

Major Medical Emergencies Procedure

POLICY:

In case of a major medical emergency, at least one staff member in each classroom has been trained in CPR and First Aid. The center staff has the responsibility of giving immediate medical attention, notifying the child's parents and getting the child to the hospital, if needed.

PROCEUDRE:

1. Administer CPR or first aid to stop bleeding, restore breathing and prevent shock.
2. Call 911, if life threatening
3. Notify the person in charge
4. The Center Director will notify parents immediately in a manner as not to cause panic and find out which hospital and physician should be used, if needed. If the child is being transported by EMS, inform the parents to meet you at the hospital. Otherwise, advise the parent of the accident and request that they pick the child up and take to the doctor. If you are unable to reach the parent, information about the preferred hospital or physician is located on the Emergency Information Card in the child's folder. Medical Emergency Authorization must accompany each child to the emergency room from center.
5. Notify the Administrative Office.
6. Stay with the child until parents assume responsibility whether at the center or at the hospital.
7. Do not administer medication except directed by 911 or the physician.
8. If the child does not have insurance, inform the parents, hospital or physician that school accidents are covered by Head Start. The Health Coordinator should be contacted to make any billing arrangements.
9. Fill out an Incident/Illness/Behavior form and submit to the Administrative Office as soon as possible or by the end of the day with parent/caregiver & Director's signature.
10. The Center Director or Head Start Director will notify Child Care Licensing.
11. Always ensure the safety and supervision of the other children in the group.

Minor Medical Emergencies

POLICY:

Opportunities Head Start staff will be trained and informed of procedures for handling minor medical emergencies. All staff are required to maintain CPR/First Aid certification and are instructed to use CPR and FA when necessary.

PROCEDURE:

1. Administer First Aid

2. Notify the center Director about the accident. Center Director will notify the parents no later than the time of pickup. Parents should make the decision whether the child should see a medical professional and the Health Coordinator may assist. The Health Coordinator should be notified if billing arrangements will be needed.

3. Fill out an Incident/Illness/Behavior form and submit to the Administration Office as soon as possible or by the end of the day with parent/caregiver & Director's signatures.

4. The Center Director will notify Day Care Licensing if the child seeks medical attention from a Physician or Dentist.

Dental Emergency First Aid

POLICY:

In the event of an accident to the tongue, lip, cheeks or teeth, Opportunities staff will respond as quickly as possible to ensure the child receives appropriate medical attention in a timely manner. All OWBC staff are required to maintain current CPR/First Aid certification.

PROCEDURE:

1. Attempt to calm the child. All accidents should be handled quietly and in a calm manner. A panicked child is likely to create problems for treatment and may cause further trauma.

Check for bleeding:

- Stop bleeding by applying pressure to the area,
- Wash the affected area with clean water,
- Apply ice, wrapped in a clean cloth for swelling

If the tooth is knocked out, fractured, chipped, broken or loose

- Staff should calm the child
- If injured area is dirty, clean gently
- Place cold compresses on the face and in the injured area to limit swelling
- Immediately take the child to a dentist for treatment
- Place loose tooth gently back into the socket. If this is not possible, place the tooth in milk.

If teeth are loosened:

- Rinse out the child's mouth
- Do not attempt to move the teeth or jaw
- Take the child to the dentist immediately

If the tooth is knocked into the gums

- Do not attempt to free or pull on the tooth
- Rinse the child's mouth
- Take the child to the dentist immediately

If there is injury to the tongue, cheeks or lips

- Rinse the affected area
- Apply ice, wrapped in a clean cloth to control swelling
- Take the child to the dentist or physician if bleeding continues or the wound is large

2. The Center Director will call the parents, notify Central Office, Child Care Licensing and complete an Incident/Illness/Behavior report. Consent information and Medical Insurance information should be transported with the child.

Early Head Start Prenatal Program: Flow of Services

POLICY:

It is the intention of the Opportunities EHS program to serve pregnant women and their families and to provide services for the child and family upon delivery. The goal of serving pregnant women and expectant families in EHS is to provide early, continuous, intensive, and comprehensive child development and family support services. Planning for the newborn child's transition to the appropriate EHS Program Option can begin when the pregnant woman is enrolled in the EHS program.

PROCEDURE:

1. **Pre-enrollment Forms from Prenatal Mothers: Conducted by Early HS Staff**
    a. Center Directors, Family Advocates, and Center Staff will encourage expectant moms to fill out an application for Early Head Start services. Application should include proof of residence, proof of income, verification of pregnancy with due date, and interview form.
    b. Applications are entered in to the program's tracking system (Child Plus) and a participation record is created for the school year the mom is applying for.
    c. The ERSEA coordinator will review the application and determine eligibility
    d. The parent is placed on a waiting list until selections are made or there is an opening in the prenatal program
    e. Teen prenatal moms will be assigned higher points
2. **Enrollment**
    a. ERSEA coordinator will notify Center Director and Health Coordinator when a prenatal mom is selected. The Center Director will contact the prenatal mom to inform her that she is eligible to be enrolled in the prenatal program.
    b. The Center Director or Family Advocate will explain to the mother the guidelines and requirements of the program including monthly visits until the baby is born, required documentation, and 2 week post-partum visit. The mother will also be informed about home bound services once the baby is born until a space opens in the EHS classroom for the infant. The mother is then given an opportunity to accept or decline.
    c. Upon acceptance, an initial home visit is scheduled with the Family Advocate and/or Health Coordinator or Nurse.
3. **Initial Home Visit: Conducted by EHS Family Advocate and Health Coordinator**
    a. The EHS Prenatal Education program is reviewed in detail
        i. At this time a welcome packet is given to the expectant mother detailing performance standard topics with handouts i.e. breastfeeding, fetal development, substance and alcohol abuse, and maternal depression.

ii. The mother to be identifies her goals and needs through completion of the Family Partnership Agreement.

iii. Nutrition Assessment for Pregnant Women is completed and reviewed by the Nutrition Coordinator or Registered Dietitian.

iv. Importance of oral health is explained and the relationship of low birth weight to gum disease is explained. Also at this time a dental appointment is made if the mother has not yet had one in the last 12 months and is recommended by the mother's obstetrician. Record is obtained from dentist and placed in files. If the mother does not have a continuous, ongoing source of dental care (dental home), the family advocate or Health Coordinator will assist the mom in identifying a dental home.

v. Prenatal moms are encouraged to establish medical and dental homes support is given if one has not yet been determined. The Prenatal Care Appointment form is given to the mother to be given to the physician to sign at each appointment and returned to family advocate to place in files. Form is used to track visits and any abnormal findings. Prenatal mothers are also supported as needed to obtain these visits including transportation to and from appointments if needed.

4. **Monthly Prenatal Visits: Family Advocate**

a. The Family Advocate will make a home visit with the prenatal mom once a month and review the Prenatal Care Appointment Form and complete the Women's Health Record to identify any concerns or needs the mom may be experiencing.

b. The "Partners for a Healthy Baby" curriculum will be utilized at each visit to provide prenatal education. The Family Advocate will review the lessons with the prenatal mom and go over any concerns the mom may have. Additional resources may also be shared during the monthly visit.

c. If the prenatal mother has been determined to have a high risk pregnancy, has mental health issues, or any other health concerns, a referral to the Health Coordinator should be made immediately.

d. The Home Visit Record will be completed by the Family Advocate at each visit

e. Once the baby is born, we encourage the family to participate in the home bound option until a space opens up at the Head Start center. In the instance the home bound option is not feasible (i.e. teen parents enrolled in school), the Family Advocate should continue monthly home visits until the baby is enrolled in the EHS program.

f. The Family Advocate should make regular contact with the mother by phone every 2 weeks throughout the time the mother is receiving prenatal services. The Family Advocate should alert the Health Coordinator as soon as possible of any complications such as preterm labor or hospitalization, and as soon as the baby is born.

5. **Two Week Post-Partum Visit: Family Advocate and/or Health Coordinator or Health Professional**

a. Once the baby is born, the Family Advocate along with the Health Coordinator or Health Professional will visit the family when the baby is 2 weeks old. The Family Advocate will give the family an application to be updated with the baby's information. The application, birth certificate and shot record, once obtained, should be uploaded into the program's tracking system (Child Plus). The Family Advocate should collect the application and documents at the next monthly or weekly visit.

b. The Health Coordinator or Health Professional will assess the mother and baby's well-being. The postnatal, delivery, and maternal newborn assessment form is completed along with the Edinburg Post-Partum Depression Scale.

c. If the parent is experiencing any complications or mental health issues, the Family Advocate and Health Coordinator will assist the parent in obtaining appropriate medical and/or mental health intervention.

d. If the baby is premature or is exhibiting any health or developmental concerns, a referral should be made to the Disability Coordinator to follow up with the parent and make any referrals needed.

6. **Homebound Services: EHS Teacher**

a. Once the child has been born, the family may choose to participate in the home bound option. The EHS teacher will then visit the child at home once per week for 1 ½ hour sessions. The EHS teacher will provide activities and consult with the parent on working with the child.

b. Once the child has been cleared by a medical professional to attend the Head Start Center (at 6 weeks old), the family may bring the child to visit the Early Head Start classroom for a socialization visit. The parent should stay with the child during the visit. Socialization visits are generally once a month for 1 hour.

c. Once there is an opening for the child in the Early Head Start classroom and the child is 6 weeks old and has been cleared by a medical professional to attend the Head Start center, the child will be enrolled in the Early Head Start program.

Referrals to the Health Coordinator

POLICY:

Opportunities has a designated staff to address health concerns of children and families. When there is a concern regarding the health and/or wellness of a child or family, a referral will be made to the Health Coordinator to assist the staff and family to address the concern.

PROCEDURES:

The staff completing the referral will review all health records, physical exams and/or education records. Coordinators will be available for clarification and assistance in identifying any issues for enrollees or their families.

At Enrollment

1. The Center Director will complete the Health History Interview form with the parent at the time of enrollment. If health issues are determined during the interview they are documented on the Health History Interview form and entered into the program's tracking system (Child Plus) under "Health Information" and "Health Notes". The Health History Interview form is scanned in the tracking system and attached to the Health section. An email is sent to the Health Coordinator.
2. The Center Director will review the Well Child Exam Form and enter any health concerns or diagnosis in the "Health Information", "Health Notes" section of the tracking system. An email is sent to the Health Coordinator.
3. Children with abnormal lab values (stated on well child or WIC), failed vision and/or hearing results, abnormal blood pressure should have a "Health Action" completed with the corresponding health event. If follow up is needed (i.e. the child needs to go to the optometrist), all follow up information should be documented in the "Health Action". An email is sent to the Health Coordinator when the abnormal result is identified. Vision & Hearing referrals made in Child Plus will also be emailed to the Disabilities Coordinator.

   Abnormal HGB or HCT values should also be emailed to the Nutrition Coordinator.
4. Children with health issues such as asthma, severe allergies, food allergies, seizures should have the appropriate Health Action Plan completed and signed by the physician and entered as a Health Event in the tracking system. An email is sent to the Health Coordinator.
5. Referrals made by the center will go through the Center Director. Health concerns that arise in the classroom should be documented in weekly observations and the Center Director and Comprehensive Service Specialist/Education Coordinator should be alerted about the concern.
6. Any follow-up by Family Advocate and/or Director with parent will be documented in the tracking system under "Health Information" or "Health Action"

First 45 Days of Enrollment

1. Vision and Hearing screenings will be conducted within the first 45 days of enrollment. If a child does not pass the initial hearing screening, they will be rescreened in a timely manner. If a child does not pass the initial vision screening (SPOT), the child will be referred for follow up with an optometrist. Results from vision and hearing screenings will be entered in the program's tracking system (Child Plus). Failed screenings should be entered in "Health Actions", and any follow up documented in this area.
2. If the child fails the hearing or vision screening on 2nd attempt, a "Health Action" will be added, indicating a referral is needed. The Family Advocate and Health Coordinator will work with the family to arrange a follow up visit with the pediatrician or specialist (audiologist or optometrist). An email will be sent to the Health Coordinator.
3. If the child's lab values are abnormal Hemoglobin (Hgb) & Hematocrit (HCT), (Refer to Health Screening Policy for values), a "Health Action" will be entered into the tracking system indicating that follow up is needed or treatment has been received. An email will be sent to the Health & Nutrition Coordinators. The child will be rescreened by their primary care physician (PCP) then referred to a Specialist if recommended.
4. The Health Coordinator may request a Release of Information (Consent) to be signed by caregiver to obtain addition health information from Primary Care Provider.

Throughout the School Year

1. At any time throughout the school year, if a parent or teacher has a concern about a child's health condition a referral to request the Health Coordinator may be made.
2. The concern should be documented in weekly observation notes by the teacher or in the "Health Information" tab under "Health Notes". An email is sent to the Health Coordinator to alert him/her about the concern.
3. For concerns that require immediate action, call the Health Coordinator directly.
4. The Health Coordinator may request a Release of Information (Consent) to be signed by caregiver to obtain addition health information from Primary Care Provider.

SAFETY

Quality Assurance Checklists

POLICY:

Opportunities Head Start is committed to providing a safe environment for all children, parents, visitors and staff. Quality Assurance (QA) checklists will be completed on a regular basis by staff or outside consultants to ensure the safest environment possible. QA checklists may include, but are not limited to: Daily Maintenance checklist, Facility Quality Assurance Checklist & Health Quality Assurance Checklist. The checklists address **fire protection, building safety, premise hazards, furnishings and equipment in the centers as well as general procedures and practices regarding the handling of hazardous items, child safety and health & safety awareness.**

DEFINITIONS:

The **Daily Maintenance Checklist** is a form used internally to track the condition of our classroom and is completed throughout the day and initialed daily by Teacher. This is posted in every classroom and submitted with the end of the month paperwork.

The **Facility Quality Assurance Checklist** is completed three times a school year in the months of October, January & April by the Facilities Department and the Director. The findings are reported to the Facilities Director, Center Director and Head Start Director.

The **Health Quality Assurance Checklist** is a form used to track the condition of the entire facility including environment, health & safety and completed annually by Health Coordinator, outside consultant, or appointed staff.

PROCEDURE:

1. The Center Director will share the areas needing corrections with the Maintenance staff and Head Start Director and will work in partnership to develop a plan to correct the concerns.
2. The Center Director will be responsible to facilitate the plan of action to correct the unsatisfactory areas that are present, will request whatever item/services are needed, and address training needs of staff in order to correct issues.
3. The Center Director will note corrections on the checklist and report back to their Program Director once all issues are corrected.
4. The Checklists will be kept on file at the Administration Office and Center Directors' Office. Checklists are due with the end of the month paperwork.

Confidentiality Policy and Guidance

POLICY:

Opportunities will ensure that information about children, families, and staff is confidential, and is protected from public scrutiny. Confidentiality is properly maintained: 1) during the collection of any information from and about Head Start families, 2) while in the hands of staff and volunteers, 3) when it is stored at Head Start as a result of their participation in Head Start. Confidentiality is maintained even when staff is no longer employed by Opportunities.

Opportunities is responsible for the actions taken officially by the agency staff and volunteers. Head Start family file information will not be shared with outside individuals or agencies without written parental consent, except for requests from Child Protective Services or a court order. The parents(s) or legal guardian(s) have the right to review their child's Head Start file upon request. Parents have the right to be informed about what services their child will receive before consenting to such services.

PROCEDURE:

1. Confidentiality of files and information:
    a. All information on children, families and employees that is obtained by staff, consultants, and volunteers is confidential.
    b. A child's enrollment in our program is confidential information.
    c. Parents are informed of this confidentiality policy at the time of enrollment.
    d. Staff, consultants, volunteers, and college students/interns are informed about children, families, and staff on a "need to know" basis only. Need to know is defined as being provided with the information necessary to complete one's job requirements.
    e. Staff, consultants, and volunteers are informed of the confidentiality policy and sign a confidentiality agreement upon hire.
    f. Information about specific children and/or families will not be given to others without written permission to exchange information.
    g. Information collected by outside agencies or persons, and forwarded with parental consent to our program, becomes part of the child's file and thus the responsibility of our program.
2. Reasonable protective measures for information includes both written documents and verbal discussions about children, families, and staff, or other information obtained by staff and volunteers in performance of their duties.
3. Most important is the creation of one's awareness of confidentiality and the specific actions needed to safeguard it.
4. Authorized people reviewing child files will sign in with first and last name, title and reason for review.
5. In the event of custody issues and/or court involvement of any kind, **no** information is shared without a subpoena.

6. Access:
    a. Permanent full time Opportunities staff and authorized federal and state auditors have access to information and files of enrolled children, families and employees when needed for performance of their duties. However, a request for information from a staff member who is not directly involved with the child or a family is not a claim to automatic access; the staff member may be given a part of the file or a summary instead of access to the entire file.
    b. Sensitive information is not discussed with other staff, volunteers, or parents. When advice or assistance is needed, the case is discussed with supervisors, Coordinators or Program Director.
    c. Conversations about children, families, or staff **must** be avoided in public and in your home. Even when you do not use a name, the person could be identified through the information shared.
    d. Disclosure of information and files of individuals and agencies outside of our program, including school districts, will not be made without the written consent of the parent or guardian on a Release of Information form. Reporting cases of suspected child abuse and neglect or responding to court subpoenas are exempted from this policy.
7. If a child transfers from one Opportunities site to another, the file will be forwarded to the new site as soon as the child has been enrolled in the receiving site. When a child transfers to a center outside of our program, a Consent for Release of Information form, signed by the parent or guardian, is required before the file is forwarded.
8. In the case of foster children, the foster parent(s) will have all rights of access given parents or guardians herein, with written permission from staff foster care workers.
9. Child emergency information is kept readily available at each center.
10. Staff emergency information is kept readily available at the WBC Opportunities central office.
11. Computer systems containing personal information about children, families and employees are kept secure with a User Name/Password security system, assuring access only to the appropriate staff.
12. Maintenance and Storage of Files:
    a. When not in use, all children, family and employee files are stored in locked cabinets. At the end of the day, the room containing the file cabinets will ALWAYS be locked. When in use, any forms, notes, or papers containing personal information about children, families or staff, are kept under cover in a closed folder or inside a desk. This information will be secured and out of sight in cars or on desks.
    b. At the end of the program year, the files for returning children will be held at each center in a locked file cabinet. Files of non-returning children will be stored in secure place at the Center for one year and then for four years at the Opportunities locked storage unit. Files will be destroyed after five years total.
    c. Children's files and Individualization Binders that contain IEPs or IFSPs must be kept locked at all times according to law.

Preventing and Responding to Abuse and Neglect of Children

POLICY:

Opportunities must, by law, report any suspected cases of sexual abuse, child abuse, or neglect to the county's Child Protective Services Department. If you suspect your child is being abused or neglected while in our program or anywhere else, you should immediately contact Texas Department of Family and Protective Services at their Child Abuse Hotline at 1-800-252-5400 or at https://www.txabusehotline.org

PROCEDURE:

1. Opportunities staff will receive orientation upon hire and pre-service annually on child neglect and abuse prevention and reporting. Staff will be provided with a copy of all policies and procedures including preventing and reporting child abuse.
2. Every person is responsible for following the state laws on reporting child abuse and neglect. Head Start personnel are required to be familiar with these laws. When any signs or symptoms of child abuse and/or neglect are observed by a staff member (or any adult in the center) these observations shall be followed through in the manner stated below.
    a. Discuss concerns or suspicions of abuse or neglect with Center Director when a problem is noted**. Do not** question the child but document **anything** the child has said to you.
    b. Fill out the appropriate parts of Opportunities Incident/Accident report and the **Body Marks** form with center director assistance. This report needs to be completed and sent immediately to the Central Office to be reviewed then filed confidentially.
    c. Center Directors in turn need to report this information immediately by phone to the Head Start Program Director and Family and Community Engagement Coordinator.
    d. An assessment of the situation will be made, and the person who identified the suspected abuse or neglect will be responsible for calling or complete the online report for DFPS with the assistance of the Center Director, Family and Community Engagement Coordinator and Family Advocate. You must document the reference number given by the DFPS intake worker and e-mail it to the Program Director and/or Family and Community Engagement Coordinator. Any call made from our agency must not be made anonymously.
    e. Center Directors will be informed of outcome. Final result needs to be documented on Incident/Accident form under Action Taken. This will include the body marks form and the Incident/Accident form located in another file, locked and located in the Director's office. Pink Copy is sent to the office with Center Directors signature.
    f. If at any time a staff member does not agree with the decision of the program Director, Center Director and/or Family and Community Engagement Coordinator, they **are still mandated to report a situation of suspected abuse and/or neglect.**
    g. **At no time does a staff member contact the parent in regards to this situation.**

NOTE: If staff has concerns regarding a particular child, notes can be made more frequently than every week in weekly observations. This can be done through direct email or documented on the observation form with

notification made to the Center Director. This information will be shared with the Center Director and appropriate Coordinator on a regular basis. Staff is responsible to follow-up with Center Director if there are any further concerns. Center Directors are responsible for **immediately** informing Program Director and Family and Community Engagement Coordinator if there are concerns of suspected neglect or abuse**.**

Emergency Evacuation Procedure

POLICY:

Emergency Evacuation Plans are to be posted in each Opportunities Head Start classroom. In order to ensure the safety of the children and staff, the plan should be reviewed on a regular basis. Each site should also have an Emergency Action Plan, located in the office and a prominent position known to all staff, which identifies the site's emergency safety officers, an individualized action plan and evacuation supply kit list (see Red Emergency Folder).

PROCEDURE:

1. The local Police or Fire Department will notify the Center Director if an emergency evacuation is needed.
2. The Center Director may also contact the local Emergency Preparedness Authorities and obtain written instructions for what to do in the event of an emergency.
3. If there is enough time to evacuate the building to a safe evacuation site, the staff will immediately gather the children and evacuate the buildings to the predetermined designated location outside.
    a. One teacher in each classroom should pick up the attendance record and the first aid kit along with any child medication. The Teacher will lead the children outside the door.
    b. The other teacher will check all areas of the room, including the bathroom to ensure that all children have evacuated the room.
    c. The Director should take the Emergency Supplies, a cell phone, and copies of the Emergency Cards with contact information of the children's parents.
4. Each site must have a designated evacuation site. The location of the site should be posted and given to parents at orientation.
5. The designated safe evacuation site for your center is: _____
6. Staff will call roll and count the children to make sure that everyone is out of the building. Face to Name procedures should be used.

a. Children who cannot walk on their own will be evacuated as follows: **Infants and toddlers**- Four children per crib, **Children with disabilities** refer to special services plan for individualized needs.

7. If there is *not* enough time to evacuate the children to the safe evacuation site, the Center Director will inform the staff to take the children to the safest area designated in the center. This area should be pre-determined and listed on the emergency evacuation plan.
8. The Center Director or their designee will make a quick check of the building, ensuring all appliances are turned off and all children, staff, and volunteers have evacuated the building.
9. The children and staff will remain at the designated location until the person in charge gives the "all clear" signal.
10. As soon as possible the Center Director or next person in charge will contact the Administration office to report the situation.

Severe Weather Plan

POLICY:

Opportunities Head Start practices drills for severe weather (tornado, flash flood) according to Minimum Standards for Child Care Centers 746.5205. Head Start centers should follow the recommendations of the local ISD in regards to school closures in the event of severe weather.

PROCEDURE:

1. Head Start Centers are required to practice a severe weather drill at least once every three months. You must document these drills, including the date of the drill, time of the drill, and length of time for the evacuation or relocation to take place.
2. Refer to the Emergency Action Plan located in the office at each site for specific procedures to follow in the event of a tornado watch or warning.
3. In the event of severe weather such as snow, ice, or flooding, the center should follow the recommendations of the local ISD. Watch the local news or radio for school closure information.
4. In the event of extreme temperatures (heat or cold), the National Weather Service (NWS) provides convenient color-coded guides for caregivers/teachers to use to determine which weather conditions are comfortable for outdoor play, which require caution, and which are dangerous. These guides are available on the NWS website at http://www.nws.noaa.gov/om/heat/heat_index.shtml (heat index) and http://www.srh.noaa.gov/oun/?n=safety-winter-windchill#chart (wind chill)

Fire Drill/Evacuation Plan

POLICY:

Opportunities practices monthly fire drills, according to Minimum Standards for Child Care Centers rule 746.5205. Emergency Evacuation Plan procedures are followed during fire drills or in the event of a fire. Children must be able to safely exit the building within 3 minutes.

PROCEUDRE:

1. Fire Drills –
    a. Fire drills are held monthly and it must be documented in each classroom. Documentation must include the date of the drill, time of the drill, and length of time for the evacuation or relocation to take place.
    b. The Center Director or Center Safety Officer is responsible for ensuring fire drills are held monthly
    c. Emergency evacuation procedures are to be followed during a drill.
2. In the event of an actual fire -
    a. The staff member discovering the fire will immediately blow a whistle or set off the fire alarm.
    b. The Center Director or designated teacher will call 911 or the Fire Department. The number is located on the Emergency Phone list next to each telephone.
    c. All staff is authorized to use fire extinguishers where necessary and safe.
3. Children who cannot walk on their own will be evacuated as follows: **Infants and toddlers**- Four children per crib, **Children with disabilities**-refer to their special services plan for individualized needs.
4. Emergency Evacuation Procedures will be followed (see Policy and PROCEDURE: Emergency Evacuation Procedure)
5. The Center Director, or the designee, will check all rooms, if safe to do so, to ensure complete evacuation of the premises. All doors should remain closed.
6. Staff will follow Face to Name procedures to ensure all children are present.
7. If the building must be evacuated per order of the Fire Department, the children will be taken to the designated emergency evacuation site. Refer to the Emergency Action Plan for your site's evacuation location.
8. REMEMBER:
    R Rescue
    A Alert
    C Confine
    E Exit

Playground Safety and Supervision

POLICY:

Opportunities Head Start's goal is to provide a safe and educational environment for all children. This continues throughout the day, even when outdoors. Children should be given outdoor time for at least 45 minutes daily.

PROCEDURE:

1. Staff should make every effort to allow children the full amount of time outdoors. In the event of extreme weather, a reduced amount of time outdoors (5 to 10 minutes) or as appropriate should be considered:
    a. If the temperature falls below 32 degrees
    b. If the temperature rises above 102 degrees
    2. Staff should also avoid outdoor activity during peak hours (12:00 p.m. to 4:00 p.m.) during the summer months.
3. Teachers should plan at least one organized outside activity a day for children to participate in.
4. Playground safety checks are done every morning before children are allowed to begin play. This is documented daily on the **Daily Maintenance Checklist** and more formally on a monthly basis on the **Playground Safety Checklist**. Safety concerns found on the playground are to be reported to the Center Director immediately. The Daily Maintenance Checklist and Playground Safety Checklist are turned in to the administration office at the end of the month.
5. When outdoors, staff will be assigned a **danger zone** area in which they will supervise the children by the Director. They should stay as close to this area as possible. A copy of the assigned area should be posted in the Director's office.
6. For supervision refer to Face to Name Policy under Education.

Exposure Control Plan for Bloodborne Pathogens

POLICY:

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CRG 1910.1030, Opportunities Head Start will adhere to the following exposure control plan h. The written exposure plan is accessible to all employees, parents, and volunteers at Head Start and Early Head Start. Employees will be updated annually or when changes in procedures warrant.

PROCEDURE:

1. Employee Exposure Determination/Job Classifications

    a. Anyone at the Early Head Start or Head Start (i.e. teachers, center directors, volunteers, bus drivers, cooks, coordinators, etc.) may conceivably have to administer first aid in an emergency. Head Start job descriptions reflect that first aid is a collateral duty of all Head Start staff via the following statement in the Opportunities Head Start Policies and Procedures manual (CPR and First Aid Certification):

    "Head Start and Early Head Start staff is trained in first aid and are required to have current cards certifying their status. Head Start and Early Head Start staff and volunteers may be call upon to administer first aid to children/staff at any time in the program." The incidental nature of this circumstance effectively establishes first aid as a collateral duty rather than the primary one.

    This fact, under OSHA ruling, eliminates any kind of "routine" staff vaccination against Hepatitis B.

2. Training and Engineering Controls to Reduce Employee Exposure in the Work Place for All Direct Care Staff

    a. Job descriptions for all the positions employed by Opportunities Head Start require that the employee receive blood borne pathogen training upon assignment and on annual basis.

    b. The annual training is designed to reduce or prevent the spread of infectious disease along with actions to be taken if exposed to blood or blood products. The training content will include at minimum: methods of hand washing, how diseases spread, disinfection methods, how to use protective barriers and procedures on how to report incidents involving accidents and exposure to blood. An overview of agency Exposure Control Plan for Bloodborne Pathogens including "Employee Response of Exposure to Blood" will also be covered.

    c. All direct care staff will be required to have successfully passed infant and child CPR and First Aid Training.

    d. The employer will provide hand washing facilities that are readily accessible to employees. When this is not feasible, such as outside playground, employees will be provided with antiseptic hand cleaner in their fanny packs. Disposable gloves, at no cost to the employee, will also be made available and discarded when contaminated, torn, or punctured.

e. Food and drink will not be kept in refrigerators, freezers, cabinet, or on countertops where blood or other potentially infectious materials are present. In addition, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is reasonable likelihood of exposure to potentially infectious materials.

3. Employee Response of Exposure to Blood

a. If an employee is accidentally exposed to a child's blood who is receiving services through the employer, the following action should be taken:

i. Promptly cleanse exposed areas with soap and water or an antibacterial soap, if available.

ii. Identify which child was the source of the blood exposure.

iii. Make an appointment with the employer's designated physician to assess the need for further action. A full Hepatitis B vaccination series will be made available, within 24 hours, to all unvaccinated first aid providers who have rendered assistance involving blood. At the Doctors discretion, he/she may initiate further testing for hepatitis, syphilis, or HIV. The employee may choose to have the testing done by their private physician, but should get approval from the supervisor before taking this action.

iv. Report exposure to immediate supervisor or director if Program Director is not available.

v. An Incident Report must be completed which includes all names of persons who provided First Aid and if an exposure incident (eye, mouth, mucous membrane or non-intact skin) occurred. This is to be sent to the Head Start Director within 24 hours of this action.

Field Trip Procedures

POLICY:

Opportunities Head Start allows Pre-K children (age 4 and up) to attend field trips. Field trips can often be valuable activities when they are linked to the curriculum. When field trips are provided, they should be designed and implemented to address educational and socialization objectives for Head Start children.

PROCEDURE:

1. Trips of more than 15 more miles from center will not be permitted except on special occasions and with special permission from Central Office. All requests for any field trips must be in writing submitted to the Central Office and made by the Center Director at least 2 weeks prior to the date of the trip. Short field trips, with the use of a walk rope, to a location where children can walk are preferred.
2. All fees associated with approved annual Field Trips will be paid by Opportunities Head Start. No parent will be asked to contribute money or goods toward a field trip.
3. In order to protect the safety of the children and transportation issues, Early Head Start children and 3 year olds will not be allowed to attend field trips.(3 year-olds **ONLY** with special permission from the Central Office)
4. Children of Volunteers and Staff who are not current Head Start children at that center may not attend.
5. No private vehicles are to be used to transport Head Start children for field trips. Parents may transport their own Head Start children to field trip activities; non Head Start children may not participate in a Head Start field trip.
6. First aid kits will be in place for use if an emergency should arise. Staff members will be certified in first aid and CPR and documentation will be maintained in personnel files and posted in a visible place. One First Aid Kit will remain on transportation vehicles at all times and one will accompany the staff to the location of field trip.
7. Parents will be informed of field trips at least one week in advance, requesting parent's written approval. Children without this permission should not take part in the outing; however, alternate arrangements or activities will be made for non-participating children.
8. A record of all children and staff participating in field trips will be posted in a visible place outside the classroom door at the center at least 48 hours in advance. This form will list the location of field trip, time of departure from center, approximate time of arrival back at center, and the name of all children and staff on field trip.
9. Name tags will be attached to each child with only the center name and phone number to center on the front. Agency T-shirts may also be used if center name and phone number are printed on them.
10. Children will be assigned a friend (sets of two). The importance of remaining with your friend at all times will be reviewed with the children prior to departure.

11. Emergency information will be obtained at the time of enrollment to include any medical problems, name of physician and parental permission in order to provide child with emergency care until the parent or guardian can be notified. One copy of the Medical and Emergency Information Card will be taken on the field trip.

12. The roll will be checked using the field trip roster (1) before leaving the classroom, (2) after the children are in their seats and seat belts are in place, (3) upon arrival to field trip site, (4) upon return to the bus and seat belts are in place and (5) once again when the children return to their classroom.

13. The child staff ratio recommended by DHS for field trips will be met at all times.

    3 year olds 1 adult to 6 children

    4 year olds- 1 adult to 8 children

    5 year olds- 1 adult to 10 children

14. No child (including those with a disability) will be denied the opportunity to go on a field trip with the rest of his/her class if the parent has given permission unless the child presents a danger to himself or others. Contact the Disability or Health Coordinator if special arrangements or equipment is needed to accommodate a child on a field trip.

Field Trip Checklist

A well prepared field trip provides an effective learning experience for children and parents. Please follow this checklist as you prepare.

Two weeks or more prior to Field Trip

_____ Submit a copy of field trip request to Program Coordinator
_____ Once approved, schedule it on your calendar
_____ Check on availability of bus transportation
_____ Prepare children on educational objectives of the trip
_____ Submit Purchase Order for the amount of the trip and for transportation

One week prior to Field Trip

____ Give parents the Permission to participate form. Parent must return them in order for the child to go on the field trip.
____ Arrange for a staff member to stay in the classroom with children who did not have permission to go on the field trip.
____ Check to see if there are any other supervision duties on your trip that need to be covered by additional teachers or volunteers
____ Field Trip should be reflected on Lesson Plan
____ Prepare a map and driving instructions for volunteers, staff and bus driver.
____ Reconfirm your volunteers
____ Pick up checks from the Admin Office

Two days Prior to Field Trip

____ Call destination contact person to confirm the trip
____ Make this the deadline for permission slips
____ Make a name tag with the center name and phone number only for each child. Children may use agency tee shirts if it lists the center name and phone number on it.
____ Pick up First Aid Kits
____ Check whether any children have medications that are normally given while at school. Make appropriate arrangements
____ Prepare your Roster list
____ Prepare your Notice of Field Trip form and post in the classroom and on classroom door
____ Review field trip behavior, safety issues, snack/food arrangements, clothing, etc. and any last minute announcements.

Field Trip Day

____ Make sure the First Aid Kits, cell phones, child medication and other items are packed
____ Welcome volunteer helpers
____ Have several copies of Maps, Phone numbers, available
____ Take roll call, using the Child Roster form

Following the Field Trip

____ Teachers should review lessons learned with the children
____ Send out appropriate thank you notes

Transporting Parents

POLICY:

Opportunities Head Start **does not** provide transportation to or from school for our children.

The purpose of program vehicles includes transporting materials, staff, and Head Start families, under certain circumstances and as an option of last resort.

Our goal is to empower families, which includes supporting them to arrange for transportation and backup plans in case of illness and crisis. Head Start staff may transport families to Head Start functions only as an option of last resort.

PROCEDURES:

1. Staff who drive a company vehicle to transport parents and/or family members must have completed annual transportation training.
2. Staff must also have:
    a. A valid driver's license
    b. Approval from their Center Director for each specific transport.
    c. The transport is to or from a Head Start-sponsored family function, or as a last resort to assist families with obtaining preventative or follow up medical or dental care.
    d. The child is provided with the appropriate car seat restraint.
3. Head Start – 0-5 staff may not:
    a. Transport families or children in personal/private vehicles
    b. Transport children without a parent or legal guardian approval
    c. Transport non Head Start children to appointments, social service or other community destinations unless they are accompanying their parent
    d. Transport children alone

NUTRITION

Policy

All children enrolled in Head Start will receive meals provided by the Child and Adult Care Food Program (CACFP). All children enrolled in Head Start will have a nutrition assessment completed to identify family eating patterns, cultural preferences, and identify those at nutritional risk. The Community Needs Assessment will identify major nutrition issues in the communities served.

Procedures

1. The Enrollment Recruitment Selection Eligibility and Attendance (ERSEA) Coordinator is responsible for the enrollment of children, income verification, determining eligibility, ensuring that the Child Residency Questionnaire is complete and obtains and maintains copies of the Participation in Child Care Food Programs Forms for all enrolled children.
2. Head Start Center Directors, together with the ERSEA Coordinator, will verify all attendance, meal counts and participant eligibility counts for accuracy prior to submitting the monthly claim.
3. Center Meal Count PROCEDURE:
    a. The Daily Record of Attendance and Meal Participation will be completed daily by teaching staff.
    2. The meal count will be recorded at the point of service by the teaching staff.
    3. The form will be given to each classroom at the beginning of each month.
    4. The children's names will be listed, last name first, first name last and age.
    5. When a child withdraws, it will be noted on the form with a "W" and date of withdrawal.
    6. At the end of each day, the teacher in charge will total the numbers and transfer to the monthly summary sheet. At the end of the month, these forms will be turned in to the Center Director.
    7. The center director will combine all classroom reports onto a summary report.
    8. The center director is responsible to have the report to the administrative office on the 5th day of each month.
    9. The Daily Food Production Record is completed by the cook at sites with a kitchen before meal service and by the Center Director, reviewed by the Dietician, and Head Start Director. Infant Meal Production Record is recorded in the classroom.
    10. The Attendance and Meal Count Report monthly summary sheet are reviewed at the administrative office by the Head Start Director and Dietician for accuracy.
    11. Claims for Reimbursement are completed by the Head Start Director and submitted to the Fiscal Officer for submission online by the 15th of the month for eligible meals. Note: All Head Start children qualify for Free Meals.
4. Meal Patterns/Meal Service

    All meals provided at participating centers will meet CACFP meal pattern requirements. The Dietician is responsible for menu planning and monitoring meal production records. The USDA Food Buying Guide, standardized recipes and CN labels are used to ensure meal servings meet meal pattern requirements.

5. Training

The Dietician will provide training to program staff based upon staff members current responsibilities prior to assuming CACFP duties. Training is provided annually to staff members that have CACFP responsibilities. All staff members serving food will have a Food Handlers card. Training is provided on additional topics listed below:

(a) Confidentiality

(b) SIDS/Shaken Baby

(c) CPR/First Aid

(d) Civil Rights

(e) Meal Patterns and Portions

(f) Recordkeeping, Meal Counts/Attendance

(g) Monitoring

(h) Meal Service

Cooks will receive additional training on the following topics:

(a) Budget

(b) Procurement

(c) Claim Preparation

(d) Kitchen Hygiene

(e) Creditable Food

(f) Special Diets

(g) Safe Foods for Infants and Toddlers

(h) Food Storage and Sanitation

6. Monitoring

a. All Head Start centers will be monitored three (3) times per year by the Head Start/Early Head Start Dietician.
b. The review instrument will be the **Form H1606** from CACFP Handbook.
c. There will be (2) unannounced visits and one announced visit each year. The monitoring documentation will be kept on file for three (3) years.

Referrals to the Nutrition Coordinator

POLICY:

Program Referral Forms will be completed for all children whom have been referred for services within or outside of this agency. All **referrals need to be in Child Plus** and a notification via e-mail from the referral screen needs to be sent to the appropriate Coordinator. A **copy of the referral is printed and placed in child's folder.**

PROCEDURES:

The staff completing the referral will review all health records, physical exams and/or education records. Coordinators will be available for clarification and assistance in identifying any issues for enrollees or their families.

At Enrollment

1. Referrals regarding nutrition should be completed for children with food substitution and/or food allergies as soon as possible.
2. All referrals will be made in Child Plus then email notification to the Nutrition & Health Coordinators will be made.
3. The Nutrition Coordinator will write a referral with instructions for the Director, Kitchen Staff, and Teacher. For severe food allergies the Health Coordinator will be notified and consulted.
4. A copy is then printed and placed in the "Red Health Folder" of child's folder. Directors, Kitchen Staff and Teacher are given copies. This information is confidential and will follow WBCO Policies & Procedures for Confidentiality.
5. If the child's lab values are abnormal Hemoglobin (Hgb) & Hematocrit (HCT), (Refer to Health Screening Policy), a referral will be entered into Child Plus and emailed to the Health & Nutrition Coordinators. The child will be rescreened by their primary care physician (PCP) then referred to a Specialist if recommended.
6. Referrals made by the center will go through the Center Director
7. Any follow-up by Family Advocate and/or Director with parent will be documented in Child Plus under the referral that was made.

Throughout the School Year

1. Please contact the Nutrition Coordinator directly with any concerns that requires immediate attention.

Family Style Meal Checklist Procedure

POLICY:

The Opportunities Head Start Classroom Mealtime Checklist is a form used internally to monitor USDA mealtime service and Head Start Performance Standards at our facilities. The checklist must be reviewed at least three times each year, including one review during the first month of meal service. The following will become the established Procedure

PROCEDURE:

1. In October, January and April, the Center Director will complete the Mealtime Checklists and send them to the Health Coordinator.
2. If meals are improperly served or do not meet USDA requirements, the Program Director and/or nutrition consultant will make necessary adjustments in the reimbursement claim forms.
3. When food service requirements are not being met at the center, the Program Director will address mealtime issues immediately with the Center Director and will expect corrections to be made by the following day.
4. The Center Director will be responsible for correcting any unsatisfactory areas that are present, will request/order whatever item/services are needed, and address training needs of staff in order to correct issues.
5. The Center Director will note corrections on checklist and report corrections to Program Director.
6. The Mealtime Checklists will be kept on file at the Central Office.

Family Style Dining Procedure

PURPOSE:

To ensure that children enrolled in all Head Start options are exposed to a variety of learning activities that enhance growth and development before, during and after family-style meal service.

POLICY:

All Head Start enrollees will participate in learning activities that enhance growth and development before, during and after family-style meal service.

PROCEDURE:

Before the meal:

1. Identify children to assist with meal preparation activities. These meal preparation activities are re-arranging the tables if necessary to assure the opportunity to provide adequate supervision during the meal service, washing and sanitizing the table, and setting the table. These children will wash hands prior to assisting with these activities.
2. The remainder of the children will participate in a quiet activity before the meal service (i.e., storytelling, talking about the menu for that day) with the other staff person.
3. Once the utility cart has been delivered to the room, all of the children may wash their hands in preparation for the meal service and proceed to the table.

During the meal:

1. Staff and children should engage in interesting conversations. Open-ended questioning, good listening skills and taking turns in conversation should be promoted. Children should be encouraged to compare, contrast and classify foods according to color, texture, taste, shape and size.
2. Staff set good examples by demonstrating a positive attitude towards all foods served. Food is not used as a punishment or reward. Each child is encouraged but not forced to eat or taste his/her food.
3. Staff and children will continuously review table manners and safety issues. Children will be encouraged to use phrases such as "please, thank-you, pass" when participating in the meal service.
4. All foods provided during meal service are to be placed on each table with proper serving dishes and with proper serving utensils.
5. Children are to serve themselves all foods that can be safely served that are provided during all meals as age appropriate. Progression through service of items is allowed starting from **one item** at the beginning of the school year to **all** the items by January as appropriate by age and development of the children.
6. Children are to handle all dishes, child-sized pitchers and utensils to pass selected menu items.
7. The proper adult-child ratio should be maintained at all times during meal service Head Start staff must be present.

8. Children should never be allowed to sit alone nor with another group of students without proper adult supervision.
9. Children should be encouraged and allowed to wipe up their own spills as they occur.

After The Meal:

1. **Children will be encouraged to remove their plates and clean their area of napkins, cups and plastic ware observed by staff.**
2. After all children have finished eating and removing plates, the serving dishes, pitchers and utensils will be returned to the carts.
3. After the table is cleared, identify children to wipe the tables. **An adult must use the 4 step cleaning/disinfecting process while wearing gloves immediately after the child has completed wiping the table.**
4. Immediately following, the children may proceed to brush their teeth.

Food Handling Procedure

POLICY (1304.23 (e) (1)

Opportunities assures nutritious, bacteria-free foods are served to all infants and children by providing food production staff training that meets state and local health district's approved Food Handler's Training Certification for food storage, preparation and service.

PROCEDURES

Proper food handling practices reduce the likelihood that bacteria will be allowed to grow and contaminate food.

1. **Food can spoil because of mishandling or improper storage.**
    a. Bacteria from hands, utensils and work areas can contaminate food.
    b. Bacteria grow quickly between 41 F and 140 F, or the danger zone.
        i. keep **hot** food **hot** (above 140 F).
        ii. keep **cold** food **cold** (below 41 F).
        iii. Bacteria in under-cooked food can cause food-borne illness. These bacteria are killed when food is cooked or re-heated to at least 165 F.
2. **Examine all foods when delivered to make sure they are not spoiled, dirty or contaminated.**
    a. Make sure frozen food is frozen when delivered. Do not accept frozen food that has thawed. Do not accept food in dented cans.
    b. Refrigerate food immediately. Do not let refrigerated or frozen foods sit at room temperature. Use food on a "first-in, first-out" basis to prevent spoilage and food waste. All foods should be dated upon arrival in kitchen.
    c. Store foods, such as flours, cereals, cornmeal, sugar, dry beans and dry peas in tightly covered containers to prevent rodent and insect infestation.
3. **All eating and drinking utensils must be properly handled.**
    a. Utensils used for cooking should never be used for tasting.
    b. Cracked or chipped utensils and dinnerware should not be used.
    c. All appliances and equipment should be kept clean and in good working condition at all times.
    d. Only dishwashing equipment that meets local health agency standards will be used.

4. **Proper Preparation and service methods will exclude exposure to possible contamination of foods.**

   a. Never use the hand washing sink or diaper-changing surface for food preparation.

   b. Do not allow people with infected cuts or sores, colds or other communicable diseases to prepare or serve food.

   c. Wash hands thoroughly with soap and water and put on clean gloves before handling foods or utensils. Repeat after every visit to the rest room, blowing nose, or touching hair or face.

   d. Wash hands, change gloves, wash utensils and work surfaces thoroughly after contact with eggs, fish, meats or poultry or unwashed fruit and vegetables.

   e. Thoroughly wash all fruits and vegetables that will be served raw, such as lettuce, celery, carrots, apples, peaches, etc.

   f. Cook foods properly, following standardized procedure and recipe instructions.

   g. Have two (2) food thermometers in the kitchen - One for hot foods and one for cold foods.

   h. Take food temperatures upon food service and record on the Food Temperature Chart.

   i. Food should be covered with film and delivered in/on a food service cart to the classroom.

5. See booklet, **SAFE FOOD FOR CHILDREN.**

Food Safety for Infants/Toddlers

1304.23 (e) (2)

POLICY

Opportunities, Inc. promotes breastfeeding as the preferred, natural and healthy way to nourish babies. We encourage and support all nursing mothers, including parents of enrolled children and our own staff. Opportunities supports mothers that choose to breastfeed by providing a quiet, comfortable, and private place where mothers may nurse or express milk.

PROCEDURES

1. **Nursing mothers will be provided with guidance on packaging and labeling breast milk.**
    a. Bottles of breast milk and formula will be labeled with the child's first and last name, dated, and refrigerated. All Early Head Start centers will be furnished with refrigerators for the proper storage of formula, breast milk and other infant/toddler foods.
    b. For storage, use clear or cloudy hard plastic containers/bottles or plastic bags specifically made for the storage of human milk (such as Medela or CSF bags). Parents will be advised to store milk in 2-4 ounce amounts to reduce waste.
    c. Breast milk will be stored in the refrigerator and/or freezer at the site.
    d. Each mother will label each container with the date, time expressed, and name of child. Milk we be used in the order in which it was expressed.
    e. All filled bottles of milk, formula or breast milk will be refrigerated until immediately before feeding of the infant or toddler. Milk, formula or breast milk remaining in a bottle after 1 hour will be discarded. Bottle must be capped while in the refrigerator.
    f. All prepared formula, milk or breast milk not used within 24 hours will be discarded.
2. **Proper methods for thawing and warming milk will be followed to protect the nutrition components and the safety of the milk.**
    a. Frozen breast milk will be thawed under running water or in the refrigerator. Frozen milk is held under cool running water and gradually add warmer water until milk is thawed and heated to room temperature.
    b. Only warm enough milk to be eaten at each feeding.
    c. Human milk will **Not** be heated directly on a stove. It may be placed in a pan of warm (not boiling) water.
    d. Human milk should not be heated in a microwave oven as valuable components will be destroyed if heated greater than 130 degrees F.
    e. Previously frozen milk that was thawed can be safely refrigerated for up to 24 hours. Never refreeze thawed milk.
    f. Refrigerated milk will be warmed under warm running water for several minutes.

g. Freshly expressed breast milk can be refrigerated safely for up to 3 days. Frozen breast milk may be held frozen for 2 weeks in the freezer.

3. **No food other than formula, milk, breast milk or water will be placed in a bottle for infant feeding unless indicated by a medical professional, in consultation with the parents.**

4. **Foods from jars will be served into separate bowls to protect the remainder of the food from contamination.**

   a. Foods stored or prepared in jars will be served from a separate dish and spooned for each child. Any leftovers from the serving dish will be thrown out.

   b. Leftovers in the jars will be labeled with the infant's name, dated, refrigerated and served within 24 hours or discarded.

5. **All infants will be held during feeding.**

   a. Infants that are unable to sit up will always be held for bottle feeding.

   b. Bottle propping is not allowed.

   c. Carrying of bottles by toddlers though out the day is not allowed.

6. **Children ages 24-36 months will be allowed and encouraged to feed themselves. Staff will provide support as long as each child needs the assistance.**

7. **Notice of foods that are choking hazards and are NOT to be served to Early Head Start children should be posted in each classroom, the center office and the kitchen.**

   The following foods should be included in the notice:

   Hot dogs

   Whole grapes (fresh and in fruit cocktail)

   Hard, raw vegetables, uncooked dry fruits such as raisins

   Hard candy

   Whole nuts, beans, seeds or grain kernels (unless cooked and soft), pretzels, chips, peanuts or popcorn

   Marshmallows

   Peanut Butter (no nut products including Almond milk)

   Chunks of dense meat

   Any citrus (juice or fruit) until their 2nd birthday

   Honey

   Cows milk and eggs will not be introduced until their 1st birthday unless ordered by medical provider.

8. **Meal service will be a pleasant environment and accompanied by staff members.**

   a. Proper adult-child ratio should be maintained at all times during meal service with Head Start staff present.

b. Children should never be allowed to sit alone nor with another group of children

c. Children should be encouraged and allowed to wipe up their own spills.

9. **Upon completion of the meal, children should be encourage to help with clean up of the meal and tables.**

a. Children will be encouraged to remove their plates and clean their area of napkins, cups, service ware observe by staff.

b. After all children have finished eating and removing plates, the serving dishes, pitchers and utensils will be returned to the service carts.

c. After the table is cleared, children may be selected to help wipe tables. An adult **MUST** follow the 4 step cleaning/disinfecting process and to wear gloves **AFTER** the child has completed wiping the table.

d. Children will proceed to brush their teeth following meal clean up.

Identification of Nutritional Needs- Early Head Start

POLICY

Opportunities, Inc. Early Head Start will identify the nutritional needs of each infant/toddler at initial enrollment and on an on-going age appropriate schedule.

All Teachers and Family Advocates will help to collect information regarding the nutritional needs of each infant/toddler enrolled in Early Head Start via the, " What I did today in EHS form". This information will be collected initially during enrollments and collected at least monthly for each infant until age 12 months. Between 12 and 24 months this information will be collected at least every three months. Staff will discuss the infant/toddler intake and eating patterns daily with the parents.

PROCEDURE:

1. All Teachers and Family Advocates will help to collect information regarding the nutritional needs of each infant/toddler enrolled in Early Head Start via the "What I did today in EHS form". This information will be collected initially during enrollment. Parents will complete the Feeding Routine Form. Staff will discuss and clarify any nutritional concerns with the parent. Any concerns should be forwarded to the Health Coordinator. This should be done prior to the first day of attendance.
2. Following the enrollment period, Family Advocates and Teachers will briefly discuss any changes in the infant/toddlers intake and eating pattern with the parent during each Home or Center Visit. Information on the "What I did today in EHS form" and on eating patterns will be collected at least monthly on each infant until age 12 months.
3. Feeding times, amounts and elimination patterns will be documented on the "What I Did Today at Early Head Start" sheet. A copy of this sheet is given to parents daily.

Left-over Food Disposal Policy

POLICY

Opportunities, assures food that has been served in the classroom will be disposed of for the protection of the health of those who consume food prepared at the sites. USDA, CACFP requires that all food prepared at the site will be served and disposed of at the site.

PROCEDURE

- All food served and leftover from Opportunities Head Start functions, must be thrown away. All food prepared for serving, but not served, and needing refrigeration at a temperature lower than 40 degrees or heating to a temperature hotter than 140 degrees, must be thrown away.
- Leftovers from breakfast or lunch **may not** be sent home with children or parents. Children's meals must be eaten at the center.
- **All food sent to the classroom but not eaten must be thrown away**

Meal Service Preparation

To ensure that all menu items provided in Head Start program options are served in appropriate dishes and with child-sized utensils/pitchers to facilitate family-style dining.

POLICY:

Every enrolled Head Start child, staff and classroom volunteers will provide menu items in serving dishes, child-size pitchers and utensils that are appropriate for the selected menu item. Every menu item will be placed in the provided serving dishes and covered with food/service film. Appropriate child-sized serving utensils will be provided for each dish. All beverages will be served in the appropriate child-sized pitchers and glasses to provide the required minimum serving for each child.

PROCEDURE:

Food Service personnel will place all menu items in the provided serving dishes according to the following chart:

32 oz. vegetable server

Potatoes
Eggs
Casseroles
Cereals (hot)
Fruits, canned and fresh
Meats
Sauces and gravies
Vegetables

Child-sized pitchers

Milk
Water

Bread basket

Breads/muffins/biscuits

Cheeses
Cookies
Graham crackers

8 oz. bowls or Squirt bottle

Condiments
Jelly

Nutrition Assessments

PURPOSE:

The purpose of a nutrition assessment is to identify each child's nutritional needs based on nutritional assessment data (height/weight information as charted on the growth chart, BMI and Hemoglobin/Hematocrit) obtained from the parent.

POLICY:

Parents will complete a Health History for all children at the beginning of the year. The form will include information about the child's eating habits, special dietary needs, likes and dislikes. This form, along with data received from the child's physical exam (height, weight, hemoglobin) will be assessed to determine special needs.

PROCEDURE:

1. The person doing enrollment will assist the parent completing the form and will be reviewed for completion.
2. Any questions that are answered "yes" will be clarified at enrollment and any comments will be written in. Any important information will be forwarded to the Health Coordinator prior to the child's first day of attendance.
3. During the file reviews, the Health History will be reviewed and by the Health Coordinator. A individualized plan will be developed on all children with Special Diet needs and given to the Directors which will be shared with the teachers. Copy will be in the child's health red folder.
4. If needed, within one month of reviewing the Health History form, the Health Coordinator or Nutrition Consultant will obtain any additional clarification or address any concerns with the parent.
5. The Nutrition Coordinator will review all information including; hemoglobin/hematocrit, height & weight, health history and physical exam. If a child is above the 95% or below the 5% for height, weight or height-to-weight or has hemoglobin below 11.0, the Nutrition Coordinator will begin an in-house Program Referral.
6. Information and suggestions for weight maintenance or weight gain will be sent to the parents for children. Information on iron rich foods will also be shared with parents.
7. The child's BMI and/Hemoglobin will be rechecked and reviewed every 3 months until normal limits have been reached. If the child remains outside of normal limits, a referral to the child's medical professional or WIC will be made.

Special Diets

POLICY:

Special diets will be provided for all infant's/children that require any dietary restrictions or modifications.

Definitions:

Special Diet - Any diet prescribed by the infant's/child's medical professional or dietitian. A special diet may also be requested for religious restrictions.

PROCEDURES:

1. The enrollment staff will review the health and nutrition history form for special dietary needs or restrictions prior to enrollment. Due to high incidence of allergies, all centers are Nut Free, Nut Butter Free Zones.
2. If a special diet is requested, the parent should be informed that a statement signed by a physician or religious leader, depending on the reason for the special diet request, must support the special diet request. The special diet request will be honored for three weeks once notification to staff is made without a doctor's statement.
3. The enrollment staff and Center Director should:
    a) Notify the Health Coordinator of any dietary restrictions and/or modifications via the Referral process and forward to the Health Coordinator with the Severe Allergy Form completed.
    b) Place this information in the classroom in a folder on the wall. Place a stop sign on the table where the child eats (no picture). If the child does not eat in the classroom, allergy information must be kept with the teacher and any substitutes must be notified in writing prior to working in the classroom.
    c) Inform the parent that requests for special diets:
        1) Due to religious reason must be supported by a statement signed by a parent.
        2) Due to medical conditions/disabilities must be supported by a statement signed by a medical professional. The statements must verify that special meals are needed due to a medical condition/disability, identify the medical condition/disability, the food or foods to be withheld and any requirement for change in form of food needed to meet the child's special dietary needs and required food substitutions.
        3) This information must be obtained within 3 weeks of ordering a special diet for the infant/child who has restrictions due to medical reasons.
        4) Distribute Special Diet List to food service personnel
5. The Health Coordinator will:
    a) Notify the Nutrition Coordinator.
    b) Develop the Special Diet List and distribute to Directors and Nutrition Coordinator.

6. The Nutrition Coordinator will:

   a) Notify food service personnel of the dietary restriction/modification.

   b) Complete an Individualized Health Plan and modified menu and forward a copy to the kitchen staff and Center Director

USDA Procedure

PURPOSE:

Head Start will follow the CACFP (Child and Adult Care Food Program) meal pattern for 0 to 5 year olds in serving breakfast, lunch and snack. The USDA CACFP is the primary source of reimbursement for meals for Head Start children.

POLICY

Opportunities, Inc. will follow the Child and Adult Care Food Program requirements for documentation of child income eligibility, menu patterns, documentation of meal service to infants and children, necessary medical or religious diet substitutions and their supporting documents, offering and supplying of formula, posting of required posters and annual training of staff and its documentation.

PROCEDURE

INCOME ELIGIBILITY APPLICATION

1. All children enrolled in Head Start are eligible to receive free meals. CACFP-CCC/Admissions Form is filled out for each child at enrollment. This form must be **signed** and dated by the parent.
2. All Head Start families are automatically eligible for USDA reimbursement and should have a CACFP-CCC/Admissions Form completed.
3. Please submit a CACFP-CCC/Admissions Form for each enrolled child to the Central Office within one week of enrollment.

HEAD START 0-5 MENUS

1. Head Start 4 week cycle menus are created and distributed for each center at the beginning of the year.
2. For each month, the Center uses the 4 week cycle menu for HS and/or EHS, as appropriate.
3. **These dated monthly menus are posted at each center and accessible to all families.**
4. Centers that are on ISD campus are provided Breakfast and Lunch menus from the school district
    - Submit school district menus to the Central Office at the end of each month.

HS MEAL COUNT

1. Centers count meals (using USDA guidelines re: offering food twice, etc.) and fill in the "USDA HS Meal Count" sheet during food service, following the directions on the sheet, each day, neatly using black or blue ink.
2. Centers *total* the numbers of Children Present, and numbers of meals eaten, on the HS Meal Count sheet at the end of the month.
3. Centers turn in Meal Count Sheet to the Central Office by the 5th day of the following month.

EHS MEAL COUNT AND MENUS

1. Head Start 4-week cycle menus are created and distributed for each center at the beginning of the year.
2. For each month, the Center uses the 4-week EHS cycle menu.
3. These dated, monthly menus are posted at each center and accessible to all families.
4. Centers count meals (using USDA guidelines re: offering food twice, etc.) and fill in the "USDA EHS Meal Count" sheet, following the directions on the sheet, for each group, neatly using blue or black ink.
5. Centers total the numbers of Children Present, and numbers of snacks eaten, on the EHS Meal Count sheet at the end of the month.
6. Centers turn in the Meal Count sheet to the Central Office by the 5th day of the following month.

HEALTH SUBSTITUTIONS

1. If a medical professional (such as the child's health care provider) has not stated that a substitute food is required and if the child is not offered each food twice, the meal cannot be counted for that child.
2. If a medical professional has stated that a substitute food item should be made and the Center has a note explaining the substitution signed by that physician, Head Start will supply the substitute and the child will be offered the food twice for the meal count. A copy of this should be sent to the Central office

INFANT FORMULA OFFER FORM: EARLY HEAD START

1. All Early Head Start parents with infants less than a year old will be offered the WIC approved brand formula. If the child has a medical professional statement stating they cannot have that brand, we will supply the alternate formula. Only if we purchase the formula can we count it as a meal.

JUSTICE FOR ALL POSTER

1. 'Justice for All' posters must be posted in each center in an area where it can be clearly seen by parents.

BUILDING FOR THE FUTURE

1. USDA regulations require that all sponsors reproduce the flyer "Building for the Future," indicate the name, address, and phone number of the center, and include in center enrollment packets. This is forwarded each year from the Central Office.

TRAINING

1. Training for all center staff will be provided in the summer.

   The topics will include:

   - Meal Service
   - Sanitation
   - USDA Meal Requirements
   - Civil Rights

2. USDA Training Roster will be signed by all attending staff and returned to the Central Office with the Training Agenda.
3. Civil Rights training must be completed by all staff. The course is offered online.
4. The program will provide pre-service training each year for center Directors, as needed.

   The topics will include:

   - USDA Record Keeping
   - Attendance

FAMILY SUPPORT

Breast Feeding Policy

POLICY:

Opportunities promotes breastfeeding as the preferred, natural, and healthy way to nourish babies. We encourage and support all nursing mothers, including parents of enrolled children and our own staff. Opportunities supports mothers that choose to breastfeed by providing a quiet, comfortable, and private place where mothers may nurse or express milk.

PROCEDURE:

1. Nursing mothers will be provided with guidance on packaging and labeling breast milk. For storage, use clear or cloudy hard plastic containers/bottles or plastic bags specifically made for the storage of human milk (such as Medela or CSF bags). Parents will be advised to store milk in 2-4 ounce amounts to reduce waste.
2. Breast milk will be stored in the classroom refrigerator and/or freezer at the site.
3. Each mother will label each container with the date, time expressed, and name of child. Milk will be used in the order in which it was expressed.
4. Area will have access to an electrical outlet and running water.
5. To thaw:
6. Frozen milk, hold container under cool running water and gradually add warmer water until milk is thawed and heated to room temperature. Only warm enough milk to be eaten at each feeding. Human milk should not be heated directly on a stove. It may be placed in a pan of warm (not boiling) water. Human milk should not be heated in a microwave oven as valuable components will be destroyed if heated greater than 130 degrees F. Previously frozen milk that was thawed can be safely refrigerated for up to 24 hours. Never refreeze thawed milk.
7. Refrigerated milk, warm the milk under warm running water for several minutes. Freshly expressed breast milk can be refrigerated safely for up to 3 days.
8. Early Head Start sites will have a comfortable chair, pillow and screen accessible to promote a private area for nursing mothers to nurse or express milk, although the mother may nurse where she may feel the most comfortable.
9. Staff that breastfeed can make arrangements to nurse or pump during work breaks.

   Opportunities Head Start is a Mother-Friendly worksite organization and we promote breastfeeding. Opportunities follows the Texas Health & Safety Code & Minimum Childcare Standards to meet the requirements.

Family Referrals

POLICY:

The Family and Community Engagement Coordinator should be notified immediately if a concerning social/emotional family situation arises and appears to need additional attention/resources. All contacts in this section should be documented in ChildPlus within 72 hours of any contact made/resource given to a family.

PROCEDURE:

1. Call/email the Family and Community Engagement Coordinator immediately to apprise her/him of the situation.
2. Discuss a plan of action to help meet the family's needs.
3. Follow up with the family and provide the resources
4. After speaking with the family and providing the resource follow up with the family to see what came from the referral.
5. Email the Family and Community Engagement Coordinator with the outcome.
6. This should all be entered into ChildPlus within 72 hours of each contact.

POLICY:

Opportunities encourages self-sufficiency in families and should guide families to resources so that families can get familiar with resources in their community and know how to navigate/find them. All contacts in this section should be documented in ChildPlus within 72 hours of any contact made/resource given to a family.

PROCEDURE:

1. Review Community Resource Directory and local resources for possible resources. If assistance is needed contact the FCEC for assistance.
2. Once referrals are provided to family it should be entered into Child Plus within 72 hours of referral being given.
    a. The entry into ChildPlus should include the following…
        i. What type of referral was needed
        ii. Why the referral was needed
        iii. What referral was actually provided to the family.

POLICY:

Family Advocates will provide appropriate follow up and follow through with families once a referral is provided.

PROCEDURE:

1. A referral needs to be made in the Family Referral section in Child Plus and an e-mail notification needs to go to the Family and Community Engagement Coordinator (FCEC).
2. Once an email notification is sent to the FCEC a time needs to be agreed upon by the Family Advocate and FCEC to discuss concerns and come up with a plan.
3. Once the meeting is held the Family Advocate will send an email to the FCEC within 24 hours which documents what was discussed and the plan that was made. The meeting should also be entered into ChildPlus by the Family Advocate within 72 hours of the meeting.
4. If a referral is made to an outside agency for counseling, etc. an e-mail notification needs to go to the FCEC as well as the Mental Health Coordinator within 24 hours of referral being given. The referral also needs to be documented in the Family Referral section of Child Plus within 72 hours of referral being given to the family.
5. The Family Advocate must follow up with the family within three days of the referral being provided to the family in order to follow up and ensure that the family does not need any additional referrals/resources.
6. Once the follow up contact has been made with the family the information received should be emailed to the FCEC within 24 hours and documented into ChildPlus within 72 hours.

Family Assessment Paperwork/Forms - Process and Guidance

PURPOSE:

The **Family Assessment and Partnership Agreement** is for the Family Advocate to use in the development of partnerships with parents. These partnerships support parents to establish and obtain goals for themselves and their families. The **Family Assessment and Partnership Agreement** may be updated throughout the year, as the families' circumstances change and the staff/family partnership strengthens. Documentation is updated in the Family Partnership Agreement Goal section in Child Plus.

POLICY:

Head Start provides parents opportunities and support for growth, so that they can identify their own strengths, needs and interests, and find their own solutions. The objective of Head Start is to support parents as they identify and meet their own goals, nurture the development of their children in the context of their family and culture, and advocate for services in the community that are supportive of children and families of all cultures. The building of trusting, collaborative relationships between parents and staff allows them to share with and to learn from one another. This relationship begins with the enrollment process and continues throughout the year. All contacts in this section should be documented in ChildPlus within 72 hours of any contact made/resource given to a family.

PROCEDURE:

1. An appointment should be made with each family within 45 days of their child's enrollment into Head Start to complete the Family Assessment and Partnership Agreement and all other FS forms (101, 102 and103). This is to be completed within the first 45 days of enrollment.
2. Once an appointment is made, print out the child information sheet from ChildPlus which has the household composition and emergency contact information. This should be reviewed with the parent/guardian during the home visit and any changes should be made within 72 hours after the visit. (This should also be reviewed with parents after each quarterly meeting and updated within 72 hours as well.)
3. During the Family Advocates meeting with the parent/guardian rapport should be built in order to gather more information from the family in order to completed FS form 100, 101, and 102.
4. Once information is gathered during the visit the family should come up with a Family Goal and a Literacy Goal. If a family is struggling to come up with a goal used the information that they provided to you to help guide them to a goal.
5. After each goal has been set follow up and follow through needs to occur in order to ensure that the family is making progress in their goals.
6. After a family has succeeded in completing a goal a new goal should be set with the family.

The family advocate must focus on at least one goal within 45 days of enrollment, and that goal will be updated at least quarterly, if not sooner. All referrals made to support families' interests must be documented on the Referral section in Child Plus within 72 hours of the referral being provided. Case History notes need to be printed two times a year prior to quarterlies and filed in the Child's Folder as well as in the Family Advocate binder.

Elements of a parent contact should include but are not limited to the following:

- **Preparedness:** Review child's folder before the home/center visit. A print out of the child information sheet should be printed and reviewed with the family at the initial home visit as well as before each quarterly.
- **Rapport Building:** Family Advocate should be engaging in active listening and showing a true interest in the family's well-being/needs. Questions that can be ask but not limited to…How are things going? Have there been changes since we last met? How is your child doing? How do you like the program? What has your child learned? What has been going on since we last met?
- **Follow-up:** on past issues/concerns/topics of interest. What steps have been taken toward goals? Review all referrals and update as needed.
- **Up-coming** parent activities/family event dates. How will you be involved? What works best with your family's schedule?
- **Planning**: future engagement activities/events for your family or the center; next home visit topic.
- **Parent Celebrations/Concerns**: input into past or future engagement activities for parents and children.
- **Closure**: What steps do you agree to take before our next home visit? What steps will staff take before the next home visit?
- **Goal Setting:** This should be done with the parent for themselves as well as their family.
- **Education:** Refer back to Guidance for preparing for and completing Home/Center visits.

Family Follow Up

POLICY:

Family Advocates will provide monthly follow up and follow through with families once goals have been set in order to monitor and assist the family in making progress towards their goals.

PROCEDURE:

1. Each family should have some sort of contact from the Family Advocate each month.
2. If a family is considered high needs, monthly face to face contact must be made with the family. If a family is not considered high needs, monthly contact maybe over the phone.

Goal Tracking

POLICY:

Each Family Advocate must track each family's goal in the spreadsheet provided to the advocate by the FCEC. The spreadsheet must be updated within 72 hours after a goal is set or achieved. The spreadsheet will be reviewed monthly by the FCEC.

PROCEDURE:

1. Each time a goal is set with a family the results must be documented in the spreadsheet within 72 hours of the goal being set.
2. Once a goal is achieved and a new one is set the spreadsheet needs to be updated within 72 hours.
3. This will be checked by the FCEC monthly to ensure that it is being completed.

Home/Center Visits and Parent Conference Documentation Procedure

POLICY:

An enrollment home visit *must* be made before any child can attend Head Start.

PROCEDURE:

1. Head Start/Early Head Start teachers will conduct conferences or complete home/center visits with parents to discuss child's strengths, needs, interests and set goals for the child's school readiness.
2. Attempts will be made to provide each Head Start family with opportunities for home visits on an individual needs basis, with significant contacts to establish positive relationships and support the child and family goals. The Family Advocate, teacher or any combination of the two may complete home visits.

POLICY:

Per Head Start Performance Standards, at least **Two Educational Home Visits** must be made per year to address the strength, development and goals for the child. **Two Educational Center Visits** are to be completed as well. Home visits and parent conferences will be used to share information about the child's educational program, developmental progress, to share at home activities, screening results, to get parents' input into the educational program and set school readiness goals. The teachers will complete the home visit/parent conference forms and enter them into Child Plus. **All questions on the conference form should be answered and nothing should be left blank.**

1. Early Head Start classroom staff will hold parent conferences monthly. No less than 4 conferences will be held in the home, (including the initial enrollment home visit) and 2 home visits after school readiness reviews.
2. **Traditional Home visits** are defined as **pre-scheduled** contacts with parents **in the child's home** that must provide enough time to cover information on the report cards, child's folder, portfolios and individualization binder to allow for discussion in areas of parent or teacher concerns. Teachers will also provide educational handouts to support learning at home. Every effort must be made to explain the advantages of traditional home visits to the parents.
3. In the event that parents refuse to have a traditional home visit, staff is required to obtain a signed statement from the parent and then schedule a non-traditional home visit. This **pre-scheduled** meeting can be held at **HS/EHS centers** or other **designated safe locations** that are agreed upon and afford **privacy** for discussion.

Note: If three (3) attempts have been made on an agreed, prescheduled visit/conference where the parent is not available or at home. The ERSEA Coordinator should mail a certified, return request letter with the home visit/conference forms to the parent's current address. The letter does not preclude the responsibility of continued attempts to have a future contact visit with the parent concerning their child. A referral can be made to the FCEC for additional support.

Parent Fund Raiser Policy

Parent Center Committees are allowed to raise funds for their Head Start Center. They must, follow policy guidelines. Parent Center Committee funds will be controlled by Opportunities. All fundraisers must follow the same rules regarding allowable expenditures, types of activities, documentation of money collected and how much money was spent on the fundraising project, timing of deposits and check requests. The following policies and procedures concern most of the matters that affect parent fundraisers. This list does not inclusive everything that could come up with Opportunities' Parent Center Committee Fundraisers, but is intended to help Parent Center Committees understand the relationship they have with Opportunities and operate in a legal manner. A complete list of the Opportunities financial policies and procedures can be obtained from the Opportunities finance department. Please direct any questions about Parent Center Committee Fundraisers to the Opportunities Chief Financial Officer.

Rules for Head Start Parent Center Committee Fundraisers:

1. A purchase order must be submitted to the finance department prior to spending any money. The purchase order must state the purpose of the purchase, the vendor and an estimate of the cost.
2. Money collected by Parent Center Committee including cash and checks must be turned in to the Opportunities finance department (or a Opportunities lockbox) the same day the funds are received. Money will not be taken to anyone's home.
3. All parents who handle money at any event must pass a background check ordered by Opportunities.
4. A detailed, written reconciliation of the deposit must be included with the money to be deposited. The reconciliation must include a list of all revenues received and any expenditure made from the money received. Original purchase receipts must be included to document any purchases.
5. Money received by the Parent Center Committee fund may not be used for personal purchases. Any expenditure of cash received should be supported by a previously submitted purchase order.
6. Parents may not deposit Parent Center Committee fund money into a personal bank account. All money must be given to Opportunities.
7. All fundraisers must be approved in advance by the Opportunities Director of Finance. Please use the "Request for Approval of a WBCO Fundraiser" form.
8. Parent Center Committees may **not** hold raffles of any kind.
9. When requesting any center funds from Opportunities, all check requests will be processed within 2 or more weeks, depending on the deadline given by the Parent Center Committee. Please include the date you need the check when you submit the request.
10. Requests for checks made by noon on a Tuesday will be ready by 4 p.m. the following Friday, if the request specifically states that the check is needed by that Friday.
11. A financial summary and cash balance will be provided to each Parent Center Committee on a monthly basis. The Parent Committee will review the summary and let the finance department know immediately if anything seems to be incorrect.

Parent Involvement in Education/Curriculum

At the initial home visit, staff will take a picture of the child and their family. The pictures are to be placed in the folder. Pictures are also posted in the classroom. Children will take home art and examples of other work done. Center staff keeps a portfolio for each child with samples of work to document children's progress.

Parent conferences are scheduled throughout the school year to enhance communication with parents. During the enrollment process, advantages of these visits are explained to the parents. At the enrollment home visit the Teacher and Parent will discuss the parent goals for their child. At the parent conference, the teacher shares each child's progress, listens and encourages parent engagement, emphasizes the parent role as the most important influence on their child's development and the importance of parent/teacher partnerships through frequent communication. In making appointments for conferences, teachers provide a flexible time and date choice that is convenient for the parent and him/herself. The transition conference is for the transition of the child to the next education level either from Early Head Start to Head Start or from Head Start to the local school district.

In Early Head Start a minimum of three home visits and the enrollment home visit takes place during the year. In months where there are not home visits, the Early Head Start staff has parent conferences in the Center to provide frequent interaction and conversation with parents about their infant/toddler's progress and development. If a parent requests to meet at the center rather than the home (due to work or school schedule), then mutual arrangements between staff and parents will be agreed upon. More frequent home visits may also take place based on a family's need for assistance and request for help.

Parents are provided opportunities to gain knowledge and understanding of the educational needs and activities of their children through parent conferences, monthly newsletters, parent meetings and school readiness training workshops. My week in Head Start is a tool that is used to share weekly information with Head Start parents. Parent input may also be documented on the "My Week in Head Start" or "My Day in EHS" form which is given to each child. They can contribute to the theme and return their input on this form. Also, backpacks and folders are used by all of the children to assist in our efforts at communication between staff and parents.

Parents and guardians of enrolled children are encouraged in a variety of ways to give input into the curriculum. The first opportunity happens at the initial home visit, where the Teacher and/or Family Advocate discusses what skills the child has and what the parent would like to see their child learn. They are asked about any activities they would like to see their child participate in. They are asked about any activities they would like to see in the home as well.

Parent input is incorporated into the lesson plans for their center. Ideas may be posted in the center on a bulletin board or noted in a newsletter, which in turn encourages other parents to give their input. Parents are encouraged to observe and participate in the Head Start day. Parents are invited to be a part of the School Readiness Advisory Committee. Parents can assist staff in setting School Readiness Goals for the program. Lastly, parents' input is asked on the Parent Satisfaction Survey completed in midyear.

Parent volunteers are a valuable resource to the teaching staff. A parent volunteer packet and training is available at each center to assist parents in feeling welcome and more aware of the philosophies of Head Start. All participation is recognized as being voluntary and is not a condition of the child's enrollment.

Education plans are updated and reviewed yearly during Opportunities self-assessment process. Education Coordinators report regularly to the Policy Council concerning new findings in education and will share information on opportunities for children in which the Policy Council may decide to include in the program. Instructional activities, thematic concepts, large and small group activities and topics presented to children are available for parental perusal and comments.

Parent Orientation Process

POLICY:

Parent Orientation is held at the beginning of each school year before classes begin and throughout the year as children enroll. It is a time for parents to learn about the comprehensive services offered by our program. Documentation of attendance and receipt of information is located in the Family Handbook. This signature page is signed by the parent and filed in each child's folder. Parents are required to sign that they were in attendance.

PROCEDURE:

1. **Introductions:**
   - a. Who We Are and What We Do? Head Start 101
   - b. Staff Introductions
   - c. Center Schedule
     - i. Start Date
     - ii. Holiday/Break/Schedule
2. **Center**
   - a. Philosophy
   - b. Class schedule
   - c. Activities, Field Trips, Parent Activity, Fund and Fundraiser Funds
   - d. Extra Clothing-Labeled with child, name, No Flip Flops or Boots
   - e. Family Handbook/Resource Directory
3. **Wellness**
   - a. Required Physicals, Dental Exams, and Immunization records
   - b. The food program: USDA-Reimbursement for providing healthy, nutritious meals
     - i. Special diets, Allergies, EHS Supplied Infant Formula, 2 meals and 1 snack will be given daily.
     - ii. "Bringing snacks to class"
     - iii. "Building for the Future"
   - c. Mental Health
   - d. Special Services
     - i. Purpose of Screenings/ Results are given to families
     - ii. Consent forms
     - iii. Referrals
   - e. Attendance/Illness policy
     - i. Call when your child will be absent
     - ii. "Keep me at home if…"
   - f. Car Seat Safety
     - i. Children under ages eight **and** less than 4ft.9 must be in a car seat.
     - ii. All children transported by local education agencies will meet federal guidelines.

4. Transportation

a. Bus
   i. Routes (A.M. or P.M.)
   ii. Having your child ready for the bus ahead of time
   iii. Adult over 18 must receive/deliver child from or to bus door

b. **Parents**
   i. Dropping Off and Picking Up of your child at school; must be prompt
   ii. Sign-in and sign-out daily

c. **Education within 30 days of enrollment**
   i. Children will **be taught safe riding practices**; street-crossing; evacuation with drill on bus; bus danger zones. Ongoing safety procedure reminders in classroom. Documented in lesson plans.
   ii. Parent training will include the same training children receive which can be reinforced at home; emphasis on the importance of escorting children to and from bus doors. (Document must be on the orientation or parent meeting agenda.)

5. Parent Engagement

a. Home Visits/Parent Conference schedule
b. Volunteers are asked to "Give Back" 9 hours a month (in the classroom or out of the classroom). Parents may not bring other children when volunteering at the center.
c. Parent Group
   i. Monthly meetings with topics of interest
   ii. Nominating President, Vice President, Secretary and Treasurer
d. Policy Council (as representative or guest)
   i. Policy Council Committees
   ii. Be on hiring committees
e. Represents your Parent Center Group
f. Engagement/Planning Activities

6. Child Abuse and Neglect Policy

a. Reporting requirements
b. Mandated Reporting Agency

<u>Other suggestions</u>

1. Have a Spanish Interpreter to assist with the meeting.
2. If possible, provide a representative from the Bus Barn.
3. If possible, have a former parent available for brief story of their experience in Head Start.
4. Keep Orientation to one hour. No longer.
5. Provide babysitting. Do not use teachers as babysitters.
6. Provide food (small snacks) and drinks.

Opportunities for Williamson & Burnet Counties,

Head Start 0-5

Things that must be in the Orientation Packet

1. Center Calendar
2. Sample Class Schedule
3. Family Handbook, if not already given. You must have the parent sign the back page and turn it in. File in child's folder.
4. Resource Directory, if not already given.
5. "Bringing Snacks to School"
6. "Building for the Future"
7. Lice Brochure
8. "Keep me at home if..."
9. Car Seat Brochure
10. You, your child and School Bus Safety
11. Smoke Free Homes Program

Parent Satisfaction Survey

Purpose:

To allow Opportunities to reflect and gather information on the overall satisfaction of the families served.

POLICY:

Parents will complete a parent satisfaction survey annually, in February, regarding how satisfied they are with the services being provided by Opportunities Head Start. Parent satisfaction surveys will be made available in English and Spanish and in other home language when possible.

PROCEDURE:

1. Parent Satisfaction Survey is given to Family Advocates in January.
2. Family Advocates give Parent Satisfaction Survey directly to parents or give to teachers who give it to parents during their home/center visits between February and March.
3. Parents fill out surveys and return to an anonymous location in center office no later than the second Friday in April.
4. Data from surveys is analyzed for areas of strength and areas that need improvements.
5. Data is reported in the annual report, at the School Readiness Advisory Meeting and is part of the annual self-assessment process.

Parent Volunteer Recognition & Awards

Volunteers are sincerely appreciated and without them the Early/Head Start program could not fully operate. Centers recognize their parents and volunteers for all the hard work they do in a variety of ways. Some centers might do this is by honoring; Parent Volunteer of the Month, volunteer recognition ceremony, certificates to parents or guardians who volunteered the most hours, fathers/father figures who volunteered the most hours.

Placement of Head Start Children in Protective Custody

An alleged victim of child abuse and neglect may be removed from the Head Start program site and placed in protective custody. This action may only be taken by a law enforcement officer and/or Child Protective Services for the child's protection.

State law allows law enforcement officers to take or cause a child to be taken into protective custody without a court order. This can only happen if there is probable cause to believe a child is abused or neglected and would be injured if they could not be taken into custody without first obtaining a court order, pursuant to state law.

The following procedures shall be followed by Head Start staff involved:

1. Request that the CPS share appropriate information and facts concerning the alleged abuse with the Head Start designee.
2. The CPS caseworker **must** present appropriate identification to Head Start staff. A copy of the ID should be made and kept in a confidential folder.
3. CPS and/or Law Enforcement not Head Start staff, will notify the child's parents that the child is in the custody of the Department of Social and Health Services and/or law enforcement.

Releasing Children Policies

POLICY:

Each child must be signed in and out of the center by the adult dropping/picking up the child excluding those centers where the ISD provides transportation for the children to and from school each day, in which case the staff member responsible for the child must initial that the child was released to the bus.

PROCEDURE:

1. Ensure that there is a sign-in/sign-out
2. Make sure that before a child is released that the adult picking up the child is either a parent/guardian or on the child's pick up list in the office.

POLICY:

A child may only be released to their parent/guardian or anyone listed on the child's emergency contact list. A court order must be on file in the child's folder if biological parents are not allowed to pick up a child. All staff needs to be made aware of the court order.

PROCEDURE:

1. The staff will maintain in the office and each classroom, written authorization by the child's parent or legal guardian of the names, addresses and telephone numbers of persons authorized to pick up the child.
2. Any person on the pick-up list must identify himself or herself by presenting a valid Driver's license or any other picture ID. A copy of the identification must be made and placed in the front of the child's folder upon the 1st time pick up.
3. Persons requesting to pick up a child without written consent may not leave with the child unless telephone authorization is given in emergency situations **only.** Staff who accepts such authorization from the parent or legal guardian will call the previously documented number of the parent to verify that the parent is activating the phone authorization for release of the child. The staff person will document the results of this call in the child's record, as well as the time and to whom the parent gave authorization for release of the child.

POLICY:

Opportunities staff is to ensure that the parent/guardian or anyone else listed on the child's pick up list is able to care for the child and does not appear to be under the influence of any mind altering substances.

PROCEDURE:

If a parent/guardian/alternate pick-up person seems unable to care for a child at the time of pick-up (apparent influence of drugs/alcohol, abusive), the Center Director or Staff in charge must do the following:

1. Notify the Administration Office immediately.
2. Call other parent or persons on the alternate emergency pick up list.
3. If the alternate persons are not available, Child Protective Services should be contacted for guidance.
4. If the parent becomes unmanageable and refuses to stay on campus, the Center Director will then document the vehicle license plate and notify the police immediately (911). A referral to Child Protective Services may also be needed as per the discretion of the Center Director and Program Director.

POLICY:

Children need to be picked up within a timely manner.

PROCEDURE:

If a child has not been picked up within 30 minutes of the center closing.

1. Staff must contact all parents and alternate pick up contacts.
2. If staff is not able to get in touch with parents/alternate pick up contacts, they must notify the Administration Office immediately.
3. Police and Child Protective Service should then be called for guidance. Document the entire late pick up incident.
    a. The first late pick-up, parent signs late pick-up form, the second late pick-up is referred to Director and the third late pick-up is a referral to the FCEC.

If there is a question regarding the release of a child, the Center Director should be consulted. If she is not available, the Administration Office should be contacted for direction.

Volunteer Program

Why volunteer?

Head Start was founded on the belief that successful programs demand meaningful citizen participation. To achieve that, the program was designed to require using volunteers and, in turn, to allow their services to be counted as in-kind contributions towards the non-Federal share of the local Head Start budget. Volunteers bring a diversity of experience and support to Head Start, while simultaneously developing their own skills and abilities. We welcome several different sorts of volunteers:

- Parent volunteers
- Community Member volunteers
- Long-term volunteers
- Short-term or project-oriented volunteers
- Interns

Procedure

1. The Center Director is in charge of training the volunteers at their center.
2. Volunteers must be at least 14 years of age to volunteer in the classroom.
3. The teacher is the responsible person in each classroom.
4. Volunteers are treated with the same respect as any staff person.
5. If volunteers choose to assist with children's meal time, the volunteer's lunch is paid by the Head Start program.
6. Confidential records are not available to volunteers.
7. Suggestions are encouraged and welcome, but final decisions rest with Center Director.
8. Inappropriate behavior toward staff or children is not tolerated and should be reported to the Center Director immediately.
9. Volunteers may not bring non Head Start children in the classroom while volunteering.

Volunteers will complete a Contract of Commitment stating what they would like to do and how many hours they are available.

Center Directors are responsible for going over Opportunities Volunteer Packet and having the person complete all of the required forms. This includes the criminal history form that is then submitted to Day Care licensing. All Volunteers **MUST** have a background check. **All volunteers must have the TB Screening Questionnaire.** The volunteer file with all the forms signed is kept in a locked cabinet. The Individual Volunteer Time Sheet is turned into the Central Office with the monthly paper work. We encourage, but do not require, volunteers to attend appropriate Head Start training. Every volunteer receives a tour of the facility, and a copy of any class or office schedules, as appropriate.

MENTAL HEALTH

Program Wide Emotional Wellness

POLICY: Emotional Wellness Framework

Opportunities will utilize the Pyramid Model a three tier framework for providing Positive Behavior Support, to encourage positive emotional wellness of all children.

Tier One:

- Teachers have a nurturing responsive relationship with each child in their care.
- Classrooms provide a high quality supportive environment by:
  - Providing a five to one ratio of acknowledgment of positive behavior.
  - Using a predictable visual schedule.
  - Establishing routines within routines – Each major component of the day will have its own set of routines and expectations
  - Directly and purposefully teach behavioral expectations
  - Directly and purposefully teach peer-related social skills on a daily basis

Tier Two:

- Targeted Social Emotional Teaching (TSET)
  - Individualize by identifying behavioral expectations or peer related social skills specific children lack and planning approaches for teaching these expectations or skills.

Tier Three:

- Intensive Individualize Interventions
  - **Treatment Team:** If a child engages in chronic challenging behavior and tier one and tier two interventions have not reduced the incidents of challenging behavior to an acceptable level, a team consisting of the MHC or intern, Center Director, Education Coordinator or Comprehensive Support Specialist, the child's teachers, the child's parents, other Head Start staff as needed, and other professionals working with the child, will meet to determine an appropriate course of action. Interventions that may be made include but are not limited to:
    - Referral to community providers for evaluation and/or treatment.
    - Developing or acquiring additional resources to be utilized in the classroom.
    - Implementing the Prevent, Teach, Reinforce for Young Children (PTR-YC) approach for addressing challenging behavior.
    - Designing and implementing a Behavior Modification Program.

Emotional/Behavioral Screening 0-5

POLICY:

With parent/guardian informed consent, all children enrolled in Opportunities, Head Start will receive initial emotional wellness screening at enrollment and within the first 45 days. In addition each child and family will be monitored for social emotional wellness throughout the school year.

PROCEDURE:

The behavioral screening and monitoring process involves:

1. **Child Mental Wellness History (CMWH)**: - At enrollment parents fill out the CMWH. The CMWH provides parents with the opportunity to communicate social/emotional/behavior history and concerns about their child with Head Start Staff. It also provides them with the opportunity to ask to speak with a Head Start Counselor.
2. **Ages & Stages Questionnaires: Social Emotional-2 (ASQ: SE-2): -** The ASQ: SE-2 is a social emotional screening tool.
    a. During the initial home visit teachers will assist parents/guardians in filling out the ASQ: SE-2. Children will be screened using the ASQ: SE-2 within 45 days of entering the Head Start Classroom.
    b. While on the home visit, teachers will score the ASQ: SE-2. When the score is in the monitor (grey) or refer (black) range, teachers will discuss parent's concerns about their child and get their input on what sort of skills they would like to see their child learn. This information should be recorded on the ASQ: SE-2 Information Summary sheet.
    c. The results of the ASQ: SE-2 will be entered into the programs data tracking system.
    d. If a child's ASQ: SE-2 score is in the monitor or refer range:
        i. **Monitor Range -** If the child's score is in the monitor range, the teachers will monitor the child's behavior in the classroom for two weeks. If in the teacher's judgement there is cause for concern, the teacher will, with guidance from the comprehensive support specialist and mental health coordinator, fill out a Targeted Social Emotional Teaching (TSET) worksheet.
        ii. **Refer Range –** If the child's score is in the refer range the teacher will observe the child for a week and then using the information from their interactions with the child and the feedback from the child's parent, obtained in the home visit, fill out a TSET worksheet, with guidance from the comprehensive support specialist and mental health coordinator.
        iii. **TSET worksheet –** Using parent feedback from the ASQ: SE-2, teachers will, with guidance from the comprehensive support specialist and mental health coordinator, fill out the TSET worksheet to identify and plan ways to address teaching a child missing skills. The TSET will then be sent to the Mental Health Coordinator for feedback. Teachers will then work on teaching the identified skills for 45 days.

iv. After working on TSET goals for 45 day the teacher will fill out a second ASQ: SE-2, look at the child's recent behavior. If the child's score on the second screening is in the refer range and the child has not already been referred for mental health services, a mental health referral will be placed in the programs data tracking system and email will be sent to the Mental Health Coordinator.

v. Prior to regularly scheduled, mental health visits, the MHC or Intern will review ASQ: SE-2 scores. During these visits s/he will consult with teachers on children who scored in the monitor or refer range. They will review children's TSET worksheet to see how the child is progressing towards reaching the goals set.

3. **Targeted Social Emotional Teaching (TSET) worksheet:** Chronic challenging behaviors frequently occur when a child does not have the social/emotional skill needed to get their needs met through appropriate behaviors. The TSET worksheet is a tool to help teachers identify skills a child needs to learn and come up with strategies for learning these skills. Teachers will get assistance of their centers comprehensive support specialist or the Mental Health Coordinator or counseling intern in completing a TSET worksheet. When filling out a TSET worksheet teachers will look at:

   a. What function any challenging behavior serves?

   b. What skills does the child need to get their needs met appropriately?

   c. What replacement behaviors or social skills they are going to teach the child?

   d. They will set goal about what skills they want to teach the child and develop some strategies for teaching those skills.

   e. TSET worksheets will be sent to the mental health coordinator for review.

   The TSET worksheet must be utilized when a child scores in the referred range on the ASQ: SE-2. However, teachers may choose to use the TSET worksheet anytime they are concerned that a child is missing social emotional skills and they want to make an individualized plan to address teaching a child missing skills. TSET goals should be include under the social emotional column of the child's individualized learning goals.

4. **School Readiness Reviews**: During school readiness reviews the coordinating team will look for and discuss possible mental health concerns.

5. **Staff Observation**: Teachers, family advocates, and other staff will monitor children and discuss with parents any concerns the parents have about the child or changes in the family situation. When appropriate they will remind parents of the Emotional Wellness services available and set up an appointment with the MHC or counseling intern to talk with parents about their concerns.

6. **Family and Community Engagement Coordinator (FCEC):** The FCEC reviews Family Assessment-Partnership Agreement form and visits with Directors, teachers and family advocates regularly to get a comprehensive view of the child & family. If there are emotional/behavioral concerns the FCEC and/or family advocate makes a home visit to assess the current family situation. If a need for further follow up is determined and/or requested by the FCEC, family advocate, or parent, the Permission for Mental Wellness Interventions form will be completed at the time of the home visit. Referrals are also made to the appropriate social services in the area. The mental health permission form is placed in the child's folder.

7. **Center Visits:** The MHC or intern will visit Head Start Centers on a regular basis. During these visits the MHC or intern will visit with center directors, teachers, family advocates and other Head Start staff. The MHC or intern will discuss any noted changes in a child's behavior, affect, or family circumstance and may make recommendations on how to address concerns within the classroom.

   If further evaluation is needed the FA or FCEC will make a home visit and get feedback from the parents. With parent permission a referral will be made to the MHC or intern.

8. **Edinburgh Postnatal Depression Scale:** Thirty days after a mother with children in Head Start/Early Head Start gives birth the Family Advocate will meet with the mother and through conversation complete the Edinburgh Postnatal Depression Scale. The FA will then score the scale. If a mother scored 12 or higher they are at risk for postnatal depression. The FA will discuss this with the mother and offer them the opportunity to meet with the MHC or intern. If it is determines that the mother may be experiencing postnatal depression she will be referred to medical and mental health providers within the community. Additionally anytime staff notes that a new mother appears depressed the FA can administer the Edinburgh.

9. **Behavior Observation & Functional Assessment** - When a child has chronic challenging behavior the MHC or intern may do a behavioral observation and a functional assessment of the child's behavior. Prior to this occurring the FA, FCEC, or Center Director will get Permission for Mental Wellness Intervention formed signed by the child's parent/guardian. Behavior observation and functional assessment, would not be limited to, but could include:

   - **Folder Review:** The MHC or intern will review information in the child's folder looking for factors that may be contributing to emotional/behavioral concerns, changes in the child's family or living situation, and to help rule out possible health concerns.
   - **Staff Consultation**: The MHC or intern will consult with teachers, center directors, and other staff as appropriate.
   - **Behavior Observations:** The MHC or intern will observe the child within the class to determine the nature of emotional/behavioral concerns what function these behaviors serve. The MHC or intern will prepare a written report of the observations.
   - **Parent Conference**: Once observations have been completed the family advocate may schedule an appointment between the MHC or intern and parent to discuss concerns about the child, explore the family dynamics and home situation, and further determine the need for follow-up services for the child.

10. **Treatment Team**: If a child engages in chronic challenging behavior and classroom management and the teaching of appropriate skills have not reduced the incidents of challenging behavior, a team consisting of the MHC or intern, Center Director, EC, the child's teachers, the child's parents, other Head Start staff as needed, and other professionals working with the child, will meet to determine an appropriate course of action. Interventions that may be made include:
    a. Referral to community providers for evaluation and/or treatment.
    b. Developing or acquiring additional resources to be utilized in the classroom.
    c. Implementing the Prevent, Teach, Reinforce for Young Children approach for addressing challenging behavior.
    d. Designing and implementing a Behavior Modification Program.

Mental Health Referrals

POLICY: All children enrolled in Opportunities, Head Start & Early Head Start and their families will have access to support form the Mental Health Coordinator (MHC). Referrals for emotional wellness issues will be submitted to the MHC.

PROCEDURE:

When a child needs to be referred for mental health services, the center director will notify the MHC via email. After reviewing information on the child, the MHC or Intern may enter a mental health referral in the programs data monitoring system. Sources of Mental Health referrals include the following.

1. **At Enrollment**
   When parents indicate on the Child Mental Wellness History by checking "yes" on the form that they want to talk with the Head Start Counselor, the Family Advocates or Center Director will contact the family and verify that they wish to meet with the Counselor. They will document that contact in the programs data monitoring system with a Mental Health Transaction note indicating that the parent wants to meet with the counselor or has declined. The Center Directors will notify the MHC via email. The MHC or intern will enter a referral into the programs data monitoring system.

2. **Ages & Stages Questionnaires: Social Emotional-2 (ASQ: SE-2)**
   When a child has scored in the referral range on the second screening on the ASQ: SE-2, a mental health referral is to be made.

3. **School Readiness Reviews**:
   During school readiness reviews the coordinating team will look for and discuss possible mental health concerns. If the team decides that a MH referral is called for The FA and/or Family and Community Engagement Coordinator (FCEC) will make a home visit to discuss the teams concerns and get the parents insights and input and discuss any concerns that the parent may have. With parents' permission a referral will be made to the MHC or intern who will enter the referral into the programs data monitoring system.

4. **Through Out the School Year**

   a. When teachers or parents have a social/emotional/behavioral concern about a child or family, the Center Director will email the concern to the MHC or intern who may enter a referral into the programs data monitoring system.

   b. When children are identified as having social/emotional/behavioral concerns during the MHC's or intern center visits, the MHC or intern may enter a referral in the programs data monitoring system.

5. **Documenting Referrals**

   a. All referrals will be documented by the MHC or intern, in the programs data monitoring system

   b. Center Director may email the MHC requesting that a referral be made. Teaching staff will go through the center director to request a mental health referral.

Emotional Wellness Interventions

PROCEDURES:

Emotional Wellness interventions may include but are not limited to the following:

- **Teacher Consultation & Coaching:** Following regular mental health classroom visits, the MHC or intern will meet with teachers. At this point the MHC or intern will discuss any social/emotional/behavioral concerns the teachers have regarding children in their classroom. Together they will engage in problem solving to find ways to address these needs.
- **Behavior Modification Plan:** If after making observations and meeting with child's parents, it appears that the child's problems are primarily behavioral a behavior modification plan may be developed using the PTR-YC program. Behavior modification plans are plans designed to meet a child's social/emotional needs while replacing maladaptive problem behaviors with adaptive social, coping, and problems solving skills and behaviors.
  - **Development:** The team, consisting of the child's parents, teachers, education coordinators, center directors, MHC or intern, and other Head Start and ISD staff as appropriate work together to identify behavior to decrease and increase, collect data, and design a behavior modification plan.
  - **Behavior Modification Plan:** BMP's will:
    i. **Prevent -** Prevent triggers of the targeted challenging behavior while setting up prompts and cues for the targeted desirable behaviors
    ii. **Teach -** Teach replacement skills that appropriately serve the function of the challenging behavior or other behaviors to increase the child's level of functioning and lessen the need to engage in challenging behaviors
    iii. **Reinforce -** Prevent reinforcement of challenging behaviors while making sure the desired behavior is reinforced.
    iv. Training: Teachers and parents and other staff as appropriate will be trained on how to collect data and implement the behavior modification program in the classroom and home.
    v. Implementation & Monitoring: The BMP will be implemented and monitored. Teacher will fill out monitoring forms and scan them to the programs data monitoring system. The MHC or intern will work with teachers and parents. With input from the team the BMP will adjust as needed to meet the needs of the child.
    vi. If the team feels there is a need for more intensive intervention the child will be referred to a community mental health provider or physician for further evaluation or additional services.

- **Classroom Intervention:** Regardless of whether the child's problems are behavioral or emotional the MHC or intern may spend time within the classroom during normal classroom activities. This time may be spent in the following activities:
  - Investigating: The MHC or intern will observe the class, the teacher, peer interactions, and the child to determine what function behaviors serve, what stressors the child is under, and what the child emotional state is and what events prompt this emotional state. In addition the MHC or intern may attempt different techniques to determine what the best approach to working with the child might be.
  - Modeling for the Teacher: The MHC or intern may model for the teacher techniques for working with the child.
  - Coach and Problem Solve with the Teacher: The MHC or intern may coach the teacher on utilizing techniques for working with the child and may engage the teacher in utilizing problem solving to find the best ways for working with the child.
  - One-On-One Interaction with the Child: The MHC or intern may spend time working with the child one-on-one, redirecting problem behavior and modeling, coaching, teaching, and reinforcing coping skills, social skills, and problem solving. In addition the MHC or intern may work on enhancing the child's self-esteem.
- **Short-Term Parent Coaching**: The MHC or intern may spend time working with parents helping them to find effective ways of working with the child. Such session would usually occur monthly and last 45 minutes. If parenting concerns require more the five to six such sessions the parent may be referred to an outside agency for more intense work.

DISABILITY SERVICES

Identification of Children with Suspected Disabilities

PURPOSE:

To ensure that children with disabilities enrolled in Head Start programs receive all the services to which they are entitled and to identify children who need further evaluation to determine whether they may have disabilities.

POLICY:

Every child enrolled in Head Start or Early Head Start will receive a developmental screening which includes speech, hearing, and vision within the first 45 days of enrollment. Ongoing developmental assessment will be carried out throughout the school year to determine progress and plan program activities. Children who have been identified as possibly having a disability will be referred for formal evaluation, according to guidelines in IDEA (Individuals with Disabilities Education Act)

PROCEDURE:

1. SCREENING
    a. Teaching staff, along with parents, will complete a developmental and behavioral screening within the first 45 days of the child's enrollment into the program. Staff must inform parents of the types and purposes of the screening well in advance of the screening.
        i. Developmental screenings include the Ages & Stages Questionnaire (ASQ) along with staff and parent observations
        ii. Behavioral screenings include the Ages & Stages: Social Emotional (ASQ:SE2) filled out by the parent along with observation and/or staffing with the mental health consultant.
        iii. Vision and Hearing Screenings are conducted according to the program's established protocol.
            a. Staff will enter the results of the developmental and behavioral screening (ASQ and ASQ:SE2) into Child Plus and enter any concerns under the disabilities tab. Staff will alert the Disabilities Coordinator and/or Comprehensive Services Specialist (CSS) through email or in weekly observations that a concern has been entered.
2. ASSESSMENT
    a. Staff will carry out on-going developmental assessment using ENGAGE or OUNCE SCALE throughout the year to determine progress and to plan program activities
        i. Assessment is the collection of information on each child's functioning in these areas: gross and fine motor skills, perceptual discrimination, cognition, attention skills, self-help, social and receptive skills and expressive language.

b. Individual child's screening and assessments will be reviewed by Head Start team (teacher, center director, disability service coordinator, education coordinator, health coordinator, mental health coordinator) at least twice a year to identify possible need of further evaluation.

c. The Disability Service Coordinator will review screening and assessment results on a weekly basis to promptly identify concerns.

3. EVALUATION

a. The disability coordinator must arrange for further, formal evaluation of a child who has been identified as possibly having a disability.

b. The team will discuss results of the developmental screening and assessments with the parent by phone, center visit or home visit and inform them of the recommendation for further, formal evaluation.

c. Children identified to need further evaluation will be referred to the LEA (Local Education Agency) or ECI (Early Childhood Intervention) provider.

d. The parent will fill out a Disability Services Consent for Release of Information to the appropriate provider (ECI, LEA, or Private Agency) to allow the Disability Service Coordinator or Comprehensive Service Specialist to submit a request for evaluation on their behalf.

e. Head Start will provide copies of the Developmental Screening (ASQ), Behavioral screening (ASQ:SE2), Hearing and Vision screening results, classroom observations and signed copy of Release of Information to the appropriate agency.

f. The LEA or ECI provider will contact the parent to schedule an evaluation. (See PROCEDURES FOR SUBMITTING REFERRALS TO LOCAL EDUCAITON AGENCIES (LEA) AND EARLY CHILDHOOD INTERVENTION (ECI))

g. If the LEA or ECI provider does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation

h. Parents must be given the opportunity to review their child's records in a timely manner. Head Start staff must explain the purpose and results of the screening and make concerted efforts to help the parents understand them.

Referral Process for Children with Suspected Disabilities

PURPOSE: To ensure that children who are identified as having a suspected disability are referred as soon as the need is evident and according to the Individuals with Disabilities Education Act (IDEA).

POLICY:

Children who show suspect for a disability after developmental and sensory screening, or who exhibit concerns noted by the teachers and/or parents will be referred for further evaluation as quickly as possible.

PROCEDURES:

The staff completing the referral will review all health records, physical exams and/or education records. Coordinators will be available for clarification and assistance in identifying any issues for enrollees or their families.

1. ENROLLMENT
    a. If a child's application shows "suspect" for a disability, or the parent expresses a concern about their child, a concern is entered in Child Plus under the "disability" tab and a notice of the concern is emailed to the Disability Coordinator or Comprehensive Service Specialist.
    b. A Disability Services Consent for Release of Information form is filled out at the time of enrollment allowing the Head Start Disability Coordinator or Comprehensive Services Specialist to make contact with the LEA (Local Education Agency) or ECI (Early Childhood Intervention).
    c. The parent will receive a "Disability Services Parent Referral Guide" whenever the child is being referred to the LEA or ECI program. The guide includes information on the special education process, parent's rights, and advocating for your child. The Guide is available in English and Spanish.
    d. The Disability Coordinator or Comprehensive Service Specialist will make contact with the parent via phone or at a center visit to determine the nature of the concern and possible referral to the LEA or ECI.
    e. The Comprehensive Service Specialist will alert the Disability Coordinator by phone or email of any referrals being made to the LEA or ECI at the time of enrollment.
    f. The Disability Coordinator or Comprehensive Services Specialist will document in Child Plus the date the referral is being made.
2. FIRST 45 DAYS OF ENROLLMENT
    a. Within the first 45 days of a child's entry into the program, a developmental screening (ASQ), behavioral screening (ASQ:SE2) and sensory screenings (vision and hearing) will be completed.
        i. If the child is "suspect" (in the gray area) in any of the developmental areas on the ASQ, a concern will be entered in Child Plus under the disabilities tab by the center director and notice emailed to the Disability Coordinator. The Disability Coordinator will review the areas of suspect and consult with the Comprehensive Service Specialist to give classroom strategies for working with the child. The areas of suspect will be rescreened before the child has been enrolled for 90 days.

ii. If the child is "failing" (in the black area) in any of the developmental areas on the ASQ, a concern will be entered in Child Plus under the disabilities tab by the center director and notice emailed to the Disabilities Coordinator.

iii. If the child fails the hearing or vision screening, a health action will be entered into Child Plus and emailed to the Health and Disabilities Coordinators. The child will be rescreened before the child has been enrolled for 90 days.

b. The ASQ results will be entered into Child Plus as a health event under the "Health" tab by the checkpoints due date. (See procedure for entering data into Child Plus).

c. Within 2 weeks of the concern notice, the Disabilities Coordinator or Comprehensive Service Specialist will observe the child in the classroom to determine if a referral to the LEA, ECI or private agency will be made. The Comprehensive Service Specialist should consult with the Disabilities Coordinator after the observation is made to discuss concerns and what was observed. The CSS may request the Disabilities Coordinator to assist in the observation in the case they feel more support is needed.

d. The Disabilities Coordinator or Comprehensive Service Specialist will contact the parent to explain the referral process. Consent for Release of Information to the appropriate agency will be given to the Center Director or Teacher for the parent signature.

e. The parent will receive a "Disability Services Parent Referral Guide" whenever the child is being referred to the LEA or ECI program. The guide includes information on the special education process, parent's rights, and advocating for your child. The Guide is available in English and Spanish.

f. The Disabilities Coordinator or Comprehensive Service Specialist may request documentation including ASQ/ASQ:SE2 results, draw-a-person, letter recognition, observation notes, and/or hearing and vision screening results to include with referral.

g. The Disabilities Coordinator or Comprehensive Service Specialist will be responsible for following up on the status of the referral and updating center staff on the referral status. Updates will be documented in Child Plus under the "disabilities" tab.

h. The Disabilities Coordinator will review the status of referrals weekly.

3. THROUGHOUT THE SCHOOL YEAR

a. At any time throughout the school year, if a parent or teacher has a concern about a child's developmental progress, a concern should be entered into Child Plus "Disabilities" tab to request observation by the Disability Coordinator or Comprehensive Service Specialist. The concern will be entered into Child Plus by the Center Director at the teacher or parent's request and notice emailed to the Disability Coordinator or CSS.

b. Within 2 weeks of the concern being sent to the Disability Coordinator, the Disability Coordinator or CSS will schedule a time to observe the child in the classroom and determine if a referral to the LEA or ECI is to be made. The Comprehensive Service Specialist should consult with the Disabilities Coordinator after the observation is made to discuss concerns and what was observed. The CSS may request the Disabilities Coordinator to assist in the observation in the case they feel more support is needed.

c. The referral process outlined in the previous section "First 45 Days" steps d-h.

4. DOCUMENTING CONCERNS INTO CHILD PLUS

   a. All concerns will be documented in Child Plus and an email notification sent to the Disability Service Coordinator or CSS regarding the concern. Teachers should inform the center director if documenting a concern in Child Plus. The CSS should inform the Disability Coordinator of new concerns.

   b. Teachers will document that they informed the Center Director that a concern was documented in weekly observations.

   c. To document a concern in Child Plus:

      i. Select the child's name from the Navigator

      ii. Click on the Disability Tab

      iii. Check the box that says "An area of concern has been identified"

      iv. Enter the date the concern is being entered.

      v. Enter status as "New Referral"

      vi. Select "Disability Coordinator" from the drop down menu under Referred To

      vii. Type in detailed note about the concern.

5. REFERRALS TO EARLY CHILDHOOD INTERVETION (ECI)

   a. Children who are 0-3 may be referred to the Early Childhood Intervention agency that serves their county.

   b. The following information needs to be included with the referral to ECI:

      i. Identifying information - Child's name, DOB, Date of referral, Parent's name, address, phone number and primary language

      ii. Reason for Referral - A clear explanation of the purpose of the referral or parent statement of concern

      iii. Screening results that may be useful to the assessment team (i.e. speech and language screenings, hearing and vision results)

      iv. Disability Services Consent for Release of Information signed by the parent or guardian.

   c. The Disability Service Coordinator or CSS will submit the information to the Intake Coordinator at ECI via fax and document the date the referral was made in Child Plus.

   d. The Disability Service Coordinator or CSS will be responsible for following up on the status of the referral within 10 days to ensure ECI was able to reach the parent and an intake was scheduled.

6. REFERRALS TO THE LOCAL EDUCATION AGENCY (LEA)

   a. Children who are 3 and up may be referred to the LEA through the district's Child Find Coordinator

b. Individual LEA's have their own procedure for processing referrals to Child Find or through the Response to Intervention (RTI) process. Each individual LEA procedure will be kept with the CSS or Center Director at the site in the "Disability Services" guide.

c. The following information needs to be included with the referral to the LEA:

   i. Identifying information - Child's name, DOB, Date of referral, parent's name, address, phone number and primary language

   ii. Reason for Referral - A clear explanation of the purpose of the referral or parent statement of concern

   iii. Screening Results - including ASQ, ASQ:SE, Hearing and Vision screening results, Language Screening Results, Observation Notes

   iv. Disability Services Consent for Release of Information signed by the parent or guardian.

d. The Disability Service Coordinator or CSS will send the referral and consent form to the Child Find coordinator at the appropriate school district and the school district's procedures will be followed from the time the referral is received. The date the referral was submitted will be documented in Child Plus.

e. The Disability Service Coordinator or CSS will be responsible for following up on the status of the referral within 10 days to ensure the LEA was able to reach the parent and a screening was scheduled, or the RTI process will begin.

f. If the LEA does not evaluate the child, Head Start is responsible for arranging or providing for an evaluation, using its own resources and accessing others.

g. The CSS or Center Director will inform the Disability Coordinator of evaluations and/or ARD dates that are scheduled.

7. RESPONSE TO INTERVENTION (RTI) PROCESS

a. Response to Intervention is a general education pre-referral process to help children who are having difficulty learning and achieving at their developmental level. RTI is designed to give students additional academic support before the school district determines if they should be referred for a comprehensive special education evaluation.

b. Once a disability concern is made to the Disability Service Coordinator, a RTI process may begin.

   i. If a child is "suspect" on the ASQ in a certain developmental area, the Disability Service Coordinator will give the teacher activities to work on with the child for 45 days.

   ii. Teachers will document progress in observation notes weekly.

   iii. The child will then be rescreened with the ASQ in the area he or she is suspect in, if the age of the screening tool has not changed. If the child's age warrants using the next screening tool, then the entire tool should be completed.

   iv. If after 45 days of RTI the child is still suspect or has shown no improvement then a referral to the LEA will be submitted.

c. LEA's have their own process for RTI, which are outlined in each LEA's individual procedures for referral and RTI in the Disability Service Guide.

Services for Children with Disabilities

PURPOSE: To ensure that children with disabilities enrolled in the Opportunities Head Start program receive all the services to which they are entitled under the Head Start Performance Standards.

POLICY:

Children who are enrolled in the Opportunities Head Start program who have a diagnosed disability or who are identified as a child with a suspected disability will receive individualized support through partnerships with LEA's, ECI, private therapy companies according to their IEP, IFSP, or service plan. Teachers will have access to records such as IEP, IFSP and service plan goals to ensure the child's needs are met in the classroom setting.

PROCEDURE:

1. ENROLLMENT
    a. The ERSEA coordinator will inform the disability coordinator at the time of selection when a child with an IEP or IFSP or suspected disability is selected for enrollment and provide a copy of the IEP or IFSP to the disability service coordinator.
    b. The disabilities service coordinator or CSS will contact the center director to coordinate an intake meeting with the parent to complete enrollment paperwork and review the IEP or IFSP and develop a Specialized Service Plan for the child. The center director will contact the parents to schedule the intake and inform the disability coordinator or CSS of the date and time of the intake.
    c. Each component area coordinator (Education, Health, Mental Health, Nutrition, ERSEA, Family and Community Engagement) will be notified when a child is selected and/or after the intake with any needs that the child and/or family has in that area to ensure that comprehensive services are received.
    d. The disability service coordinator will review the goals of the IEP, IFSP, and/or Specialized Service Plan with the Comprehensive Service Specialist to assist in developing an individualization plan for the child, making classroom accommodations, or discuss teaching strategies needed. The CSS will be responsible for reviewing the information with the child's teacher
        i. If the parent does not have a copy of the current IEP or IFSP, the parent will fill out a consent for release of information form to allow the disability service coordinator or CSS to obtain a copy from the LEA or ECI
        ii. The disability service coordinator or CSS will create a "blue folder" to be kept inside the child's file that will contain a copy of the current IEP/IFSP, consent for release of information, the "I have read" form, and the Specialized Service Plan.
2. THROUGHOUT THE SCHOOL YEAR
    a. The Disability Service Coordinator will make classroom visits every 4-6 weeks, or as often as needed to monitor progress and address any concerns for the child.

b. Monthly Coordination of Services meetings will take place with each site. The Comprehensive Services Team (CSS, Health, Disabilities, Family Engagement, and Mental Health Coordinators) will meet to discuss children who need extra support in any of the comprehensive service areas.

c. School Readiness Reviews will take place twice per year. The SRR team (Center Director, Family Advocate, Health, Disabilities, Family Engagement, Nutrition, and Mental Health Coordinators) will discuss every child at the center to identify individual progress or children and families who need extra support in any of the comprehensive service areas.

d. Center staff (Center Director, CSS, Teacher) will maintain ongoing communication with the child's therapy providers, LEA staff, and ECI staff in regards to the child's goals and progress, concerns, updates on ARD and IFSP meetings. Updates will be documented in Child Plus Disability tab.

e. Teaching staff and CSS will keep the Disability Service Coordinator informed of the child's progress or concerns by documenting in weekly observations, adding ASQ and ASQ:SE results into Child Plus, or through direct email

f. The Center Director and CSS will keep the Disability Service Coordinator informed of ARD or IFSP meetings as they are made aware of them. The Center Director or Disability Service Coordinator will have the parents fill out a consent to attend the Admission, Review, and Dismissal meeting (ARD) or IFSP meeting, giving Head Start staff permission to attend the ARD. A Head Start representative should attend ARD and IFSP meetings whenever possible.

g. The Disability Service Coordinator will oversee the services for children with disabilities.

h. Children with disabilities and their families will be offered the same services and opportunities as those children who do not have disabilities.

3. SPECIALIZED SERVICE PLANS (SSP)

a. A Specialized Service Plan will be written for each child who enters the program with an IEP or IFSP, or who is identified during the school year as a child with a disability and has an IEP or IFSP developed after evaluation. The SSP is developed with the parent, disability service coordinator, CSS, teacher, and any content area coordinators that are involved in providing services to the child.

b. The SSP will include:

i. The services the child will receive while enrolled in the program, including the service coordinator or therapist name, phone number, and services receiving.

ii. Special Equipment or adaptive devices needed

iii. Medical requirements while in care, including what staff training is needed

iv. Accommodations for emergency procedures

v. Classroom accommodations needed to achieve goals

vi. Parent goal

vii. IEP/IFSP goal

viii. Any additional information

c. The SSP will be updated annually or when IEP/IFSP goals are updated and obtained from the LEA or ECI provider.

4. SERVICES PROVIDED THROUGH EARLY CHILDHOOD EDUCATION (ECI)

a. Children age 0-3 who are identified suspect for a disability through the screening process or through parent concern will be referred to the Early Childhood Intervention (ECI) program that services their county.

i. Williamson and Burnet County - Bluebonnet Trails ECI

ii. Bell and Milam County - ECI ChildTeam

b. Once ECI receives the request for an evaluation in writing, the following timeline should be followed:

i. The referral and demographic information is given to the evaluation team at ECI to contact the family and schedule the evaluation. The evaluation team should make contact with the family within 48 hours of receiving the referral.

ii. The evaluation will be scheduled within 45 days of the initial intake. If the child qualifies for services, an Individual Family Service Planning meeting will be held immediately after the evaluation is complete.

1. To qualify for services, children must exhibit a 25% or greater delay in two or more developmental areas - OR -

2. a 33% or greater delay in expressive communication

iii. Services will begin 28 days after the IFSP meeting.

c. The IFSP will be implemented under the guidance of the ECI provider as determined by the child's goals. A copy of the IFSP will be kept in the blue Disability Services file and in the classroom Individualization binder, under lock and key at all times. The teacher will sign a "I have Read" form once the IFSP has been explained to them by the disabilities coordinator. A Specialized Services Plan will be developed by the Disability Services Coordinator, Head Start Center Director, Classroom Teacher and Parent to address the goals of the IFSP, Infant/Toddler Guidelines, Parent Goal, and developmental screening objectives.

d. ECI Early Intervention Specialists provide Specialized Skills Training to children in the ECI program in the setting in which the child learns. Services will be provided in the classroom and as part of the classroom activities.

e. The Disability Service Coordinator or CSS will follow up with ECI for all evaluations to find out the result of the evaluation. If a child is evaluated by the ECI and is deemed ineligible, the Disability Service Coordinator will meet with parents to explore other options, which may include private therapy. It is the parent's choice to choose a private therapy provider. The disability coordinator or CSS will assist parents in the referral process to the private agency, if the parent gives consent.

5. SERVICES PROVIDED THROUGH LOCAL EDUCATION AGENCIES (LEA)

a. Children age 3 and up who are identified as suspect for a disability through the screening process or through parent concern will be referred to the Local Education Agency (LEA) through Child Find or through the process outlined in each school district's procedure. (See Disability Service Guide for specific procedures for each district)

b. Once the LEA receives the request for an evaluation in writing, the following timeline should be followed:

   i. The school has 15 school days to provide parents an opportunity to provide written consent for the evaluation. After receiving the written request or if the school refuses to conduct the evaluation, the school must provide parents a notice of their procedural safeguards that explains their rights under the law.

   ii. The school has 45 school days to conduct the evaluation after receiving signed consent from a parent or guardian

   iii. The school has 30 calendar days after completing the evaluation to hold and ARD meeting to review the results of the evaluation and determine eligibility and develop an IEP if a child is found eligible for services.

c. The LEA may call a staffing meeting prior to the ARD which may include the Head Start Disability Services Coordinator, Center Director, and teacher to review the results of the evaluation and discuss if the child is eligible to receive special education and related services. If the child is found to be eligible, the LEA will hold an ARD meeting to determine eligibility status and begin IEP goals.

d. An Individual Education Plan (IEP) or will be developed at the Admissions, Referral and Dismissal (ARD) meeting for all children diagnosed as having a disability. The ARD meeting will include ISD personnel, parents, Head Start support staff (if invited by parents) and appropriate professionals.

   i. Parents will be notified by the LEA or in writing and, if necessary, also verbally of the time and location of the ARD meeting.

   ii. Head Start staff will be available to provide assistance to parents in developing confidence, strategies, and techniques to become effective advocates for their children and to understand their rights through the IDEA guidelines.

e. The IEP/IFSP will include:

   i. Statement of the present level of functioning.

   ii. Annual goals in appropriate developmental areas.

   iii. Short term objectives for each annual goal.

   iv. Special Education and related services needed

   v. Time schedules including projected start and end dates.

   vi. Person responsible for implementation and review.

   vii. Projected dates for initiation and duration of services.

viii. Statement of criteria and evaluation for determining whether objectives are being achieved or need to be revised.

ix. Family goals related to the child's needs when they are essential.

f. The IEP will be implemented under the guidance of the LEA provider as determined by the child's goals. A copy of the IEP will be kept in the blue Disability Services file and in the classroom Individualization binder, under lock and key at all times. The teacher will sign a "I have Read" form once the IEP has been explained to them by the disabilities coordinator. A Specialized Services Plan will be developed by the Disability Services Coordinator, Head Start Center Director, Classroom Teacher and Parent to address the goals of the IEP, PreK or Infant/Toddler Guidelines, Parent Goal, and developmental screening objectives.

g. Related services provided by the LEA may include, but not be limited to:

i. Speech-Language Pathology and Audiology Services

ii. Interpreting Services

iii. Psychological Services

iv. Physical and Occupational Therapy Services

v. Recreation, including therapeutic recreation

vi. Early Identification and Assessment of disabilities in children

vii. Counseling Services, including rehabilitative counseling

viii. Orientation and Mobility Services

ix. Medical services for diagnostic or evaluation purposes

x. School Health and School Nurse Services

xi. Social Work services in schools

xii. Parent Counseling and Training

xiii. Transportation

h. Children who receive Special Education or related services (OT, PT, ST, Vision Services, Behavioral Intervention) through the LEA will either receive services on the Head Start campus by the appropriate school personnel, or receive services at their home elementary campus.

i. Students receiving services off site may request transportation through the LEA to/from their home campus and Head Start.

ii. Students who receive services at the Head Start campus must have a "Permission for Outside Agency" form signed, giving the school personnel permission to treat them in a room other than the classroom.

iii. If a child is evaluated by the LEA and is deemed ineligible, the Disability Service Coordinator will meet with parents to explore other options, which may include private therapy. It is the parent's choice to choose a private therapy provider. The disability coordinator will assist parents in the referral process to the private agency, if the parent gives consent.

6. SERVICES PROVIDED THROUGH PRIVATE THERAPY PROVIDERS

   a. Opportunities Head Start partners with several private therapy providers to ensure children with suspected disabilities have the resources they need to receive additional support. Private therapy providers may provide services such as:

      i. Speech Therapy

      ii. Occupational Therapy

      iii. Physical Therapy

      iv. Feeding and Swallowing Therapy

      v. Assistive Technology

      vi. Hearing loss and Aural Rehabilitation

      vii. Vision services

      viii. Case Management

      ix. Private and Skilled Nursing

   b. Children may be referred to a private therapy agency at any time there is a concern by the teacher or parent. Refer to the Disability Referral process for how to refer to a private therapy agency.

   c. Once a child is referred to the private therapy agency, the agency will contact the child's parents to complete an intake and gather information including health insurance information. An evaluation will then be scheduled. Evaluations may take place at the Head Start campus with the parent present.

   d. If a child is eligible to receive services through a private therapy agency, the agency will treat the child on the Head Start campus. Students who receive services at the Head Start campus must have a "Permission for Outside Agency" form signed, giving the school personnel permission to treat them in a room other than the classroom

   e. Teachers and therapists from private therapy companies should maintain open communication about the child's goals and progress and how the teacher can support the child in the classroom. Due to HIPPA laws, therapy plans and progress notes are not given to Head Start staff or kept in the child's folder.

ELIBIBILITY, RECRUITMENT, SELECTION, ENROLLMENT & ATTENDANCE (ERSEA)

Eligibility Requirements

Residence

Families that live in the service area of Williamson and Burnet County may be eligible to participate in the Opportunities Head Start program. Families that reside outside of these counties may participate in the program if they live within the Williamson and Burnet county school district zones.

Residence is verified by using a US Address Lookup & Verify website, or calling the County Appraisal District. Applicants will also provide a recent bill which shows their residential address, not mailing address.

Age

Children in Head Start are served at three years of age by September 1st until the child reaches the age to attend kindergarten. Early Head Start includes pregnant mothers, and children that are six weeks of age until the age of three.

Age is verified by examining the following documents: Birth Certificate, Baptismal (with seal), Medical Card or Medicaid Sheet.

Income

Children from "income eligible" families are defined as:

- Families whose total annual income before taxes is equal to or less than the poverty income guidelines as defined by the U.S. Department of Health and Human Services (low-income families).
- Families who are receiving public assistance i.e. TANF, SSI.
- Families who are foster parents.
- Families who are determined to be homeless according to the Mc Kinney Vento Homeless Act.

The period of time to be considered for eligibility is the twelve months immediately preceding the month in which application or reapplication for enrollment of a child is made. Families may also submit income for the calendar year immediately preceding the calendar year in which the application or reapplication is made; whichever is more accurately reflects the family's current situation. If a family is claiming unemployment, without receiving unemployment compensation, the income from the previous twelve months is still used to determine income, unless there is an extenuating circumstance such as a permanent disability. The ERSEA Coordinator may subtract the period of time that the family member is unemployed from the previous twelve months.

Income documents provided by the family will be reviewed by the ERSEA Coordinator at the time that the application is completed. The ERSEA Coordinator will use the ***Eligibility Worksheet*** to document the type of income used to determine eligibility, age, and residence, and sign and date the worksheet.

If a family claims that they have no income within the past twelve months and they do not receive unemployment compensation, they may obtain a copy of their recent Social Security Earning Statement or

SSA-7004. They may also obtain a letter from their employer stating their termination date. As a last resort the family member claiming unemployment will be asked to sign a non-income form stating the dates of unemployment, and their means for surviving.

Income is verified through a thorough collection and examination of the following documents:

1. *Internal Revenue Tax Form 1040, 1040A, 1099*
2. *W-2 forms*
3. *Two consecutive recent pay stubs; pay envelopes*
4. *Written Statement from employers*
5. *SSA-7004*
6. *Letters- Foster Care, Social Security Administration, TANF, Attorney General's Office, Unemployment Compensation, Veteran's Administration, Private Pensions, Government Pensions, Universities, Financial Aid etc.*

Recruitment

Recruitment at Opportunities is a systematic process utilizing the community assessment to assure enrollment of the funded level of eligible children from the most disadvantaged homes. Moreover, the recruitment goal must result in the enrollment of eligible children with disabilities (representing ten percent of the enrollment opportunities that are available). Recruitment is ongoing throughout the school year; however mass recruitment for fall enrollment is scheduled for January and February of each fiscal year.

To effectively recruit families and children into the Opportunities Head Start, markets must be defined and effective strategies developed and implemented to reach these markets. Partnerships with other community agencies should be utilized in outreach to potential families.

Markets include:

- Current parents who have children age eligible to return
- Current parents who refer friends/contacts who have/will have age eligible children
- Families who were previously enrolled in Head Start
- Families who are assisted by other programs at Opportunities who have not been enrolled
- Families on the waiting list who still have age eligible children
- Families who applied in the past (or expressed interest), but did not complete verification who still have age eligible children
- Families who visit/frequent area community/public service agencies/organizations serving low income families
- Businesses serving low income families
- Targeted low income geographic areas
- Low income families receiving child care subsidies

Strategies to reach the specific markets are as follows

Parent Testimonials

Utilizing currently enrolled parents in the recruitment process is an effective tool. Positive feedback received from parents about Head Start experiences should be documented by staff and submitted to the ERSEA Coordinator. This information may be used for brochure and recruitment information.

Current parents who have children age eligible to return

Directors, teachers, and family advocates maintain communication with enrolled families and discuss their plans for the following school year. A flyer/form is disseminated to all current parents asking them to indicate plans for next year's enrollment. If an EHS child will turn three by the 1st of September of the following school year, the family will be given a new application to re-qualify in order to enter the Head Start Program.

Current parents who refer friends/contacts who have/will have age eligible children

Parents are encouraged to tell everyone they come in contact with about annual and continuous enrollment at Opportunities. This information is given to parents at Policy Council Meetings, Parent Meetings, and during routine contact with the center staff. Parents are also provided with recruitment flyers and brochures for distribution as follows: when they are in contact with friends and family, associates at work, church, sporting events etc. Their recruitment efforts may be counted as volunteer time.

Families who are assisted by other programs at Opportunities who have not been enrolled

Administrative staff of the various Opportunities programs frequently refers families to the Head Start Program.

Families on the waiting list who still have age eligible children

At the beginning of the program year, families who were placed on the waiting list will receive a letter and application encouraging them to reapply and update their information.

Families who applied in the past (or expressed and interest), but did not complete verification who have/will have age eligible children.

Application files and Enrollment Interest Forms are reviewed for follow-up via letters and/or direct contact.

Families who visit/frequent area community/public service agencies/organizations serving low income families

A list is developed from the Community Resource Guide and Interagency Partnerships and a packet of materials is prepared for agencies/organizations, which frequently serve low income families. The packet will contains an information piece which can be used like a press release to prepare an article which can be included in newsletters/materials distributed to families, flyers for posting, flyers and brochures for distributing. As is possible, these packets will be hand delivered to contacts at the agencies, or distributed at our annual Community Advisory Meeting.

Flyers for distribution to families with children currently attending Pre-K and Kindergarten classes at public schools are regularly disseminated prepared. As is possible, these packets will be hand delivered to contacts at the schools. Participation in community activities (multicultural fairs, family expos, child finds, etc.) in both counties occurs regularly.

Subsequent to receiving outside referrals from the Health and Human Services 211 via email, a response email involving the enrollment process and an application is forwarded to the family.

Businesses serving low income families

Preceding and during spring break (typically during March) all Head Start staff, is provided with flyers and posters that are posted at businesses. Staff asks for permission to post flyers. Such businesses include, but are not limited to:

- Social Service Agencies
- Medical clinics
- Schools
- Churches
- Laundry mats
- Thrift/resale stores
- Gas Stations/convenience stores
- Fast food locations
- Low-income housing/rentals/apartment/mobile home park offices
- Employers (frequent employers of current families)

Families with children with disabilities

Materials distributed will encourage families with children who have disabilities to apply. Agency representatives attend and talk with families who participate in Child Find events. Materials that are delivered to community agencies/organizations are also distributed to early intervention providers and special education school districts. Referrals from these agencies are handled with priority year-round. The disabilities coordinator communicates with these agencies and maintains year-round working relationships to encourage them to refer families.

Targeted low-income geographic areas

Canvassing businesses and agencies takes place in low income geographic areas. Center directors and family advocates determine these neighborhoods, and utilize the appropriate tracking of canvassing activities, along with coordination of efforts. Current enrollment assists in determining targeted areas. Canvassing procedures are as follows:

- Identify yourself as Head Start staff
- State you are seeking eligible children for Head Start
- Briefly tell about the program and give the parent or staff member a brochure
- Keep Spanish and English applications on you to distribute at these locations, or to parents that you meet.
- If a parent takes an application ask for their contact information in case the ERSEA coordinator does not hear from them within a week.
- Explain the information that the parent will need to have available at the time of application (age and income verification)

Banners and Posters

Enrollment banners and posters are periodically ordered by the ERSEA Coordinator and installed in front of Head Start Centers and collaborative agencies.

Advertisements and Public Service Announcements

Periodic advertisements for enrollment are disseminated through local newspapers as well as free online agencies such as Craigslist.org. Our administration works with the Program Directors to contact radio stations, TV stations and newspapers in each county to disseminate enrollment information. Additionally Spanish language media outlets are contacted such as Spanish newspapers and television stations e.g. Telemundo.

Selection

All applications submitted to Opportunities are systematically awarded points based on their categorization of priority placement. Applications are accepted throughout the year and a waiting list is maintained by using Child Plus. When data is put into the Child Plus software program, points are awarded based on our priority criteria. When there is a vacancy for enrollment, the ERSEA coordinator refers to the waitlist, which is organized with the applicants that have the greatest number of points, in descending order to make the selection. Vacancies are filled within 30 days. The following is used for priority placement in Head Start:

- Income eligible returning children. These are children who were enrolled in the program during the current school year. Requests for transfers to other centers will be high priority.
- Children that re-qualified when transitioning from Early Head Start to the Head Start Program.
- Children who are homeless (according to the McKinney Vento Homeless Education Assistance Act of 2001)
- Children with a certified disability
- Children in foster /or kinship foster care

Early Head Start priority placement is given to:

- Income eligible returning children. These are children who were enrolled in the program during the current school year. Requests for transfers to other centers will be high priority.

- First time teenage parent / parents
- Children with a certified disability

Enrollment begins in March with the with the results of the Community Needs Survey, the program determines the philosophy, long-range and short-range program objectives; type of component services that are most needed and the program option or options that will be implemented; the recruitment area that will be served, the appropriate locations for centers; the criteria that defines the types of children and families who will be given priority for recruitment and selection. Slots generally begin to be filled with income eligible children from May to June. If the program has exhausted all income eligible children from the waitlist, then 35% of enrollment will be filled with families from 100% to 130% of the poverty level guideline and then 10% of enrollment may be filled with families above 130% of the poverty level guideline.

The goal of maintaining full enrollment will impact the distribution of over income slots. Since priority is given to income eligible applications, some sites may not have vacancies for OI applications. Therefore, some sites may have less percentage of OI slots filled and other sites may have more percentage of OI slots filled. All OI families will be required to reapply each school year. OI selection process is as follows:

- New application with current income obtained
- Enrollment meeting with Head Start Director, ERSEA Coordinator, Center Director, Policy Council member and Community Member will be held to review applications.
- Selection points awarded will be calculated. Additional points can be obtained based upon family need, current Head Start staff and current and past Parent Involvement.

Head Start and Early Head Start

A. Points Awarded for Income:

51-75% Below Poverty	40
26-50% Below Poverty	30
0-25% below Poverty	20
Just below Poverty Level	10

B. Points awarded for families who receive public assistance i.e. TANF/ SSI (50 points)

C. Points awarded for Foster Parent (50 points)

D. Points awarded for Homeless- lives in shelter home, group home or has no shelter (50 points)

E. Points awards for Teen Parent in High School (30 points)

F. Points awarded for Risk Assessment Factors (5 points):

1. Was child referred from another agency or receives services for any of the following agencies? Includes CPS, School District, PRIDE, Mental Health Provider, Other
2. Does your child have any medical problems? Includes children who receive services from specialized doctors or with long term medical issues.

G. Points awarded for Special Circumstances

1. Child with Certified IEP or IFSP (30 points plus any other conditions that may apply)
    a. Autism (15 points)
    b. Health Impairment (10 points)
    c. Visual Impairment (20 points)
    d. Hearing Impairment (20 points)
    e. Orthopedic Impairment (10 points)
    f. Traumatic Brain Injury (10 points)
    g. Learning disability (NCEC) (10 points)
    h. Speech/Language (10 points)
    i. Emotional Behavior (10 points)
    j. Intellectual Disability (10 points)
2. Single Parent (5 points)
3. Lives with guardian or relative other than parent (5 points)
4. Parents in school or training (5 points)
5. Involved with Child Protective Services (10 points)
6. Non English speaking child (5 points)
7. Victim of violence or possessing a valid Court Order of Protection (10 points)
8. Parent with disability (10 points)
9. Child with Suspected Disability (10 points)
10. Parent Incarcerated (5 points)
11. Parents have no High School diploma (5 points)
12. Child or Family in counseling/rehabilitation/treatment program (5 points)
13. Previously in a Head Start or Early Head Start program (10 points)
14. Child has Sibling Enrolled (5 points)
15. Parents currently employed (5 points)
16. Child has medical insurance (5 points)

H. Other Points

1. Head Start Employee (5 points)
2. Military (20 points)
    a. Active Duty (5 points)
    b. One parent active (10 points)
    c. Both parents active (10 points)
    d. Disability (5 points)

All modifications to the selection criteria will be approved by the Policy Council. In addition to the Community Needs Survey, the annual self-assessment helps determine the program strengths and weaknesses for continual improvement.

Enrollment

Enrolling Children

Opportunities' procedures for enrollment ensures full enrollment by the first day of the program services. The priority enrollment is given to students returning, and those that will re-qualify in order to transition from EHS to HS. In February of the program year, new applications are sent to all of the families that are on the waitlist, with a letter requesting that they reapply. Subsequent to receiving the updated application, the waitlist is reviewed to select the families to fill the vacancies for fall.

Enrolling Pregnant Women

Pregnant women are admitted to one of the seven Early Head Start centers as their eligibility has been verified and an opening in that specific EHS program has occurred. Priority is given to pregnant teens. Once enrolled, the Family Advocate will notify the Health Coordinator in order for appropriate health forms to be completed. Pregnant mothers are enrolled until the infant is born. After that time, appropriate forms will be completed and obtained in order to officially enroll the infant into the center based program. A new application is required after the baby is delivered. If a center spot is not available, the parent has the option to begin homebound services. Homebound Services must be started no later than 12 weeks of the mother delivering her baby. After 12 weeks if homebound services have not been started, the child may be placed on the waiting list. Families are informed of the possibility that there may not be a spot in a center when her child is born, prior to her enrollment.

Maintaining Enrollment/Transfers

Directors will send an official drop letter to the ERSEA Coordinator when a family is removing their child from the program or requesting a transfer to another center within our serving area.

The vacancy will be filled with an eligible family no later than 30 days after a child is dropped from the program. The ERSEA Coordinator will fill any vacant spots by the last day of the month, during the school year. The option exists to not fill a vacancy when 60 calendar days or less remain in the program's enrollment year.

Transfers within our serving area will be granted as spots become available. A child may be rewaitlisted on the waiting list of the center that they are transferring to if no spots are immediately available.

Enrollment Priority Issues

When deciding between two families that have the same number of priority points, special attention will be given to families whose child has a sibling already enrolled.

It is preferable to enroll children in the Head Start center in their city. If a family moves during the year and can provide their own consistent transportation, they may continue enrollment in their original center. Every effort is made to transfer families within the program who have moved dependent upon classroom slots in other centers.

Enrollment Procedures

1. When a child is selected from the waitlist, based on their priority points, the family is initially contacted by the ERSEA Coordinator or Director. The Center Director contacts the family to inform them that their child is being put on the roster, and the Center Director and Family Advocate will call them to arrange a day that they can fill out the enrollment packet. The ERSEA Coordinator also asks them to update any immunizations or well child that may be past due, and to have the paperwork ready for when they fill out the enrollment packet if they have it on hand.
2. The ERSEA Coordinator moves the child from the waitlist onto the eligibility list on Child Plus.
3. The ERSEA Coordinator then contacts the Center Director via phone and email to inform them of the enrollment. If the ERSEA Coordinator did not receive the immunizations with the application, the Center Director is notified in this email as well. If the immunizations were attached with the application, a copy of the immunizations and birth certificate will be given to the Center Director.
4. When an appointment is made for the parent/guardian to come to the center, the following documents will be reviewed and/or signed for enrollment:
    - Packet Check List –Center Director
    - CACFP/ Admissions Form – Caregiver (see CACFP-CCC/Admissions Procedures below)
    - Well Child – Physician
    - TB Questionnaire –Parent
    - Child Mental Wellness History –Parent
    - Consent for Release of Information –Parent (only if missing health doc.)
    - Dental Record – Dentist
    - Health History –Center Director (Completed in Child Plus, printed, and signed by parent)
    - Emergency Contact Card –Parent
5. The Center Director will turn in/fax the CACFP/Admissions Form to the ERSEA Coordinator as soon as the form is filled out by the parent/guardian.
6. The Center Director will obtain the immunization records and contact the Health Coordinator to review the child's health status, prior to the child's first day of attendance.
7. The Center Director will print the child application in Child Plus after the child's first day of attendance, and place the application in the child's folder.
8. Immunizations must be up to date by the first date of attendance
9. Well Child (physical/TB) must be up to date by the first week of attendance.
10. The family advocate/teacher will go on a home visit before the child can attend school.
11. On the first day that the child attends school, the director will contact the ERSEA Coordinator, so that the child will be placed in a classroom, and attendance can be taken.

Attendance

The monthly average attendance is to be maintained at 85% throughout the school year. The attendance percentage is reviewed by the ERSEA Coordinator weekly through Child Plus. Concerns with a child's absenteeism are referred to the Community Partnership Coordinator and the Center Director. Likewise,

Center Directors, and Family Advocates are responsible for contacting the ERSEA Coordinator and the Community Partnership Coordinator about chronic absenteeism or patterns of unexcused absences. The process includes an analysis of the reasons for absences, as well as the number of absences that occur on consecutive days. If it is found that the absences are excused, no special action is taken. If the absences are unexcused or a result from factors such as temporary family problems, family support procedures are implemented after 2 consecutive days of absence. Contact with the family will be made via phone, letter, and home visit. Families who cannot be contacted will be terminated from the program subsequent to additional notification via certified letter.

Prenatal Transition Process:

-Pregnant mother is selected by ERSEA Coordinator.

-Center Director, Family Advocate, Nurse and Education Coordinators are notified.

-Family Advocate and Nurse will set up first home visit.

-Home visits will be conducted once a month by the Family Advocate and/or Nurse.

-Once the baby is born, a 2 week home visit will be set up for the Family Advocate and Nurse to follow up on the needs/status of the mother and child.

-At 3 weeks of age, the enrollment update will be conducted by the center director.

-At 4 and 5 weeks of age, the home to center transition will start with mom/dad and child if a spot is available.

-At 6 weeks of age, the child will start full time at the center based on availability of spots at the center.

*If cesarean section has occurred, the transition for mom/dad and child will start at or around the 6 weeks period. This will also apply to any “special needs” situations that will delay the child from starting at the center beyond 6 weeks of age.

Attendance Policy

The program will make every effort to retain full enrollment by carefully tracking attendance and by filling vacant slots from the prioritized waiting list within 30 days of vacancy. The program-wide target is at 85% for (HS) and 90% for EHS Average Daily Attendance (ADA) for classrooms.

The following will be considered excused absences:

- hospitalization
- serious injury
- communicable disease
- other health ailments
- medical or dental appointments
- death in the family
- temporary family crisis situations
- transportation problems
- respect for different cultures

The parent is expected to call the Center the day the child is out, as soon as possible, to inform staff of the absence. If the parent does not contact the center, the Family Advocate needs to call to verify the absence.

When in the Head Start Program the child has had two (2) consecutive unexcused absences or "no-shows" or the child's attendance falls below 85% in classroom, the Family Advocate will attempt to contact the family. The contact with the family needs to be a home visit on the second day of absence if they have not heard from parent regarding these absences.

If the family cannot be contacted and/or fails to respond to the Center's requests for improved attendance the Family and Community Engagement and ERSEA Coordinator will be contacted and Guidance will be given.

If there are no signs of people living in the home, you may assume the family has moved. Before assuming the family is no longer interested in the program, please contact the people listed on the child's emergency contact list. These people may have some ideas about where the family can be reached. If these contacts give no leads in finding the family, a certified letter will be sent to the family requesting that they contact the Center Director by the ERSEA Coordinator. If the family has moved, their mail may be transferred to them.

If the family does not respond by the date designated on the letter or if the letter is returned as "address unknown," it will be assumed we have lost contact with the family and their child will be withdrawn from the program.

If you have concerns about a child's attendance **immediately** contact your Family and Community Engagement Coordinator. The Director, Family and Community Engagement Coordinator and/or Family Advocate will make a home visit and determine whether an Attendance Plan (FS 104) is necessary.

An attendance plan will set forth attendance goals based on the needs of the family. The family advocate is responsible for following up.

All contacts and attempted contacts with families regarding attendance must be documented in our database within 72 hours of contact with family.

CACFP-CCC

POLICY:

The Opportunities' Head Start CACFP-CCC/Admissions form is required by the Texas Department of Agriculture to survive as proof of proper enrollment for all children who receive meals that are claimed for reimbursement. The following information must be included on the enrollment form if a child is to be considered properly enrolled: Child's name; Child's date of birth; Meals/snacks normally served to the child while in care; Days and hours the child is normally in care; Enrollment and withdrawal dates; Parents or guardians signature; and Date of signature. This form must be completely filled out, signed and dated by the parent/guardian before submission.

Form Procedure:

1. The CACFP/Admissions Form will be updated annually per Texas Department of Agriculture's Policy Alerts.
2. A new CACFP/Admissions Form will be filled out by parents/guardians annually.
3. The CACFP-CCC/Admissions form is part of the enrollment packet that is found in the Head Start Forms Book, the company intranet, and is disseminated before the program year begins.
4. During a child's enrollment, the Center Director and Family Advocate will have the child's parent/guardian review and sign and date the enrollment forms.
5. The Center Director will turn in/fax the CACFP/Admissions form to the ERSEA Coordinator as soon as the form is filled out by the parent/guardian (procedure also found under enrollment section of policy and procedure manual).
6. The ERSEA Coordinator will examine the CACFP/Admissions form at the time that it is received to verify that all elements on the form are completely filled out, including a parent signature and date of signature.
7. If it is found that the form is complete, the ERSEA Coordinator will file it in the Central Office Enrollment Binder.
8. If it is found that the form is incomplete, the ERSEA Coordinator will immediately contact the Center Director via phone, and email to inform them of the problem. A two day deadline will be set for the Center Director to have the parent correct the form.
9. If the form is not received within the two day deadline, the Head Start Director will be notified, and corrective action will be taken.

Monitoring Procedure:

1. Monitoring for the CACFP/Admissions forms will be on-going at Opportunities' Head Start.
2. The Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator will collect the forms after the enrollment of a child.
3. The CACFP/Admissions form will be reviewed at the time the Center Director submits the form.
4. The CACFP/Admissions form will be reviewed by the Eligibility, Recruitment, Selection, Enrollment, and Attendance (ERSEA) Coordinator, and the Program Director, prior to Texas Department of Agriculture CACFP-CCC audits.

Removing Records from Child Files

It is very important to maintain a complete child file at all times. The following is the procedure on what is allowed to be removed from a child's file. If information is removed, you must place a sticker on the front of the child's folder stating "Returning Child", the date information was removed and where the information is being kept.

Early Head Start-

Any **current** information obtained during the year should remain in the folder until the child leaves Early Head Start. Old documents can be kept in a separate locked file in the Center Directors office. * 2 week prenatal visit **must** be in folder.

Early Head Start to Head Start-

If a child transfers from EHS to HS, the entire child folder (purged folder as well as current) **must** go with the child to Head Start. The following information must be kept in the child file:

- Keep the most current health information (Physical Exam, Dental, HgB and Lead, Immunization Record, any Health action plans and TB test).

Head Start

Any records obtained during that child's current school year should be kept in the child folder all year. The following information must stay in the folder.

- Child Application, POR, copy of birth certificate, Court paperwork and guardianship paperwork.
- All Center and Home Visit Forms, Original ASQ and ASQ-SE
- All Health information will stay in the folder with the most current information placed on the top.
- Medicaid Card or Private Insurance information

Record-Keeping- Child Folder Form Checklist

OPPORTUNITIES FOR WBC- HEAD START 0-5 CHILD'S FOLDER FORM CHECKLIST

Please file all documents in the order listed, front to back. Do not file duplicate forms

FRONT COVER

_____ Child's Name Label (Last Name, First Name)
_____ Date of Enrollment/First Date of Attendance Label

INSIDE FRONT COVER *(Director's Responsibility)*

_____ Copy of Emergency Card (1st quarter blue, 2nd quarter pink)
_____ Copy of Child Application
_____ Copy of Birth Certificate
_____ Copy of ID or Driver's License of enrolling parent(s)
_____ Proof of Residence
_____ Admissions Child Care Food Form (CACFP-CCC)/ CACFP Infant Feeding Preference Form
_____ Guardianship paperwork (if needed)
_____ Confidentiality Sign In Sheet (signed by teachers before school starts and prior to each SRR)

SECOND PAGE *(Teacher Responsibility)*

_____ Parent Conference Home/Center Visit Form (most recent on top)
_____ First Enrollment Home Visit Form (original) for EHS and HS
_____ Parent Handbook Acknowledgement
_____ Original Enrollment ASQ and ASQ: SE-2

INSIDE FIRST POCKET *(Director Responsibility)*

_____ Incident/Illness/Behavior Forms

THIRD PAGE *(Director's Responsibility)****All forms in this order with most recent on top****

_____ Medical/Dental Follow-up Notice
_____ Health History Interview
_____ Well Child Form (most recent on top)
_____ Immunization Record
_____ Health Screening Form (Hearing/Vision/HgB/Lead)
_____ Lion's Club Vision Screening Form
_____ EHS Vision and Hearing Questionnaire
_____ TB Questionnaire
_____ Lead Questionnaire
_____ Dental Record
_____ Nutrition Assessment Form
_____ Prenatal Forms (from prenatal folder once child is born)—Maternal and Newborn health form/Prenatal Delivery Info.

HEALTH FOLDER (RED) *(Director Responsibility)*

_____ Medication Administration Form (copy)
_____ Seizure Information/Individual Seizure Plan, if applicable
_____ Asthma Action Plan, if applicable
_____ Severe Allergy Protocol/Severe Allergy Form, if applicable
_____ Medical Statement for Food Substitution, if applicable

FOURTH PAGE *(Director/Teacher and Family Advocate Responsibility)*

_____ Mental Health Wellness History
_____ Behavior Modification Plan
_____ Edinburgh Postpartum Depression Scale, if applicable
_____ Consent for treatment by outside agency.

INSIDE SECOND POCKET *(Director/Family Advocate Responsibility)*

_____ Letters of Correspondence (from parents, doctors, etc.)

FIFTH PAGE *(Family Advocate Responsibility)*

_____ Monthly Medicaid Tracking Form
_____ Copy of Insurance Card

SIXTH PAGE *(Family Advocate Responsibility)*

_____ Family Goal Planning Form
_____ Family Services Home Visit Forms

DISABILITY FOLDER (BLUE) *(Director Responsibility)*

_____ Copy of Current IFSP/IEP
_____ Consent for Release of Information to Service Agency
_____ Teacher "I Have Read" form
_____ Specialized Services Plan

ADMINISTRATION & SUPPORT SERVICE

Communications Procedure

POLICY: Our goal is to establish and maintain a communication system within our local program that will provide two-way sharing of information with management, staff, parents and the community. All staff will be aware of confidentiality requirements and sign the Confidentiality Statement abiding by the Confidentiality Policy. All efforts will be made to eliminate or reduce language barriers in oral and written communication.

PROCEDURE: Maintain two-way communications with staff, following is performed:

Weekly	Central Office Coordinators, Program Director and Executive Director meeting.
Regularly	Coordinator site visits
Monthly	Director meeting with Coordinators, Program Director and Executive Director
Monthly	Staff meetings – sharing minutes of Directors and Policy Council meeting
Monthly	Parent Meetings and minutes to the Central Office
Monthly	Monitoring Reports from Child Plus
Monthly	Newsletter from Central Office to all staff
Annually/as	In-service trainings for all staff needed
Bi-Monthly	Teacher Advisory meetings with Executive Director
Annual	Executive Director Site visits
Regularly	E-Mail Communication
Weekly	Coordinator Site Visit Report
Quarterly	Leadership Meetings for Center Directors

Maintain two-way communications with parents:

Daily	Connections with parents picking up their children
Monthly	Center or Home visits with Early Head Start families
Monthly	Newsletter from local sites
Monthly	Parent Meetings at local sites
Monthly	Parent Meeting minutes available at centers
Monthly	Policy Council representatives report to center or minutes are available at the enter.
Monthly	Policy Council Meetings with Coordinator and Center Reports
Bi-Annual	Parent Conference Home Visits with Head Start
Bi-Annual	Parent Conference Center Visit with Head Start

Governing bodies and Policy Council

Monthly	Input from the Board of Directors representative
Monthly	Policy Council meetings
Every other month	Board Meetings

Maintain two-way communications with the community

Monthly	Interagency meetings
Periodically	Newspaper articles
Periodically	Recruitment information in local media
Yearly	Community Assessment Annual Report
Annual (or as needed)	Health & Safety Advisory Committee (HSAC)
Quarterly	Safety Committee
Annual	School Readiness Meeting
Annual	Social Services Advisory Meeting

Complaint Procedure

When a Head Start parent or any other member of the community has a complaint about the program, the procedures describes below will be followed.

1. Discuss the problem with the Center Director. Within five working days, Center Director will provide complaint with written response and obtain a receipt for the response. If complaint cannot be resolved at center level, follow step 2.
2. Contact Head Start Director at letterhead address to present complaint. Head Start Director has five working days to respond in writing and obtain receipt. If complaint cannot be resolved at this level, follow step 3.
3. Contact Opportunities Executive Director at letterhead address. Executive Director has five working days to respond in writing and obtain receipt. If complaint is not resolved, follow step 4.
4. Request that Policy Council hear the complaint. This request is made through a Policy Council representative or the Head Start Director. If a regular meeting is not scheduled within five working days, a special meeting may be called. Policy Council has five working days after the meeting to provide written response and obtain receipt. If complaint is not resolved, follow step 5.
5. Request the Opportunities Board of Directors hear the complaint. Arrangements for this hearing may be made through contacting the Board Chairperson of Opportunities or the Executive Director. If a regular meeting is not scheduled within five working days, a special meeting may be requested. Following the meeting, the Board of Director will provide a written response within five working days and obtain receipt.

The Board of Directors of Opportunities is the final hearing body within the program structure.

Interview and Hiring Policy and Procedures

POSITION POSTING:

1. To post a position, email all posting information (position title, location, start date and contact to receive resumes) to Human Resources (dmartinez@wbco.net) and cc Program Executive Director.

- The Program Executive Director must approve all positions prior to posting.

2. All positions will be posted on our Intranet and our Internet site and will remain posted until filled. Additional postings on other mediums are up to the Program Director.

   *Center and Site Directors – please post advertisements of the positions on our company bulletin boards when possible.

HIRING PROCESS:

1. Interview applicant
2. For Head Start / EHS - Interview applicant with Policy Council Member or Parent
3. For Head Start / EHS - The Program Director submits name of applicant to Policy Council for approval of employment at next Policy Council meeting.
4. Once a Site Leader or Center Director has identified a candidate they would like to make an offer to they need to complete the Reference Sheet (found in the Intranet) on the candidate. A minimum of two references is required.
5. Next, the Site Leader or Center Director sends their Program Director an email, and cc Human Resources (dmartinez@wbco.net) with the Status Form, candidate's application, Policy Council Interview (HS/EHS), Transcripts (HS/EHS) and Reference Sheet.
6. Human Resources calls the applicant to confirm official offer from Opportunities and sends an email (or print out for pickup) with offer letter and pre-hire packet with instructions to the candidate. The Center Director/Site Leader/Education Coordinator/Program Director is also sent a copy of this email.

   - In the event we need to employ the applicant before the next scheduled orientation Human Resources will set up a time with the applicant to come in to HR and fill out all necessary paperwork BEFORE employment. The employee will be given a copy of their paperwork to give to their Center Director for their employee folder to be kept at the Center. *OPPORTUNTIES DOES NOT RECOGNIZE ANYONE AS AN EMPLOYEE UNTIL THIS PAPERWORK IS DONE.
   - The applicant is instructed when to attend mandatory New Employee Orientation.
   - Opportunities doesn't recognize anyone as an employee without a completed background check and hiring packet. Depending on the employee's assignment, a COMPLETED tuberculosis test, successful physical and drug screening may also be necessary for employment.
   - For HS/EHS - HR will provide ERSEA Coordinator documents to run Child Care Licensing Background Check and subsequent fingerprinting. When those items are complete, the ERSEA Coordinator receives an email form DFPS and sends a copy of that email to the Center Director and another to HR.

- For HS/EHS – the ERSEA Coordinator will contact the employee to have their finger prints done as soon as possible.
- For HS/EHS - HR copies the appropriate Education Coordinator about the new hire so that Coordinator can set up New Employee Training. HR will enter the new employee's information to enter into Child Plus system. **All HS/EHS employees must complete required hours before entering the classroom.
- HR will notify the IT Manager of new employees and location in case the employee is to get an email address.
- HR adds new staff member to Payroll systems and sends the hiring Center Director the new employees' User Name for their electronic Timesheet.
- HR Creates employee folder
- *All New Employees are subject to a 120 probationary period

PAYROLL/STATUS CHANGES:

1. The Program Director gives Human Resources a completed Payroll/Status Sheet indicating the change. (*CHANGES MUST BE MADE AT THE BEGINNING OF A PAY PERIOD EXAMPLE: MERIT INCREASE, PROMOTION, AND TRANSFER) *Retroactive payments will only be done when approved in writing by the Executive Director.

TERMINATION PROCESS: ALL TERMINATIONS MUST BE APPROVED BY ED:

1. The Program Director gives the Executive Director a completed Payroll/Status Sheet on the termination.
2. The Program Executive Director gives signed Payroll/Status Sheets to Human Resources to process immediately.
4. HR will notify the IT Manager to terminate employee's access and email.

Professional Development Policy and Procedures

POLICY:

Opportunities Head Start is committed to employing dynamic, well-qualified staff who possesses the knowledge, skills and experience needed to provide high quality, comprehensive and culturally sensitive services to children and families in the program. Each staff person hired as a teaching staff member will design and implement a comprehensive professional development plan, specifically related to job tasks, with assistance from the education managers.

Head Start provides a learning environment in which children, parents and staff can teach and learn from one another.

To ensure that all full-time Education and Early Childhood Development Head Start employees who have direct services to children have a professional development plan that is evaluated quarterly, employees will have a professional development plan that is multi-dimensional consisting of various levels of training.

Pre-service training which includes the following:

1. Face to Face training with the Educational Coordinator - See attached pre-service checklist:
2. Childcare Education Institute Courses (CCEI):
    a. SIDs
    b. Shaken Baby
    c. Recognizing the Signs and Behaviors that Indicate Child Abuse
    d. Brain Development and the effects of Early Deprivation
    e. Health and Hygiene in the EC Setting
    f. Positive Child Guidance
    g. Minimum Standards
    h. Transportation
    i. Blood borne Pathogens
3. On-going Orientation by the assigned Education Coordinator

    Includes: a) Teaching Strategies b) ASQ Training c) Teacher Orientation and review d) Assessment Training f) Head Start Policies and Procedures Training g) Professional Development Action Plan
4. Annually, each teacher and teacher assistant needs to attend not less than 18 hours of professional development which must focus specifically on child development/education relating to the classroom for the age-group taught (infant/toddler or preschool children) in accordance with requirements set forth in the Head Start Act, Section 648a. Hours attending agency in-service workshops, college coursework, or approved external trainings may count towards the required 18 hours. It is the staff person's responsibility to ensure that documentation of professional development hours are sent to the Center director to be added to their individual career development file.

a. Training based on needs assessed by director during annual review
b. Training based on survey of desired training
c. Training based on CLASS/ITERS observations by Education Coordinator
d. Training based on self-assessment needs
e. Personal goal setting such as, obtaining CDA, Associate/Bachelor/Graduate degree or special certification

PROCEDURE:

1. Human Resources/Administrative Staff will enter the employee's teacher credentials and relevant training into the Child Plus system.

2. Education Coordinator will provide the pre-service training, check the employee credentials and set the first professional development goal(s) using Professional Development Action Play.

3. Education Coordinator will use Child Plus and Professional Development Action Plan Form to document the Professional Development Goal(s).

4. Professional Development Plan will be discussed and updated quarterly with Education Coordinator and reviewed by site supervisor during annual performance appraisal.

   Professional Development Plan will:

   - List goals set by employee based on needs and interest aligned with strategic plans for Head Start
   - List strategies to attain goals and support needed
   - List goal Status - Did you accomplish your goal? Please explain.(If yes, please update the status and completion date)
   - Goal completion date
   - What the employee will do.
   - What support is required?

5. Responsibilities:

   a. Employee will participate in making Professional Development Plan.
   b. Employee is responsible in maintaining credentials necessary for the position held.
   c. Opportunities will assist financially, when possible, in renewing credentials.
   d. Center Director will perform annual performance appraisals and assess areas of strength and areas to be strengthened. Goals will be documented on appraisals by Center Director.
   e. Human Resources will give copy of goals to Education Coordinator.
   f. Human Resources/Education Coordinator will document goals in Child Plus under Professional Development Plan.
   g. Employee will provide Education Coordinator updates on goal accomplishments and set new goals.

Education Staff Qualifications

POLICY:

In order to maintain the high quality of services provided to children and their families, the program will set specific criteria for education and experience required of all teaching staff.

PROCEDURE

Opportunities Head Start will comply with the Head Start Performance Standards by requiring Head Start Teachers to have a Bachelor Degree or advanced degree in Early Childhood Education or a degree in a related field with coursework equivalent to a major in Early Childhood Education.

Opportunities Head Start will comply with the Head Start Performance Standards by requiring teaching assistants to hold at minimum a CDA.

Early Head Start Teachers will have a minimum of infant/toddler CDA. In addition, all degrees for those working in EHS will have a minimum of 9 quarter credits/6 semester credits that focus on infant/toddler content to include coursework in infant/toddler development and infant/toddler guidance.

Education staff are responsible for maintaining the required credential for the position held.

Examples of Infant/Toddler coursework:

Guidance and Classroom management (birth to 8 years)
Infant/Toddler Caregiving: Social Emotional Growth
Infant/Toddler Caregiving: Learning and Development
Infant/Toddler Caregiving: Culture, Family and Provider
Child Development (birth to 8 years)
Child/Family Literacy (birth to 8 years)
Infant/Toddler Mental Health
Human Development: prenatal-8 years

IDENTIFICATION OF RELATED FIELDS AND EARLY CHILDHOOD EDUCATION COURSE WORK

The Administrative team of Opportunities Head Start has determined all education staff will submit transcripts and course work description for review to determine appropriate related degrees and coursework. The Program Director must sign off on any determination.

Suggested "Related fields" determined by members of the Administrative Team of Opportunities are:

Counseling and Psychology
General Studies (with related field content)
Human Services
Nursing
Psychology
Sociology
Special Education (preschool or elementary level)
Elementary Education
Human Development
Interdisciplinary Studies
Nutrition
Social Work
Liberal Studies

The list of related fields may be unlimited and the above list may not contain all fields which have course work relating to early childhood or family studies. Additional fields may be reviewed for content and appropriateness at the request of staff. Final determination will be made by members of the Administrative Team.

All Education staff must show documentation in transcripts and course description of the course work necessary to complete program requirements. The minimum of 24 quarter/18 semester hours in early childhood education may include the following:

Course work for credit related to Early Childhood Education and linked directly to the age group with which the staff is working.

Language Development
Child Abuse and Neglect
Curriculum Development
Motor Development
Music, Art and Creativity for Young Children
Special Needs
Foods and Nutrition
Social Services Competency Based Training (SSCBT)
Creative Curriculum
Family and Child Relationships
Technology in the Classroom
Science and Exploration
Literature for Young Children Working with
Feeding Relationships
Mathematics

Staff Performance Appraisals Policy and Procedures

POLICY:

To ensure that annual performance reviews are completed on each Early Head Start and Head Start staff members to identify staff training and professional development needs, modify staff performance agreements and assist each staff in improving his or her skills and professional competencies.

All Head Start staff members have an annual performance review to identify areas of strengths, areas that need to be strengthened, need for training and to set new professional goals.

PROCEDURE:

1. Supervisors will complete annual appraisal forms. Education Coordinators will assist Directors with teacher reviews and Family/Community Involvement Coordinator will assist Directors with Family Advocate performance reviews.
2. Supervisors will meet with staff and discuss annual appraisals.
3. Supervisors will collaborate with staff and set new professional development goals.
4. Supervisors will provide Education Coordinator/HR with professional development goals to be updated into Child Plus

Education Staff Transfers

POLICY:

In order to maintain the high quality of services provided to children and their families, the program will set specific criteria for staff transfers.

PROCEDURE

Opportunities Head Start will comply with the Head Start Performance Standards by requiring Head Start Teachers to have a Bachelor Degree or advanced degree in Early Childhood Education or a degree in a related field with coursework equivalent to a major in Early Childhood Education and teaching assistants to hold at minimum a preschool CDA.

Early Head Start Teachers will have a minimum of infant/toddler CDA. In addition, all degrees for those working in EHS will have a minimum of 9 quarter credits/6 semester credits that focus on infant/toddler content to include coursework in infant/toddler development and infant/toddler guidance.

Staff requesting a transfer to another location or a position other than the one currently held must out a request in writing to their direct supervisor (center director) and the Head Start program director. All transfers are at the discretion of the Head Start Program Director.

Transfers may be granted if:

- There is an opening at the transfer location.
- Appropriate credentials are held.

Transfers will **not** be granted if the appropriate credentials are not held. (If you request a transfer from HS to EHS you must have the correct CDA.)

Staff transferred by Program Director will have timeline and plan for obtaining appropriate credentials.

Ongoing Monitoring Procedure

Daily

1. ERSEA Coordinator checks the enrollment of all centers process drop request and fills any vacant child spots
2. Center Directors check the attendance ensuring there has been some communication between the families of the children who are not in attendance and the Head Start center.
3. Teachers complete incident/accident reports, as necessary. These reports are sent to the main office for review by the Program Director, prioritized and addressed to each content coordinator, as related.
4. Teachers complete a Morning Health Check on each child. This information is recorded and sent in to the Health Coordinator monthly.
5. Teachers complete a Playground Maintenance Checklist, noting any broken equipment or hazards in the playground. Hazards are reported immediately. Checklist is sent in monthly and reviewed by the health Coordinator
6. Teachers complete a Daily Maintenance Checklist. This checklist is sent in monthly and reviewed by the Health Coordinator.
7. Family Advocates visit any child after two days of absences.

Weekly

1. Data for health screenings and tracking, and disabilities are updated weekly in Child Plus the data tracking system at each center. Coordinators access this information from the Child Plus system web site to review tracked operations.
2. Regular reports from Coordinators are given to the Program Director.
3. Coordinators make visits and/or contacts with each center to observe class time, staffing, and parent activities/meetings to insure program consistency and compliance.
4. Education Coordinators review lesson plans and anecdotal observations submitted through *Teaching Strategies.net*. Pertinent observations are shared with the appropriate content coordinator and the program director.
5. Coordinators meet weekly with the Program Director and Executive Director. Sign in sheets and minutes serves as documentation.

Monthly

1. The Coordinators and Program Director meet with the Center Directors monthly. Sign in sheets and minutes serves as documentation.
2. The Coordinators use the Child Plus tracking reports to generate a monthly program-monitoring summary that evaluates program compliance and identifies actions to remediate program weaknesses. The content leads Coordinators to address monitoring issues in their content area program-wide. The remedial actions are reviewed the following month

3. Center Directors submit a monthly report to the Program Director due at the 5th of the following month. The following items are included in the report: a) first aid kit checklist b) attendance c) incident/accident reports d) In-kind/volunteer tracking, e) Monthly Health Topic, etc.
4. The Health Coordinator completes the Communicable Disease report.
5. The Health Coordinator reviews all prenatal home visit reports, completed in the prior month.
6. A parent meeting is held monthly at each center. A coordinator tries to attend each one of these meetings.
7. Early Head Start Teachers conduct monthly home visits/parent conferences. These reports are reviewed by the family advocate at each center and then also monitored by the Family and community partnership coordinator.
8. Family Advocates meet with the Family and Community Partnership Coordinator at least monthly. Sign in sheets and minutes serves as documentation.
9. The Mental Health Coordinator visits each site at least once every six weeks and more frequently as requested and necessary.

Quarterly

1. All coordinators conduct a Quarterly Review of Services/File Review to ensure that the required Head Start services are being met in a timely manner.
2. All the Coordinators conduct a health and safety classroom check.
3. In addition to weekly classroom visits, the Education Coordinator conducts a classroom observation in every Head Start/Early Head Start Classroom. The Education Coordinators use the Infant and Toddler Environmental Rating Scale (ITER-S), The Classroom and Assessment Scoring System (CLASS), and the Head Start Basic Literacy Classroom to assess classrooms.
4. Center Directors complete the Child Health and Safety, the Meal time, and the Facilities Maintenance monitoring tools.
5. Head Start teachers conduct a home visit or parent conference as applicable.

Bi-Yearly

1. The Nutrition Coordinator monitors each kitchen to ensure program standards are in compliance.

Yearly

1. The self-assessment is completed. A planning meeting is held, the self-assessment and community assessment are reviewed, and the training plan and program improvement plan are developed as well as the Head Start annual calendar.
2. Teachers inventory their classroom equipment and materials.

Child Health Status Procedure

Prior to Enrollment:

Staff Will:

- Follow-up on any areas of health or safety concern identified on pre-enrollment and the Health History forms.
- Health Coordinator and Center Directors will review all health data in the child's folder to determine whether the required health services have been completed and whether any follow up is needed.
- Provide written information (Developmental milestones: *Preparing for Your Child's Physical Exam*) to families to help prepare their children for their physical.
- Provide a Physical Exam Form for the child's appropriate age, asking the parent to return the form to the Center after completion.
- Provide a Dental Exam Form for children 6 months and older, asking the parents to return the form to the Center after completion.

Parents Will:

- Complete the Health History form; expectant families complete the Prenatal Health Information form.
- Pregnant and/or breast feeding women who wish to have support on their nutritional needs may complete a monthly nutrition record called "Nutrition Recall".
- Provide proof of immunization status. Status of complete, currently in process toward being up-to-date or exempt by parental religious or personal waiver, as according to the State of Texas must be provided by parents for all enrolled children.
- Complete the Emergency Information form, Consent Form including permission for medical emergency, first aid, social growth and nutrition observations, and vision, hearing and developmental screenings.
- Make appointments need for their child and notify Directors of the appointment dates.

Within 45 Days After Enrollment:

Staff Will:

- Determine if each child and family has an ongoing source of accessible health and dental care. If not, staff will assist the parents in establishing a "medical and dental home". This will be documented on the Referral Form. Provide Texas Health Steps (Medicaid) or CHIP information to families, as needed.
- .If no coverage or health resources can be obtained and the parent cannot afford services, a request voucher will be completed.
- Obtain height and weight on each child, over the age of two.
- Obtain prenatal health information from expectant families
- Assure that vision, hearing, developmental and behavioral screenings are completed.
- Health Coordinator will run Child Plus reports to determine what services are needed by the children within each center.
- The Health Coordinator will schedule in center clinics, for those services needed (vision, hearing, blood pressure, lead and hemoglobin). Obtain all required health services (EPSDT schedule)
- Release of Information/Consent Form will be completed for any missing health information. This will give Health Coordinator or Director permission to ask on the caregiver's behalf for any missing information.

Within 90 Days After Enrollment:

Staff Will:

- Continue to strongly encourage parents to obtain medical and dental examinations for their enrolled children, with frequent reminders via Medical/Dental Follow up Form and Release of Information/consent forms to the child's provider. All children without insurance will apply for state eligibility programs or Title V and will be referred to the Health Coordinator for payment assistance if all financial assistance has been exhausted. Any parent that does not schedule an appointment for needed examinations within 90 days of enrollment will complete the "Intent to Obtain Health Exams" form. Family Advocate, Director & Health Coordinator will continue to find resources to meet the Head Start Health requirements.
- Assure that infants and toddlers are screened according to EPSDT Schedule. If any serious illness, accident, emotionally impacting event, physical trauma or repeated ear infections occur, more frequent screenings are appropriate, and will be encouraged by staff.
- Track all screening, immunizations and examinations of each child, supporting each family in the follow-up care process to ensure each child's health care is up-to-date. Input all health information into Child Plus

Parents Will:

- Schedule and keep appointments for physical and dental examinations for their enrolled children.
- Follow-up on any health concerns identified through the screening process, making and keeping appointments with referral services as needed.
- Work with their child's health and/or dental provider to make decisions about the child's health status and appropriate health services.

On-Going:

Staff Will:

- Send reminders verbal and written to parents regarding EPSDT schedule well child exam, dental exams and any other required EPSDT component for the age of child.
- Encourage their students to be physically active and learn about nutritious food options and to be a role model during the school day.
- Measure height and weight again in December and March. Height and weight are recorded in Child Plus, a graph can be generated. Results are shared on report card.
- Refer all children to the program Nutritionist if weight for height is over 95% or is under 30%.
- Follow the state of Texas EPSDT schedule, which requires ongoing physical and dental exams and refer to the Opportunities Child Health and Developmental Screenings Schedule.

Parents Will:

- Schedule and keep appointments for physical, immunizations and dental examinations for their enrolled children. Parents will notify the Center Director when appointments are made and will turn in required documentation.

Flow of Services

Community Assessment Conducted by Opportunities Staff

- Community Assessment is conducted every three years and combined with data from focus groups, interviews of community leaders and research of available data to assess the needs and resources of community severed by Opportunities. **The community assessment tool is evaluated in August and updated as needed.*

Pre-enrollment Forms from Parents: Conducted by HS 0-5 ERSEA Coordinator.

- Advertise EHS/HS Services
- January –February order recruitment posters, updating waitlist, purchasing ads from the local newspapers.
- Applications are submitted to the ERSEA Coordinator
- Information is entered into our data tracking system where priority points are determined.
- Name is placed on waiting list, the ERSEA Coordinator will send out a letter upon enrollment of the child.

  **For EHS and HS priority placement is given to: Children with certified disabilities, first time teen parents, homeless children, and children receiving TANF or SSI benefits, children in foster or kinship foster care, children referred by CPS.*

Health Services: Conducted by HS 0-5 Health Coordinator.

- At enrollment, parents complete health history form with assistance from the Director, reviewed by Health Coordinator.
- Parents are encouraged to establish a medical/dental home
- Evaluate immunization records & other health needs
- Sensory screenings (vision and hearing) completed within 45 days of enrollment.
- Remaining EPSDT screenings in 90 days of enrollment.
- Current Well child exams and dentals exams are encouraged to be obtained by parents prior to admittance. Child care licensing requires statement of child's health from a health-care professional within the first 30 days of enrollment.
- Each child is on EPSDT Schedule based on age
- Monthly, parents are given reminders for current EPDST requirements such as; immunizations, well child check-ups, dentals, using a duplicate medical/dental follow-up form.
- All referrals are made immediately. Referrals may require outside assistance.
- Staff observations: Teachers, center directors, family advocates, etc., observe children, note any health concerns.
- Attend quarterly School Readiness reviews
- Practice disaster and evacuation plans two (2) times a year
- Meet with Parents regarding any Special Medical needs

First Enrollment and Education Home Visit: Conducted by Head Start 0-5 Teachers

- Welcome the family to Head Start; Photo of family
- Classroom teacher goes to familiarize herself with child and family; to discuss with parents the particulars of each child.
- Discuss teaching philosophy, curriculum, and behavior management approach in the classroom.
- Share the home/center visit schedule
- Value and purpose of screening and assessment (education, health, nutrition, and dental)
- Parent Engagement: volunteering, goals setting for their child, etc.
- Transition to school: special lovely, blanket, and pacifier
- Needs and goals identified by completing Family & Community Partnership Agreement
- Parent Interest Survey completed

* *Family Handbook & Resource Directory given to parents for EHS newborns or new enrollees.*

Nutrition: Conducted by Head Start 0-5 Nutrition Coordinator.

- Health & Nutrition Assessment form
- Assessed within 90 days of enrollment which includes: Hgb/HCT, Height, weight, and BMI on their Nutrition Assessment Form. **BMI is calculated for children 2 years old and older; for all other children each child's height, weight, and head circumference are assessed according to the EPSDT schedule.*
- Update nutrition according to the local program schedule; ***for children up to 2 children's nutrition is monitored monthly using a parent questionnaire called the Feeding Routine.*
- Food allergies and special diets identified and recorded; posted in H.S. kitchens and classrooms as well as in the child's file.
- Safe nutritious meals are offered to infants and toddlers.
- Nuts, raisins, popcorn, lettuces, grapes, hotdogs, peanut butter, and other unsafe foods are not included in the menus for infants and toddlers. All Centers are NUT-FREE, NUT-BUTTER Free Zones.
- Attend quarterly School Readiness reviews

***Special considerations are given to nursing moms; i.e. a designated area for privacy and comfort is provided, teachers have been trained in the safe handling of breast milk, etc.*

Mental Health: Conducted by Head Start 0-5 Mental Health Coordinator

- Mental Wellness History is completed by parents at enrollment
- Parents are asked if they would like a consultation with Mental Health Coordinator.
- If parent states 'yes' on the form, the Family Advocate contacts the Family Engagement Coordinator to set a Home Visit to discuss concerns.
- Classroom visits by Mental Health Coordinator provided to each class once every six weeks.
- **ASQ: SE-2** - Teachers help parents complete the ASQ: SE-2 during their initial visits with parents. If the score is in the concerned range, the teacher discuss parents' concerns about their child with them. Using the parent's feedback and their own observations of the child, teachers then fill out a Targeted Social Emotional Teaching (TSET) worksheet. After working on teaching these skills for 45 days, the teacher will fill out a ASQ: SE-2. Should a child's rescreen score still be in the concerned range a referral will be made to the Mental Health Coordinator.

- Staff observations: Teachers, center directors, family advocates, etc., observe children, note any mental health concerns.
- Staff refer child to the Mental Health Coordinator through the center director.
- Family and Community Engagement Coordinator meet with teacher and family advocates to get a comprehensive view of the child & family; noting changes in family situations,
- Parental permission obtained for individual mental health observation.
- Plan developed which can include: setting developmental goals, behavior modification plans, classroom interventions, Short term parent coaching. ***EHS Mental Health includes classroom interventions, setting developmental goals, and parent coaching.*
- Follow-up with parent & center staff.
- Attend quarterly School Readiness reviews
- Referral to outside agency if needed

Ongoing Screening and Assessment :

- **Health: Conducted by H.S. Director and H.S. Health Coordinator**
  - All health screenings are documented in the Child Plus system. Parents are given a health follow-up, monthly and are supported as needed to obtain these.
  - Daily health checks; completed each morning
- **Conducted by H.S. 0-5 Teachers:**
  - Daily Health Checks (To be completed each morning)
  - Weekly written observations on educational and social emotional development related to established goals, needs and interest.
  - Teachers complete the ASQ and ASQ-SE2 with or without parent assistance.
  - EHS-complete the developmental profile in OUNCE online according to developmental level.
  - HS-complete the ENGAGE assessment 3 times a year.
  - Teacher gather monthly work samples for portfolios.
- **Family Advocates:**
  - Within the first 45 days the Family Advocates will make a home visit to complete the Family Service Assessment/Partnership Agreement.

Social Services: Conducted by H.S. 0-5 Family & Community Engagement Coordinator

- Assist families in need with food, clothing, etc.
- Monthly parent contacts beginning at enrollment include monitoring needs & goals. ***EHS conducts monthly home/center visits with each child's family*
- Additional home visits as needed.
- Attend quarterly School Readiness reviews
- Monthly parent meetings
- If a child is absent one day a phone call is made, three days and home visit is conducted.
- Refer all family matters to the Family Advocate.
- Family & Community Engagement Coordinator is the consultant for all matters involving "at risk" family situations.

Education: Conducted by Coordinators 0-5

- Mentor/coach comprehensive support specialist
- Analyze data from classroom observation and assess training needs
- Develop and conduct training
- Track and analyze child assessment data
- Develop and monitor professional development plans of teaching staff
- Attend quarterly School Readiness reviews
- New teacher orientation and training
- Track and monitor staff credentials
- Track and monitor classroom inventory
- Mentor/coach teachers
- Review weekly observations made by teachers.
- Review weekly lesson plans

Education: Conducted by Coordinators/Comprehensive Support Specialist 0-5

- Review weekly observations made by teachers.
- Review weekly lesson plans
- Relay concerns to area specific coordinators
- Attend quarterly School Readiness reviews
- Coach/mentor teachers
- Analyze assessment data
- Provide ongoing training: mentoring, modeling, environment
- Observe classrooms provide feedback (informal)
- Observe classrooms provide feedback (formal-CLASS/TPITOS)
- Review individualization binders
- Review portfolios

Education: Conducted by H.S. 0-5 Teachers

- Observations -Teachers record observations on the whole child on a weekly basis using OUNCE online for EHS and Email for HS. Teachers note children's interest and abilities in all areas of development. Parents report information to teachers daily through informal communication and is gathered at center/home visits. Screenings and Assessments-Ages and Stages Questionnaires are completed according to the EPSDT Schedule. Assessment report from ENGAGE is completed 3 times a year for HS. Developmental Profile from OUNCE is completed as needed according to age for EHS. ASQ-SE2 is completed within 45 days and repeated as needed. Parents are provided with all screening and assessment results.
- Parent Volunteers-Volunteerism is encouraged by: 1) inviting parents to volunteer in the classroom, 2) asking them to contribute ideas to the lesson plan, 3) finding ways at home to volunteer if parent is unable to come to the center, 4) sending home daily "my Day in Early Head Start" forms, 5) sending home monthly newsletters, 6) attending parent engagement opportunities, and 7) completing the monthly activity calendar.

- Home/Center Visits-*EHS Teachers are required to do monthly visits with parents. Teachers meet with parents monthly to discuss child's progress and individual goals. Teachers and parents decide on the next steps for the child and discuss strategies for achieving the goal.* HS Teachers conduct 2 Home Visits and 2 Center Visits. (1 Initial Home Visit and then 1 home/center visit after each quarterly and 1 transition visit)
- EHS Classroom Arrangement-Room is furnished with warm comfortable home like furnishing. A variety of age-appropriate toys and materials are available for infants and toddlers to manipulate and play with at will. An opportunity for active play is available both indoors and outdoors.
- HS Classroom Arrangement-Room is divided into learning centers. Centers are labeled and organized to encourage independent use.
- The Pyramid Infant-Toddler Observation Scale (TPITOS) and CLASS are used to provide a snapshot of the adult behaviors and classroom environment variables that are associated with promoting the school readiness. These Observations are completed two times a year.
- Staff/Child Interactions- A responsive, nurturing, care giving relationship is provided for infants and toddlers to promote feelings of security within relationships and to provide a foundation for later development.
- Classroom Transitions-Children entering the infant classrooms stay with their primary teacher for 2 years. At the beginning of the third year the children will transition with their peer group to a new caregiver. Before any transition each child's parents are notified by letter and verbally, and new teachers are introduced slowly as well.

Disabilities: Conducted by H.S. 0-5 Disability Coordinator and HS 0-5 Staff

- All children entering HS 0-5 with a diagnosed or suspected disability will be referred to the disability coordinator to ensure supports are in place prior to child's first day of attendance.
- After the initial 45 day developmental screening, children who score in the "suspect" category will be rescreened within 3 months after additional educational opportunity in the classroom is provided. Children who score in the "fail" category will be referred for an evaluation by the Part B or Part C provider, and/or private therapy.
- If concerns arise by the teacher or parent, a program referral is sent to the disability coordinator. Disability Coordinator will complete a classroom observation and consult with the teacher, center director and parent to discuss concerns.
- The Disability Coordinator and Head Start Staff will assist parents through the referral process to the local Part B or Part C provider and/or private therapy agency.
- A full and initial evaluation will be scheduled by the local Part B or Part C provider and/or private therapy agency.
- The Disability Coordinator and/or Head Start Staff at the center level will attend the ARD or IFSP meeting
- The local Part B or Part C provider develops and IEP or IFSP for the child
- The Disability Coordinator assists the classroom teacher in incorporating the goals from the IEP or IFSP into the lesson plan.
- The Disability Coordinator and Head Start Staff provide or coordinate ongoing support, education, and resources for teachers and families of children with disabilities.

School Readiness Review: Conducted by HS 0-5 Staff

- During School Readiness Reviews each component staff reviews services offered to each child ensuring services have been met in a timely manner. This process increases communication between all Coordinators, family advocates, teachers, center director's and other program staff.

Transitions: Conducted by H.S. 0-5 Staff

- New Enrollee:
- Begin from first day, with child and parent.
  - Teacher visits child at their home-takes a picture of child and family
  - Child brings special items from home. Child visits his or her classroom.
  - Family attends the Orientation Meeting at their Center: Family Handbook is giving to all parents. Information about Policies and Procedures is given to parents.
- **While enrolled:**
  - Strive to keep strengthen relationships between teachers and children. We do this by limiting the transitions to one time throughout their EHS enrollment
  - Children entering the infant classrooms stay with their primary teacher for 2 years. At the beginning of the third year the children will transition with their peer group to a new caregiver.
  - Child visits his/her new classrooms
  - Teachers visit child in his/her new classroom
- **Transition to Head Start**
  - Share CCMS Applications with parents at 24 months of age
  - Share Head Start Pre-enrollment application and explain the process
  - Three year old teacher works with transitioning kids over the summer months.
  - 3 year olds EHS children are combined to work in larger groups
  - Vertical team meetings, as well as, informal conversations are held to discuss intricacies of each child.
  - ***All EHS students will transition to Opportunities HS program, if qualified*
- **Transition to Kindergarten**
  - Visit public school for Kindergarten-age children.
  - Have school official (Principal or Vice Principal) speak at parent meeting.
  - Joint activities with the local independent school district

EMPLOYEE ACKNOWLEDGMENT

Policies and Procedure Manual 2016-2017

I understand that I am responsible for reading the handbook, familiarizing myself with its contents, and adhering to all of the policies and procedures of Opportunities for Williamson & Burnet Counties. I have hand the opportunity to ask questions, and received clarification. I understand and agree to conform to standards as set forth in this manual.

A copy is located in the Center Directors office and you may read the Policies and Procedures Manual electronically on agency internal intranet at https://remote.wbco.net:4444/cgi-bin/portal

_____

Employee Signature

_____

Print Name

_____

Date