



## “Building a Foundation for Success”

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ agree to cooperate with Charlotte County Public Schools Early Childhood Programs in order to improve my child’s attendance while in the Head Start Program. I agree with the following: (check all that apply)

\_\_\_ I am familiar with the program’s attendance policy.

\_\_\_ I will take all appropriate measures to ensure that my child attends school daily and on time.

\_\_\_ I will contact the front office staff in the event that my child will be absent

\_\_\_ I will also contact my Family Advocate if my child is absent for any reason.

\_\_\_ I will send a detailed note or email on the day my child returns to school.

\_\_\_ I acknowledge that it is my responsibility to inform the Early Childhood program staff of any changes in my situation pertaining to my child attending the program.

If this written contract is broken, I agree to meet with the Director to discuss next steps.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Advocate Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Services Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

## Service Area: Family & Community Engagement

### **ATTENDANCE POLICY AND PROCEDURES**

**POLICY:** The program adheres to ongoing Attendance Policy and Procedures to insure monthly average (student) attendance rates through staff involvement. Documented student illness and causes of absenteeism that include family contact by staff.

#### **PROCEDURE:**

1. Program monthly average daily attendance is monitored through the program's ChildPlus attendance system for all students. HS/VPK for four-year-old students is tracked through the ELCFH/VPK monthly attendance sheets, ChildPlus, and CCPS's FOCUS attendance system. All three-year-old HS and all EHS student attendance is tracked through ChildPlus and FOCUS programs.
2. Family Advocates monitor their caseload attendance for absenteeism case management documentation, and caseload monthly attendance, which includes YTD attendance that is submitted monthly to the Family Services Specialist.
3. The Family Services Specialist monitors student attendance and documentation through the ChildPlus reporting system using report 2305 for classroom ADA, report 2330 Consecutive Absences, and the Program monthly daily attendance report 2301. ChildPlus report 2306 gives a YTD attendance report on each student. Case notes are monitored using ChildPlus attendance case note documentation.
4. Using the Attendance procedure and following the time line of contact is a staff responsibility. The procedure states the number of student-days absent and the contact person who is responsible for keeping records of absence. Evidence of completion can be found through case notes and contact information of parent conferences.
5. The goal of the program is to work closely with the family to insure good student attendance through program support with an emphasis on the importance of regular attendance patterns.
6. In circumstances where a child has chronic absenteeism that cannot be corrected due to parent effort and participation in the program, the Program Director may elect to consider the slot as a vacancy when it does not seem feasible to include the child in either the same or different program option.

#### **RELEVANT FORMS:**

<b>Attendance Policy</b>	<b>Person (s) Responsible</b>	<b>Timelines</b>	<b>Evidence of Completion</b>
Teachers will document child's daily attendance in Child Plus/Focus by 9:40 am Sites will differ	Classroom Teacher	Daily	Attendance Records ChildPlus, Focus, VPK Attendance
Child absent first day with no call/or contact by parent. Parent receives Robo call. Sites will differ	Parent/Robo call	On the first day absent	Contact sheets Focus/ChildPlus/
If a parent has not contacted the school as to why the child is out teachers must try to make contact by the end of the 2 <sup>nd</sup> day. This info is documented in ChildPlus and Focus(Baker) *Check mailbox for absentee slips/email	Teacher	End of the school day.	Attendance contact sheet, ChildPlus Notes section
Family Advocate monitors attendance daily, weekly, monthly  6M-8 .305 Recording and Certifying Child Attendance in the VPK Program	Family Advocate  Parent of VPK Child	Ongoing  Signature and date at the end of each month of child's attendance	ChildPlus/focus/VPK Records  Parental Choice Certificate Short Form OEL-VPK 03S
Child out of class on 3 <sup>rd</sup> consecutive day with no parent contact Family Advocate will make contact by phone/home visit	Family Advocate	Third/Fourth day absent	Attendance Contact Sheet/ChildPlus
A child has been absent a total of 10 days an attendance letter will go home to the parent	Family Advocate	After ten days	Copy of letter sent in child's Family Advocate file/email to teacher
A child has been absent a total of 15 days; an informal face to face meeting with Family Advocate	Family Advocate	After 15 days absent	Case notes in contact log/ signed attendance form from parent
A child has been absent a total of 20 days; a formal meeting or phone call from the Family Services Specialist will take place	Family Advocate /Family Services Specialist	After 20 days absent	Case notes in contact log/ signed Contract form from parent
A child is absent a total of 20 or more days all the above applies; attendance letter, and meetings with the Family Advocate and Member from the Leadership team to discuss attendance concerns	Family Advocate/ Member from the Leadership team	After 20 or more days absent	Case notes, doctor information on illness /case notes on family concerning attendance
Discussion of Attendance Concerns. Actions taken to resolve attendance concerns. Health documentation, and case management documentation	FA/ Members of the Leadership team.	After a child is out more than 29 days	FA/Child file; attendance letters and attendance contact documentation of absence due to illness and case notes.
Attendance Reports	Teacher/Family Advocate/ Family Services Specialist,	Monthly FA Attendance Spread sheet and VPK Attendance Sheets	FA Attendance Binder/VPK Attendance Binder

## Service Area: Family and Community Engagement

### **CASE MANAGEMENT**

**POLICY:** Family Advocates document all contact with families beginning at the time of their child's enrollment. This process is individualized according to the family's needs.

#### **PROCEDURE:**

1. At the time of the child's enrollment, Family Advocates gather information on the child and the family while maintaining a culturally-sensitive and respectful environment.
2. Together, Family Advocates and parents systematically develop action plans based on areas of need. Action plans may include goals, timelines, resources and referrals.
3. The Family Advocate meets with the family at the home visit or office visit to continue or begin the Family Partnership/Goal-setting process. Family Advocates will review information gathered from the enrollment process to drive the conversation to meet the needs of the family.
4. Family Advocates will periodically contact families on goal-attainment-progress, time dependent on the goal and/or referral.
5. Family Services case-management of families includes tracking of contacts and referrals, the child's attendance, family volunteer hours, monitoring child EPSDT health screenings, immunizations, dental and required blood screenings.
6. Family Advocates are responsible for tracking all screenings that are due within the child's first 45-days of school, and for contacting parents in a timely manner as to due dates for physicals and immunizations and dental exams.
7. Family Advocates are responsible for data entry into ChildPlus in the areas of family case management notes, family information, and child health information.
8. Family Advocates (along with the leadership staff) are able to pull individualized reports for monitoring and data generation/review purposes.

#### **RELEVANT FORMS:**

## Service Area: Family & Community Engagement

### **Family Engagement**

**Policy:** The program will engage in a process of collaborative partnership building with families, and is committed to establishing a relationship with families to form mutual trust and to identify family goals, strengths, and needed services and other supports. The process will be initiated at registration and continue after enrollment and will take into consideration each family's readiness and willingness to participate in the process.

#### **PROCEDURE:**

1. The program will develop appropriate materials to inform Head Start eligible families about the comprehensive services and opportunities available through Head Start funding.
2. The program will utilize the information from the Office of Head Start (OHS) to develop a brochure and fact sheet for families about the benefits of Head Start.
3. Parents will receive information individual and/or in a group, adapted to their ability to participate in the program activities and services. Engagement will begin at the initial contact with the family and may include meetings, orientation, home visits and pre-screening opportunities.
4. The Family Advocate will support engagement activities that will include information regarding:
  1. Program philosophy, goals and objectives
  2. Program/classroom description & location
  3. Parent involvement opportunities and activities
  4. Program services including; mental health, crisis intervention
  5. Program calendar & parent handbook
  6. Literacy training/career development opportunities
  7. Relevant policies
  8. Community Resource card
  9. Volunteer Information

#### **RELEVANT FORMS:**

nj/nmh

## Service Area: Family & Community Engagement

### **FAMILY GOAL SETTING**

**POLICY:** The program will provide opportunities for parents to develop an Individual Family Partnership Agreement plan that is respectful of each family's diversity, cultural and ethnic background. The Family Partnership agreement is an individualized, strengths-based, family-driven process. The family will receive assistance in setting timelines to achieve their goal, and on-going monitoring of progress towards achieving the goal. Staff will utilize appropriate community resources to move families toward self-sufficiency and will work collaboratively with other agencies to avoid duplication of efforts.

### **PROCEDURE**

1. Once a family has been selected for the program, the Family Advocate will review family information in ChildPlus with the family. The family will be asked to answer questions that accurately reflect their current circumstances.
2. The Family Advocate will input the information into ChildPlus and will generate the Strengths and Needs Assessment.
3. Once the Family Needs assessment is completed it will be used as an on-going guide in the development, implementation, and evaluation of the goals set for both the child and the family. Revisions or completion of goals will be recorded in ChildPlus.
4. The Family Services Specialist will monitor on a quarterly basis the Family goals in Childplus.

### **RELEVANT FORMS:**

## Service Area: Parent and Family Engagement

### **PARENT AND FAMILY ENGAGEMENT IN EDUCATION AND CHILD DEVELOPMENT SERVICES**

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

#### **PROCEDURE:**

1. Staff encourage parents to volunteer in the classroom and to assist the teacher in a variety of activities, lessons, field trips and other events. Parents sign in following procedures at each site and obtain a (printed) visitor badge to be worn at all times while visiting the school.
2. Parents adhere to school board and program policies and procedures for registering as a volunteer. Visits and volunteering by parents be documented in the classroom and/or front desk.
3. Teachers hold parent conferences as needed, but no less than two times per year, and conduct at least two home visits per program year. During interactions with families, parents be encouraged to ask questions, express their feelings and discuss their impressions.
4. Before completing home visits, the teaching staff provide the following information to school administrators: names of families being visited, addresses, and phone numbers. Teachers wear an identification badge.
5. Teachers are encouraged to take a district approved device to photograph the child and family for classroom use.
6. All conferences and home visits are documented on appropriate forms and include live signatures and dates.

#### **RELEVANT FORMS:**

Service Area: Family & Community Engagement

**PARENT COMMITTEE POLICY AND PROCEDURES**

**POLICY:** The program considers all parents/guardians of currently enrolled students, members of the parent committee. At the time of their child's enrollment, information is given to parents/guardians concerning program councils, advisories, and parent committees.

**PROCEDURE:**

1. At the time of a child's enrollment into the program, Family Advocates actively recruit parents to participate in their child's class or center parent committee.
2. At the beginning of the year, during parent orientation, the program addresses the roles and responsibilities of the parent committee and stresses the importance of parents' becoming active participants.
3. Family Advocates help facilitate the first meetings of the year to explain parent-committee performance standards and budgets. Parents take the lead with support from their Family Advocate throughout the school year.
4. Parent Committees decide how, when, where, and how often they meet. Each year parent committees decide whether to stand alone as a class parent committee or to combine efforts with other schools or centers. This is decided by the current parent committee members.
5. Parent Committees must decide how to use their parent committee budget. The decision then must be advanced to the Policy Council for approval.
6. Parent Committees work together with Family Advocates and teaching staff in planning and executing child- and parent-activities at the site level.

**RELEVANT FORMS:**



Service Area: Family & Community Engagement

**PARENT INVOLVEMENT IN HEALTH EDUCATION**

**POLICY:** Program parents have opportunities to receive education in areas of personal wellness, mental health, safety, nutrition, and dental care.

**PROCEDURE:**

1. Parents educational opportunities may include the following topics:
  1. First aid and injury prevention
  2. Home safety/disaster planning
  3. Childhood illnesses
  4. The importance of proper dental care
  5. Nutritious and inexpensive meal planning
  6. Stress reduction techniques
  7. The effects of drug use
  8. Physical activity benefits
  9. Health Risks of Smoking / Smoking Cessation
2. Informational hand-outs/flyers are also sent home, periodically, to the parents.
3. Parent meetings provide opportunities families to receive and share information about  
health and well-being.
4. Parents are encouraged to participate in the Family and Health Services Advisory Committee (HSAC).
6. Health resources are available to parents and parents are encouraged to contact the Family Advocate or the Health and Family Services Specialist for more information about specific health topics or issues affecting their lives. Parents and families are encouraged to share (with the program staff) any changes in their child's health.

**RELEVANT FORMS:**

Service area: Health& Nutrition

## **CHILD HEALTH STATUS/WELLCHILD /MEDICAL TRACKING AND FOLLOW-UP**

**POLICY:** Family Advocates will determine the health status of all children within 90 days of entering the program with the collaboration of parents and staff. Health status will include the determination of a current physical, up to date immunizations, and current dental exam. The child enters the program with a current physical and an up-to-date immunization record. All information is entered into the ChildPlus system for tracking and follow up.

### **PROCEDURE:**

1. At enrollment, Family Advocates document each child's health care provider, health insurance, dental provider, health and nutritional history from the parent, current physical, current up-to-date immunization record through Florida Shots.
2. When a parent does not have a medical home (i.e. services) for their child, Family Services assists the parent in obtaining a doctor and or Medicaid insurance.
3. If a child does not have Medicaid or has private insurance without dental coverage, Family Services guides the parent through the Medicaid process. For students who do not have dental coverage, Family Services will refer the parent to a local dentist who has been contracted by the program to provide dental services at a prescribed fee.
4. Throughout the school year parents are contacted (weeks in advance) to make arrangement with their healthcare provider to obtain up-dated physicals, immunizations and blood screenings.
5. Family Services staff assist families with reminders to keep each child's health status up-to-date.
6. The Family Services Specialist monitors health status data for continuity of care regarding up-to-date student health care by utilizing ChildPlus program's health services reports on a scheduled basis.

### **RELEVANT FORMS:**

## Service Area: Health & Nutrition Services

### **PHYSICAL EXAM**

**POLICY:** Head Start children must have a current (within 1 year) physical exam at enrollment.

### **PROCEDURE:**

1. Physical exams are scheduled by Family Advocate/or Nurse before the student attends school.
2. Physical exam information is documented in ChildPlus and in Focus by the Family Advocate and/or Nurse.
3. If a student is found to be out of compliance, the Family Advocate informs the parent by letter and/or phone calls. The parent has 30-day grace period to get the child in compliance.
4. Parent involvement in the physical exam process provides opportunities for parents and medical examiners to communicate about the child's development, to discuss concerns, and to share information about the child's overall health and/or special needs.
5. If lead- and hemoglobin- screening results are not documented on the physical form, parents are educated about the importance of these screenings.
6. Hemoglobin screening is offered to the parent if it is not on the physical. The Family Advocate screens the child within 45 days of enrollment.
7. Parents are referred to a pediatrician to get a copy of the last lead screening or have the screening performed.
8. Parents will be notified in advance by text message, phone call, and/or letter if the physical expires during the school year

### **RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**IMMUNIZATIONS**

**POLICY:** The program requires that all children meet minimum standards for immunizations in accordance with Florida Statutes or have a medical or religious exemption.

**PROCEDURE:**

1. Program applicants submit a copy of the child's current childhood immunizations record at enrollment.
2. Family Advocate or the School Nurse reviews immunization records of students before they are allowed to attend school. Student I be allowed to attend orientation with the parent present.
3. If a student is found to be out of compliance, the Family Advocate will notify parents, and the child is excluded from school until the Immunization records are obtained or updated. The child's information is inputted into ChildPlus; the School Nurse inputs the information into Focus.
4. Parents are encouraged to keep children up-to-date on immunizations and attend appointments with their child(ren). ECP staff work with families to ensure that they are informed and have the resources needed to complete or remain up-to-date on their child's immunizations.

**RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**HEARING SCREENING**

**POLICY:** The program obtains or performs evidence-based hearing screening for enrolled children. This will occur within 45 calendar days after the child first attends.

**PROCEDURE:**

1. Hearing Screening is completed within the first 45 days of entry.
2. Staff screen children, using picture audiometry/or other approved testing device.
3. The Family Advocate conducts hearing screenings and completes the Hearing Screening Results form. This information is documented in ChildPlus. Results from the screening are sent to the parents.
4. If the child fails any portion of the screening, this is reflected in ChildPlus, and the parent is then notified with a copy of the screening form. Early Childhood program staff members assist the parent, as needed, in completing follow-up services with their primary care physician.
5. If the child is not screened, a documented reason the service was not provided should be entered in ChildPlus.

**RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**VISION SCREENING**

**POLICY:** The program will obtain results, or perform an evidence-based vision screening for enrolled children. This will occur within 45 calendar days of the child's first day of attendance.

**PROCEDURE:**

1. A vision Screening will be done within the first 45 days of entry.
2. The Family Advocate, Nurse, or a Lions Club member will conduct the vision screenings and complete the Vision Screening form. The Family advocate will document the results in ChildPlus.
3. If the child fails any portion of the screening, this will be recorded in ChildPlus and the parent will be notified with a copy of the results. The parent will be assisted in completing follow-up services as needed.
4. Follow-up will be ongoing and documented in ChildPlus.
5. If the child is not screened, a documented reason why the service was not provided will be documented in ChildPlus.
6. Vision results will be sent home to parents for all screened children.

**RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**DENTAL SERVICES**

**POLICY:** The program has an ongoing dental policy and procedure using the Florida EPSDT Medicaid dental guidelines. Staff assist families in locating Medicaid dental providers and refer families to a local dental, contracted to provide services for students without dental insurance. Staff encourage parents to take an active role in their child's healthcare through participation in exams, appointments, and follow-up services.

**PROCEDURE:**

1. Medical and dental insurance is identified at the time of application at registration and is again addressed on multiple program forms at enrollment.
2. During the enrollment process, parents complete a student health assessment, health screening consent form, family needs assessment, and emergency information that identify medical and dental providers and insurance information.
3. Family advocates determine (at the time of enrollment) if the child has ongoing, accessible dental care (or dental home).
4. Families with ongoing dental homes are asked to produce the most current documentation of their child's dental services. If the child is not up to date according to Florida's EPSDT dental schedule, Family Advocates will assist parents in making necessary arrangements to bring their child's dental history and services up to date. A list of Medicaid providers is given to the family if needed. For families without insurance, Family Advocates arranges for the family to receive dental services through a local dental provider who has been contracted by the program to provide dental services for a prescribed fee.
5. The program has a MOU with the Charlotte County Health Department which provides an RDH who schedules and completes in-school dental exams/assessments for all Early Head Start students birth to 36 months and Head Start children with no Medicaid or dental insurance. She provides an exam, fluoride treatment and tooth sealants. Referrals for office visits are made for children with caries and dental concerns. Parents are encouraged

to make arrangements with a dental provider. Family Advocates will assist with appointments and transportation if needed.

6. Family Advocates tracks all dental exams and assessments in the programs ChildPlus system. They track initial exams and follow ups, if needed, while following the State of Florida's EPDST Medicaid dental treatment guidelines.
7. Dental exams/assessments are to be completed within 90 days of the child's enrollment and entry into the program. The program strives to complete the dental requirement within the first 45 days if possible.

**RELEVANT FORMS:**



Service Area: Health & Nutrition

**ACCOMMODATING STUDENTS WITH SPECIAL DIETARY NEEDS**

**POLICY:** The Early Childhood Programs adhere to systematic processes to identify and accommodate students with special dietary needs; some dietary information may overlap and/or be based cultural considerations. Central to this policy is the safety and welfare of the child.

**PROCEDURE:**

1. At the time of the child's enrollment, the parent/guardian completes a student health history and nutritional questionnaire.
2. Parent-provided information, shared with EC-staff at the time of enrollment, will advance conversation of any allergies, dietary needs, or ethnic food preferences or concerns the parent/guardian may have. (Administrative Assistant is responsible for sharing ESE student information with the nurse).
3. Parents of children who have a special dietary requirement due to medical issues are required to have a doctor's note explaining the specific dietary restriction.
4. For any child who has a milk/dairy allergy, the parent must obtain a list of items that child *cannot* have and a list of items they *can* have from the doctor. If the parent gives this information to the teacher, the teacher's responsibility then is to provide the information to the family advocate. The family advocate is responsible for getting the information to the nurse and the cafeteria manager. (ESE teachers will give the information to the nurse and to the cafeteria manager.)
5. Food allergies/dietary needs will be documented in ChildPlus by the family advocate; the ChildPlus report #3013 will be given to the cafeteria manager and to the teacher. The report will be updated as needed and as dietary inclusions, restrictions, and medical concerns surface. The nurse will update in Focus.
6. The parent, family advocate, and cafeteria manager (and nurse, if needed) will meet to discuss the menu and discuss food substitutions as needed and to ensure that all parties keep the child's safety and welfare of primary importance in relation to the child's school-based consumption of food.

**RELEVANT FORMS:**

## Service Area: Health & Nutrition Services

### **Health Alert Folder**

**POLICY:** The program provides for the Health and Safety of all the children by maintaining accurate, up-to-date Health Alert Folder in each classroom, while maintaining confidentiality. The purpose of the Health Alert Folder is to serve as a ready reference for staff in creating, preserving and advancing a safe and healthy environment for each child.

### **PROCEDURE:**

1. While enrolling a child into the program the parent and or guardian will share with the Family Advocate any health concerns, nutritional information or anything that would be pertinent to keeping the child safe and healthy while in ECPs' care.
2. This information will be on the student health assessment and the nutritional questionnaire.
3. The Family Advocate will take a copy of the student health assessment to each site nurse.
4. The Family Advocate will create a Health Alert Folder for each of their assigned sites (students).
5. When a Health Alert Folder needs to be updated, information will be sent to the Family Advocates.
6. The Family Advocate will update Health Alert Folders as needed.
7. The Health Alert Folder is kept in the back of the lesson plan book.

### **RELEVANT FORMS:**

## **BIRTH TO FIVE TOOTHBRUSHING POLICY AND PROCEDURE**

**POLICY:** The program has an ongoing policy and procedure in place to promote dental hygiene, age appropriate birth to 5 years of age. The procedure is a daily occurrence, administered, supported and facilitated by staff according to age.

### **PROCEDURE:**

1. Ensure that each child has his/her own toothbrush clearly marked with his/her name.
2. Use a gloved hand to prepare tooth brushing materials to assist children with brushing.
3. Dispense a small pea-sized amount of toothpaste onto the edge of the child's paper cup. This dab of paste is to be applied to the brush before brushing.
4. After brushing, the child should rinse their toothbrushes thoroughly with tap water, and rinse their mouth with water from their paper cup.
5. Store tooth brushes in an upright position (bristles facing up)
6. Children then dispose of their own cup.
7. Disinfect the sink after each child; teachers then wash their hands and re-glove to be prepared for the next child.
8. Disinfect toothbrushes weekly and/or as needed.
9. Note that toothbrushes are not to be stored in the bathroom.
10. Disinfect sink before and after tooth brushing and using water fountain. Note that classroom sinks and/or bathroom sinks are to be used for one purpose at a time.
11. Replace tooth brushes when bristles become bent or at least every three (3) months or after a child's illness.

## **Infant and Toddlers**

1. Use a gloved hand wipe the baby's gums with a clean, damp gauze pad after each feeding
2. Brush a child's gums and teeth when they begin to erupt; use a child-sized toothbrush and water.
3. Use, once a child is two and can spit, a small, pea-sized amount of fluoride toothpaste.

## **RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**HEALTH CLINIC SUBSTITUTE COVERAGE**

**POLICY:** A plan is in place to insure safety and the continuity of care of students who utilize the Health Clinic.

**PROCEDURES:**

*Only the following approved employees/contractors may staff the health clinic in the school nurse's absence; a) a CCPS substitute school nurse, b) a contracted nurse provided by CCPS, or c) a trained UAP staff member. The designated person follows the guidance below in the event that the school nurse is unavailable.*

1. Collect Clinic keys from administrative assistant at front desk.
2. Unlock clinic door and do quick visual assessment for anything that might be out of place. For example: Refrigerator door or cabinet doors opened.
3. Unlock storage room for supplies as needed for teachers. Door stays locked except when the nurse opens it. Supplies are signed out on clipboard located on middle shelf in storage room.
4. Restock supplies in storage room as needed. Make a list of items that are needed and give to the Family Service's Coordinator for Purchasing.
5. Remove walkie-talkie from charging station and place in pocket. Keep it on channel 1 and turn volume up. Do a radio check with administrative assistant to ensure radio is working properly so that staff can reach you when needed.
6. Check to make sure clinic clipboard has enough Daily Clinic log sheets and Health Clinic Visit-Parent Report forms. You will document any clinic visits or classroom visits or any encounters with students. Extra copies of these forms can be found in desk file drawer.
7. Turn computer on and open FOCUS program (for logging medications, daily visit logs and physicals/immunizations).
8. Check (acknowledge and reply to) emails in Office 365.
9. Restock nurse's bag each morning, as needed, with supplies, Band-Aids, thermometers, gloves, antiseptic wipes, et al for nurse to take when examining children and when dispensing medications.

10. Check medication administration book to see which children get medication or need procedures done, e.g. diabetes, daily accu-check, and review MD orders to see if Insulin Coverage is required. The nurse will (physically) go to the classroom and complete these student-specific tasks. For children with SVT, the nurse checks MD orders to see how often SVT needs to be done. For asthmatics: the nurse determines if treatments are PRN or Routine.
11. Log refrigerator temperatures from the thermometer inside each day. Temperature sheet is located on the side of frig. New logs are located in file drawer in desk.
12. File paperwork (Health Clinic Visits, physicals, & etc.) as needed in medical charts located in drawer. Early Head Start: drawer 1; Head Start: drawers 2 & 3. ESE files are located in the file cabinet in the File Room across the hall from the clinic. All student health files are confidential and drawers should remain lock at all times.

#### Afternoon Routine:

After children leave for the day: wipe down counters, stretcher, sink, and any cabinet doors (as needed) with Virex Solution located in far right, upper cabinets to the right of the sink. Place walkie-talkie on charger (button in front should read Red if charging and when completely charged, the light will be green).

#### **RELEVANT FORMS:**

Service Area: Health & Nutrition Services

**FIRST AID KITS**

**POLICY:** The program provides teaching staff with a fanny pack that has first aid items needed for use during outdoor activities.

**PROCEDURES:**

1. At the beginning of each school year the clinic nurse/health specialist purchases, facilitates, and organizes the packaging of teacher first aid kits.
2. The first aid kits are added into each teacher's beginning-of-the-year supply box.
3. When the teacher needs to replenish first aid supplies, she must contact clinic nurse/health specialist for the program located at Baker Center.
4. The **ONLY** supplies in the first aid kit are those that are originally included in it.
5. If the child has a health condition that includes an epi-pen, staff will need to include it in their first aid kit while outside.
6. Teachers **MUST ALWAYS** carry their first aid kit while outdoors with students.

**RELEVANT FORMS:**

## Service Area: Family & Community Engagement

### **ELIGIBILITY TRAINING**

**POLICY:** Eligibility training for all Governing Body, Policy Council, Leadership and staff who determine eligibility on applicable federal regulations and program policies and procedures will occur as indicated below. No staff member will intentionally violate federal and program eligibility determination regulations and will not enroll children that are not eligible to receive Head Start services.

### **PROCEDURE:**

1. Method on how to collect complete and accurate eligibility information from families and third parties will be included in the training.
2. Strategies for treating families with dignity and respect and for dealing with possible issues of domestic violence, stigma, and privacy will be included in the training.
3. Management staff providing eligibility training will explain program policies and procedures that describe actions taken against staff; families or participants who attempt to provide or intentionally provide false information.
4. Staff members who make eligibility determinations will be trained within 90 days of being hired.
5. The governing body and policy council members will be trained within 180 days of beginning a new term.
6. Retraining will occur as needed, including but not limited to, when the Federal Poverty Guidelines are released, when there are changes made in selection criteria and as indicated by ongoing monitoring.
7. When the discipline of a staff member becomes necessary for intentionally violating federal and program eligibility determination regulations and/or a staff member enrolls children that are not eligible to receive Head Start services such action shall be in proportion to the employee's offense or misconduct, consistent with appropriate procedural and substantive due process, State law, and/or the specific provisions of any applicable collective bargaining agreement.

### **RELEVANT FORMS:**



## Service Area: Family & Community Engagement

### INCOME VERIFICATION

**POLICY:** The program adheres to a strict and objective policy when deciding whether a child is eligible for program services based on family income.

### PROCEDURE

1. An eligible child is (1) a child whose family has an annual income (before taxes) that is equal to or less than the poverty guideline or (2) a child whose family is eligible for public assistance, including TANF child only payments or (3) a child who is homeless, as defined by the McKinney-Vento Homeless Assistance Act or (4) a child who is in foster care. Family income is verified by the program before determining a child is eligible to participate in the program.
2. Trained program staff must review the written income verification source prior to the completion of the application and use this written source to calculate the previous twelve-month income.
3. Once the income is verified, trained program staff must indicate, on the Head Start Verification of Income form, the source used to verify income and then sign the verification sheet acknowledging that income verification was made.
4. Upon signing the income verification document, the written source is copied, and the original is returned to the parent. The copy is then placed in a folder containing income verification sources of all children enrolled and/or it is uploaded in MHS.
5. Special Circumstances: When a family indicates it has no income at the time the application is made, staff will discuss with the family its specific situation to understand better the current circumstance, including what sources of support it receives. Based on the discussion with the family, if there is no income, an Income Declaration form must be completed and signed by the parent/guardian. This form will be uploaded in ChildPlus. The staff member may provide comments on the form indicating how the determination was made that the family has no income.
6. When a family is unable to provide income documentation, the parent/guardian must prepare a written statement and sign it. A trained ECP staff member will gather as much information as possible about the family to assess the family's income status. The staff member must note on the Declaration of No Income form the process used to reach the conclusion that the family is income-eligible and sign and date the program eligibility form.

7. Income Verification includes at least one of the following:
  - A. Check Stubs – Utilizing Year-to-date (YTD)
    - i. i. Weekly = 4 consecutive pay stubs
    - ii. ii. Bi-Weekly = 2 consecutive pay stubs
    - iii. iii. Bi-Monthly = 2 consecutive pay stubs
    - iv. iv. Monthly = 2 pay stubs
  - B. W-2 Tax Form (from previous calendar year immediately preceding calendar year in which application is made)
  - C. 1040 Tax Return (from previous calendar year immediately preceding calendar year in which application is made)
  - D. TANF – (cash assistance)
  - E. Social Security
  - F. Supplementary Security Benefits (SSI)
  - G. Child Support
  - H. Employer Letter
  - I. Foster Care
  - J. Non-Income Declaration Statement
  - K. Unemployment Compensation
  - L. Self-Employed or Self-Declared Income Statement
  - M. Federal Income Reporting Form 1099
  - N. Other (Alimony, Veteran’s Benefits, Annuity Payments, Stipends)
8. Once a family has been determined to be Categorically Eligible, no further income documentation will be collected.

**RELEVANT FORMS:**

## Service Area: Family & Community Engagement

### **Maintaining Full Enrollment**

**POLICY:** A procedure is in place to monitor student slot vacancies throughout the school year for three and four-year-old Head Start students, as well as, student slot vacancies year round in the Early Head Start program.

### **Procedure**

1. Each spring families of students who are age eligible to return to the program the following school year are given a returning student packet to complete before the last day of school. If this packet is not completed the child will have to reapply and go on the top of the waitlist for a slot vacancy.
2. The program offers an open enrollment period starting in February. The program continues to accept applications throughout the program school year to maintain a waitlist.
3. Family Advocates are assigned registration days to meet face to face with families wishing to enroll their children. Incomplete applications will not be accepted unless the family is homeless or child enrolling is in foster care. Applications include: Family information/enrolling child information. Proof of birth, proof of residency and proof of household income.
4. Family Advocates and families review the income eligibility and sign and date income statement to that affect.
5. The Leadership Team meets to discuss placement of returning students at Baker Center with multiple classrooms, and at HOPE center with multiple classrooms. All other sites have only one class.
6. Returning students and families are surveyed each March for school site placement for the following year. Students who are 4 years old on or before September 1st of the school year are age eligible to attend an elementary school site.
7. The number of slots available at each site is determined by the number of returning students who have selected a school site prior to registration and enrollment of new students for the school year.
8. Enrollment of Early Head Start transitioning students begins 6 months prior to their third birthdate. The families must re-qualify the family income before the child is enrolled into the Head Start program.
9. Early Head Start slots are filled year around beginning in August of each calendar school year. The calendar is approved by the Policy Council and the grantee's School Board.

10. EHS/HS enrollment vacancies are monitored and tracked through the ChildPlus Reporting System using report #2210 Enrollment Turnover along with an excel spreadsheet that includes the child's name, class site, withdrawn date, new child, class site, start date- reason for leaving and how many days it took to fill the slot.

**RELEVANT FORMS:**

nj/cb/nmh

## Service Area: Family & Community Engagement

### **STUDENT RECRUITMENT**

**POLICY:** The Recruitment Process involves all ECP-staff as well as Community agencies. The program's plan starts in January of each year and continues as needed to maintain a wait-list for enrollment opportunities,

#### **PROCEDURE:**

1. The programs' recruitment area encompasses all Charlotte County Florida. The current community-assessment analyzes for trends or changes within the service area.
2. The Program involves the Family Services Advisory, Health Advisory and Policy Council in the recruitment process through word-of-mouth, online/electronically posts, and printed recruitment information concerning open registration.
3. The Program Annual Recruitment/Registration informational EHS/HS Registration Flyers are developed and sent home with all Pre-K-5<sup>th</sup> grade students within Charlotte County.
4. The Program Annual Registration Informational Flyer is sent to the CCPS Community Liaison to distribute to all local area news media outlets.
5. Letters and Program Annual Registration Informational Flyers are sent to area Pediatricians and Family Practitioners asking them to post our current Registration Informational Flyers in their waiting rooms for families to view.
6. The Program Annual Registration Informational Flyers are given to EACH (Emergency Assistance Clearing House) Community agency representatives. They, in turn, pass the information to the clients they are working with and make the flyer available in their agencies' lobbies for walk-in traffic.
7. Family Advocates distribute flyers at local businesses that employ or serve the program's population.
8. The program distributes the Recruitment/Registration information through the DCF email lists and the HUD email lists.
9. Recruitment for Disabilities is administered through the program's Mental Health and Disabilities Coordinator's access and involvement with the LEA, Childfind and Early Steps CORE and Transition Team meeting. Families who contact Childfind

and Early Steps for developmental screenings are referred to program to begin the application process for EHS/HS.

10. All families of age-eligible students who are on the current waitlist receive a letter and flyer in the mail concerning recruitment and re-registering for re-determination for the next school year.
11. Program Family Services Staff works closely with the CCPS Title I staff through the Family Reading Experience (Parent Book Check-Out Centers). Family Services Workers are able to recruit on a weekly basis and provide services for families in need.
12. The Program has an open enrollment starting in February of each school year. This marks the beginning of the application process for the next school year. We will continue to accept applications until the same time the following year.
13. The Recruitment process is ongoing and is driven by the program's waitlist. Program informational flyers will be sent out and distributed as often as needed to maintain full enrollment throughout the year.

**RELEVANT FORMS:**

- Recruitment/Registration flyers
- Pediatrician Recruitment Letter

## Service Area: Family & Community Engagement

### **SELECTION**

**POLICY:** The Program has a formal process, using criteria developed based on the community needs assessment, for selecting children and families.

### **PROCEDURE:**

1. The program uses annually-established selection criteria, approved by the policy council, that weigh the prioritization of selection of participants, based on community needs.
2. The selection process assigns numerical points to each applicant. Selection criteria are based on family income, homelessness, foster care, the child's age, eligibility for special education and other relevant family or child risk factors.
3. The program prioritizes younger children as part of the selection criteria by designating waiting list slots for children who turn three on or before September 1. Waiting-list slots are designated for children who turn four on or before September 1 to maintain consistency of care.
4. Selection priority criteria are defined categories, approved by the Policy Council and School Board.
5. A screening form assigns numerical points to each category that pertains to a family. The ChildPlus form is completed once the family advocate has the proper information from the application process (parental status, income status, age, disability status, and social condition status).
6. Family Advocates assign all children criteria points based on the need in the home as documented in the application and during the interview process. All applications are screened regardless of race, sex, creed, religious preference, color, national origin or disabling condition according to the eligibility priority criteria.
7. Ninety percent of the families must be within income guidelines.
8. At least ten percent of the children must be students with disabilities.
9. Children must be age-eligible and income-eligible.
10. The Family Advocate will also enter the selection points into ChildPlus and the system will rank the children based upon those points indicating each family's level of need.
11. Every individual applicant is notified as to her/his acceptance status (eligibility, ineligibility, or waiting list) by email or a mailed letter.

### **RELEVANT FORMS:**

nj/cb/nmh

Service Area: Family & Community Engagement

**SELECTION – MAINTAINING APPLICANT WAITING LIST**

**POLICY:** All eligible children who apply for Early Childhood Programs and who are not enrolled are placed on a wait list that corresponds to their age group. Children are ranked according to selection criteria.

**PROCEDURE:**

1. Applications for children who move out of town or for some other reason are no longer interested in the program will be withdrawn and placed as abandoned. The reason and any other appropriate information will be documented in ChildPlus.
2. Family Services Specialists will keep the waiting list current in order to have eligible children available to fill vacant slots within 30 days after the vacancy occurs. Every effort should be made by the Family Services Specialist to fill the slot as soon as it becomes vacant.
3. If families do not respond or call back after being accepted, they will be placed on the waiting list and the slot will be filled by another waiting child. The change of status and attempts made to contact the family will be noted in ChildPlus.
4. During school year, when a child is assigned a slot, that child will be given a timeline when the s/he needs to register with a Family Advocate. A child who does not appear at school will be put back on the waiting list. The Family Advocate will notify the new family via telephone.

**RELEVANT FORMS:**



## Service Area: Family & Community Engagement

### **STUDENT WITHDRAWAL**

**POLICY:** Every effort will be made to retain a child enrolled in an ECP. As appropriate, the program will assist families in keeping the child in the program as much as possible. Withdrawal of an enrolled child shall originate at the Baker Center with input from the school of attendance, unless the parent initiates the withdrawal.

### **PROCEDURE:**

1. Family Advocates (or the principal of the school where a child is enrolled) may recommend to the Family Services Specialist that a child be withdrawn from the program if:
  - a. Child's family moves away from the area (i.e., the parent can no longer transport the child)
  - b. Parent requests to withdraw
  - c. There exists a documented established pattern of excessive absences
  - d. Other legitimate reasons that approved by the Family Services Manager
  - e. Child has frequent, unexcused absences and may be withdrawn from the program and her/his name may then be placed on the waiting list (see Attendance Plan Letter).
2. The date of last attendance for the child must be documented in ChildPlus and sent via email to all parties.
3. Family Advocates and teachers may work together, with the family, when applicable, to maintain a child's enrollment.
4. If a child is withdrawn from the program for any of the above reasons, the Family Advocate will notify the school office clerk and teacher.
5. When the withdrawal of a child is initiated by the parent, the school will notify the teacher immediately so the slot may be filled by a child on the waiting list.

### **RELEVANT FORMS:**

Services Area: Health and Nutrition

**Parent Authorization and Refusal of Services**

**POLICY:** Advanced authorization will be obtained from the parent (or legal guardian) for all health and developmental procedures administered through the program or by contract or agreement. Staff will maintain written documentation if authorization for health services is refused.

**PROCEDURE:**

1. The Parent consent and release form for screenings will be provided to parents when they complete enrollment paperwork for their child.
2. Staff will review the permission forms and identify any children that are not to have screenings. They will discuss any concerns the parent may have about the screenings that will be provided.
3. Parents will be notified by email, text or phone call prior to screenings occurring.
4. If parents refuse to give authorization for the screenings, they will be provided with a health refusal wavier. The signed form will be placed in the child's records.